

UNMASKING DASHKAYAH: STORYTELLING AND HIV PREVENTION

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Ana Kush Iwasha....This is the way we begin a story in the Sahaptin language of the Warm Springs Indian Reservation of Oregon, telling our audience, "This is the way it was..." It is common to begin stories of many oral traditions with an equivalent ritual formula (Tafoya, 1983) that allows the distinction between what is happening now and what has happened before—long ago and far away. As a American Indian storyteller and as an HIV/AIDS educator and clinical psychologist, I have long been interested in the pragmatism of cross-cultural social discourse. As the linguist, Leap (1997), put it, grammar is about how a language functions, but discourse is what one actually *does* with the language. I find in doing HIV prevention, differences in communication often interfere with effecting behavioral change, especially when dealing with communities of diversity.

A few years ago, a Cree elder in discussing the concept of "Ceremony," pronounced it in a way linguists will sometimes describe as influenced by "language interference" –where one's Native language influences the pronunciation or structuring of an acquired language...in this case English. Thus, as he spoke, the word "ceremony" became "share-amony," which I felt greatly enhanced the meaning of the term, since we are taught in many American Indian and Alaska Native communities that anytime people come together it is a type of ceremony that we share. Storytelling—a significant element of ceremonies (or share-amonies) is structurally different from the act of writing. Writing, especially in an academic style, deals with an "imaginary" audience, and the author must contend with a stylized presentation of material and its logical stance and supportive evidence.

Storytelling in a traditional sense—in the Share-amony—deals with an audience that sits (or stands, or dances, or does beadwork, or fringes shawls, or nods off) right in front of the Storyteller. Storytelling is by its very nature, more interactive than any cutting-edge computer program. The audience influences the Storyteller by its reaction. Indeed, in one traditional form of Storytelling at Warm Springs, the Storyteller pauses in the story until the audience (in this case, normally children) says "Eiiiee," which means "yes," at which point the story is resumed. This continues until the children are silent, indicating they are asleep. Actually, they are considered to be in a half-conscious state, and at this point, positive affirmations can be whispered into their ears, the last thing they hear before they truly sleep. While the academic performance remains "stable," (permanently frozen in paper and ink) the performance nature of Storytelling can dramatically change.

After much thought, I have decided to focus on the idea of the share-amy, and write this article more in the manner of my speaking, rather than the artifice of academia, working with the idea of how one actually communicates with a living, breathing audience, rather than a standard chapter I might feel obliged to turn in. On one level, this is obviously impossible. The very structure of academic writing precludes being able to do this, and I must utilize stylized literary artifice rather than non-verbal cues of inflection, pauses, eye contact triggered reactions, and hand gestures. In attempting to be “comfortable being one with my duality,” I will also rely on a shifting of typeface to convey the Storytelling as such, distinguishing it from the meta-cognitive commentary, where I try to “talk” to the clinical applications of this approach.

Readers specifically interested in more standard academic approaches to social discourse are directed to the excellent works of Leap (1997), Hall (1976, 1983), Tedlock and Tedlock (1975), as well as Scallon and Scallon (1995) in terms of American Indian issues. For “less” standard academic approaches, readers can enjoy the written words of American Indian authors/scholars, Silko (1996), Allan (1986), and Sarris (1993). In terms of specific “hands-on” HIV prevention within American Indian communities, readers might also look towards the community based models discussed in Tafoya and Wirth (1990). For a look at Native concerns of spirituality and psychotherapy see Tafoya and Kouris (in press). The use of therapeutic metaphor and the indirect use of storytelling in clinical practice has a long and distinguished history (pastoral counselors are referred to Matthew, chapter 13, where the disciples of Jesus ask, “How come you tell us so many stories?” [not an exact quote] to which the reply is: “He who has ears to hear, let him hear!” [which is an exact quote] preceded by the parable of the seeds that fall upon stony ground and the seeds that fall upon fertile ground...“I speak in parables, because seeing they do not see and hearing they do not hear, nor do they understand.”) Interested readers can find much in the field of Ericksonian approaches (Erickson, 1982), this is a tasty introduction to Milton H. Erickson’s talents—Erickson, by the way, was of American Indian ancestry; and the work of Gilligan (1987) which develops the theme of Erickson along with clinical analysis of the techniques, and is quite inspirational.

Ruthanna Boris, known as “Ballanchine’s Ballerina,” was offered a prestigious position at a major university. When she approached Ballanchine for his advice, he replied, “You should take it—but you won’t like it. You will want to talk about doing and the people there will want to talk about talking about” (personal communication, 1984).

With that in mind, let me tell you a story. Ana Kush Iwasha...

There is a story that comes from the Pacific Northwest, about a boy who went camping on the wrong side of the tracks one night, and met Dashkayah. Now Dashkayah is a distant relative of the Swift-Moving One...or the being the White people call Bigfoot or Sasquatch. And she's not alone. She's got sisters. But we won't concern ourselves with her sisters right now. This little boy had not actually gotten lost. He had left home that morning to go hunting and was enjoying the day so much—it was bright and sunny, one of those rare days in the Pacific Northwest—that he wandered too far from his Longhouse to make it back before sundown. So he thought, "I'd better just camp out where I am for the night and start back first thing in the morning," just as his elders had taught him to do.

Well, it wasn't long before Dashkayah smelled the boy. She's got a supernatural sense of smell, and for a good reason. She eats children. She carries a big basket on her back that can hold as many children as she can eat in a sitting. And she's always hungry.

This little boy had just gotten settled in, when all of a sudden, he heard an eerie whistling in the dark. After a while, the clouds slowly moved across the face of the moon to reveal a giant, hairy figure standing quite still, looking directly at him. Now this boy had taken Monsters 101 and knew that what was standing over him was none other than Dashkayah, the celebrated devourer of children. Besides—nothing human could smell as bad as she did.

I should mention here that Dashkayah's no dummy. Catching kids with all her unwanted notoriety was a tricky business. She knew that if she were going to nab this morsel of a kid, she'd have to use cunning. She heard the boy's stomach grumbling from hunger. He hadn't caught much that day to eat. She put on the best face she could muster under the circumstances—and by this we mean she was so ugly, even a smile looked terrifying—and teetered over the boy who was shaking rather uncontrollably.

"Know who I am," she grumbled to the boy, who was now covering his eyes and nose. "Well, never mind what you've heard about me, I'm sure it's all negative. But it's all untrue. In fact," she muttered, and leaned over to assess the boy's plump little arms," In fact," she continued saying, as she reached into the basket on her back, "I'm not really a bad person at all." She smiled—her teeth eating the slight light of the moon—"I know little children need lots of good food, and I bet you haven't eaten a thing all day."

And she stretched out her hand to the boy, and piled high on her palm, were juicy berries. "Open your eyes!" she screeched despite herself. "I've got something good to eat here."

And he did, slowly at first, until he saw the hairy outstretched hand of Dashkayah, which resembled the hard claw of a bird of prey, an owl perhaps, and piled high on her palm, were the biggest, juiciest berries he had ever laid eyes on. Just then, they both heard his stomach grumble.

"Go on," Dashkayah purred with only a hint of impatience. After all, there were more children to catch and this one was taking forever to make up its mind. Well, there was no denying the boy was hungry. And children don't deny themselves things like some adults might. Dashkayah knew that.

So as the boy tentatively reached out his own hand, carefully avoiding the menacing talons, Dashkayah was busy wiping a sticky resin across her other palm, which she had carefully hidden behind her hairy back. And just as the moon was once again obscured by the clouds, she struck out, smearing the boy across the eyes with that sap, blinding him, and gluing his eyes together so he couldn't see to run away. With a grunt, she grabbed hold of him within his blanket with her talons, and heaved the boy over her shoulder and into her basket. "Now, maybe a little girl," she thought to herself as she disappeared back into the woods, whistling her eerie song.

Dashkayah blinds the young boy in order to capture him. As the story goes, the boy is carried off to Dashkayah's campsite and dumped out of the basket on to the ground, next to other children she had captured. Soon Dashkayah begins to build a huge campfire to barbecue the boy and his companions.

She is so delighted by her catch, she begins to sing and dance around the campfire. The boy hears her song and his heart sinks, the way the moon has gone beyond the horizon. He begins to think about how his day had started, wishing to himself that he had never walked so far from his home that morning. He wishes the day could start over again. He begins to think about how the day began, so warm and so wonderful. The warmth of the fire reminds him of the sun against his face, and he draws closer and closer to the campfire to feel the heat against his face. The heat of the fire begins to warm the sap across his eyes and ever so slowly, the sap begins to melt. Soon the boy can see out of one eye, and the world comes into focus.

He sees the hulking figure of Dashkayah dancing around the fire, and around him he sees many children, blinded as he was, all around the campfire. Next to him, is a little girl. He turns to her very slowly and tells her how he managed to melt the sap from his eyes. He tells her not to be afraid—that he has thought of a way to save them all, and instructs the girl to turn to her neighbor and whisper the secret into her ear. Soon, all the children begin to see again. Now, Dashkayah had been dancing for some time, and her voice had grown hoarse and she was tired. After all, she was no young woman as far as supernatural monsters go. So she turns her back to the fire, and faces the children she had readied for roasting. And just as she does, the children jump up at once, and run directly towards her, pushing her with all their might, into the fire. And she begins to burn, her long hair singes, and she begins to crackle and hiss and her burning body explodes into sparks which light up the sky, and from these points of lights, emerge mosquitoes. That is why, even today, mosquitoes live off the blood of young children.

Stories, as so many people of the First Nations have said, are a form of medicine. For most American Indian peoples, whose first language is not English, the word “medicine” has an additional meaning beyond its connection with healing—it normally carries with it a connotation of sacredness. Having taught at the University of Washington’s School of Medicine for a number of years, I was fascinated to discover that the only difference between medicine and poison is the dosage.

American Indian elders tell us it is important for us to tell these types of traditional stories because there is something about them for the past, for the present, and for the future. And it may well be that there are no longer huge hairy monsters who come out of the woods and steal our children,

but there are other things that steal the ones we love, only these days we call such things AIDS. We call such things gang violence. We call such things addiction.

Traditional legends of American Indians (and other cultures) provide a blueprint or model of how to deal effectively with the challenges life can provide. If we focus on the “structure” of these stories rather than the “content,” the stories become more accessible to public health specialists, as well as care providers and educators. In other words, if one looks at the idea of the metaphoric value of the story, it can be used in many ways.

If you were about to be burned up in a fire, would you really lean closer into the fire? As a therapist, I find that what you fear the most will probably provide you the most insight, if you have the courage to face that fear. Just so, if the boy in the story had obtained insight, but kept it to himself, he would still have perished. This story teaches us from an HIV perspective, that by sharing his insight with his social network, he was able to bring about meaningful transformation and change.

On an alternative level, this is also a story I have used in initial treatment of suicidal patients, whose lives have become like Dashkayah—huge and overpowering and devouring. Traditional stories provide an audience an indirect way of understanding cultural values—those things a people are taught to seek out, or those things to avoid. As a result, even similar stories across cultures may teach different ideas. For example, there is a European fairy tale about an old witch who likes to eat children, but eventually ends up pushed into her own oven to be burned up. But the distinction between “Hansel and Gretel” and “Dashkayah” is a fundamental difference between European and American Indian philosophy.

In European culture there is an idea that evil can be identified and then destroyed. Indeed, there seems to be an obligation to do so. [This is quite pre-Christian—witness the Teutonic myths of the “Twilight of the Gods” (Davidson, 1977) upon which “Wagner’s Ring Cycle” (Wagner, 1876; Magee, 1988) is based, or the Celtic myths of the battle between the forces of light and dark.] There is always a witch to burn or a dragon to slay. But Dashkayah does not die, she is transformed. As in many American Indian stories, there is a theme of transformation and restoration to harmony, rather than a European approach of attempting to dominate nature by deleting an undesirable (by human standards) aspect of it.

Thus, Dashkayah can provide a more functional model for individuals who may suffer from an “incurable” condition such as AIDS (or diabetes, alcoholism, or certain cancers) where we don’t know how to “kill the enemy.” Dashkayah teaches us that even overwhelming challenges, if dealt with in an appropriate manner, may be transformed into something manageable we can face on a day to day basis.

On yet another level, both AIDS and Dashkayah are at first perceived as something monstrous. Yet in the Pacific Northwest, where Native people

still actively participate in Vision Quests, to receive the Vision of Dashkayah is considered to be a great blessing. The cannibal woman who devours children represents great wealth and power. Our old people tell us that a tragedy will always come with a gift in its hand, but we are often so frightened by the tragedy, we forget to look for the gift. While AIDS has come with a tremendous cost, it has certainly brought a gift of allowing an open discussion of sexuality that has never been permitted in contemporary experience, and has expedited an interdisciplinary approach to medicine and speeded up our understanding of the immune system.

Among the coastal people of the First Nations who use wooden masks, there is a type called a “transformation mask.” At a certain point in the ceremony, the dancer will pull a concealed string, and the outer mask splits open, revealing a hidden mask within. Just so, as we learn in dealing with the cultural diversity issues of HIV work, when we meet those different from ourselves, we first see them through a mask of “otherness.” As we learn to know them, that mask of “otherness” splits open to reveal the inherent humanity that connects us all.

There is something about these stories for the past, for the present, and for the future. Some of the traditional stories warn about what happens when one leaves the safety of the community circle, tempted by desire. The Cherokee tell of one of the *Yunwitsansdi*—the Deer Woman. She appears at powwows and the post-powwow celebrations called Forty-nines that go on long after the dance events have ended. Forty-nines are often associated with alcohol and sexual expressions, as participants will sometimes disappear together under the cover of darkness, moving away from the warmth of the fire towards a different warmth.

The Deer Woman is beautiful, with long ebony hair that glistens in the firelight like a blackbird wing. She dresses in the finest of traditional clothes and moves with supernatural grace in her shawl with long fringes that dance as she sways to the heartbeat of the drum. The only difference between her and the most beautiful of human females is the fact her slender ankles end in sharp hooves.

In an almost vampiric sense, the Deer Woman fascinates, locking eyes with her victim, seducing him hypnotically away from the fire, into the darkness, leaving hoof prints next to his footprints—a trail his relatives will follow the next day to discover his cold body, where they will see that she killed him by dancing on his genitals with her hard and unforgiving hooves.

What a powerful metaphor for someone who feels they “lost” control in the heat of passion—powerless before someone they wanted so badly, leaving behind the warning of elders that to abandon the campfire of the community may cause trouble. The story of Deer Woman can be used to introduce concepts of high-risk behavior.

Just so, in the Pacific Northwest, it is said that long ago, the daughter of a chief was warned by her elders to be careful as she went to pick berries, because many bears were around. She went out anyway, and as she drew near the berry bushes, she stepped into bear dung.

Upset, she cursed the bears, as she tried to clean herself. Bear people emerged from the woods and abducted her. Inside their cave, she sat sadly in a corner, until a tiny thin voice spoke to her and she looked into the bright wise eyes of Grandmother Mouse.

"Tell them they must take you out to relieve yourself—and that as a proper person, you must do this in privacy." Then Grandmother Mouse touched the gleaming copper bracelets that the young woman wore, indicating her high-class status. "Take off your bracelets and break them into small pieces and leave them on the ground."

When the young woman did as she was instructed, the Bear people inspected where she had gone to relieve herself and whispered to one another. "No wonder she complains of our dung. She is so high-class that she shits copper!"

Impressed, they inform the Bear Chief, who marries the young woman, and thus the Bear Clan was begun. Whether it is the message that unregulated desire can have dire consequences, or that not listening to the wisdom of your elders (and then reaping the benefits that respecting the words of elders can provide) can place you in great danger; the stories also offer another issue to consider when working with clients and patients to initiate behavioral change.

We have known since the time of Freud that people possess specific self-defense mechanisms. These include: (a) denial ("I don't have a problem."); (b) repression ("I don't know that I have a problem."); or (c) projection ("It's not my problem—it's your problem.") (Freud 1894, 1900, 1915; Freud, 1936). Milton H. Erickson, the noted psychiatrist, once said, "What we call a neurosis is really the complex way in which a patient deals indirectly with his problem" (personal communication with Stephen Gilligan, 1982, regarding M. Erickson during training seminar, 1982).

Erickson was suggesting that if a patient could deal directly with his or her problem, the patient would probably not need therapy. When we attempt to directly confront individuals in prevention and intervention work,

we tend to engage their self-defense mechanisms. The stories, in the form of therapeutic metaphors tend to bypass self-defense mechanisms because we are not talking about sexually transmitted diseases (STDs) (for example)—we're talking about Deer Woman. This indirect approach of storytelling can allow clients and patients to be more open in exploring alternatives to high-risk behaviors or ways of coping with chronic illness.

Indirect approaches to discussing topics of sexuality are also critical in the sex-negative culture of general America, where many citizens are uncomfortable with any public discussion that touches on issues of a carnal nature (Irvine, 1990; Money, 1986; Parker, Russo, Sommer, & Yeager, 1992; Tanahill, 1980). This is even more complex in working cross-culturally from a linguistic aspect. English is a melange (French) of languages, a conglomeration (Latin) of xenologic (Greek) words superimposed on a foundation of Anglo-Saxon. Due to the unusual circumstances of the historical and cultural realities of English, it is a language that can allow “code-shifting,” from “basic” Anglo-Saxon to Latin or Greek based words. Latin and Greek words are associated with medical and scientific (and therefore “high class”) meaning, while Anglo-Saxon terms have a “vulgar” (or “low class”) association. In speaking publicly, it is possible to linguistically “code-shift” when discussing sexuality, where Latin/Greek based terms like “anal intercourse,” or “masturbation” are acceptable in public discourse, while the one-syllable equivalents in Anglo-Saxon would not be contextually acceptable.

Not all languages have this code-shifting potential, so HIV specialists working cross-culturally may have few options in utilizing interpreters to share information about prevention and sexuality in ways that will not be considered offensive, other than resorting to the indirectness of metaphor and with sexuality (for example, American Indian Coyote legends or African Anazi ones) are ways to begin initiating the discussions dealing with STD and HIV prevention in a less threatening manner. To initiate prevention discussions, it might be useful to begin at the beginning:

Long ago, in a time beyond time, so many years ago we don't have words for the number of years, the Cocoon Man floated without awareness—and as even more years passed, he slowly became aware—and with awareness comes knowledge of one's limitations, and so the Cocoon Man began to condense—to coalesce, and the surface of his skin began to slough off and formed the land—until finally he stepped forth.

And he felt a compulsion to walk to the East, and he walked East until there was no more East left to walk, where he found a baby—an infant boy. This surprised the Cocoon Man, who thought he was the only one around. Concerned about the baby dying of exposure, he wove a great basket of cedar and placed the infant within it, and put the basket on his back.

Now he felt a need to walk to the South, so he walked South until there was no more South left to walk, and there he found a young boy—about four years old. Again surprised, but not wanting to abandon the child, he picked him up and placed him within the basket.

Now the Cocoon Man felt a need to walk to the West, so he walked West until there was no more West left to walk, where he found an adolescent boy. By this time, the Cocoon Man was getting used to this, and placed the adolescent within the basket.

Now he felt a need to walk to the North, and he walked North until there was no more North left to walk, where he found a young man. "It was I who gave you the idea of creating this world," the young man said. "It was I who whispered into your inner ear and suggested you walk to the East, to the South, to the West, to the North—if you don't believe me, look inside your basket."

Quickly the Cocoon Man pulled the basket off his back and looked inside.

And the basket was empty.

So too do we carry the basket of our life upon our back and the voices of our childhood, our adolescence, our adulthood, whisper into our inner ear with the messages we have gathered in our journey of life. We bear a burden—both treasure and dysfunction that helps shape our response to what surrounds us. There are messages about sexuality and disease, of relationships and responsibilities, reflecting our various cultures, genders, and sexual orientations. This Creation Story of the Warm Springs people can be a way to model for clients the exploration of their own messages.

Importantly, the stories move in circles, spreading out in the way of ripples from a stone cast into a pond, as they provide patterns of recognition

that allow us to acknowledge similar experiences in our own lives to the stories we are told.

And finally, there are some stories that are so powerful, we don't just tell them—they tell us. Stories are a form of medicine. The only difference between medicine and poison is the dosage.

One such story of power is that of Cinderella—not the Walt Disney version, but the older, darker version of the legend, where the two step-sisters can't fit their feet into the glass slipper, so their mother intervenes. One daughter—she cuts off her toes, and the other daughter, she cuts off her heel and then tells them to shove the bloody stumps of their feet into the glass slipper.

Just so, this story has set up a frightening pattern of recognition for American children who grow up with the message there is only one way to be a "good American"—to fit a model that was never made for the majority of citizen:

To be a good American means to be male.

To be a good American means to be Caucasian.

To be a good American means to speak English as your first and only language.

To be a good American means to be Christian.

To be a good American means to be Heterosexual.

To be a good American means to have a certain level of income.

To be a good American means to have a certain level of education.

And the message is clear. If you don't meet these criteria, then you are to slice off whatever doesn't belong.

You slice off your language—your sexuality—your gender—whatever doesn't fit.

As a therapist, I see many people we deal with who have turned to alcohol and other drugs (and “high-risk” sexual behaviors can be a drug to some) as a form of anesthetic in an attempt to numb the terrible pain of this amputation.

Many of the “high-risk” clients and patients feel themselves to be “*dismembered*”—ripped apart into disconnected parts of oneself. The opposite of the word “*dismember*,” as Susan Griffin (1978) points out, is the word “*remember*” (p.77). The stories we tell and encourage others to tell (which is ultimately what therapy and support groups are all about) help people “*remember*” whom they are, to allow them to become whole again. In the Indo-European roots of English, the word “heal” is related to the word “whole” which is itself related to the word “holy”.

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