

What Touched Your Heart? Collaborative Story Analysis Emerging From an Apsáalooke Cultural Context

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Abstract

Community-based participatory research and decolonizing research share some recommendations for best practices for conducting research. One commonality is partnering on all stages of research; co-developing methods of data analysis is one stage with a deficit of partnering examples. We present a novel community-based and developed method for analyzing qualitative data within an Indigenous health study and explain incompatibilities of existing methods for our purposes and community needs. We describe how we explored available literature, received counsel from community Elders and experts in the field, and collaboratively developed a data analysis method consonant with community values. The method of analysis, in which interview/story remained intact, team members received story, made meaning through discussion, and generated a conceptual framework to inform intervention development, is detailed. We offer the development process and method as an example for researchers working with communities who want to keep stories intact during qualitative data analysis.

Keywords

Aboriginal people, North America; community-based programs; community and public health; interviews; Northwestern United States; participatory action research (PAR); reflexivity; stories/storytelling; qualitative research

Introduction

Community-based participatory research (CBPR) is an orientation to research that aims to be dialogical and egalitarian with an emphasis on social justice (Israel, Eng, Schulz, & Parker, 2012; Minkler & Wallerstein, 2008). Decolonizing research is a process for conducting research with Indigenous communities that places Indigenous voices and epistemologies in the center of the research process (Smith, 1999; Swadener & Mutua, 2008). There are commonalities between recommendations for conducting research using a CBPR approach (Agency for Healthcare Research and Quality, 2002; Israel et al., 2010; Mercer & Green, 2008; Wallerstein & Duran, 2006) and recommendations for conducting decolonizing research (Bartlett, Iwasaki, Gottlieb, Hall, & Mannell, 2007; Bishop, Ladwig, & Berryman, 2014; Mihesuah, 1993; Smith, 1999; Wexler et al., 2015; Wilson, 2008). Shared recommendations include an emphasis on building on community strengths and resources, providing benefit to communities, and promoting co-learning between community and academic partners (LaVeaux & Christopher, 2009). Another shared recommendation includes partnering during all phases of research, and there

are published examples of partnering in study participant recruitment, measurement instrument adoption, and data collection phases (Viswanathan et al., 2004). There are fewer examples of partnering during the data analysis phase (Cashman et al., 2008; Flicker & Nixon, 2014; Foster et al., 2012; Jackson, 2008; Kerr, Penney, Barnes, & McCreanor, 2010; Rosenthal et al., 2014), and we were unable to locate any examples of co-developing data analysis methods in a CBPR partnership.

In this article, we present a collaboratively developed method for analyzing qualitative interview data. Method development occurred within the Messengers for Health project, a partnership between the Apsáalooke Nation and Montana State University (MSU) that began in 1996 to address a community-identified health issue

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using decolonizing and CBPR approaches. The Fort Laramie Treaty established the Apsáalooke Reservation in 1851. Originally 38 million acres, the reservation has been reduced in size by treaty changes and now stands at approximately 2.25 million acres. The Apsáalooke Reservation, located in a rural setting in south-central Montana, is the fifth largest American Indian (AI) reservation in the country and the largest in Montana. Approximately, 70% of the 13,372 enrolled Apsáalooke tribal members live on the reservation. Apsáalooke means “children of the large beaked bird,” and was communicated in sign language by flapping one’s hands as if resembling a bird’s wings in flight. White explorers and traders misinterpreted the sign as “Crow,” and used that term in reference to the group (Medicine Crow, 1992; Medicine Crow & Viola, 2006; Snell & Matthews, 2000). Community members asked the research team to use the term *Apsáalooke* when referring to the community engaged in this project.

Our “Team” is comprised of an Apsáalooke Community Advisory Board (CAB), Apsáalooke project executive director, faculty from the department of Health and Human Development, and students from various departments of the university. Faculty and students are both Indigenous and non-Indigenous; CAB members are all members of the Apsáalooke Nation. Team members completed human subjects training, signed confidentiality agreements, and adhered to Institutional Review Board (IRB) protocols of MSU and Little Big Horn College (LBHC), a tribal college located on the Apsáalooke Reservation. The CAB has been in operation formally since 2001 and informally since 1996, and has been key in the infrastructure of our CBPR work in addressing health disparities. CAB members include Elders, those with chronic illness (CI), and those working in education and health. With their knowledge base, expertise, and wisdom, our process of CBPR adheres respectfully to cultural protocols of the Apsáalooke Nation. The Team conducted human subjects research training together, rather than individually on the computer, which enabled us to develop shared understandings of ethical research conduct through discussion. This was more appropriate for the community, included required human subjects training elements, and additional community-specific human subjects training topics.

In 2006, we conducted semi-structured interviews in the community to provide data that would inform our intervention research program (Christopher et al., 2011). University faculty members, who were both Indigenous and non-Indigenous, and who had been trained in graduate school to conduct qualitative analysis using thematic coding, reflexively made the decision to analyze the data in this way. Thematic coding is a standard analysis approach whereby transcripts are labeled with codes, and codes are then grouped together into themes, and examples from the

text are used to illustrate identified themes (Creswell, 2014; Guba & Lincoln, 1992; Patton, 2001; Strauss & Corbin, 1994). University partners trained CAB members on thematic coding and commenced co-analysis of the data. However, after initial attempts at co-analysis using thematic coding, it became clear that this method felt uncomfortable and contradictory to community members’ usual ways of knowing (Simonds & Christopher, 2013). Community members indicated that breaking apart individuals’ stories was not culturally appropriate. The Team believes that it was our long history and strong, trusting partnership that allowed this “positive disruption” to occur (Christopher, McCormick, Watts, & Young, 2008). We searched the literature and asked our colleagues who had experience in qualitative data analysis to find a method that would both keep stories intact and lead to intervention development. We did not find an alternative at the time.

Indigenous researchers have written about the lack of appropriate analysis methods for working with Indigenous story data, listed inherent incompatibilities in conducting thematic analysis, and described the challenges of devising more appropriate analysis methods for use in Indigenous communities (Baskin, 2005; Kovach, 2005, 2010a, 2010b; Lavalley, 2009; Loppie, 2007; Smith, 1999; West, Stewart, Foster, & Usher, 2012; Wilson, 2008). The first incompatibility arises from breaking up interview data into themes. In thematic analysis, transcripts are reviewed and analyzed manually or with a computer software program to identify recurring words, phrases, or ideas, which are then categorized and sometimes counted. Through the process of coding by themes, the totality of the story and relationships within the narrative that cross themes are lost, and information describing a theme may take on different meaning when displayed outside of the surrounding information (Duran & Firehammer, 2014; Wilson, 2008).

The second incompatibility occurs when combining sections of transcript text from different interview participants that were coded with the same theme. Typically, multiple sources of qualitative data (different interviews or focus groups with different individuals) are categorized and coded into themes, and then combined in a database with excerpts of multiple interviews used to illustrate a theme. Members of the CAB felt that combining sections of text in this manner is disrespectful to the storytellers and their stories as the integrity of individual stories is lost (Simonds & Christopher, 2013).

The third incompatibility arises during the removal of the participant’s voice that often happens through analysis. When the identity of the individual who shared the information is removed, the impact of the story is greatly decreased, as the connection between the individual receiving the story and the storyteller is lost (Duran & Firehammer, 2014; Simonds & Christopher, 2013). In

addition, data are often coded by researchers who are external to the community, which may lead to misrepresentation of the interviewee (Bird, Wiles, Okalik, Kilabuk, & Egeland, 2009).

The fourth incompatibility occurs when someone interprets the story through analysis for others rather than using traditional ways. Traditionally, individuals are expected to receive a story, develop their own meaning from the story, and take actions appropriate for them at that point in time (Wilson, 2008). According to Apsáalooke Elder Mr. Dale Old Horn, the individual is responsible for receiving the story and discovering how it applies to their own experience (personal communication, May 30, 2014). Another Elder, Dr. Janine Pease, shared that when listening to a story, an individual hears certain things more than others, and receiving a story can take you to a new place (personal communication, July 16, 2014). Conventional qualitative analysis techniques do not offer the space required for individual meaning making as was described by Apsáalooke Elders.

In 2013, when developing a new intervention to improve CI management, we conducted qualitative interviews with community members who had CI. Participants shared the story of their health from the time they were young up until the present time, perceptions of the impact of historical and current trauma/loss on health, their experience managing their CI, and their thoughts on what should be done to help community members with CI on the reservation. Drawing on the experience of other researchers who struggled with the incompatibilities listed above, we desired to conduct data analysis in a way that transcended standard techniques and treated story in a more holistic, culturally appropriate way. We sought an analysis method that addressed the incompatibilities by keeping stories shared in the interviews intact and preserving the participant's voice. In addition, we wanted to adhere to CBPR principles such as including the Team equally, building on strengths and resources within the community, and using the findings to develop a community-based intervention (Israel, Schulz, Parker, & Becker, 1998).

Method Development Process

Components of the method development process occurred simultaneously and iteratively, and lessons learned from the different information sources overlapped and merged. To begin, we (a) submitted a query to the Community-Campus Partnerships for Health (CCPH) listserv, (b) conducted literature searches on qualitative data analysis methods and Indigenous research methods, (c) held teleconferences with experts in the field, (d) reviewed archives at the local Tribal College library, and (e) met with tribal Elders.

Initially, we thought, we would locate a suitable method from the literature or from another research group, or that we would learn a method from Elders or community archives. We realized that an existing method that addressed the four incompatibilities listed above didn't exist, and our task turned from finding an existing method to co-developing an analysis method that met our local needs. Presented below are brief summaries of each of the sources of information and relevant aspects of our particular process.

CCPH is a nonprofit organization that supports communities and academic institutions, working in partnership towards health equity and social justice (Community-Campus Partnerships for Health, n.d.). Suzanne Held queried listserv members for examples of an Indigenous approach to co-analyze qualitative data that used the results of the analysis to develop an intervention. She received recommendations for literature to read and individuals with whom to connect who were working in this area. Some of the literature was in the area of qualitative analysis methods and Indigenous research method development.

Project staff reviewed qualitative analysis methods and found that these analytic methods did not address the four incompatibilities listed above (Bartlett et al., 2007; Bloom & Erlandson, 2003; Campbell & Lassiter, 2010; Hill, 2005; Padgett, Smith, Henwood, & Tiderington, 2012; Rasmus, 2014; Teufel-Shone, 2014).

We investigated the writings of many Indigenous scholars who discussed research methods and method development, and engaged in teleconference calls and e-mails with three researchers suggested to us as resources for method development. We explored the archives in the library of the LBHC, a tribal college on the Apsáalooke Reservation. We had conversations with Apsáalooke Elders chosen by the CAB as individuals who may have insight into our question.

Three sources of information influenced our method development. First, Bishop (1997) described what he called a collaborative storying method, which allowed for deeper understanding of the participant's experience and analysis that was collaborative between the researcher and participant. In this method, the researcher and participant return to the same stories to further develop their collective and contextual understanding of the phenomenon or experience being discussed. Doing this changed the status quo action of external researchers imposing their narrative onto stories from community members, and demonstrated what an iterative, conversational research method looked like in practice. We were then able to imagine a process in which the Team would talk through the interviews to develop deeper understandings of them.

Second, Dr. Tom Cavanagh shared how his research team developed alternative processes for

understanding data by coming together as a team and holding discussions. They “experienced the data” through informal discussions among individuals with differing levels of exposure to the data. They asked open-ended questions such as, “What is the data telling us?” He shared how individuals experience the data differently, just as different people have unique views of the same witnessed event. By facilitating exchange of these perspectives, team data discussions yielded rich results and informed future actions (T. Cavanagh, personal communication, May 12, 2014). The idea of analysis through dialogue, conversation, and reflection that were presented by these two sources resonated with our Team.

Third, conversations with Elders, the CAB, and visits to the archives of LBHC brought together the importance of the oral tradition and storytelling, the Apsáalooke value of strong family ties, and the significance of visiting and of spending quality time with others. Dr. Janine Pease explained the power of stories, “we have storytellers in every family . . . many people don’t recognize the healing properties of telling stories, but when you go to a family gathering, you come back feeling well” (personal communication, July 16, 2014). Archival resources at the LBHC library discussed how stories transmit knowledge and shape the lives of Apsáalooke people (Medicine Crow, 1992; Old Coyote, Old Coyote, & Bauerle, 2003; Old Horn, 2008; Pease, 2006; Snell & Matthews, 2000). Apsáalooke Elders provided insight into historical processes and cultural structures that informed our pursuit of an appropriate method. Mr. Dale Old Horn explained that stories, “. . . build trust [and] normalize people’s experiences . . .” (personal communication, May 30, 2014). Indigenous people have traditionally used stories to cultivate deeper levels of collective understanding (Garrouette & Westcott, 2008; Hodge, Pasqua, Marquez, & Geishirt-Cantrell, 2002; Thomas, 2005; Tom-Orme, 2000), and storytelling is an integral Indigenous research methodology and method for data collection and intervention (Baskin, 2005; Blodgett, Schinke, Smith, Peltier, & Pheasant, 2011; Lavallee, 2009; Smith, 1999; Wilson, 2008). Use of stories is a powerful, respectful, and supportive approach for sharing advice (Poonwassie & Charter, 2001).

These sources of information led us to an understanding of the importance of receiving the participant’s story in their words, helped us to imagine how open discussion of interviews could produce meaningful insights, and reminded (Apsáalooke Team members) or taught (other Team members) us how such discussion resembled traditional Apsáalooke processes of storytelling and visiting to build relationship and understanding.

Method Development Results

Research Context

We received Institutional Review Board approval for this project from LBHC, and all participants provided informed consent. The data for which we were developing an analysis method were from 20 qualitative interviews with American Indians living on or near the Apsáalooke Reservation. Participants provided stories of their life with CI and managing their CI using a phenomenological approach (van Manen, 1990), which is compatible with Indigenous methodologies as it gathers oral histories and stories in a culturally appropriate way (Struthers & Peden-McAlpine, 2005). Participants were asked to share about their health from the time they were young up until the present time. Additional questions focused on their perceptions of the impact of historical and current trauma/loss on health, their experience managing their CI, and their thoughts on what should be done to help community members with CI on the reservation. Our goal was to use the data to develop a CI self-management program with and for members of the community. Interviews were conducted in English.

The sampling strategy included a criterion strategy, and an opportunistic approach. The criteria for participating were (a) a patient of Bighorn Valley Health Center (BVHC), a community health care center for local residents; (b) with a diagnosed CI; and (c) determined by the staff at BVHC as an individual who could provide information on their experience of having a CI. BVHC staff referred 13 patients in the criterion process. The opportunistic sampling included four self-referral participants who saw recruitment material for the study at BVHC and three participants who were referred by participants recruited through the criterion process. All participants met the inclusion criteria.

There were eight male participants and 12 female participants, ranging in age from 26 to 78. Participants had a variety of CI including hypertension, chronic pain, chronic persistent hepatitis, chronic obstructive pulmonary disease, asthma, diabetes mellitus, chronic kidney disease, alcoholic cirrhosis, and rheumatoid arthritis. Many participants had multiple CI. Participants were able to set up a time and location that was comfortable and convenient for them and where their confidentiality was protected. The interview lengths ranged from about 9.5 minutes to 1 hour, 40 minutes, and the average length was roughly 42 minutes.

Analysis Development Process

Our development process evolved through standard application of CBPR praxis with all partners (Cashman et al., 2008; Israel et al., 2010; Viswanathan et al., 2004)

involved in ongoing dialogue to determine our final approach. We situated our work within the context of the community, mindfully reflecting on our process and product (aka, epistemic reflexivity; Mauthner & Doucet, 2003). Five main areas of the analysis were addressed during this process: (a) how to take in the interviews, (b) how to introduce interviews and instructions for analysis, (c) how to take notes of the analysis discussion, (d) who participates in the analysis discussion, and (e) how to transition from data analysis to the development of a community-based intervention. The process within each of the five areas is presented below.

How to take in the interviews? In previous analysis, we distributed interview transcripts to the Team, read the interviews on our own time, and discussed themes and coding together in subsequent meetings. In moving beyond this method, we first read sections of the interview transcripts silently during a meeting, followed by open discussions of passages. Reflecting on this process, a CAB member described the interview as “alive” and Team members shared that they enjoyed the process. After additional meetings and discussion, we decided to listen to the actual interviews so that we could hear the nuances of the participant telling their story.

We then listened to a portion of an interview recording and discussed the section. The discussion was vibrant and much more in-depth than discussion done after reading text. Playing the interview audio allowed the Team to hear the emotions of the participant. The pauses and nuances provided a more holistic context, and listening felt more respectful to the participant who shared their story compared with reading the interview. We discussed the optimal length of time to listen to the interviews before discussion, paying attention to natural breaks in the individual interviews, for example, in between sections of questions. We kept the transcripts in front of us while listening, if Team members were interested in reading along while listening.

How to introduce interviews and instructions for analysis? It was natural to have Alma Knows His Gun McCormick introduce the interviews, as she had conducted each of them. Initially, we agreed to have Alma Knows His Gun McCormick share her feelings about doing the interview and then provide the instruction that we would all read a section of the interview (and explain where we would start and end reading), followed by an open discussion. Her feelings focused on how the interview affected her and described her prior relationship with the participant. As we continued through the process, we decided to include increasingly more detailed context for each interview. This was partially because Team members asked questions about the interview and participant and

partially due to a natural progression that situated the Team into the interview setting. When participants waived anonymity (15 of 20), Alma Knows His Gun McCormick offered identifying information, which frequently spawned short conversations with the CAB to understand the participant and their family in relationship to the broader community. It is a common practice among Apsáalooke tribal members when introducing yourself to share who your family is, so others may place you in the community. We also tried having Alma Knows His Gun McCormick pose different questions to the team to consider while listening to the interview as prompts for the analysis discussion. Alma Knows His Gun McCormick initially told CAB members to “feel free to share what touched you, what touched your heart” and “what really stands out” and suggested they could take notes or keep these thoughts in mind for the discussion. The opening line of questions was made consistent, and additional questions were added to help us develop a conceptual framework and subsequent intervention.

How to take notes of the analysis discussion? Initially, two university partners took notes of the analysis discussion simultaneously, and we rotated between interviews to prevent fatigue. After comparing notes, we found that two note takers were redundant and we reduced to one note taker per interview. We included names of who made specific comments because it kept the context of the analysis and if necessary, we could also go back if we needed clarification. Where direct quotes were included, we provided the name of the team member and put quotation marks around the comment.

Who participates in the analysis discussion? One area of decision was who would share their thoughts during the analysis discussion. During the early stages of the process, university partners provided little input. Discussions around this topic revealed the Team’s belief that everyone has experience and insights to share and that CBPR is a partnership between community and university with priority given to community voice. University partners worked to stay conscious of giving community members priority in the analysis discussion, with everyone in the room participating.

Final Method

The Team participated in analysis using the following method. Alma Knows His Gun McCormick provided a brief contextualizing preface for each interview. For the five individuals who desired anonymity, she provided the interview location, the participant’s CI diagnosis, age, and gender. For the 15 who wanted to be identified, she also shared their name and where they live. Alma Knows

His Gun McCormick then asked the group the following, “Think about the following questions as we listen to the recording. ‘What really makes an impact on you? What touches your heart as you listen to this person’s story?’”

We listened to roughly 30 minutes of an interview recording and then stopped for discussion. Voices of those who requested anonymity were altered. After the recording was stopped, Alma Knows His Gun McCormick reiterated the initial questions and facilitated the conversation. After she felt the discussion had reached its natural ending, she asked two additional questions, with time in between the two questions for discussion: (a) “If you were to develop a program for this person to help them manage their CI, what would it look like?” and (b) “How does this person’s story compare with others we have listened to?”

The Team devoted 60 hours over a 3-month period conducting data analysis once the method was finalized. Analysis occurred in evening and all day Saturday meetings and at a multi-day retreat. As is customary in the Apsáalooke culture, each meeting opened with a blessing and a shared meal prior to conducting analysis, visiting as we ate. University team members rotated taking notes during the discussions. Notes were managed securely and reviewed during and after the development of the conceptual framework to ensure that all key concepts were represented. The following are representative examples of the Team’s discussions:

I noticed his support system and he brings that back in at the end, “to look after one another and help each other.” It seems like he is reaching out but also has a lot of things coming to him and he has a nice net of support.

[What] really jumped out at me, is how do we help people deal with grief, not just losing people but other things? I can speak from experience . . . it’s very difficult for native people because we have dealt with so much loss. How can we be whole?

I was touched when she included the community, she brought up that as a community as a whole we are affected by this person’s conditions . . . it was painful . . . it’s like an isolation from community, in part due to her condition, but also because of all the changes, I sensed that isolation.

I was struck by how clearly he stated that it’s not that his family doesn’t want to help him, it is that they don’t know how.

He mentioned that he lived away and came back—he came back with a real objective point of view of the loss of the way we are as Crow people, family and knowing who your relatives are . . . not being able to have that unity. He mentioned assimilation and fitting into white man’s society . . .

Transitioning From Data Analysis to Developing a Conceptual Framework

We wanted to understand what facilitated and what made it difficult for community members to manage their CI. Our goal was to emerge out of the data analysis with a conceptual framework that would be used to develop an intervention program to be implemented and evaluated in the community. We sought to develop a conceptual framework analogous to a tapestry that wove together the CAB’s and participant’s stories within a larger community context. This tapestry contains shared community storylines with threads of individual story running within. Rather than seeking to change the meaning of individual stories, the conceptual framework captures storylines about topics such as loss and grief, visiting, language, and spirituality and highlights the intersections between stories.

CAB members noted early on in the analysis discussions that many participants were positive role models for managing CI. Many participants shared with the interviewer (Alma Knows His Gun McCormick) that they wanted their story to be used to help others in the community. This led to discussions of a strengths-based intervention program where community members who were doing well at managing their illness would mentor a group of other community members who could learn from the mentors and teach others how to better manage their CI. The idea of community mentors resonated with the Team, and as we listened to and discussed more interviews, this idea solidified. Many participants also mentioned being affected by loneliness due to their CI and from this, the idea of partnering group members into supportive pairs emerged. Apsáalooke partners brought out how these discussion groups are congruent with the practice of spending quality time together, visiting, sharing, and receiving advice through story. All group participants can learn from their mentor and from each other’s stories. It was decided that the Apsáalooke word for the cultural practice of sharing, receiving, and taking advice through story, *Báa nnilah*, would become the name of the intervention.

To delineate more specific areas of content for the discussion group meetings, as a group we used the data to describe aspects that facilitated coping with CI and aspects that were barriers to coping with CI. Details on the results of the analysis, conceptual framework, and final intervention will be presented in a future article.

We held community meetings where all interview participants and other community members were invited to hear about the project and provide comments and feedback, which is appropriate for this community and which has been done by this partnership in the past. We developed and distributed handouts that described the conceptual framework and initial intervention ideas. In addition,

Alma McCormick received informal feedback from participants and other community members during tabling events at locations throughout the community.

Discussion

We co-developed a method for analyzing qualitative story data, which occurred when the university researchers initially brought forward a conventional analytic method that was not consonant with community ways of knowing. The long history and established trust of the partnership enabled community members to be frank about the inconsonance, which allowed the Team to step back and develop a process that resonated with the community partners, Apsáalooke culture, and the project goals to produce a method of analysis that kept stories shared in the interviews intact, preserving the participant's voice. In addition, we wanted to adhere to CBPR principles by including the Team equally and by using the findings to develop a community-based intervention.

Our method does not address the incompatibility mentioned by Apsáalooke Elders and others that individuals are expected to receive a story, develop their own meaning from the story, and take actions appropriate for them at that point in time, rather than having someone else interpret the story for them through analysis. Because our purpose was to develop an intervention that would affect the entire community, versus receive information individually, this incompatibility remains.

By having many people around the table, the analysis included many voices and perspectives. The majority of the voices and perspectives were from members of the Apsáalooke Nation, increasing the credibility, authenticity, and validity of the results, which we believe will increase the effectiveness of the community-based and culturally consonant intervention that arose from the analysis (Gone, 2012). As Tom Cavanagh noted regarding group discussions of qualitative data, “collectively we can make sense of the meaning of data at a richer and deeper level than we can analyzing data individually” (personal communication, May 12, 2014).

CAB members shared that listening to the stories brought empathy and a deeper understanding of fellow community members, including family members who they care about. They felt the emotion of the story while listening to the interview and had an opportunity to learn more about community member's experiences. Listening to the stories provided impetus and energy to develop a program to improve community health using cultural strengths. The Team also has integrity to maintain confidentiality for the safety of participants and the community.

Wilson (2008) and Smith (1999) asserted that community-driven processes can lead to new methods; however,

conventional research institutions and funding agencies may not welcome emergent methods. Some tenets of Western research paradigms, such as a focus on the observable and reproducible, on pre-determined hypotheses, and on generalizability might discourage participatory research endeavors in which the goals, hypotheses, and methods are determined in partnership between community and academic partners (Mohatt et al., 2004; Wexler et al., 2015; Wilson, 2008). Grande, San Pedro, and Windchief (2015) suggested that those who work in and with Indigenous communities “learn to confront their own values, conceptual frameworks, techniques, and attitudes in a way that aligns with the community they are serving” (p. 112)

In our review of the literature, there were few examples of CBPR partnerships co-analyzing data (Cashman et al., 2008; Flicker & Nixon, 2014; Jackson, 2008; Kerr, 2010; Rosenthal et al., 2014), and we were unable to locate any examples of partnerships co-developing data analysis methods. Academic and community partners bring different assets to CBPR partnerships, and typically, academic partners have stronger Western research method training. Therefore, the academic partner usually leads the analysis and with lessening degrees of frequency, community partners interpret findings, co-analyze data, modify Western methods for local use, or develop new methods. Mohatt et al. (2004), in describing their project's attempt to use culture and community to ground research methods, discussed a significant “tension” in which researchers felt they had to actively resist pressure to rush the process and use less participatory research strategies. In our project, archives and Elders emphasized the importance of patience (i.e., “don't rush it”) and readings discussed creating adequate space for the emergence of shared understandings and methods that adapt to unexpected insights (Bartlett et al., 2007; Grande et al., 2015; Mohatt et al., 2004; Zavala, 2013).

Thompson (2008) suggested that research paradigms that emerge from local contexts, such as her *Hede kehe' hotzi' kahidi'* (“*their roots are from that Tahltan village*”), inherently validate local ways of knowing, sustain inter-generational knowledge transmission, and honor the wisdom of Elders and Ancestors. The exploration and integration of local ways of knowing result in interventions that build on community strengths and are specific to local conditions rather than attempting to produce standardized interventions (Donatuto, Satterfield, and Gregory, 2011; Mohatt et al., 2004; Smith, 1999; Stewart, 2009; Wexler et al., 2015; Wilson, 2008).

Our final analysis method has similarities with dialogical narrative analysis (Frank, 2012) and the method of Pūrākau (Lee, 2009). Dialogical narrative analysis is a type of narrative analysis in which stories are viewed as having an instrumental role in revising peoples' sense of

self and situating them within specific groups (Frank, 2006). Lee (2009) developed Pūrākau, a traditional form of Māori narrative that “contains philosophical thought, epistemological constructs, cultural codes, and world-views” fundamental to Māori identity, into a decolonizing narrative method. Shared values between our method and these two methods include an understanding that stories emerge and are shaped within dialogues, an emphasis on the speaker’s voice remaining intact to resonate more fully within the cultural context from which it emerges, and an understanding that stories are best received and co-constructed by analysts with a “cultivated capacity to hear” (Frank, 2012, p. 43). Daza and Gershon (2015) spoke to the power of hearing a research participant’s voice during an interview, and we offer our method as an example of an analysis that utilizes what they term “non-ocular information.”

The Team felt that the barriers and facilitators to CI management and the conceptual framework and intervention ideas that arose from the discussions were different from what would have arisen from one or two data analysts, analysts from outside the community, or usual qualitative thematic analysis. Apsáalooke members of the Team believed that group discussion of the stories brought out deeper issues that affect CI management at multiple levels, which matched one Elder’s comment about how receiving a story can “take you to a new place.” Grande et al. (2015) referred to this process as a “dialogic spiral,” in which individuals share and receive knowledge grounded in personal experience to co-construct novel, mutual understandings that inform future actions of those involved in the dialogue.

St. Pierre and Jackson (2014) discussed that when an individual’s story is coded using conventional thematic analysis, it turns the story into “data” and the story and storyteller into an object to be discovered. Turning story into an object is a way to exert power over something or someone (Tuck & Yang, 2014). This type of discovery and objectification is another iteration of colonization. Our Team wishes to accept story as it is and work to lessen the layers of abstraction in the analysis of stories, interviews, and dialogues. Through the process of generating a method that minimizes the objectification of someone’s story, the Team experienced how iterative engagement with story may produce knowledge that weaves together collective experiences without changing the original story (Kovach, 2010a). This “sense making” process shifts knowing from an individual coder or two to a group of individuals and through discussion, brings in community and cultural knowledge. This is a crucial point of distinction between this method of analysis and similar ones such as narrative analysis.

We felt that the analysis method honored and respected the community member’s stories in a way that

conventional analysis would not have done. Analysis discussions proceeded in an organic way, wherein Team members felt free to take time to process and share on their own terms. As Mohatt et al. (2004) discussed, research in non-Western cultural settings best serves the community when using a method that “fosters a space for shared reflection in which knowledge is created, interpreted, and acted on by those who constitute the communities of concern” (p. 272). One limitation was that the interviewer and participants could have been more comfortable and had more effective communication if the interviews had been conducted in Apsáalooke for those who have Apsáalooke as their first language. Interviews were conducted in English for the convenience of Team members who did not speak Apsáalooke.

Conclusion

The analysis method we developed diverges from other methods for analyzing qualitative data that we explored or were taught. It addresses multiple incompatibilities of conducting thematic analysis discussed by other researchers by listening to and discussing whole stories, by creating a connection through sharing the identity of the storyteller when there is permission, and by allowing meaning making from multiple, local community-member analysts. Webber (2009) discussed the importance of methodological evolution and that “all theories and methodologies need to evolve, to ensure they address the changing time, space and cultural contexts” (p. 4). This matched advice was given to us by an Elder, who reminded us to keep the question of “What value will it be to others?” central to our research (J. Pease, personal communication, July 16, 2014). Our intention is that the insights and teachings from the development of this collective analysis may inform other research studies and inspire other partnerships to involve local traditions and forms of meaning making.

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