

EXPLORING THE PAST, PRESENT AND FUTURE OF  
NATIVE HEALING

**EXPLORING THE PAST, PRESENT AND FUTURE  
OF TRADITIONAL NATIVE HEALING IN SOUTHWESTERN AND SOUTH-CENTRAL  
ONTARIO**

**By**

**JENNIFER ROBIN RANFORD, B.A.**

**A Thesis**

**Submitted to the School of Graduate Studies**

**in Partial Fulfillment of the Requirements**

**for the Degree**

**Master of Arts**

**McMaster University**

**© Copyright by Jennifer Robin Ranford, September 1998**



**MASTER OF ARTS (1998)**  
**(Anthropology)**

**McMaster University**  
**Hamilton, Ontario**

**TITLE: Exploring the Past, Present and Future of Traditional Native Healing In Southwestern  
And South-Central Ontario**

**AUTHOR: Jennifer Robin Ranford, B.A. (Wilfrid Laurier University)**

**SUPERVISOR: Professor Wayne Warry**

**NUMBER OF PAGES: vii, 148**

## DEDICATION

*"Man is so preoccupied with building his concept of the good life, he has no time for the view."*

Dennis T. Patrick Sears *The Lark in the Clear Air*

I dedicate the time, effort, and tears that went into this research to the memory of my father, Barry Ranford. You instilled in me the value and reward of hard work, perseverance and faith in oneself. When I look back, I realize how your words of encouragement and expressions of pride not only helped me attain my goals, but shaped who I am today. Above all, you have shown me how to discover and appreciate the 'view' while cherishing all that life has to offer.

I hope you have found the peace you searched a lifetime for and unquestionably deserve.

## ABSTRACT

Respect and acceptance for Native people's traditions including their traditional healing knowledge and practices is growing in both Native and non-Native medical circles. Impressive changes are occurring in the field of Native health care, as traditional healing philosophies and practices take up residence in the mandates and programs of many Native health centres across Canada. This applied anthropology study documents the perceptions of individuals working in Native health care environments regarding traditional healing approaches: past, present and future. One can use Native and non-Native perceptions of traditional healing, and its present utilization, to envision its role in Native health care and in the larger sphere of Native self-determination.

Four main themes emerged from the open-ended interviews conducted with respondents. The first concerns the relationship that many respondents have with traditional healing approaches. Many respondents are themselves on a life path in which traditional healing belief and practice has been used in the past to re-calibrate their lives. Worked into this healing process is the intimate relationship between healing and a strong sense of personal and cultural identity. The second is that traditional healing is part of a growing 'healing movement' aimed at improving the collective health of Native communities. The third involves respondent's concern over the tenuous relationship between newly developed traditional healing initiatives and government funding. Respondents expressed concern that funding issues could not only hamper the availability of traditional services, but could effect the quality of services available. The final theme surrounds the future management of traditional healing services. Respondents question whether, how or who should regulate and monitor traditional healing. I conclude that these key issues need to be addressed by Native individuals and Native health organizations. In keeping with an applied approach, I offer numerous recommendations regarding the current and future use of traditional healing. These suggestions are based primarily on the information provided by respondents during interviews.

## ACKNOWLEDGEMENTS

When one enters into the world of graduate studies, one does not enter alone. Many people provided me with the guidance and support, both academic and emotional, I needed to complete my research. It is to these people I am indebted.

I am indebted to my academic supervisor, Dr. Wayne Warry. While I did not enter into the MA program under the most favorable conditions, Dr. Warry's understanding and gentle guidance allowed me to pursue my degree at a manageable pace. I would like to thank the members of my advisory committee, Dr. Dawn Hill and Dr. Dennis Willms for their time and effort.

I extend deep gratitude to the many informants who were willing to share with me their opinions and their personal life experiences. Traditional healing knowledge remains a very sensitive issue for many Native people, and I truly appreciate their openness and candor.

I wish to acknowledge the efforts of Dr. Karen Szala-Meneok, Robbin Lifset-Papple and Bronwen Stanley-Jones, all of whom donated their time to review early drafts of this thesis. Their honesty and effort was very much welcome and appreciated.

Finally, I am most grateful to my family and friends who have supported me throughout my graduate years. To my mother, Joan Ranford, whose strength has inspired me for countless years, and to my husband, Petri Fager, whose patience, love, encouragement and sense of humour have kept our relationship strong - I am eternally thankful.

## **TABLE OF CONTENTS**

DEDICATION	iii
ABSTRACT	iv
ACKNOWLEDGMENTS	v
ABBREVIATIONS	viii
<b>CHAPTER ONE: NATIVE HEALING TRADITIONS: BEGINNING CONCEPTS AND THEMES</b>	
Key Themes of Research Findings	3
A Brief Journey Into the Meaning of Traditional Healing	4
Traditional Healing Literature and Research	6
The Traditional Healing Movement	9
Purpose and Layout of Research	11
<b>CHAPTER TWO: MEDICINE MEN, MISSIONARIES AND INDIAN AGENTS: GOVERNMENT CONTROL OVER NATIVE MEDICINE AND HEALING</b>	
Historical Images of Native Healing and Native Healers	17
Early Government Policies	
The Potlatch, Sun Dance and the Tamanawas	21
The Government, Church and the Medicine Man: Post 1867	24
Informal Control	26
<b>CHAPTER THREE: DESCRIPTION OF RESEARCH AND METHODOLOGY</b>	
The Origins of a Spirited Interest	29
Methodology	30
Sources of Data	31
Data Collection Process	32
Description of Respondents	33
The Anthropologist in 'Aboriginal Country'	36
<b>CHAPTER FOUR: LIVED EXPERIENCES: EXPLORING UNDERSTANDINGS OF TRADITIONAL HEALING</b>	
A Point of Departure: The Genesis of Traditional Healing in Respondents' Lives	
Healing Journeys: Case Studies	41
Traditional Healing, Native Identity and Health	50
Traditional Healing / Traditional Medicine - One and the Same?	
Conceptualizations of Traditional Healing and Traditional Medicine	53
The Importance of Non-Native Understanding	57
Past Transgressions and the Willingness to Share	60
Historical Abuses Not Forgotten	61
Appropriation and Exploitation of Healing Knowledge:	



Research for Profit and Control	62
Non-Native Use of Healing Knowledge	64
Conclusion	66

## **CHAPTER FIVE: HEALING IN A CONTEMPORARY CONTEXT: A PROFILE OF NATIVE HEALING AND HEALTH ENVIRONMENTS**

Government Funding of Traditional Healing Initiatives	69
A Profile of the Healing Centres	
Enaahutig Healing Lodge and Learning Centre	71
Anishnawbe Health Toronto	72
Wikwemikong Health Centre	74
Pine Tree Native Centre of Brant: Native Inmate Liaison Program	75
Onkwe hon:we Midwifery: Six Nations Birthing Centre	77
Nimkee NupiGawagan Healing Centre	78
Mooka'Am Sexual Abuse Treatment Program	79
Obstacles Faced: Government and Community	
Funding	80
Traditional Healing Resources	84
Community Acceptance	85
Relationship Between Traditional Healing and Western Biomedicine	88
Conclusion	93

## **CHAPTER SIX: EXPLORING THE PATH AHEAD: THE FUTURE DIRECTION OF TRADITIONAL HEALING**

Concerns Regarding the Current Use and Delivery of Traditional Health Care	96
Shortage of Healers	96
Unscrupulous 'Healers': The Dark Side of Traditional Healing	100
The Growing Organization of Traditional Healing: Issues, Debates & Suggestions	106
The Regulation of Traditional Healing	108
The Formalization of Traditional Healing	111
Overcoming Barriers: Building on Current Methods	114
If Given the Opportunity...: Respondent's Views on the Development of Traditional Healing	118
Conclusion	122

## **CHAPTER SEVEN: SUMMARY**

Discussion of Themes and Research Findings	125
Comments on Recommendations	128
Conclusion	130

<b>APPENDIX A: RECOMMENDATIONS</b>	135
<b>APPENDIX B: INTERVIEW QUESTIONS</b>	138
<b>REFERENCES CITED</b>	140

## **ABBREVIATIONS**

---

AFN	Assembly of First Nations
AHPO	Aboriginal Health Policy for Ontario
AHWS	Ontario Aboriginal Healing and Wellness Strategy
ANAC	Aboriginal Nurses Association of Canada
CHR	Community Health Representative
DIAND	Department of Indian Affairs and Northern Development
IRDC	International Research and Development Council
MSB	Medical Services Branch, Health Canada
NAN	Nishnawbe-Aski Nation
NCFST	Native Child and Family Services of Toronto
NIHB	Non-Insured health Benefits Program
NSTC	North Shore Tribal Council
PTO	Political/Tribal Organization
RCAP	Royal Commission on Aboriginal Peoples
RHPA	Regulated Health Professions Act
UOI	Union of Ontario Indians (Anishnawbek Nation)

## CHAPTER ONE: NATIVE HEALING TRADITIONS: BEGINNING CONCEPTS AND THEMES

*If non-Native people held the answer for our healing, that would have come a long time ago. (Carol Hopkins)*

### ***Introduction***

Respect and acceptance for Native people's traditions including their traditional healing knowledge and practices is growing in both Native and non-Native medical circles. The recently released 3500 page government document, The Royal Commission on Aboriginal Peoples (RCAP), provides evidence of an increasing awareness and concern for Native issues, including health and healing issues. Though the emphasis on traditional approaches to healing, health and wellness may appear relatively recent, it is a process that has been gaining momentum for nearly a decade, both nationally and internationally. In Canada, the increased emphasis on traditional Native healing<sup>1</sup> should not be regarded as an isolated phenomena, but should be seen as part of the prevailing climate of Native self-determination and self-management. As healing and spirituality for Native people are an inseparable part of the cultural whole, they too, are seen as inseparable from individual and cultural self-determination. Impressive changes are occurring in the field of

→ Native health care, as traditional healing philosophies and practices take up residence in the mandates and programs of many Native health centres across Canada<sup>2</sup>. Traditional healing is increasingly becoming a way in which Native individuals can re-calibrate their lives, taking control and responsibility over their health and well-being. It is because of the importance of traditional healing to the Native community that the Canadian government and western medicine continue to respect and support traditional healing initiatives.



While traditional healing is becoming more widely acknowledged and accepted by Native and non-Native peoples, there are many Native people who do not see the current revitalization of Native traditions, including Native healing, as being influenced or motivated, in any way, by the 'acceptance' of Native culture by non-Native society. This revitalization, renewal or re-connection of Native people to their traditional ways of life is seen by Natives as being motivated by Native people and their specific cultural prophecies. Just as cultural knowledge remains the property of Native people, so should any responsibility for its revitalization. Many Native people refuse to accept the notion that non-Native society should be or are the 'liberators' of Native people or their culture.

A substantial amount of the literature currently available on the topic of traditional Native healing deals either with the efficacy of Native healing (Young et al. 1989) or the working relationship between traditional healing systems and western bio-medicine (Wheatley, 1994; Rappaport 1981; Finkler, 1994). While these discussions are critical, it is equally important to explore traditional healing from a 'here and now' perspective: how traditional healing is understood and perceived by people actively involved in its delivery, how it finds its way into today's health and healing environments, and the roles it plays at the individual and community level. My paramount areas of interest are the current perceptions of traditional healing, both Native and non-Native, and its utilization in Native health and healing centres. This research is concerned with two objectives: 1) to explore the perceptions of individuals working in Native healing environments throughout southwestern and south central Ontario. This includes, among other things, their experiences, concerns and wishes; and 2) to use these perceptions to assess where traditional healing is now, where it has come from and, most importantly, what future direction it will, or can, take.

### *Key Themes of Research Findings*

From May 1998 to October 1998, I interviewed Native and non-Native people from a diverse range of cultural and professional backgrounds, who work in various healing environments, about their perceptions (both personal and professional) of traditional Native healing methods. I also asked respondents about the history and current use of traditional healing/medicine within their health centres. Several key themes materialized from these conversations. Many respondents are themselves on a life path in which traditional healing belief and practice has been used in the past to re-calibrate their lives. For example, respondents have experienced some type of disruptive event or condition (e.g., alcoholism, physical or sexual abuse, diabetes) and, through either discovering or re-visiting traditional approaches to healing, had themselves been healed physically, spiritually, emotionally and/or mentally. Traditional Native healing is part of a growing 'healing movement' aimed at improving the collective health of Native communities. This growth becomes evident through an examination of the different healing centres (e.g., an emphasis on traditional healing in health programs, the frequency of referrals to traditional healers by physicians and health care workers, and the number of requests for traditional services). Respondents draw a correlation between the future of traditional healing and the political will of the non-Native government. Many respondents expressed concern about the tenuous position of traditional healing, specifically, the 'here today, gone tomorrow' nature of government or private funding for health services. Many respondents experience anxiety over maintaining the quality of traditional healers and maintaining positive public (Native and non-Native) perception of traditional healing. There appears to be a fear that the practices of 'bad' healers could lead to the eventual disparagement of traditional healing or the forced regulation and control of traditional practices by a non-Native organization. This concern leads to the final theme. Unanswered questions remain around the management and control of traditional healing

practices. Respondents express a growing concern over whether, how or who should regulate and monitor traditional healing. There is a division of opinion over the direction that traditional healing should take, given its increased use and perceived importance. Some respondents expressed concern that traditional healing would become institutionalized and, therefore, controlled by non-Native bodies.

An acknowledgment and examination of these central ideas serves pragmatic as well as academic purposes. The information in this thesis is presented for the benefit of Native individuals, communities and organizations, as well as mainstream Canadian society. On a broad scale, the knowledge which grows from this research will foster a greater understanding of what traditional healing means and the contemporary position that it holds in the lives of many Native individuals and communities. One can use Native and non-Native people's perceptions of traditional healing and its present utilization to envision what it means and to provide a better understanding of the current reality of traditional healing. Information of this nature can be used by Native organizations as an instrument to communicate to Native and non-Native audiences the necessity of traditional healing in improving Native health, specifically to governments and funding agencies<sup>3</sup>. On an applied level, the wishes and recommendations of respondents regarding future directions should be considered seriously when charting the path of traditional healing.

### ***A Brief Journey Into the Meaning of Traditional Healing***

*Traditional healing can be defined as practices designed to promote mental, physical and spiritual well-being that are based on beliefs which go back to the time before the spread of western, 'scientific' bio-medicine (RCAP).*

What is 'traditional healing?' For some, the phrase 'traditional healing' conjures images of ancient herbal remedies, medicine men dressed in colourful regalia, or elaborate ceremonial rituals. Though these images remain somewhat valid, traditional healing is a complex and ever-

evolving, dynamic process. As the face of human health and the human condition changes, so too, does the face of traditional healing. When asked whether Native healing traditions had changed over the years, many respondents<sup>4</sup> maintained that traditional knowledge of healing had become more "sophisticated," having witnessed the introduction of emerging health concerns such as HIV/AIDS, diabetes, and various substance abuses. However, the basic tenets have remained relatively unchanged. [Traditional healing and medicine are intricately tied to Native philosophy, religion and spirituality. Traditional healing is not exclusively a system of prescribed remedies to known disorders or diseases, but it is a way of thinking and being. In Canada today, traditional healing can take the form of the administration of herbal medicines, participating in healing ceremonies such as sweat lodges, fastings, healing circles, pipe ceremonies, and smudging, or employing Native Teachings, as symbolized in the medicine wheel and the four directions. The focus of Native healing traditions is seen as separate from the linear, reductionist thinking of western biomedicine. Waldrum observes that "Aboriginal medical systems... focus on developing an understanding of the body and mind as a whole, and on how illness is symptomatic of an imbalance between the individual, the society, and the spiritual realm" (1997:71). Traditional healing brings to the individual a sense of relatedness, meaning and belonging.]

Unlike biomedicine, where individuals elect to become physicians and must complete a pre-determined number of years formal medical training, the knowledge of traditional healing and medicine is seen as a gift from the Creator. This knowledge is essentially taken from the energy of creation which flows through them (Malloch 1989). Healing knowledge is considered sacred and is handed down from healers or medicine men or women to individuals who have demonstrated a deep, life-long commitment to the knowledge and practice of Native healing traditions.

Practitioners of both healing traditions move through extensive, life-long training processes, though in markedly different ways. 'Traditional healer' or 'medicine man' are labels which most



healers uncomfortably accept. Though their 'label' is one which has been achieved through many years of dedication, it is one which is *ascribed* to them by their clients and communities.

Traditional healers are gifted by the Creator with the knowledge of certain medicines and the responsibilities associated with that knowledge. Healers are seen as servants of the Creator and to those people that they serve (Shestowsky, 1993). While healers are imbued with these gifts, their methods of expressing healing knowledge are unique to each healer. Traditional healers provide medical care as well as act as counsellors, community problem solvers, role models for youth, and represent the providers of historical and cultural information.

The preceding discussion should only be seen as a peripheral account of traditional healing. Traditional healing is a term which is not easily or comfortably conveyed, either by Native people or academics. [One could argue that the appellation 'traditional healing' has, in a popular sense, becomes somewhat cliché, with definitions failing to capture the true essence and depth of the term.] This misconception is most conspicuously found in government publications. Though not to be considered comprehensive, chapter four will present a more analytical treatment of the meaning of traditional Native healing and some of the problems associated with defining it, according to Native respondents.

### ***Traditional Healing Literature and Research***

Over several decades a substantial amount of literature on traditional healing has filtered down from a variety of sources including government agencies, the Native community, and the social sciences. The resurgence of interest in traditional healing reflects a growing concern around the effectiveness of modern scientific medicine in healing the world's Native populations. Research concerned with the relationship between biomedicine and traditional forms of healing in numerous countries are well-represented in the literature, including African countries (Haram, 1991; Green, 1988; Hoff & Maseko, 1986), Latin America (Schrimshaw & Burleigh, 1989;

Bastien, 1994), United States (Colorado, 1988), and China (Eisenberg, 1985). This research suggests that the global re-emergence of traditional healing is part of the process of self-determination and emancipation, as indigenous communities struggle to improve their quality of life while maintaining traditional practises.

The academic and Native literature currently available on Native healing traditions in Canada tends to fall under the rubric of Native health or Native self-government. Traditional healing is discussed in a variety of contexts and approached from numerous directions. Arguably, one of the most valuable and representative collections available on traditional healing appears in publications from the Royal Commission on Aboriginal Peoples (RCAP). In these documents, healing traditions are discussed in terms of their application to modern Native health concerns, their place in the self-determination and self-government processes, and their importance to Native culture. Warry (1998) further integrates this literature by situating traditional healing within the context of community healing and Native self-government. A historical and contemporary view of healing traditions can be found in Waldram et al., (1996) as well as a comprehensive account of the complex nature of Native health conditions and health care delivery, past and present. Other approaches to traditional healing include questions of efficacy (Young, D.E. et al, 1988; 1989; Jilek 1982; Young, A. 1983), the utilization of healing traditions in urban centres (Waldram 1990a; 1990b; Waldram & Layman 1989), and the importance of returning to traditional approaches of healing in specific environments such as in the judicial/penal system (Waldram 1997; 1993; Ross 1996) or for specific health conditions such as (but not limited to) diabetes (Lucas 1993; Daniel & Gamble 1995).

Because Native healers do not tend to write about their experiences and healing knowledge, few works are available which detail specific healing practices and the life experiences of healers or Elders. Exceptions are found in Lane Deer's (1972, 1992) account of

Sioux traditional medicine and the Yuwipi ceremony, Powers' (1982) detailed description of the relationship between the sweat lodge and the vision quest to the Yuwipi ceremony, and James Dumont's description of the Midewiwin Medicine Dance (1989). Mary Joy's (1989) thesis *Traditional Medicine at an Indian Reserve* offers a rare and insightful glimpse into the life and healing practices of Sam Osawamik, a respected healer on Manitoulin Island. There are, however, countless 'popular' books on Native healing philosophies and practices directed at mainstream society which appeal to devotees of 'new-age' doctrines. These books offer the 'wisdom of native healing teachings' and are often formatted according to self-help modalities. The growth in this *genre* of books has mirrored the emergence of the alternative healing movement which began in the early 1970s and the concurrent attention paid to Native spirituality. Though too numerous to mention, there are several notable works which fall into this *genre* including books written by Sun Bear<sup>5</sup>, a popular 'medicine man,' Kenneth Meadows (1991; 1996; 1997), Kip Coggins (1990) and Ed McGaa (1990). Churchill (1994) and Kehoe (1990) provide interesting critiques of this movement, its key figures and the appropriation of indigenous knowledge by Native and non-Native figures. Candid and eloquent accounts of individual healing (through revisiting traditional healing values and practices) can be found in Helen-Hill's (1995) patchwork which blends history and poetry with personal narrative. The recently released *Into the Daylight: A Wholistic Approach to Healing* by Calvin Morrisseau (1998) chronicles one man's traditional healing journey through sexual abuse, parental neglect and alcoholism. The knowledge and insights he acquired through this journey serves as a guidebook for future generations. These life accounts are not unlike the healing journeys portrayed in chapter four. While scant information is available on traditional spiritual and ceremonial knowledge, a number of publications exist which detail traditional herbal knowledge (Densmore 1928; Anderson & Chalifoux; Moerman 1982; Buhner 1996). A project is currently underway at the Centre of Native Arts in Toronto to produce a book

on Native medicines from a Native perspective. This compendium would step past the standard pharmacological listing and ontological status of each medicine by providing artistic interpretations of each plant. The unique concept of this project is the premise that Native artists can capture the spirit of the plant.

Model-building plays an important role in the relationship between traditional healing and western biomedicine and government agencies. Current research focusing on the relationship between traditional healing practices and western biomedicine often outlines the different organizational relationships between these systems. The World Health Organization recognizes the relationship between traditional medicine and biomedicine as operating on one of four distinct levels: monopolistic, tolerant, parallel and integrated (WHO, 1983:10; Bodecker, 1993:4). On a national scale, several researchers have developed operational models specific to traditional First Nations healing and biomedicine. Margaret Wheatley (specializing in the Yukon region) recognizes five possible models: non-integrated, tolerant, parallel, partially-integrated and integrated (Wheatley, 1994; Wheatley, 1991). It is Wheatley's contention that the third model, the parallel model, is the most appropriate to a First Nations setting. Rappaport and Rappaport have taken an approach similar to Wheatley's parallel model. They conclude that biomedicine and traditional systems are complementary and should be constructed to function along side each other (Rappaport & Rappaport, 1981:774). Although these models outline the different operational relationships, none are concerned with the specific application of a model to a particular region or cultural context. Similarly, these models do not examine how they affect or are effected by government policies.

### *The Traditional Healing Movement*

A fundamental shift is occurring in Canada in the increasing public and professional interest in healing therapies which are variously known as 'alternative,' 'unconventional,' or



'complementary.' These therapies tend to reflect a more holistic orientation toward health and healing than that held by western biomedicine. In many respects, these 'alternative' therapies are engaged in a struggle for legitimacy with government health bodies and the dominant medical system. People may position the resurgence of Native healing traditions under the umbrella of this larger 'alternative' healing movement. However, for Native people who have faith in traditional healing approaches, it is not necessary to legitimize a body of knowledge which has developed over the last six thousand years. Traditional healing is not an active participant in the battle between the 'alternative' school and western scientific medicine for the mantle of legitimacy. Similarly, the rebirth of Native healing traditions is not dependent on, or attributable to, the 'new age' movement or the popularity of alternative therapies. This revitalization is considered by Native people to be part of universal prophecies, as told by the Creator. These prophecies speak of a time of healing when people around the world will return to their traditional teachings for knowledge and guidance. For Native people, revisiting traditional healing values and practices is part of a process of emerging from great sickness to reclaim the spirit of culture and life. When asked to comment on the relationship between traditional healing and 'alternative' therapies, respondents draw a clear distinction between the growth of the two parallel, but separate processes:

*I think that the revitalization, the renewal, the re-connection is motivated by the spirit. It is motivated by the Creator. Every culture has prophecies...for the Anishnawbe it is called the seven fires prophecy. The change, being lost, the destruction, turning around and looking for life, looking for the answers, looking back to the Elders. What that prophecy also talks about is that there would come a time where after going through all of this darkness, that there would come a time when the people would stop and they would turn around and they would go searching for the truth. And, that this new people would pick up those bundles again, pick up those ceremonies, pick up the teachings. In that time, what they call the seventh fire, that is where we are. That is where the Elders tell us we are today. (Carol Hopkins)*

It is important to frame the development of traditional healing within this cultural belief system

and not as a band-wagon response to the popularity of alternative healing therapies. The growth of Native healing traditions *mirrors* the increased acceptance of alternative therapies, but is not dependent nor determined by this acceptance.

### ***Purpose and Layout of Research***

The purpose of this research is not only to build on past research, but to clarify and contemporize the area of traditional healing in Native communities and organizations across southwestern and south central Ontario. I intend to advance our understanding of traditional Native healing approaches, approaches which I feel are congruent with many Native individual, family, community, and cultural values and beliefs. The thesis will be organized as follows: in chapter two, I revisit the social, cultural and political history of traditional Native spiritual and healing knowledge in Canada. This discussion traces how traditional healing and spiritual practices were perceived by non-Native government, medical or judicial bodies in the last two hundred years. I emphasize how these perceptions directly effected the lives of Native individuals, communities and Nations across Canada, most notably in the prohibition of healing and ceremonial practices. Because there is a lack of documentation on the history of traditional healing in Ontario, this chapter will necessarily draw information from a national, rather than regional, level. A discussion of the relationship between traditional Native healing and the non-Native world will emphasize the connective tie which exists between the current perceptions held by Native individuals and communities and their historical experiences. Specifically, this section will lay the platform for understanding the reluctance and caution many Native people exercise when asked to discuss traditional healing and spiritual knowledge. I argue that recognizing historical experiences is vital to understanding the present and future position of traditional healing in Native health, as Native people attempt to regain control of their health and well-being.

Chapter three will begin with the professional and academic experiences which

engendered this line of research, such as my internship at the Indian and Northern Health Services Branch of Health Canada. Methodological issues such as how respondents were sought, sources of data, the nature of the data collection and the review process will be addressed briefly. A description of the respondents including their cultural, professional, and spiritual roots will offer background information which is useful to contextualize their perceptions. The final section will document the relationship between Native individuals and communities and the academic world, specifically academics with a background in anthropology.

In chapters four through six I present twelve recommendations (detailed in Appendix A) related to the future of traditional healing at both a localized, community level and at a broader, national level. These recommendations are based on my extrapolation of ideas provided to me by respondents and are drafted based on information gathered throughout the research. While the recommendations are, for the most part, general in nature, they do not represent the unanimous opinions of all respondents. The purpose of these recommendations is to ensure the continuation of traditional healing as a valued and respected form of medicine. And, more importantly, that traditional healing and spiritual knowledge remain the sole property of Native people.

The information presented in chapter four reflects observations given by respondents regarding their traditional healing backgrounds, both experiential and perceptual. Of specific interest in this chapter is the exploration of where respondents have come from, how they became involved in traditional approaches to healing and health (e.g., inherited beliefs or past illness experience), how they interpret traditional healing, and how it guides their lives. The balance of the chapter details respondents' reflections to questions about their willingness to discuss traditional healing with non-Native researchers. This section will introduce more current reasons why Native people are often reluctant to share healing knowledge with non-Native people. This discussion serves to further integrate the theme of historical experience and the future path of



traditional healing. My intent in this chapter is to bring to life the rich, and often intimate, accounts of respondents' experiences, experiences which are valuable when situating their perceptions in relation to their traditional healing knowledge and practices, and to traditional healing in general.

Eleven healing and health centres were visited during the course of this research. Chapter five will profile these centres by briefly outlining the design of seven of these centres, its history of utilizing traditional healing, and how traditional healing approaches have found their way into health centre programs and mandates. One way of appraising the salience of traditional healing in these centres was to determine the backgrounds of the people accessing traditional healing resources (e.g., age, gender, spiritual, cultural and professional background), how frequently people request traditional methods of healing, and which health conditions are treated by these traditional methods. Respondents were also asked to comment on the relationship between traditional healing and biomedical healing and whether there were any perceived problems within this relationship. The climate of traditional healing in various Native health centres is gauged in this chapter in order to determine its role in improving the health of Native individuals, and its place in Native culture today.

One of the more important tasks of this research is the examination of the future of traditional healing. Chapter six links respondents' views about traditional healing with the concerns they have for the current and future practice and management of traditional healing. In this chapter I detail respondents' views on how they would like to see traditional healing develop in the next five to ten years, how they would like to see their health centres or programs develop during the same time span, and concerns they have about the current use of traditional healing. In the balance of the chapter I explore a pressing issue held by many of the respondents, the future management of traditional healing. The complexities surrounding the regulation of traditional

healing will fill out the remainder of this chapter. In chapter seven I bring together a number of key themes which surface evolve out of my interviews with Native and non-Native people. A brief discussion of the limitations and forecasted implementation problems of recommendations concludes the chapter. It is important to note that the perspective I offer is limited to individuals working in a health institution setting who offer traditional healing approaches from an institutional environment. There are healing traditions and healing perspectives, which I have not included, that exist outside of this institutional context.

In late November 1996, the Canadian government released the findings of a mammoth five year undertaking entitled The Royal Commission on Aboriginal Peoples (RCAP). The RCAP report is the product of extensive consultations with Native and non-Native people from across the country. Contained within the report are 440 recommendations on a wide range of social, cultural, economic and political issues, recommendations which are intended to inform public debate and policy-making. On January 7, 1998, the federal government committed \$350 million to support the development of a Healing Strategy to address the legacy of the physical and sexual abuse which occurred in the government-run residential school system. Prior to this offer, Jane Stewart, Minister of Indian Affairs and Northern Development, offered the following apology to the Native community of Canada, "The Government of Canada today formally expresses to all Aboriginal people in Canada our profound regret for past actions of the federal government which have contributed to these difficult pages in the history of our relationship together" (DIAND 1998)<sup>6</sup>. It was during this climate of political, social, economic and cultural reparation that I was fortunate enough to conduct my field research. As health providers and planners, many of the respondents I consulted were directly or indirectly involved in the changes that were occurring in Native health care during this time.

Using the perceptions expressed by my respondents, I argue that traditional healing plays

a pivotal role in the health<sup>7</sup> of Native people and that during this period of growing social awareness of 'alternative' ways of healing and increasing government support, Native individuals, communities and organizations consider where they would like to see traditional healing in the future. It is the objective of this research to trace the pathway that traditional healing has taken, to emphasize the significance it bears in the lives of many Native people, and to ensure that it remains a dynamic component in Native cultures.

**CHAPTER TWO:     MEDICINE MEN, MISSIONARIES AND INDIAN AGENTS:  
GOVERNMENT CONTROL OVER NATIVE MEDICINE AND  
HEALING**

*I believe we [Europeans] took away much of their capacity to heal themselves. We stamped out these traditional practices, having no idea that we were destroying their healing institutions. The result was that a people about to face the most overwhelming social disintegration imaginable were left virtually defenseless against the anger, grief, and sorrow that inevitably followed. (Ross 1992:149)*

***Introduction***

A survey of historical missionary writings, Indian agent journals, annual government reports, and Hudson's Bay records, suggests that perceptions of Native medicines and healing varied from disgust to appreciation and from contempt to respect. The ethnocentrism entrenched in these perceptions, whether virulent or benign, helped inform, guide and justify the policies initiated by the Canadian government to assimilate all Native peoples of Canada. These policies, though no longer active, challenged a critical part of Native culture, their ability to address health problems and to heal themselves and their communities. In this section of my thesis, I explore the historical antecedents of the relationship between Native medicine and healing (those that practiced it) and external forces (those that tried to stop them). Much of the information from this section was derived from archival research conducted at the National Archives of Canada in Ottawa. An examination of primary, or 'original,' documents is instrumental in reconstructing how Native healing and medicine was viewed from the late sixteenth century until the early part of the twentieth century. It was during this time that Native populations remained relatively unguarded about revealing their healing knowledge. This openness lasted until the beginning of the twentieth century when assimilation policies drove Native healing knowledge and practices underground. The association between these images and the policies which were later enforced



will become evident. This discussion illustrates how the combination of newly introduced diseases, assimilation policies (specifically the abolishment of the Potlatch and Sun Dance), and the ceaseless conversion efforts of missionaries served to undermine traditional medicine and healing in Native communities. The overall objective of this section is to lay a foundation for understanding current perceptions Native people have regarding traditional healing.

### *Historical Images of Native Healing and Native Healers*

Many early writings on Indians and their medicine were written in a framework Larocque refers to as “the dichotomy of civilization versus savagery” (Larocque 1983), a dichotomy of ‘us’ versus ‘them.’ The literature which addresses Indian medicine and healing is not an escape from this dichotomy. Jones (1861:145) argues that the practices of medicine men is seen as a “curious art” (Jones, 1861:145) which is based on pure superstition. The evolutionary perspective was pervasive in the 1800s and was influential in views western medical professionals had of Indian practices. Envisioning the evolution of medicine and healing on a continuum, early writers placed Indian medicine on the developmental end of the continuum, “The science of medicine has now arrived at such perfection among civilized nations that we have almost forgotten the crude beginnings out of which our present knowledge has been gradually evolved” (Bell 1886:456). It is through this dichotomy that the images of Native medicine (and medicine people) have been presented.

Images of Native medicine, medicine men and healing can be gleaned from the numerous historical documents written by missionaries, Indian agents, physicians, independent explorers, traders, officers of the RCMP, and anthropologists. The impressions non-Native people had of Native healing traditions are evident in field journals, annual reports, academic publications and personal correspondence. These accounts describe Native medicine and healing with a combination of amusement, contempt, revulsion, mockery and acute skepticism. The reluctance



to classify Native medicine and healing as a constituent of scientific medicine is evident when the word medicine [Native] appears with quotation marks, as if the author(s) only grudgingly refers to it as such. The traditions and practices themselves were portrayed as “barbarous” (Jones 1861:144) and “crude” (Bull 1934:19). Ceremonies which involved healers sucking disease out of a person were often witnessed with a mixture of horror and incredulity. After witnessing a healer suck the blood out of the flesh of a young girl, one missionary wrote of his intention “to prevent the continuance of such loathsome practices” (MacLean 1889:119). The actions of these medicine men were deemed the behaviour of insane persons, behaviour that was encouraged by superstitious Indian audiences. Presumptions of superiority are evident in much of the literature, even among those people who claimed to appreciate Native customs. Addressing the Rideau Medical Association, Dr. R. Bell, Assistant Director of the Geological Survey of Canada, states that:

The false and mistaken notions as to the principles and practice of medicine which prevailed among our forefathers are recalled by some of those in vogue among the red-men; and while, in the light of our own superior knowledge, we may be disposed to laugh at their primitive ideas, we are reminded that many - perhaps the majority - of the doctrines once taught among our own people were absurd enough. (Bell 1886:456-457)

Because of the assumed superiority of western medicine and total senselessness of Native medicine and healing, these ‘rudimentary’ and ‘savage’ practices were believed to be following the same path as the ‘heathen’ population, a path toward absorption and disappearance. Bell’s condescending remarks takes the denigration of Indian medicine, and indeed Indian people, a step further, as it reflects a ‘we know best’ stance because ‘we’ve progressed beyond them.’

Subject to the most intense level of criticism was the medicine man or medicine woman<sup>8</sup>. These powerful figures were often referred to in the historical literature as ‘conjurers,’ ‘jugglers,’ ‘sorcerers,’ ‘shamans,’ ‘magicians,’ and general dealers in the supernatural. Medicine men were sometimes referred to as “doctors,” though in a very loose and critical sense, “a medicine man is

not simply a doctor of medicine, but sort of priest, prophet, medium and soothsayer” (Bell 1886:467). Browne observes that, “medicine men are conjurers as well as doctors, and their conjurations partake as much of medical quackery as does their medical practice of affected incantation. As physicians, the medicine men are below contempt, and, but for the savage of cruelty of their ignorance, undeserving of notice” (Browne 1877:75). Their practices were seen by others as attempts to “deceive” (Hearne 1958) their followers. It was widely believed that medicine men did not possess any ‘authentic’ medical knowledge, but were more accomplished in the performance of their art, “The old medicine man was a weird figure amongst them. He possessed a power over them, not because of his skill in curing diseases or wounds, but because of his skill in incantations and trying to drive away the evil spirits” (Halliday 1935:220). These performances built on the already superstitious nature of Native society and culture.

Medicine men were identified as cultural figures who, by nature, impeded the progress of the missionary effort. Peter Jones, a Methodist missionary and son of a Mississauga woman, spent most of his life trying to convert the Ojibwa. Jones wrote, “The greatest opposition which missionaries encounter in the spreading of the Gospel is from these medicine men and conjurers, who know that if the Indians become Christians there will be an end to their craft and gains” (Jones 1861:145). In this respect, medicine men were framed as self-serving figures whose desire to continue their ‘healing’ was to maintain their ascendancy within their communities, and not for the welfare of their people. The missionaries maintained that they were uncovering deceitful practices. Reflecting on the impact of missionaries on medicine men, MacLean observed that “Christian missionaries have become their enemies, through exposing the falsity of their tricks” (MacLean 1889:104). To the missionaries and physicians who were contracted to provide the proper health care to Native people medicine men were perceived as a threat to the conversion of Native people and the eventual elimination of Native culture.

While the majority of those commentators on Native healing knowledge and practice were unsympathetic or blatantly critical with these healing traditions, some did comment on its merits. One of the earliest and most well-known endorsements of 'Indian' medicine in the treatment of serious illness dates back to Jacques Cartier in 1595. It was on the occasion when many of Cartier's men had died from a mysterious illness that Cartier sought help from the Indian Chief, Donnacona. Following Donnacona's instructions to boil the leaves of a white spruce tree, Cartier noted that this medicine "produced an effect that all the doctors of Louvain and Montpellier could not have brought about in a year if they had all the drug-shops of Alexandria at their disposal" (Cartier cited in Carter 1973:46). Nearly a century later in 1690, the Hudson's Bay Company sent letters to its factors encouraging its employees to seek out Native medicines, "Wee desier you to encourage the Indians to bring downe any minerals or druggs they can meet with, which wee would have you send us" (Rich 1957:101).

Though missionaries, physicians and Indian agents had to concede to the success of Indian medicine, they often did so grudgingly, "Some of the medicine men are possessed of ability, have a good knowledge of the human system, have a very fair list of remedies, some of which are excellent judging from the effects produced, and perform, by means of their herbs and incantations, some wonderful cures" (MacLean 1889:102). However, this passage is quickly placed into a less-approving context, "Although I can point to famous cures of gun-shot wounds, dog-bites, rheumatism, and other diseases by these men, their system, taken as a whole, is injurious and distasteful" (MacLean 1889:102-3). Interestingly, these testimonials of success are backed by evidence, but no evidence is provided to support how their practices are "injurious and distasteful" and to whom (e.g., Natives or non-Natives). The following passages were meant as appreciative comments on Native medicine and healing. However, these attempts are somewhat hollow given the conspicuous biases:



These *horrific-looking* medicine men were not entirely without practical knowledge. The religious fasts and sweat baths which they prescribed must have brought certain physical benefits to a race noted for *intemperance and uncleanness*...As far as scientific knowledge was concerned, the Indians could give the early settlers much useful guidance regarding the properties of healing herbs. (Bull 1934:19-20) Emphasis mine.

With regard to flesh-wounds, the Indians certainly effect astonishing cures. Here, much that is *fantastic* occurs; but the success of their practice evinces something solid. (Henry 1809:122) Emphasis mine.

Perhaps a more insulting attempt at recognizing the worth of Native healing and medicine was put forth by the Reverend Jones, "In describing the medicines used by the North American Indians, I am led to admire the wisdom and goodness of the Almighty, in supplying them with such a variety of remedies every way applicable to the diseases common to their country and climate" (Jones 1861:152). Not only does Jones fail to credit Native people with the knowledge they had nurtured for thousands of years, but he forwards this credit to his God, and not to their spiritual power.

The historical images which have been presented must be understood in the context in which they were constructed. European missionaries, explorers and settlers brought to the New World not only their diseases and pestilence, but their notions of civilization and superiority. Generally, descriptions of encounters with indigenous populations were noted for their separation of 'us' from 'them' and 'civilized' from 'savage.' These dichotomies were particularly evident in the treatment and description of Native healing traditions. Although the images of Native healing and medicine promoted by early accounts did not singularly provoke government policies, one cannot underestimate how they fed into the government and church policies which were to follow.

### ***Early Government Policies***

#### *The Potlatch, Sun Dance and the Tamanawas*

*The Canadian Government has very wisely prohibited these festivals [potlatch], as they are the cause of retarding the progress of the Indian.* (MacLean 1889:15)

While Native healing continued to be practiced openly and remained relatively intact into

the late eighteenth century, Christian missionization efforts negatively effected Native healing practices. The formation of Canada in 1867 heralded a new era for Native people and the fight to retain their culture. Both religion and healing were targeted by the government and churches as part of policies constructed to formally 'assimilate,' 'civilize' and 'Christianize' the indigenous people of Canada. The aim of the Canadian government in the late nineteenth to mid-twentieth century was to transform the Native population into civilized and constructive members of Canadian society. Accomplishing this transformation meant the restructuring of Native life, from their subsistence patterns to their belief systems.

Policies designed to curb practices the government and church had labeled 'savage' and 'retarding' focused on religious customs, rather than medical or healing customs specifically. However, in many Native societies, 'religion' and 'healing' are closely linked. Even early accounts made by missionaries and traders recognized the close connection between religion and medicine. MacLean wrote, "the medicine-men are the priests and doctors of the camp, uniting religion and medicine in their practice" (MacLean 1892:94). In his journal, George Nelson, a sympathetic and curious trader for the Hudson's Bay Company, acknowledges medicine and all of its permutations as a facet of Algonquian religion (Brown & Brightman 1988:171). When one considers the close tie between Native religion and healing, the attack on Native religion by the government and church was an indirect attack on Native healing. The most well-known government attack on religious traditions occurred among Native peoples in British Columbia with the banning of the Potlatch<sup>9</sup> in 1880 and the *tamanawas* in 1885. Similar situations occurred in 1895 with the Sun Dance ceremony of the Blackfoot and the Thirst Dance of the Crees. With these policies, the federal government, under the auspices of the Department of Indian Affairs, began to undermine the religious practices of many Native cultures.

On April 19<sup>th</sup>, 1884, an amendment to the Indian Act of 1880 was passed making the

participation in ceremonial activities associated with the potlatch a misdemeanour offence: "Every Indian or other person who engages in or assists in celebrating the Indian festival known as the "Potlatch" or in the Indian dance known as the "Tamanawas" is guilty of a misdemeanour, and shall be liable to imprisonment for the term of not more than six nor less than two months in any goal or other place of confinement" (Pettipas 1994:93). The rationale behind this legislation stemmed from the belief (both governmental and missionary) that activities surrounding the potlatch contravened the policies of political, economic, and cultural absorption of Native peoples into Canadian society. The government's rationalization for this legislation focused on the economic losses that participation in these ceremonies caused. Commissioner Hayter Reed observed that "when the Indians congregated for the purposes of these festivals, they lost from four to six weeks of work" (Titley 1986:165). Similarly, the notion of 'giving' away valuables was beyond the comprehension of most 'civilized' people.

The Coast Salish healing ceremony known as the *tamanawas* dance was also legislatively banned. This was the first time in Canadian history that the government had outlawed a Native healing ceremony (Waldrum 1997:6). The *tamanawas* dance was banned on strictly moral grounds, as the ceremony involved the biting of spectator's arms and tearing apart dead dogs or exhumed human bodies with their teeth (Cole & Chaikin 1990:19). The participation in either ceremony was declared an offence effective January 1<sup>st</sup>, 1885.

Due to the lack of clarity in the law and jurisdictional issues, this legislation was difficult to enforce. On July 22, 1895, the 'Potlatch Law' was amended to clarify the law, better define the illegal components, and broaden the law to include the prohibition of other ceremonial acts. Enshrined within the new legislation were laws aimed directly at ceremonial elements of the Prairie Sun Dance and Thirst Dance. Made illegal were the 'giveaways' of the Thirst Dance and the ritual 'piercing' of the Sun Dance. The government continued to recast the *Indian Act*



legislation in 1914, 1918, and 1933 in further attempts to ban Native religious activity. The “Potlatch Law” remained on the *Statutes of Canada* until the Indian Act was revised in 1951. In the revision of the Indian Act, the issue of the potlatch was simply omitted and the “Potlatch Law” quietly disappeared. Though the Potlatch, Sun Dance and Thirst Dance were not medical or healing ceremonies *per se*, the “attack had a diffuse effect on various aspects of Northwest Coast [and presumably Prairie] healing” (Waldram et al. 1995:117). For example, individuals

*The Government, Church and the Medicine Man After 1867*

The archival material detailing the correspondence of government workers, missionaries, and physicians is strewn with references to medicine men and their practices. The tone of this correspondence is neither sensitive, nor accepting. It was clear that medicine men were viewed as being responsible for the moral, physical, cultural and spiritual breakdown of Native society. This perception is interesting considering that these rituals and healing practitioners were part of Native society long before the arrival of Europeans. Fortunately, there was no federal legislation or medical act that these officials could draw on to restrict Native practitioners or their practices, provided they were performed within reserve boundaries and involved Native people. The only occasion when medicine men could be punished was if their practices had been used on a non-Native person off reserve with harmful results. It appears there was a substantial amount of frustration among missionaries, Indian agents and medical professionals over the lack of legislation prohibiting medicine men and their ‘medical quackery.’ This attitude is apparent in a report filed by a nursing field matron at the Cree reserve of Little Pine:

It is very much regretted that the medicine men in the two reserves are allowed to practise their mummery. It interferes very much with the work of the matron and dispenser, and tends to destroy, or at the very least, stultify and upset the excellent arrangements made by the Indian Department (medical) for the physical and moral welfare of the Indians. In every case in point the medicine men are the laziest men we have on the reserve and the most cunning, reaping a rich harvest by working on the credulity and ignorance of their brethen. It frequently happens

that the relatives of the sick will not allow the Doctor provided by your Department to see the patients, and I wish respectfully to point out that in the opinion of those servants of the Department who have to deal with these matters that the time is ripe for drastic action. Statements illustrating these points can be furnished in case your Department wants further information (H.A. English, Dec 2<sup>nd</sup>, 1915).

Ms. English's letter was forwarded to an Indian agent who added to the letter that he had warned the medicine men to stop and that he too, was seeking to take legal action against the medicine men. Both letters were forwarded to the Assistant Deputy and Secretary of Indian Affairs who regretfully replied that he was unable to offer any assistance, as there were no provisions under the Medical Act of Saskatchewan to prevent the medicine men from performing their healing ceremonies and prescribing their medicines (J.D. McLean, Feb 25, 1915).

In his annual report to Superintendent General of Indian Affairs, Deputy Superintendent General, Hayter Reed claimed the medicine men as "the guiders of thought and action and the inspirers of fear in all but the very boldest, [and] had to be fought" (*Canada Sessional Papers*, no 14., 1897, xxxii). Due to their age and "consequent fixity of ideas," these medicine men were considered not only "beyond the elevating influences of civilization", but did not pose too much of a threat as there were "few remaining members" left (*Canada Sessional Papers*, no 14, 1896, 199). To this end, Hayter reports briefly that two attempts to hold sun dances had failed because they no longer had the "old time attractions" (*Canada Sessional Papers*, no 14., 1897, xxxii). Hayter Reed's position with respect to Native people was rigid and hostile. It was Hayter's belief that Native people need not be consulted with respect to policies that directly affected them. As far as he was concerned, they were responsible for all of their problems and he listed them as the "scum of the praires" (Ray 1996:232). Even after the recrudescence of the Sun Dance in 1907, department officials reported with confidence that "it regards it as a spasmodic and expiring effort on the part of the older generation and particularly the surviving medicine men to keep alive superstitions and customs which are doomed to complete disappearance in the near future"



(*Sessional Papers*, no 27., 1909, xxi-xxii). While there were no legal avenues that missionaries, physicians and Indian agents could entertain, each found their own way of indirectly regulating and controlling Native healing and medicine.

### ***Informal Control***

The goals of the Christian missionaries were to teach the 'heathen Indians' about Christianity and to 'civilize' them by teaching them the technology, customs, and language of Euro-Western society. Charged with these responsibilities by the Canadian government and their own religious sensibilities, missionary authority encompassed nearly all spheres of Native social and cultural life. It was within these spheres that missionaries attempted aggressively to introduce 'civilization.' Within the Moravian mission in southwestern Ontario, their aggressive promotion of Christianity included actively forbidding the practice of Native medicine and healing as the "use of 'doctoring' or medicines, witchcraft, sorcery were sins" (Graham 1975:84). The discovery of these practices were subject to punishment as "there were various sanctions imposed by the missionaries ranging from refusing communion to public confession in the church on repentance, and expulsion from the community" (Graham 1975:84). Though the practice of traditional forms of healing and medicine were not illegal and could not be physically stopped, the churches recognized the potential of these practices to jeopardize their conversion efforts. They, therefore, branded their own methods of determent and punishment.

Officials from the Department of Indian Affairs resorted to 'informal' methods to discourage healers from treating patients. These methods included "withholding government rations and opportunities for employment, the denial of more general types of aid, and vaguer threats of official sanction" (Pettipas 1994:159). A more over-arching method of control occurred when the churches were given control of Indian education in 1867. Though not specifically designed to separate Native people from their healing practices, the withdrawal of Native children

from their families, and their subsequently being denied the right to follow their cultural ways, effected a generational gap which continues today. Because of this system, many Native children did not learn or experience their Native healing ways and, therefore, were unable to communicate that knowledge to future generations.

### *Conclusion*

Apart from the damage to Native healing knowledge caused by missionaries, Indian agents, and the assimilation policies set up by the government, the series of epidemics of infectious diseases such as smallpox, influenza, and the measles which flared up throughout Native populations across Canada also served to undermine Native healing and the powers of the medicine men. Native healing traditions were not equipped to deal with these diseases. As Native populations realized their lack of effectiveness in healing their people from these new diseases, they began to lose faith in traditional medicine and medicine men. While the paternal and authoritarian policies of the government and church combined with the wave of epidemics to effect great damage to Native healing institutions, Native cultures did not passively accept these policies. Throughout the attack on religious and healing traditions, petitions and appeals were filed by Native people and communities, and lawyers were consulted to ensure that their rights (what few they had) were being honoured. Religious and healing ceremonies disappeared from the incursive eyes of government and church officials. In these ways, Native people remained, and continue to remain, active participants in their own cultural destinies.

The historical experiences recounted in this chapter have not conveniently faded from the memories of Native people today. When one considers these experiences, it is not surprising that Native people remain reluctant to speak about their healing ceremonies and knowledge. Though, generally speaking, Native people have become more open to discussing their religious and healing traditions, they remain very guarded about what they reveal about these traditions, and to

whom. The possibility of returning to a period of persecution and control is a prevailing threat in the minds of many Native people, a threat which needs to be appreciated when considering the future path of Native healing and medicine.

### **CHAPTER THREE: DESCRIPTION OF RESEARCH AND METHODOLOGY**

#### ***The Origins of a Spirited Interest***

Traditional approaches to health and healing, in whatever cultural form they take, have always managed to fascinate my intellectual sensibilities. This current study emerges from my interest and exposure to the area of health care. A decade of working in a critical care unit in a large, urban hospital serving a multi-cultural patient base has exposed me to the varied and often complex approaches to health and healing. It has been through this continued experience that I have realized not only the need for a more pluralistic view of health and healing, but also the coinciding implacability of western medicine. My experience with Native health and healing came with a summer internship in Indian and Northern Health Services, a relatively small department which falls under the umbrella of Health Canada. During four months of government work, I sensed confusion around perceptions of what traditional Native healing is and the importance it holds in Native health. This confusion existed among the people who determine the direction of Native health policy and who disperse funds to Native communities and health agencies. This confusion contributes to a high degree of insensitivity to Native health issues and the importance of traditional forms of healing. The discussion of traditional healing appears in government literature as a token to placate and fill the 'politically correctness' gap. Regrettably only a peripheral understanding is in evidence.

Working as a researcher for Indian and Northern Health Services galvanized my academic interests. As an undergraduate, I completed a fourth year thesis on the role of traditional healing in improving Native health. In many respects, this study is an extension of that research. My initial expectation, when I began graduate studies, was to learn more about Native spirituality and



the practices of traditional healing. The use of qualitative research in this thesis permits a more grounded understanding of traditional healing and the perceptions which surround its use.

Traditional spirituality and healing are areas of Native culture which are vigorously protected.

Because of the sensitive nature of the subject, I approached traditional healing from the least intrusive and threatening angle possible. The outcome of this research is threefold: 1) an articulation of traditional Native healing using the voices and life experiences of Native people, and 2) an exposure of the past, present and future of traditional Native healing in an environment where people can determine their own paths to health and well-being, 3) an analytical view of the role and shape of traditional healing in the medical world and within contemporary Native communities.

### *Methodology*

The specific goals of this study were somewhat undefined at the onset of my research. This was due to the skepticism which surrounded whether or not I, as a non-Native academic, would succeed in convincing Native people to speak with me about their perceptions of traditional healing knowledge. Due to the general reluctance on the part of academics to research traditional healing knowledge, and the acute caution Native people exercise when asked to discuss it, this topical area remains relatively undocumented. Native hesitation in discussing traditional knowledge is borne from past experience. To determine if an exploration of traditional healing was possible, I conducted a month-long 'feasibility survey' to establish people's willingness to participate in the study. This involved 'cold calling' potential contact people from a list of Native health and healing centres in southwestern and south central Ontario. This was often a frustrating, if not intimidating process, as many of the contact people at these centres were difficult to track down. However, at the end of the month, ten people had agreed to be interviewed for the study. I was encouraged by this response and felt I had a foundation upon which to pursue my research.

Over the course of the research, I was able to expand the pool of Native and non-Native respondents to twenty-two by networking during interviews. Networking provided a snowball sample of respondents who were representational of Native health care providers. Though the association of Native health professionals is loosely-knit, many of the respondents I interviewed were familiar with other people in the health care area. All interviews took place at the health facilities and were conducted by myself without the use of an interpreter or research assistant. The interview questions were divided into four sections, each aimed at exploring different areas: respondent's personal experiences, the history of traditional healing in the specific health facilities, the current utilization of traditional healing in these facilities, and the overall future of traditional healing in Native health delivery (see Appendix 1). Respondents were asked if they had any concerns about having the interview tape-recorded. With the exception of three respondents, all respondents consented with the condition that the recording could be stopped at their request.

### *Sources of Data*

Data collection began in late May, 1997 and ended with the last interview completed in October, 1997. Because of the distribution of Native health centres across Ontario, it was necessary for me to travel extensively. Repeated trips to Manitoulin Island were made as well as trips to the Brantford, Toronto, Sudbury, London and Orillia areas. The interviews were informal meetings with one individual (on only one occasion did I have an interview with two people) and consisted of open-ended, ethnographic-style interview questions. Though I had prepared questions, in many instances the flow of the interview guided the questions asked.

My primary source of data was derived from one-on-one interviews conducted with respondents. I was also fortunate to have several other resources from which to draw information. In June, I was invited to the First Nations Cultural Awareness Conference at the Anishnabe

Spiritual Centre on Manitoulin Island. Though the conference focused on the relationship between diabetes and traditional healing, the information I collected on traditional healing was not specific to just diabetes. This conference provided a context through which I could evaluate the current use of traditional healing methods, as well as gauge non-Native reactions to traditional healing approaches. In addition, the informal nature of the conference provided an ideal opportunity to continue to develop rapport with individuals that I had already interviewed, and to make contact with individuals I hoped to interview in the future.

During my first trip to Manitoulin Island, I met with an individual at the Ojibwe Cultural Foundation in West Bay who allowed me open use of the centre's resources. The foundation acts as a cultural and educational resource centre for the Anishnawbe people of Manitoulin Island, the North Shore, Lake Huron and the Sudbury area. In addition to the many Native publications in their library, they have an extensive audio-video collection which houses video-recorded events dating back to the late 1980s. Access to this collection allowed me to view past community events and meetings such as Elder's conferences, pow-wows, traditional healing workshops, and Health Board meetings. Viewing these recordings helped me develop an understanding of the history of the traditional healing process in the area, which provided a context for information I was receiving during interviews.

#### *Data Collection Process*

In order to preserve and guarantee the accuracy of transcription and data analysis, each respondent was informed of a two-step data collection process. Each was informed after the interview that she or he would be forwarded a raw transcribed copy of the interview. At this point, the respondent was encouraged to remove, amend, or add information to their original interview transcript. This acted as a fail-safe for respondents who felt, in hindsight, that the information that they presented was not pertinent or relevant to the issue or that it compromised

their personal or professional sensibilities. The second step involved the respondent being forwarded a copy of the initial draft of the thesis for similar revisions. Of the twenty respondents, only two respondents declined being forwarded the transcript and draft for editing. Those who did not request the transcript or draft cited a lack of time, and not a lack of concern for the research, as their reason for declining the offer. A total of fifteen respondents were forwarded a copy of the transcript, of which six acknowledged that they had reviewed the transcript by re-sending it via e-mail, fax or regular post. This process not only protected the accuracy of the data, but ensured that respondents were given control over the information they had provided during the interview.

At the end of each interview, all respondents were asked if they wished to be identified (e.g., real name provided) in the thesis. The participants in this study were from a loosely-knit professional health care community and did not appear too concerned with maintaining their anonymity. Only one respondent elected anonymity. Several respondents expressed mild reluctance, but consented. The majority had no hesitation in being named. One respondent insisted that she be identified in the study citing the importance of people knowing who she is and where she comes from.

### *Description of Respondents*

The data upon which this research is based was collected principally through formal and informal interviews with key respondents from different Native healing centres across southwestern and north central Ontario. Several informal interviews took place during the Cross Cultural Awareness Conference which I attended at Anderson Lake in June of 1997. Interviews from this conference were not tape recorded. The cultural and occupational background information of these participants does not appear in the description of respondents section which follows.



Unlike research conducted in a localized geographic region where respondents tend to be from one community or contiguous communities, the respondents interviewed for this research live in different regions across southwestern and north central Ontario. Half of the respondents live on reserves while the remaining portion live in either rural or urban environments. Some respondents grew up on reserves, moved away and then moved back later in life. Others were raised and remain in urban areas. Respondents were chosen because of their extensive experience in the field of Native health care, as health care providers or administrators. Though all were involved with the maintenance and improvement of Native health, each represented different levels and areas within the Native health care field. Those from the primary health care level included two traditional healers, a traditional Native midwife, and one Registered Nurse. Seven of the respondents were traditional counsellors. Two of these counsellors hold a Ph.D. in psychology. Six respondents occupy administrative (e.g., executive director) positions. While serving the general area of Native health, the focus of many respondents is on a specific health concern, often determined by the health facility. Specialized areas of health care include youth substance abuse, domestic violence, diabetes, and childbirth. All study respondents were fluent in Native health issues and health care policy.

Of the twenty respondents, only three reported being non-Native. Respondents lived and worked in different regions across southwestern and north central Ontario. Though not intentional at first, this demographic variation resulted in a culturally diverse sample. Of the Native respondents interviewed eight reported Ojibwa ancestry, four reported Iroquois, two Métis, one Delaware, one Cree, and one Coahuiltecan (South Texas). This diversity provided a culturally rich pool of information. The approximate age of respondents ranged from the early twenties to late sixties. The majority (thirteen) were estimated to be between the ages of 25 and 40. Males and females were represented relatively equally, nine males and eleven females. This ratio is

uncommon considering average health care demographics generally lean towards a higher female to male ratio. A further breakdown of the respondents according to marital status, income, and education was not completed, as this information was not considered germane to the research.

All respondents were asked about their spiritual upbringing and whether they were raised with traditional Native spiritual beliefs, with a mixture of Native and Christian spirituality, or raised solely with Christian religious beliefs. Only one respondent reported being raised within the context of both systems of spirituality. There was a relatively equal distribution of respondents reporting traditional spiritual upbringing (five) and Christian spiritual upbringing (six). There were no respondents who reported having no religious or spiritual ties. None of the non-Native respondents had been brought up in a Native religious or spiritual tradition. Many of the Native respondents revealed that they had experienced a spiritual transition during their lifetime, usually a movement from Christian to traditional Native spirituality. This transition was not reported by non-Native respondents.

All respondents had some form of exposure to traditional healing practices, whether on an ephemeral level or through direct life-long experience and all were proponents of the traditional healing movement. Most respondents had experienced their own personal struggles in the past and had utilized traditional healing knowledge as part of their recovery. Many of the Native individuals I interviewed live in both the traditional and modern Native worlds. The personal perceptions and lived experiences of the respondents will be explored further in chapter four. Absent from this study are respondents, both Native and non-Native, who do not favor traditional approaches to health and healing. A future study focusing on attitudes of health care providers attached to Native health centres who remain skeptical would be an intriguing and challenging research exercise. Though some potential respondents from this category were contacted, none were interested in participating. Because this study does not set out to determine whether or not

traditional healing is a viable healing science, but focuses on current perceptions of traditional healing and its future form, the views held by skeptics or detractors, while interesting, was not considered key in this research. Also absent are interviews with patients currently using traditional healing methods. This omission is intentional. Their inclusion would have raised complex issues of confidentiality and cultural sensitivity. As in the case of skeptics and detractors, the perspectives of patients are an important element to ongoing research of Native healing and one which I hope to explore in the future.

### ***The Anthropologist in 'Aboriginal Country'***

*The anthropologist is an urban, overly intellectualized, insufficiently humanized academic who descends on Indian country every summer to confirm and reproduce essentially self-confirming, self-referential, and self-reproducing closed systems of arcane "pure knowledge."*  
(Biolsi & Zimmerman, 1997:3)

The image of the anthropologist walking into Native communities with pen, paper and tape recorder in hand and walking out several months later with Native knowledge safely preserved never to be heard from again, remains sharp in Native consciousness. The finely-tuned thesis of these 'lost' researchers have sometimes resurfaced later, their contents bearing little resemblance to the words originally spoken. The good intentions that were to have guided the research and permitted entry into the community have often failed to emerge in the subject community. Native individuals and communities are left feeling exploited, with nothing to show for their willingness to help these hapless sojourners. This has resulted, of course, in the researcher's presence often being seen as little more than "intellectual rape and pillage" (George Renfrey). These past and present transgressions had not been forgotten by many of the respondents I consulted, as one respondent expressed:

*One thing I can tell you about Aboriginal country, there's a feeling being researched and studied for so long and seeing no real benefit from it. In fact, many times, they never saw the result for what they were being interviewed or*



*researched for, and saw no significant change. So, it's like being under a microscope or being put on a shelf in a museum and being studied. (Nena LaCaille-Johnson)*

Criticisms of anthropological research, which this respondent outlines, are similar to the complaints that Native people had nearly a decade ago, "Native people view anthropology as largely esoteric, irrelevant and as incapable of contributing to solutions to problems facing their communities. Native people say they have been 'researched to death'" (Warry 1990:63). In the present climate of immense Native social and political activity, many Native people are no longer willing to compromise their personal and cultural sensibilities so readily. When I began my research, I was aware that many Native individuals and communities were critical of non-Native, academic researchers becoming involved in Native issues. However, what I realized over the course of my research was that a lot of this contempt for 'academics' appeared to be tied directly to the actions of anthropologists. I was not prepared for such negative sentiment. When I conducted my feasibility survey, I introduced myself as a graduate student pursuing a MA degree in anthropology. A frequent response to this disclosure was 'anthropology, huh?' This was followed by questions about my research intentions, my interest in Native culture, and how my work was going to positively affect the lives of Native people. During interviews, when the issue of my academic background invariably arose, it was often followed by diatribe on the failings of the discipline. One respondent offers a contemporary perspective of how anthropologists are viewed by Native individuals and communities:

*Anthropologists have become known in our communities as people who want to study us for their own gain, their own gratification and reputation and personal gain. They are kind of seen as leeches. They live off the people. And, they live off the people, not often to help them in a healthy way, to help us deal with the issues of oppression and suffering that people have experienced. They just record that, and then write it up and make their fortune out of it. Even those who have come in with smiles and all kinds of offers of being helpful, often have not done so (Dr. Ed Connors).*

Today, Native people are concerned with how your research is going to benefit them. They are



tired of being part of studies that remain that, studies which have no visible benefits for the Native community as a whole.

Many respondents, even those that took the opportunity to challenge the merits of the discipline, did acknowledge the positive accomplishments made by anthropology such as the recording (and, therefore, preservation) of cultural knowledge, the spearheading of cross-cultural understanding, and the increased emphasis placed on non-western forms of medicine and healing. The development of anthropology as an 'issue' within the context of my research served to challenge my previously naive impression of anthropology as the 'wholly good social science.' This research succeeded in making me more conscious about my research ethics and conscientious about how I conducted myself. Throughout the research and writing process, I endeavored to keep the Native voice and experience as genuine as possible.

While some Native people were reluctant to participate, I was surprised that many were willing to discuss a sensitive matter such as traditional healing so candidly with me. I assume their willingness was somewhat of a gamble on their part, a gamble which weighed the vulnerability of their openness against the possibility of my study serving some community purpose.

## **CHAPTER FOUR: LIVED EXPERIENCES: EXPLORING UNDERSTANDINGS OF TRADITIONAL HEALING**

### ***Introduction***

In chapter two I reviewed the historical path Native religious and healing traditions have traveled over the past one hundred and twenty years. While governmental and religious bodies have recently begun seeking pardons for religious and cultural transgressions, Native communities appear skeptical of attempts to atone for historical experiences. The government's and institutionalized religion's treatment of Native spiritual and healing knowledge and practice are not only remembered by Native people, but those past transgressions continue to inform their perceptions. Though most Native people I interviewed had not personally experienced past government policies aimed at controlling and eliminating Native spirituality and Native healing traditions, the experiences of older members of their families or communities are recounted. A strong connection appears to exist between these historical experiences and respondents' willingness to discuss traditional healing with a non-Native, academic individual. Individuals who are familiar with the historical treatment of Native healing and spirituality tend to be less willing to discuss traditional knowledge. A deeper connection between historical occurrences and traditional healing is revealed when respondents speak of their experiences with traditional healing, such as how traditional healing knowledge and practice had become a part of their lives. In this chapter I explore these connections as a way of situating respondents' perceptions in both historical and contemporary healing contexts. Interposed in this discussion is a critical assessment of the definition of traditional healing and the need for non-Native people to understand Native healing traditions.

Nearly half of Native respondents experienced a significant event (or a series of events) in

their lives which eventually triggered either a discovery or re-discovery of traditional healing ways. While one cannot assume that all of their experiences were traumatic or directly or indirectly linked to acculturative forces of the past (e.g., residential schools), the respondents' experiences appear to be part of a complex web of psychological, physical and spiritual problems associated with the legacy of Native treatment. These respondents experienced a shift from a state of personal and cultural crisis to a state of enlightenment, with traditional healing fitting somewhere in that process. Because of the direction that these respondents' lives have taken, I called their personal testimonies: *Healing Journeys*. Not all respondents have experienced an epiphany or critical event which became a catalyst for their adoption of traditional healing values. Several Native respondents were raised in a traditional manner and their current use of traditional healing methods is merely an extension of their traditional path in life. Though the life paths of respondents varied, there were two elements shared by all respondents. First, following a path of traditional healing (that is the values, beliefs and behaviours which accompany traditional ways) served to either re-align or keep their lives centred. Second, all Native respondents' experiences and perceptions are linked to the over-arching historical treatment of Native people by outside 'agencies,' whether it be the government, Christian church, or mainstream Canadian society.

At all of the Native healing environments I visited, I met individuals who are making valuable contributions to the continued revitalization of Native culture and the healing of Native individuals - teachers, traditional healers, social workers, counselors, and administrators. Some have been formally educated, such as Ed Connors and George Renfrey both of whom hold Ph.Ds, and Rosella Kinoshameg who has a BA and holds an honorary doctorate in Sacred Texts from the University of Toronto. Other respondents I spoke to have knowledge that has grown out of a life-long dedication to their people and culture. Traditional healers such as Derrick Pitawanakwat, Ron Wakegijig and traditional midwife, Patricia Salas are examples of this type of healer. All the

respondents I consulted have merged their life experiences with traditional healing. The first set of questions respondents were asked concerned their own personal lives and experiences such as how traditional healing has found its way into their lives (Appendix B). Initially, I had thought that these questions would generate somewhat laconic answers because, after all, I had just met these individuals. Surprisingly, they yielded the most intimate, reflective, and, often, lengthy responses. The candor expressed by respondents was instrumental in gaining an incisive view of their personal lives and work and how traditional healing was an integral part of both.

### ***The Genesis of Traditional Healing in Respondents' Lives***

#### *Healing Journeys: Case Studies*

The healing journeys of these respondents are not linear paths from living a non-traditional life, experiencing negative life events, discovering traditional healing and then adoption of a traditional life path. The awareness that Native respondents have of their cultural heritage is varied. Some respondents broke away from tradition, while others had never experienced traditional ways. There are respondents who were born on reserves and had remained there, while others were born on reserves, but 'escaped'<sup>10</sup>, and still others who were born and raised off reserve. Several Native respondents were raised without a clear understanding of their Native heritage. Because the experiences of each respondent is unique, it is difficult to weave their stories together in a concise and comprehensive manner. For the sake of clarity, I chronicle the healing journeys of four respondents. My decision to focus on the life histories of these respondents was based on the similar threads which ran throughout their stories and their representative nature. Though other respondents described their healing journeys, space does not permit their inclusion here. In my analysis, which appear in chapters five and six, I lace together some of the shared themes that surfaced in these profiles. Also considered will be the role that traditional healing knowledge has played in their healing journeys. The objective of this section is



to illustrate the active, and often life-defining, role that traditional healing has played in the lives of many Native respondents. As I am recording respondent's life histories, I do not intend to assume the role of psychological anthropologist. While I do offer some interpretation, the information is largely presented as it was told to me.

\* \* \*

Dr. Ed Connors is a quiet, yet intense, individual in his early 40's. Before turning on the tape recorder, he asks if I wish to smudge with him. A professional man, the son of a Mohawk mother and an Irish father, he is intensely involved in improving the health of his people. The work he does in Native communities is representative of the rebirth of Native traditional healing. Though a prominent and well-respected figure in his community today, he has not always enjoyed the strong sense of self and cultural identity he does now. Dr Connors, who grew up in Mississauga, Ontario passing for white, states that although he knew he had Mohawk blood in him, he did not understand what it meant to be Mohawk. He goes on to state that:

*In fact, I didn't realize that my grandmother was fluent in Mohawk until I was about ten years of age. I was visiting my grandmother when, at one point, the phone rang and she answered it and she broke into tears and she started talking in another language...That was the first time I knew she spoke Mohawk and I never understood why she never spoke it around us.*

This encounter with his grandmother served as a catalyst to his cultural discovery. It was at this point that he began a life-long exploration of his Native heritage. He explored the reasons why his grandmother didn't share her Mohawk language and teachings, and the explanations behind why his Native culture was not taught to him by his family.

Much later, while still moving through this phase of cultural exploration, Ed states that he reached a critical point in his life, the collapse of his marriage. "I didn't know what I was going to do to just carry on because a lot of my dreams and hopes, visions of how my future was going to unfold, fell apart." As a western-trained psychologist, he could have consulted any one of his

colleagues to guide him through this crisis. However, he chose a different path - a traditional path. Through the traditional counseling of Joe Sylvester, an Ojibwa elder, he began to connect more closely with his Native ancestry and culture, traditional healing knowledge, and his own identity. Joe provided him with the Native Teachings that he needed to identify himself:

*What I realized afterwards was that as he was talking to me, and providing me with teachings, he was starting to help me unfold my direction, unfold what I was missing - which was an understanding of myself (at that point, all that part of my culture was still vague). What he helped me do was to explore that and learn about that part of myself. In doing so, in a very traditional way, it helped me to reconstruct purpose and start to develop visions because shortly after that I started to realize one of the things I wanted to do was use that knowledge [traditional healing] to help my people.*

This direction led him to explore the traditional healing knowledge that had not only helped him to overcome the loss of his marriage, but had provided him a point of entry into his identity as a Native man. Part of this process involved revisiting his experiences as a child and young adult. What were the specific reasons why his grandmother was ashamed of her heritage and why did she not wish to share her knowledge? By looking at the pain within his family, he was able to make sense of why he had been denied knowledge of his culture, and the healing traditions of that culture. He reached a point where he was able to understand that his grandmother's painful experiences stemmed from residential school and losing a sister due to that system. Dr. Connors was able to understand the logic behind his grandmother's attempts to hide their cultural heritage from her children and grandchildren.

The traditional healing knowledge that he was learning allowed him to find his identity, a process which he saw as *his* healing, "In terms of my searches, as I traveled and went north to learn about traditional healing was not just to learn about traditional healing, but to learn about myself." After years of seeking out this knowledge, learning the Teachings and ceremonies, and apprenticing with Elders and traditional healers, his practice now incorporates traditional knowledge about healing with his training as a Psychologist.

\* \* \*

Carol Hopkins, a Delaware woman in her early 30's, tells of her life, which though relatively young, had been filled with many negative experiences. Raised off reserve in the Chicago area for the first fourteen years of her life, she returned to her mother's reserve in Moravian Town shortly after the death of her father. The transition from an urban, off-reserve home to her mother's reserve was not a gentle one. As a teenager, she began sensing some confusion with respect to her identity. This situation became amplified further after her arrival in Canada when she encountered first-hand the negative connotations 'Native' or 'Indian' had on the reserve:

*I didn't know what it meant really to be Native other than I was Native, that I was Delaware and I was from Canada. I knew my clan, which was the wolf clan, but I didn't know the importance of what that meant, to have a clan. I had no idea about having a spirit name...When I came back [to Canada] I found out there was a lot more racism. Growing up in Chicago, if you told somebody you were Indian, they just thought it was cool, 'authentic Indian, a real Indian.' There was still that mysticism about being Indian. A real Indian was cool. I had lots of Native jewelry. I had lots of silver and turquoise and I always had beaded hair ties in my hair or feather ties in my hair. I felt really good about that. Although, I had no real understanding of what that stuff meant.*

*When I came to the reserve it was a totally different story. The whole motivation was not to be Indian, to get off the reserve, you are never going to be anybody if you stay on the reserve. You are looked down upon if you are Indian.*

While not raised traditionally, Carol had a previous association with the Christian church which was positive. Her experience with the Christian church in Moravian Town was unrewarding and alienating because "there was so much stigma and shame attached to being Native." Soon after becoming pregnant at seventeen, both she and her mother were excommunicated from the church. Now, without the teachings of the church or the foundation to her Native heritage, she entered what she refers to as a "dark period" in her life. She talked about "going through a relationship, being a mom at such a young age, and looking for something but not knowing what." Life did not improve. Life with a new partner consisted of a substantial



amount of drinking and family violence. It was not until their introduction to the Midewiwin Lodge and to an elder at the lodge that her and her husband began to consider sobriety. While still drinking, the lodge and the teachings brought clarity into their lives and helped them understand earlier painful events. After a year, they decided to stop drinking. They wanted “so badly to give something to our children who had about eight or nine years of their lives where there was alcohol.” Their experiences with Native spirituality and traditional healing knowledge were profound:

*Once that doorway is opened, it is like this spirit just draws you towards that, there is like a spiritual connection.*

*Feeling such an incredible feeling of kindness and caring that came from the ceremonies. It just seemed to fill up an emptiness that we had. Finally finding people who were really proud to be Native. Just a really good feeling.*

A strong connection appears to exist between their newly discovered religious and spiritual beliefs and the healing that is taking place in their lives. Part of their healing process involved the adoption of the religious and spiritual values of the Midewiwin teachings. Their involvement with Midewiwin healing traditions helped to draw them out of the world of drinking, helped them to heal from alcohol's effects, reconnect with a spiritual and cultural force that had been missing in both of their lives, and helped them to develop an understanding of their own identities. She now helps troubled youth move to a closer understanding of their cultural and spiritual backgrounds. Her work involves introducing these youth to Native traditional teachings and the knowledge and ceremony of Native healing traditions.

\* \* \*

Dorothy Kennedy is an animated Ojibwa (Odawa and Potawatami) woman in her late 30's. Though raised on a reserve on Manitoulin Island, she left the reserve soon after completing high school to pursue employment and a post-secondary education in various cities and towns across Ontario. Unlike some of the other respondents, Dorothy was raised with some Native



traditions, but appears to have gradually moved away from these traditions, presumably when she left the reserve. As a young adult, Dorothy became disillusioned by the lack of Native culture and ceremony in her community:

*When I was eighteen years old, I wrote down in my journal, 'where are all of the ceremonial people? Where are the ceremonies? Where are the spiritual things we can go to? Are these somewhere underground and they are only going to come out later? There was nowhere for me to go and be Native. There's nowhere for me to go to access the knowledge that I'm seeking. So I started going to church and I started going there on a regular basis, but, after a while, it didn't do anything for me. It wasn't what I was looking for.*

Her ambition was to be able to explore and exercise her cultural heritage, but she felt there was nowhere to go. While she did not say she had felt ashamed to be Native at any point in her life, her identity remained somewhat ambiguous. She does not state exactly when she and her husband began drinking, but she makes the inference that it was the “culture of going to university.” As a nursery school teacher, Dorothy learned a lot about her traditional Native teachings, such as Native concepts of the sacred trees, the medicine wheel, and the different stories about Native people. At this point, she began to experience the emerging dual nature of her identity. Her husband observed that a lot of Native people were looking up to her as a “Native spiritual resource person.” She was seen as this “spiritual resource person” and cultural guide using Native teachings and medicines (she sees this as “something that was probably set out for me [by the Creator]”). At the same time, she was still drinking and doing drugs:

*We were using a lot of the Native medicines. I used to smudge them [children in the school] in the morning and teach them this is how to purify ourselves, how we cleanse ourselves, our beings, our auras, our spirituality. There was a real peaceful, calming effect in doing that....But, at the same time I was going home. If it was a Friday night, maybe people would come over and I would start drinking.*

*People were seeking out my knowledge and my ability to help them when I was still drinking and all of the different things we did, we partied. I was still heavy into drinking and the occasional recreational [marijuana] drug.*  
Just before the Oka crisis, Dorothy and her husband spent a month talking about their

lives and the lives of their children. Her husband said, "we've got to quit drinking, we can't go on like this." Around the same time, Dorothy became pregnant with her son. This event solidified her commitment to quit, "For him, I made up my mind to quit." The traditional healing knowledge they had learned and the rituals they were experiencing provided the foundation for them to begin focusing on their own healing:

*I have been through a certain amount of healing myself. I started in 1990 with my own personal healing. That's basically coming to an understanding about my own personal history. In the different things I have experienced myself. I went through quite an extensive healing process at the beginning. Basically, getting to know, understand myself as the person that people perceived me to be.*

During the Oka crisis, Dorothy began to be the person that people perceived her to be. She was a principle organizer in helping people go to Oka. She conducted prayers and healing circles for people who had found the courage [because of Oka] and opportunity to speak about their issues. Just recently, Dorothy found what she was looking for during a Rain Dance. She related, "the songs that were being done and the different dances that were being done are very sacred and I experienced a really deep and profound rush I've never experienced before...What happened to me at the Rain Dance was the answer that I had been searching for. It's here for us, we can experience it." All of what Dorothy had been searching for when she was eighteen was here: the ceremonies, the healing, the culture - all of those things that helped construct her identity as a Native woman.

\* \* \*

By the age of six, Joe Laford was separated from his family when he was left under the care of the Children's Aid Society. To talk to Joe today, now in his early 50's, one is left with the impression of a man who speaks honestly, is genuine in character and is secure in himself, qualities which belie the experiences of his past. Raised by five or six foster families in the West Bay area, who were more interested in the money that went with his care, Joe experienced little

emotional bonding as a child. Often forced to be “the chief cook, dish and bottle washer,” his life was organized around chores, strict discipline, and attempts at pleasing his various foster parents.

Alcohol abuse was widespread in the community and Joe was often on the receiving end of the physical abuse which accompanied drinking. Physical violence was used as a disciplinary tool, as Joe remarks, “I grew up with a lot of violence. I was the subject of those violent episodes - physical violence, beatings. As far as discipline was concerned, it wasn’t uncommon to have a belt or stapler or whatever.” Other forms of violence Joe experienced included being sexually abused by a priest and by community members. Joe was not raised with any Native teachings or traditions. Next to alcohol, the Catholic church was the next powerful influence. The teachings of the church were something that his foster families would follow only when they were not drinking. Over the course of his life, Joe built up a great deal of anger toward the church.

The coping strategy he adopted for the abuse was to deny himself the feeling of pain, “they used to have this strap that was used to be a horse harness. I remember the teacher coming down, wack! I mean sticking my hands out like this. But, I’ve always had this mind set, I said ‘from here [head] down I don’t feel anything.’ I simply just don’t feel anything and they could wack all they wanted.” His denial to feel pain translated into a denial and ability to feel positive emotions such as pleasure and love as well. Joe’s self-esteem did not develop under positive conditions. He recalls one impressive occasion when he learned that setting high goals and being proud of himself was not an option. After receiving a glowing report card from school, Joe felt he had something he could receive praise for from his foster mother:

*I was so proud of this. I came running off of the bus and I handed her my report card...after she said ‘go out and get a switch.’ I thought ‘I’ve got to get the switch because they’re [her children who didn’t do well] going to get it.’ I went out and got a good one and I brought it back in and she said ‘take down your pants.’ ‘Me, what do you mean?’ And, she put me over the chair and she beat me. All the time she was beating me, she was yelling, ‘don’t you ever show up my kids again... I set lower goals for myself after that.*



After this, Joe's low self-esteem reflected in everything he did: his schooling, his performance in the Canadian Armed Forces, his employment in a warehouse and in his personal life as a father and husband. In each environment, he would find ways to sabotage his success, usually through drunken behaviour.

It is not surprising that Joe found solace in drinking, drinking which consumed over twenty years of his life. Though Joe did not consider himself to be a spiritual person, his healing from alcoholism and the memories of violence and abuse were very spiritually driven. The years of alcohol abuse eventually caught up with Joe when he began experiencing blackouts and severe stomach problems. It was then he decided he was "sick and tired of feeling sick and tired." His healing process began with his sponsorship into Alcoholics Anonymous and it was his sponsor who introduced him to his first spiritual experience. Joe was asked to drive a woman to the Rainbow Lodge on Birch Island for a healing workshop held by a well respected Lakota healer from Nebraska, Joe Eagle Elk. Out of curiosity, Joe asked to participate in the healing session and in a series of sweat lodge ceremonies. While in the sweat lodge, Joe experienced a life event which had a dramatic effect on his life path:

*I heard this noise, and what the facilitator was doing was he was sprinkling some kind of medicine on the grandfathers again, these flickering lights sort of. And, it was there and this time I knew that it was okay to look. And, when I looked, this light just went down and danced over the grandfathers and came up and hit me right smack in the head....[I]t wasn't until later when I was talking to one of my friends who is a traditionalist. I told him about this experience and he said, 'good for you, you got your spirit back.'*

After this point, he saw everything that happened in his life as learning experiences. He began to tie his experiences together and explore who he was as an individual, what he wanted to do with his life, and what his Native culture and identity meant to him. Healing from the effects of sexual abuse led him to discover two elements missing from his life: his Native identity and his purpose in life. While participating in a traditional healing workshop for sexual abuse in Elliot Lake, Joe



was asked a simple, yet crucial, question by the facilitator:

*She came to me and said, 'have you come to terms with your own identity yet? Did you find out who you are?' I said 'no.' she said, 'you'd better do it tonight.' And, I said 'and how am I supposed to do that?' She said, 'take a look in the mirror, man.' That night I actually did go up to my room and looked in the mirror. When I looked I thought, big deal, what am I supposed to see? Then all of a sudden I looked and thought, 'I'm an Indian.' And, I came to terms with that, that's part of who I am.*

The teachings helped him recognize his strength as a *Native* man and allowed him to take responsibility for his actions, past and present. These learning and healing processes enabled Joe to begin healing from the abuse and helped identify his strengths. Sober for five years, Joe has completed a social work program at Cambrian College and works as a social worker in West Bay. Joe's success stems from his ability to braid together his skills as a social worker, his strong sense of self and cultural identity, with traditional knowledge and a level of compassion and intuitive understanding that comes from experience.

### ***The Process of Healing: Traditional Values, Identity and Health***

*The government and the church took your pride, your dignity, all the things that make you a living soul. When they are sure they have everything, they give you a blanket to cover your shame...all our people wore blankets, each in his own way...[S]omeday though, people would throw them away and the whole world would change. I understood about the blanket now - I wore one too. I didn't know when I started to wear it, but it was there and I didn't know how to throw it away. (Campbell, 1973:137)*

The social construction and deconstruction of Native identities through assimilation policies precipitated immeasurable harm to Native individuals and communities. Until recently, Native cultures across Canada have been denied the fundamental right to self-definition and self-identity, while at the same time, being subjected to an evolution of imposed identities (Francis, 1992). The outcome of this history has left many Native people struggling to place themselves and their cultures in the world at large, as vividly illustrated by the healing journeys of Native participants in this study. All of the respondents emphasized that during their healing journeys

they had been “searching” or “looking” for something, something to attach to, something to make them feel whole or grounded. That ‘something’ was their identities as Native individuals. Another respondent, George Renfrey, a university-trained psychologist, spent many years negotiating between the Euro-Canadian identity he had established throughout his psychology training and that part of his Native identity he had not yet defined:

*I couldn't quite make a complete fit with western civilization and culture. But there was something within the Native culture and tradition that was that missing piece. So, I started to embrace it [Native traditions and Teachings].*

George found what many respondents had looked for - culture, the link which completed their identities.

Respondents discovered that part of the circle of their healing involved re-discovering their cultural identities and finding security in those identities. For Ed, Carol, Dorothy and Joe, this meant searching for their Native ancestry by exploring Native teachings. The experiential component of their searching came with participation in a healing ceremony. Through their participation in healing ceremonies such as sweat lodges and healing circles, respondents were able to walk closer to, and experience, their cultural heritage and the essence of their identities. The healing that all respondents have experienced has, in some way, influenced their path in life. Though manifest in various ways, these respondents have incorporated their healing experiences and traditional knowledge into a life-path directed toward the healing of their communities.

The journeys that these respondents have made, though exceptional, are not unique. Many Native individuals have taken or are in the process of taking their own healing journeys. The two or three page synopses of each of the four healing journeys cannot adequately portray the complexity of the healing process. On both a individual and community level healing is a slow process, often lasting life-times or generations. Each step of the healing process and the experiences (e.g., abstaining from alcohol, recovering from the shame of sexual abuse, or

reclaiming pride in one's identity) respondents encountered took many years to achieve. For many respondents, recovery was about making choices and being responsible for the choices that they made. Joe states that traditional counselling forced him to take responsibility for his drinking rather than blaming his wife. Dorothy and Carol went through similar processes. By recognizing their own strengths and taking responsibility for their lives and well-being, respondents were able to move toward self-actualization.

The roles that self and cultural identity play in one's overall mental, physical, spiritual and emotional health cannot be underestimated. Positive Native identity is a prerequisite to health. Traditional healing provides one avenue through which Native individuals can ground their identities through an association with traditional knowledge, belief and practice. Traditional healing allows individuals and communities to identify themselves in relation to healing traditions, such as Carol's association as a member of the Midewiwin society. Membership in this society not only helped her stop drinking, but was pivotal in establishing her spiritual and cultural identity. Many Native people are finding or clarifying their identities through the discovery and re-discovery of their traditions. With the respondents I consulted, traditional healing and teachings had helped them heal from personal crisis as well as provide them with a sense of spiritual and cultural belonging. They were able to take pride in the diversity and richness of Native culture and identity. By engaging healing values and participating in ceremonies such as sweat lodges, respondents were able to further define their sense of self while accessing the pain buried deep inside. According to Morrisseau, they achieved a necessary part of the circle of recovery and healing, the "transformation of the spirit" and the fulfilment of a spiritual sense of self (1998:99). Once achieved, respondents found purpose, a sense of self-worth and were able to feel hope for the future.



*Traditional Healing / Traditional Medicine: One in the Same?: Respondent's Views*

*Conceptualizations of Traditional Healing and Traditional Medicine*

The terms 'traditional healing' and 'traditional medicine' are abstract concepts.

Throughout the literature on Native healing traditions, these terms appear to be used in various contexts. In some contexts, these they appear to be used interchangeably, while in other contexts, they appear related but distinctive. There is a tendency for their meanings to become blurred and their significance to become understated. I explored this inconsistency using the interview data I had collected from respondents. The specific question I asked was whether or not they drew a distinction between traditional healing and traditional medicine. If they did, how did they conceptualize the distinction? While all respondents had a well-defined notion of what these terms meant, the conceptual understanding of these terms varied within the group. The majority articulated a clear distinction between the terms, while others perceived the terms as indistinguishable.

Within the first grouping of respondents, where both terms were distinctly defined, traditional healing was perceived as a life process while traditional medicine was perceived as a physical component within that process:

*Traditional healing involves maintaining wholeness of the human being - the spirit (soul), the heart (emotion), the mind (intellect) and the body (physical body and behaviour). Within that healing process, traditional medicine is seen as a component. (George Renfrey)*

*Traditional medicine refers to particular medicines, whether it was herbal medicines or certain practices that would be approaches to dealing with certain ailments. Medicines I would be talking about the ones that grow. Traditional healing is more holistic...where those medicines are part of that picture. Traditional healing has many forms, not just the herbology, but there's also spiritual healing. There are a lot of components to traditional healing. (Nena LaCaille-Johnson)*

*Traditional healing is the healing of the emotions, the hurt...I would use the teachings of the Seven Grandfather's - working through sweats and one-on-one. Healing is something that you do first. Traditional medicine is using the*



*medicines that the Creator gave Native people. For example, using herbal medicines to control blood sugar. (Derrick Pitawanakwat)*

One respondent draws the same distinction but articulates it using healers and medicine men as subjects:

*They are the same and yet they can be different....People might be directed to learn about medicines, how they are used, where to find them, how to mix them together, how to take care of them, what they are used for. You could talk about that as traditional medicine. But, they might not be a healer. Their role might be gathering the medicines and knowing what they are for and then passing them on to someone who is gifted in some way of healing. Or, it could be the same person that does both. (Carol Hopkins)*

Ensclosed within these definitions is the understanding that traditional medicine is concerned with the physical properties of the body. Similar to the dominant medical model, medicines (typically herbal) are seen as the remedies for specific illnesses. Traditional healing is a processional way of thinking and conceptualizing the world. Traditional healing embodies the spiritual, physical, mental, and emotional aspects of life. One respondent turns this understanding of the terms on end when she states:

*Traditional medicine is a way of life. It's what you do. Part of that is healing. Healing is what you do to heal yourself and what you use to do that healing. When you have the ceremonies, any of the herbs, and the plants when you use them for food. So, how you look after yourself. Traditional medicine is like the noun or the object. Healing is more for if you've been out of balance and you have to get back in balance and do that healing that you need. You can do the traditional medicine to keep you healthy but that's not necessarily healing in the sense that you've been ill or out of balance. It's just maintaining. (Rosella Kinoshameg)*

For this respondent, traditional medicine is the large process and traditional healing is encapsulated within that process. Traditional medicine is what one does to maintain the balance between the four aspects. Traditional healing includes those practices that one activates when one or more of the four aspects are out of balance. This interpretation incorporates the same terms of reference but voices them in a distinct way. Not all respondents conceptualized a difference in the terms. Ron Wakegijig, a traditional healer, said that there was no discernable difference. Patricia

Salas, a traditional midwife, agreed adding that the difference was a matter of “semantics” and nothing more. While perceiving no difference himself, one respondent echoed the interpretation of the previous respondents by drawing on what he considers misconceptions:

*Traditional healing ...is a form of thought. It's a way of thinking about health and well-being. That way of thinking has been referred to as holistic thought. Holistic thought would say that health and well being is a state of balance between the physical, emotional, mental, and spiritual. Some people may attempt to make a distinction [that] traditional medicine as being that part that addresses the physical state. But, a true traditional healer who deals with medicines does not deal just in the physical world. Their knowledge of certain medicines also includes knowledge of how to deal with the emotional, mental, spiritual. I wouldn't see them as different. (Ed Connors)*

The diversity in definitions shows that Native people are not preoccupied with categorizing or labeling these terms. Carol Hopkins, executive director of Nimkee Healing Centre, argues that “traditional healing and traditional medicine can be so many things.” For respondents, developing an ‘accurate’ definition of the terms is not something that can be presented in “the capitalized form in five minutes” (Blanche Meawassige). Traditional healing and medicine are concepts which fall outside the boundary of tangibility. The essence of these terms is an integral part of who they are as Native individuals. One respondent remarked that traditional healing/medicine, “is inherent and you can not describe it. There are no words that will do it justice” (Blanche Meawassige). While defining terms such as ‘traditional healing’ and ‘traditional medicine’ may not be culturally appropriate or relevant, the absence of clear definitions can lead to problems with program and policy development and funding.

The need to organize this information is felt more by non-Native organizations and society than by Native people. Placing these definitions into manageable categories is a product of the western need to organize and manipulate most spheres of human life. There is however no escaping the reality of the coexistence of and interconnection between the Native and non-Native community (specifically the government and medical community). The current fiscal relationship

necessitates that both communities, particularly the non-Native community, have a working understanding of the two terms. In order for Native communities or health organizations to gain or retain funds for traditional healing initiatives, they must be able to communicate the meaning and importance of these healing approaches. Further, they must be prepared to furnish policy makers and funding providers with clear explanations of these terms (see Appendix A, Recommendation # 1).

The objective of exploring the definitions of these terms is to build a foundation for understanding when these terms are used and to explore the complexity of meanings inherent in them. The way that respondents explained Native healing practices were similar, but the labels they associated with those explanations varied. In an attempt to more clearly define or explain Native healing practices, I interpreted what the respondents reported and formed definitions that fit their explanations. Generally, *traditional medicine* is easily understood as those physical medicines (e.g., herbal remedies) which are used in both a curative and preventative context. To borrow Rosella Kinoshameg's interpretation, *traditional healing* generally connotes a practice, an action, the act of healing. It is something that is performed such as a healing ceremony. These ceremonies are initiated when the balance of one or more of the four aspects (emotional, physical, spiritual and mental) has been compromised. Based on the interpretations of the respondents, I suggest that a term such as '*traditional health*' could be useful in framing the knowledge and practices that are used to maintain health. This term could include ceremonial practices which are health sustaining such as sweat lodges, following traditional values, or the consumption of traditional foods. Traditional healing and traditional medicine are components within the broader term of traditional health.



### *The Importance of Non-Native Understanding*

Respondents were asked to comment on two related questions. First, did they feel non-Native people understood what traditional healing and traditional medicines are about and second, whether this understanding was important to Native health issues. Their responses suggest that generally they feel that non-Native people do not possess a clear understanding of traditional Native healing. In addition they feel strongly from economic, political and humanistic points of view that non-Native people<sup>11</sup> should be clear about the nature of traditional healing. There appears to be some consensus that non-Native people do not have an accurate understanding of traditional Native healing knowledge. While non-Native people are unclear about definitions, respondents indicate that many Native people are unclear as well. One respondent brought up a very interesting point about how traditional healing tends to be categorized by the general public, a point which was introduced at the beginning of the chapter and which is described in greater depth by Ward Churchill (1994). Generally, traditional healing gets 'lumped' together with the current 'alternative,' and 'new age' healing movements that have been emerging over the last few decades and who often appropriate ideas and practices and apply them in non-traditional ways:

*What they understand more of now is what is marketed as homeopathic medicine, naturopathy and herbal medicines...So, the general public does not know, or understand, what Native healing is about. (Ed Connors)*

According to one respondent, one possible reason why non-Native (specifically Euro-Canadian) people may not have a good sense of the meaning of traditional healing is because the concept which guides traditional healing, specifically holistic thought, is not *generally* a part of the western thought model. Numerous physicians have adopted holistic approaches to health and healing and therefore the corralling of *all* western physicians into the 'linear-reductionist' category would be misleading and unfair<sup>12</sup>. As westerners, we are accustomed to receiving linear treatment (such as medication, therapy or a procedure) from physicians. To visit a healer with a



psychological or emotional problem and have them sit down and discuss one's culture, as Joe did with Dr. Connors, would not be standard clinical procedure. A similar example would be a traditional healer recommending to a diabetic patient that he/she participate in a sweat lodge. These indirect, holistic approaches to health and healing are not congruent with typical western scientific thinking. Dr. Connors suggests that:

*What they [non-Natives] are learning [about Native healing traditions] is in the context of what they've been familiar with - reductionist linear thinking. Which is, 'this is a physical medicine' and what they are missing and what they need to understand is the holistic way of thinking. (Ed Connors)*

This does not exclude western people from understanding Native healing traditions and does not suggest that non-Native people necessarily think negatively about these traditions. Not all western physicians operate under a linear model and some have begun to engage a more holistic approach to health. While there is a tendency for people who have become disenchanted by western medicine to draw stark dichotomies between western medicine (bad) and 'holistic' (good) medicine, it is important to recognize that these sharp distinctions are neither accurate nor productive.

One respondent expressed concern that there may be a tendency for Native healing knowledge to be perceived as ancient mysticism:

*When you say medicines [or healing] and then add on the word traditional. What does that mean? How does it change that understanding or concept?...Traditional does not mean that you add the perspective that it is old, or has always been there...for some people, there is that mysticism. (Carol Hopkins)*

This respondent's concern is justified. It is believed that for the general public, there is a tendency for Native healing to be perceived as immutable, exotic information deeply rooted in primordial times. However, traditional healing is a dynamic process which continues to evolve as Native health adjusts to changing social, environmental and cultural conditions. For example, Derrick Pitawanakwat, a traditional healer from Manitoulin Island, told me that he is currently researching

remedies (not cures) for AIDS and certain forms of cancer. Ron Wakegijig, also a traditional healer from Manitoulin Island, said that he is always refining his knowledge of herbs and how they can be best utilized.

It is difficult for respondents to believe that non-Native people understand their healing traditions when many of their people, Native people in general and those that they know or work with do not have a solid understanding of the healing traditions. In this manner, non-Native people seem to be excused from their general lack of understanding:

*In our own community, people don't [understand] because we have a large percentage of people in our community...in complete denial of their traditional ways. They will talk about those as being satanic ways. (Ed Connors)*

*A large majority of them [non-Natives] don't understand. And, that's okay. There's a lot of our own people that don't understand traditional healing. They believe it's the work of the devil. (Dorothy Kennedy)*

Though the general consensus of respondents is that non-Native people do not fully comprehend what traditional healing entails or the significance it holds for many Native people.

- Respondents note that it is important for non-Native people to have an adequate understanding of Native healing in order to eliminate negative stereotypes. They feel this need to understand particularly applied to non-Native people who deal with Native health issues. When asked why it is important for non-Native understanding, respondents cited funding as the primary factor:

*Certainly if it comes to funding gatekeepers, that [understanding] is important. Because of the special relationships between the Canadian government...and the tribes, there are obligations on the part of the government to provide services in exchange for the land that was ceded. And one of those is health care. How that [understanding of Native healing traditions] is interpreted determines the quality of health care and whether any traditional medicine is acknowledged. (George Renfrey)*

*In terms of if you [non-Native] were working, and involved in the health system, that you had something to do with Native people, yes, I feel it's very important that you understand Native beliefs and some of their ways so that you can be of more assistance. (Rosella Kinoshameg)*

- One respondent is more philosophical about the issue when he states that mutual understanding is

necessary to avoid the misconceptions and mistreatment of the past. This mutual understanding is necessary between Native and non-Native people, as well as between Native people themselves:

*I think it [mutual understanding] applies to anything. We all need to understand. That's part of the problem when we don't understand each other. The missionaries never took the time to understand us. I think if they had taken the time to understand then, maybe things could have been a little different...There is no hocus pocus going on here in terms of what we are doing. It is not based on bogey-man stuff, devil worship...it is based on something that is very powerful.*  
(Joe Hester)

### ***Past Transgressions and the Willingness to Share***

*I need to know that history will not be repeated.* (Joe Hester)

Many Native people are reluctant to discuss Native healing traditions with non-Natives. The reasons for this reluctance are complex. They involve negative experiences in the past, as discussed in *chapter three*, and in the present. The balance of this chapter details respondents' reflections on questions about their willingness to discuss traditional healing with non-Native researchers. If they were reluctant to discuss traditional healing with non-Native people, what informed that reluctance? Respondents were asked if they had any concerns about non-Native people accessing Native healing traditions. This discussion will serve to integrate the theme of historical experience and the future path of traditional healing.

Of the ten Native respondents who answered the question on willingness, only three stated they, despite agreeing to speak with me, were very reluctant to talk to non-Native people about Native healing traditions. The remaining seven respondents stated that they were not reluctant to discuss these traditions. Two respondents pointed out sharing is part of their Teachings:

*Even our own Teachings tell us that it is time to share and to let go and take control of our own lives and let go of some of the past - go forward...We were told to share what we have and what we know.* (Nena La-Caille Johnson)

*Within our philosophy, as Aboriginal people, we are supposed to recognize the four directions, the four faces of man, and welcome each and everyone into our heart. If we can't do this within our own lodges, we are not living up to the*



*greatest philosophy of our culture. (Blanche Meawassige)*

This sharing does not mean a full disclosure of the physical components of their medicines or the sacred knowledge of the ceremonies, rather, it refers to the willingness to open yourself and your culture to other cultures. Most respondents agreed that if they felt the person seeking the knowledge had good intentions<sup>13</sup> they would have few concerns. However, their willingness to talk was always followed by a qualifier or clarification. Essentially, their responses followed a 'no, but...' pattern. The latter part of their responses generally fell into one or more of the following categories. The following is a categorization of the concerns respondents had with discussing traditional healing and medicine with non-Native people.

#### *Historical Abuses Not Forgotten*

Traditional Native healing and medicine have survived despite attempts by the dominant culture to eliminate them as part of assimilation policies. However, the damage these policies created and the loss of knowledge they caused remains fresh in respondents' memories. One respondent indicates that he has no intention of sharing his healing knowledge because of his distrust in a system that attempted to destroy his Native traditions:

*If I was to talk to certain people within the medical establishment [they'd say], 'you are talking hocus pocus'. We go thorough much the same thing we did 500 years ago with the missionaries. Why do I want to talk about these things with anybody when I know that is what they are going to be saying? What is in it for me? Why should I expose those kinds of things to the kind of process that has already gone on? I am very protective of it. Jealously guard it. The experience of our people in that kind of situation hasn't been very good. I don't wish to try to communicate what we have and what we do. (Joe Hester)*

*My ancestors did talk about, quite freely, what we were and look at what happened to them. (Joe Hester)*

Though the tide of change is moving towards repairing past damages, history still remains the guiding force behind not only this respondent's reluctance to talk to non-Native people, but his refusal to discuss any of his healing traditions.



The reluctance of several respondents to speak about traditional healing and medicine stemmed from childhood memories relating to the knowledge and practice of traditional healing and medicine in their families:

*I remember one time my father had gone to Six Nations to see somebody for some medicine and he brought it home...I can just remember hearing my parents talking about it and my Mom was really upset with my Dad about this medicine and she didn't understand what it was. But, the impression that I got was that it was something really, really bad. The only thing I could relate it to was the teachings of the bible and that if it was bad it must have something to do with Satan. (Carol Hopkins)*

A further sense of mystery and fear of these medicines was created for this respondent by her grandmother:

*My grandmother would put something on her wood stove every once and a while and we would ask what that was and it would be like she would pretend that she didn't hear us because we don't talk about it. Just pretend it is not there, although it is. It was out of fear that she didn't say anything about that....When she died, my mother found a sacred bundle in her attic. She had sweet grass there and she had medicines, but it stayed put away because it wasn't safe to bring those things out. (Carol Hopkins)*

Implicit messages were communicated to these respondents early in life that traditional Native healing and medicine were secret and somehow dangerous. It became evident during my conversations with these individuals that these experiences had left an indelible mark on their lives. Though these respondents could rationalize today what they had learned about Native healing as children, there is still a pressure to keep that knowledge hidden and protected.

#### *Appropriation and Exploitation of Healing Knowledge: Research for Profit and Control*

Respondents were concerned that any knowledge they revealed could create a situation where the researcher would use this knowledge to write a bestseller and 'make their millions.' Visiting a bookstore is an easy way to validate this concern. "If you go to the bookstore, and look under the Native American section, and start looking at books and flip them open to see who the author is, almost none of them are Native people" (George Renfrey). The knowledge that has

been gleaned from conversations with Native people is often blended with pseudo-pop-health rhetoric. This product caters to the new age health movement which will be discussed further in my discussion of respondents' concerns regarding the use of Native healing knowledge which follows. Healing knowledge has also been usurped for purposes outside of publishing. George Renfrey, a Native psychologist, recalls an event that happened to a traditional woman he knew from Michigan:

*She had a woman come to her from Detroit to spend six months with her saying she really needed to connect and to learn about Native traditions. So, she leaves. The next thing you know, she is in Detroit making big bucks selling seats in sweat lodges. She was able to do this because she came back from the north 'as this traditional healer that studied the ancient ways of the Indians.' She was there selling our spirituality. (George Renfrey)*

Carol Hopkins said she was uncomfortable talking to non-Native people states that there has been a history of appropriation, taking the knowledge, making it their own and then profiting from it. For her, this knowledge is a sacred gift that she has to work for and experience. When she sees non-Native people coming to ceremonies, hearing the Teachings, taking the knowledge and using it in their own workshops, it naturally offends her cultural and personal sensibilities (Carol Hopkins). Native activist and lawyer Ward Churchill (1994:81) refers to the "blond yuppies from Beverly Hills [who] amble about the country purporting to be re-incarnated 17<sup>th</sup> century Cheyenne "shamans" ready to perform previously secret ceremonies for a fee" as the offenders. However, it is important to recognize that non-Native people are not the only culpable parties. Native people themselves are misusing this knowledge and jumping on the holistic health and Native spirituality bandwagon (e.g., Sun Bear books). The American Indian Movement named Sun Bear, a well-known 'plastic medicine man' who has his own series of books, in their list of charlatan healers (Waldram et al. 1996:219).

Dr. Connors recounts one incident<sup>14</sup> which occurred several years ago at a gathering sponsored by the World Health Organization (WHO). Indigenous people from across the world

familiar with their traditional medicines were invited to attend. Under the guise of cross-cultural awareness, these people were encouraged to share their medicinal knowledge. It was discovered that this 'gathering,' although sponsored by WHO, was funded by global pharmaceutical companies whose intention was to create pacts with the people who had the medicinal knowledge in order to access the information. It was believed that the pharmaceutical companies wanted access to these medicines so they could break down their components into distillate properties, identify them, and then catalogue (and possibly patent) them for future research or and profit.

Ron Wakegijig also expresses this concern when he explains his hesitation in revealing medicines and his knowledge of plant life. Though he does not use them, one healer claims that marijuana and cocaine are very effective medicines. Marijuana was used by healers to set fractured bones or treat patients with glaucoma, midwives would use it for breach births. Cocaine is an effective cauterizing agent. Because of human misuse, these medicines have become illegal and therefore no longer prescribable. When asked if he was hesitant to disclose his knowledge for fear that it would be misused and he would no longer have the right to use it, Ron states, *"I know of three different kinds of plants where you have to be careful when you pick their roots. You have to wear gloves or make sure you don't bruise or puncture the roots or your fingertips will be dead...it is like an anesthetic."* What would happen if everyone knew this and abused the powers of this plant? I would lose my right to use this knowledge to help my people.

#### *Non-Native Use of Native Healing Knowledge*

When asked if they were comfortable with non-Native people utilizing traditional healing methods such as sweat lodges and traditional medicines, the field of respondents was split in a similar manner to the previous question. Those respondents who were very reluctant to discuss traditional healing also felt that non-Native people should not engage in healing traditions that were not their own. For one respondent, traditional healing has been Native people's domain for



many generations and non-Native people cannot, and should not, simply adopt and use that knowledge. Patricia Salas contends that it is not appropriate for non-Native people to seek their own healing from traditional Native healing knowledge. Carol Hopkins sees vetoing non-Native involvement in these traditions is an act of self and cultural preservation:

*It is my commitment to protect that [healing knowledge] so that it is here for my children. I know I wouldn't have this today if there weren't elders who took this bundle of life and held it for us even through all the hardships that Native people have been through. Their lives being in danger for speaking their language, conducting any kind of ceremony, or having any kind of medicine in their presence. They went through an awful lot to preserve this and I am going to make sure it is preserved as well. (Carol Hopkins)*

These two respondents believe strongly that Native healing practices were entrusted to Native people, and that all other cultures around the world were given their own teachings and their own medicine. Though these comments suggest that non-Native people should *never* use Native healing traditions for themselves, not all respondents who disapproved of non-Native use viewed this in such a rigid way. Some believe that 'yes, there will be a time when non-Native use of traditional healing and medicine will be appropriate.' However, this time will come only once the Native community has healed. This sentiment is echoed by one respondent when he states, "We have a major health problem among our people. We are talking about a scarce resource. We have to be able to address the problem. So, we can't open up and invite everyone in to partake because we don't have enough food on the table to feed everyone" (Joe Hester). The majority of respondents I spoke with, including the two traditional healers, had less stringent views on non-Native participation in Native healing traditions. This acceptance, however, was not without some conditions. Non-Native people should be allowed to participate providing their appreciation of the knowledge is genuine, that they don't exclude a Native person from accessing that healing, that they don't engage in ceremonies which are considered highly sacred, and that they don't try to conduct healing ceremonies themselves.



## *Conclusion*

These personal experiences continue to have an impact on the direction that health initiatives take at the community level. A survey conducted several years ago in Wikwemikong on Manitoulin Island uncovered a lot of sexual abuse that had occurred in the community. The Wikwemikong Health Centre believed that once these allegations surfaced and people began talking about what had happened, a lot of healing would need to be done. An agreement was made between Mount Sinai Hospital in Toronto and the Wikwemikong Health Centre to collaborate on a joint effort to handle any issues that arose. A team from Mount Sinai had agreed to work once a week to provide psychotherapy services as needed. This team wanted to learn more about traditional medicine and healing. This proposal was turned down by a handful of traditional people who felt that these researchers were going to come up and take their medicines away. The fear rested not in the researchers doing their 'business,' but their requested involvement in the Native healing processes. This request, in light of past experiences, was not acceptable. As one reporter from *Wikwemikong News* states, "The skepticism was not directly pointed at the Mount Sinai team, but the proposal stirred hard feelings, based on past experiences of exploitation by various groups towards First Nations. And today most First Nation's are wary of any outsiders coming in and tampering with any form of traditional healing or medicines" (*Wikwemikong News*, January, 1997). An intense apprehension over disclosing healing knowledge remains in the Native community. Petra Wall, Executive Director for the Wikwemikong Health Centre, and co-ordinator for the Mount Sinai project, states that 'there is fear there, and rightly so, because people have been abused in the past in this area [traditional healing]. We have to respect that fear.'

Uncovering the roots of this reluctance will help Native and non-Native people negotiate a non-threatening relationship where open communication can be established. With changing times

and the developing relationship between traditional healing systems and western medicine, it is necessary to not only acknowledge and appreciate Native reluctance, but to overcome it. As addressed earlier, Native people feel it is necessary for non-Native people to understand Native healing traditions, but there remains a reluctance to share and be open with non-Natives. Native people are caught between wanting a level of understanding and not wanting past transgressions to be repeated. But, they must enlighten non-Native people in order to erase the stereotypes of traditional healing as “hocus-pocus” and “devil worship” and replace them with an accurate account of traditional healing as it exists in the Native community today.

## **CHAPTER FIVE:**

### **HEALING IN A CONTEMPORARY CONTEXT: A PROFILE OF NATIVE HEALING AND HEALTH ENVIRONMENTS**

*We need to create healing centres in every Native and Indian community in this land. A healing centre is a place where people turn to their own brothers and sisters for the healing that they need. They also turn to their elders and spiritual teachers in the same place. A place where healing deep emotional wounds is part and parcel of the same process in which a person finds the best education for their children. (Solomon 1994:112)*

#### ***Introduction***

In the late 1970s, after the completion of a number of consultations and position papers, the federal government released a document on Indian health policy. This policy acknowledged that traditional medicine was an important part of the Native health system (Department of Health and Welfare, 1979). However, it was not until approximately fifteen years later, through visibility and acceptance, that traditional healing initiatives began to gain momentum at community and governmental levels<sup>15</sup>. Beginning in the early 1990s, health policies directed at improving the health of the Native population began to embrace components of traditional Native healing. Today, traditional healing initiatives are present in several key federal and provincial health policies. Though positive strategies have been introduced to incorporate traditional healing into health policies, the obstacles experienced by many Native healing facilities temper the 'progress' that has been made. These obstacles include funding, traditional resources and community acceptance. Government officials continue to assume responsibility and control over Native people and the health policy-making process (Warry 1998:124). Government bodies are viewed as having this control because they continue to hold and control the purse strings. This situation, combined with issues of community acceptance and increased pressure to provide traditional services, places many health centres in a fragile position. The changes occurring in Native health

policy are part of an ongoing process, a process whereby the collaborative, decision-making efforts of government officials, western medical agencies and Native organizations is the long-term objective.

I begin this chapter by situating traditional healing initiatives within the framework of current federal and provincial Native health policy. Following this discussion I profile seven healing centres<sup>16</sup>. The programs and services offered by each centre will be described briefly. Traditional healing's role is explored through a discussion of how well traditional healing is integrated in the programs and services of each centre, its utilization within the centres (e.g., who is accessing the services, how frequently, and for what purpose), and its working relationship with western medicine. This profile underscores the demand for, and the importance of, healing practices in Native health environments across southwestern and north central Ontario. As well, this profile highlights the range of health environments where traditional approaches are applied. The latter section of the chapter explores obstacles or problems that health centres have encountered with traditional healing, or with the management of a traditionally-driven health program. I conclude the chapter with a discussion of the relationship between western and traditional approaches to healing and important considerations which should be addressed when envisioning the future of this relationship.

### ***Government Funding of Traditional Healing Initiatives***

In 1995, the Ontario government merged two major initiatives: the Aboriginal Family Healing Strategy (AFHJSC 1993), which focused on family violence, and the Aboriginal Health Policy for Ontario (AHPO 1994). The product of this merger was the Aboriginal Healing and Wellness Strategy (AHWS 1995). This strategy, which followed sixteen months of consultations with Native individuals and organizations, is an over-arching strategy directed at enhancing Native health care services and increasing Native control over health issues. While the family violence



initiative no longer exists, the Aboriginal Health Policy remains, as the government continues to look to this document for policy-making direction and guidance, both within the AHWS and without. The treatment of traditional healing within the AHPO stands as a rationale for the programs and initiatives funded by the Aboriginal Healing and Wellness Strategy. The Health Policy recognizes traditional healing as a valuable health resource for many Native people and communities. This recognition reflects in the recommendations proposed by the Policy, recommendations which include efforts to increase financial support for traditional healers and midwives, better access to traditional healers and increased understanding of the Native healing process. The creation of the AHWS has facilitated the development of traditional healing initiatives in health programs across Ontario, from healing lodges to traditional healing-oriented rehabilitation programs. Both the Aboriginal Health Policy and the AHWS help drive the existence of traditional healing initiatives because the provision of holistic health is one of the three concepts (the other two include life cycle and continuum of care) upon which the strategy is built. Though a majority of the centres I visited are funded by the AHWS, many of them receive funding from other sources as well, such as the Brighter Futures program, Child and Family Services, Corrections Canada, and from private funding. On a federal level, Medical Services Branch (MSB) administers a program where the transportation and living expenses of status Indians who have been referred by a physician (note that western physicians act as a watchdog) to a traditional healer are covered under the Non-Insured Health Benefits (NIHB) program. Remuneration for the traditional healer is not provided. Traditional healers often, on a private or community level, receive an honorarium for their healing knowledge and practices.

The current policies which support traditional healing initiatives are opening the way for many Native people to choose their healing path, whether that path be traditional, biomedical or an aggregation of both. The increased availability of traditional healing services within health

programs allows community members to be active in their health decisions, as well as providing them with the opportunity to ground themselves in traditions which are self-affirming. The renaissance of traditional healing in Native communities, and its inclusion in health policies, parallels the growing momentum of self-determination. In many respects, the resurgence of traditional healing plays an invaluable role in Native self-determination (further discussion of this relationship is found in chapter six). Part of traditional healing involves learning traditional responsibilities such as one's responsibilities to self and community. Without the recognition and acceptance of these responsibilities, self-determination becomes a moot process.

### ***A PROFILE OF THE HEALING CENTRES***

#### **Enaahutig Healing Lodge and Learning Centre**

Situated southeast of Midland, Enaahutig Healing Lodge and Learning Centre is a new program which officially opened its doors in late January, 1997. This centre services a large catchment area which includes Simcoe county, York region, Barrie, Orillia, and Midland. The vision of the centre is to provide families with an environment where they can begin to address family issues in a wholistic and culturally-relevant manner. The healing focus of Enaahutig concerns breaking the cycle of abuse, abuse which is often related to the residential school system, specifically its effects on parenting and family relations. The programs and services offered by Enaahutig are directed at all ages groups and address the many healing needs of Native people. The four components of holistic health (emotional, spiritual, physical and mental) are represented in the conceptual structure of the healing lodge as well as in the services and programs it provides.

Retreats (one day and week-long) are held at the lodge for family groups, men's, women's, and youth groups. Native healing philosophies and practices are key components to the programs and services offered. Healing methods used include individual and family counselling (both traditional and western psychotherapeutic), healing activities such as sweat lodges and

fastings, and talking and healing circles. Enaahtig provides its clients with an opportunity to learn and discover, or re-discover teachings which can assist them in trying new and more positive ways to live. The traditional healing methods listed above are guided by an 'aboriginal psychology.' The definition of this term, and its use within the Enaahtig healing context, reflects how traditional and western healing systems co-exist at Enaahtig. Aboriginal psychology is a psychological approach (e.g., cognitive behavioural theory or Jungian psychology) adapted to be congruent with Native culture and appropriate to Native issues. This psychological approach is integrated with traditional counselling and traditional healing beliefs and ceremonies.

When I visited Enaahtig in the summer of 1997, the program had only been in full operation for six months. At that time, the response the lodge had received from clients was substantial. Five hundred adults and three hundred children/youth had visited the healing lodge by June 1997. The demand for the services provided by the lodge is anticipated to increase as the program becomes more established and better-known. Because the catchment area of the healing lodge is so extensive, the cultural backgrounds of clients is diverse. The fundamental traditions that are taught and utilized are the Ojibway-Midewiwin and the Iroquois Longhouse. But, people with Cree, Micmac, and other Algonkian heritages have also accessed the services of the lodge. Enaahtig is the first of seven healing lodges planned to be built in Ontario under the auspices and funding of the AHWS.

### **Anishnawbe Health Toronto**

Perhaps one of the most recognizable Native health centres in Ontario is Anishnawbe Health Toronto (AHT), which was for many years<sup>17</sup> the only urban Native community health centre in Canada. Anishnawbe Health Toronto, located in downtown Toronto, is a non-profit, charitable organization that provides culturally appropriate health programs and services to Native people in the Toronto region. The centres mandate since inception has been to "address structural



inequalities" in health care and to advocate "empowerment to re-awaken and retain Native pride and culture" (AHT 1990). Empowerment would follow once Native communities assumed control over their health systems and adopted the use of traditional healing. It serves the off-reserve, non-status, and Métis population of Toronto. Anishnawbe Health Toronto is a multi-service, urban community health centre where health care delivery is based on a traditional model of maintaining balance between mind, body, spirit and emotions. The health centre is staffed by western trained physicians, nurses, counsellors, and traditional healers who operate on a rotating schedule. Though the centre is staffed by western medical practitioners, their placement within the organizational structure of the centre is dictated by traditional conceptualizations (see Hooper 1994). There are no resident traditional healers<sup>18</sup>. Primary health care services are the focus of Anishnawbe Health, though a full range of health services for more preventative and supportive needs are available either on the premise or through a referral service.

Western medicine and traditional healing operate within a collaborative, yet independent, framework at Anishnawbe Health. AHT advocates Native *control* over biomedical and traditional health care services by allowing clients to *choose* which form of health care they desire. On an organizational level, AHT retains control over health care by bringing western medicine into traditional healing rather than vice versa. Access to a culturally-sensitive healing environment and the opportunity to choose one's health care are key tools in empowering the urban Native population. Collaborative initiatives between the systems is evident in the centre's approach to providing culturally appropriate health promotion (e.g., AIDS awareness) and its holistic approach to diabetes management.

According to Joe Hester, Director of Programs and Services, there is a high turn-over of clients and a steady demand for services provided by the centre. There are approximately 65,000 Native people living in the Toronto area who must rely on only one Native urban health centre to



meet their health needs. This ratio is reflected in the clients that access Anishnawbe Health, as the Native people who seek care at Anishnawbe Health represent a diverse cross-section of gender, cultural, socio-economic, age and occupational groups. In addition to the stresses that the urban population place on the centre, Native people from across North America access the services of Anishnawbe Health as well.

### **Wikwemikong Health Centre**

Constructed in the shape of a Thunder Bird, the Wikwemikong Health Centre is a large, modern facility built in 1988<sup>19</sup> on the unceded Wikwemikong reserve on Manitoulin Island. The health centre is staffed by five rotating physicians, six nurses (RN's), community health representatives (CHR's), dentists, and other health care workers who have biomedical training. The Wikwemikong Health Centre also contains a traditional medicine area referred to as the 'medicine lodge,' a term reminiscent of the *Midewiwin*. The centre provides care on an 'as needed,' walk-in, basis by utilizing both western biomedicine and traditional healing. The relationship between western medicine and traditional healing is similar to that found at Anishnawbe Health. Over the past five years, the centre has begun to move in new directions, away from a strictly curative, primary-care mode. The current focus is on prevention and health promotion, and it is within this area that traditional healing initiatives are taking hold. The centre is encouraging traditional medicine or traditional concepts in the services they offer. Petra Wall, Executive Director of the centre since 1995, adds that the centre is specializing in traditional medicine and that the number of traditional healing staff has increased from one to seven people in the last three years. There are currently two traditional healers working at the centre, Ron Wakegijig and Ken Pitawanakwat who is an apprentice healer. Combined, they work three days a week at the centre attending their clientele by providing medicines, counselling and ceremonies. The relationship between Ron and Ken and the medical practitioners is characterized by co-

operation and mutual respect. Ron states that he will consult a physician about a client and vice versa and that cross-referrals are a common practice. Each healer (whether western or traditional) works independently and a hierarchy of authority does not exist.

The increased recognition of traditional healing approaches is evident in the fact that many of the programs offered by the centre contain a traditional element. For example, one program at the centre which has a strong emphasis on traditional approaches to healing is the Naandwedidaa ('Let's Heal One Another') program. The Naandwedidaa program, which began in September of 1995, provides a variety of services to community members who have experienced, or are experiencing, family violence and/or sexual abuse. The program has a traditional focus on the counselling of victims of family violence and sexual abuse and their abusers. Counsellors approach family violence and sexual abuse issues from a holistic perspective and engage traditional and spiritual healing methods in their treatment process. Clients accessing the program can participate in healing circles, sweat lodges and can take part in a wilderness healing program where clients are able to re-connect with the land and learn how to collect medicines. Within the health centre, there has been a considerable movement toward enhancing the role of traditional healing in the community, an approach which has received considerable success to date.

#### **Pine Tree Native Centre of Brant: Native Inmate Liaison Program**

The Pine Tree Native Inmate program, which is located in the Brantford Friendship Centre, was organized seven years ago after the Pine Tree Native Centre received a grant for a six-month program for inmates in Burtch Correctional Centre and the Brant County jail. The platform of this program is based on the unique experiences of Native inmates and their perceived spiritual needs. This program assists Native inmates in exploring their cultural and spiritual heritage as a form of rehabilitation therapy. Richard Porter, the co-ordinator of the program since

its inception in 1991 and a former inmate, was able to incorporate his penal experiences into the program's approach to inmate rehabilitation. According to Waldram, a medical anthropologist who has done extensive work on the role of Native spirituality in prison environments, past experience is a valuable asset, "Aboriginal Elders and spiritual leaders [not necessarily validated healers], including those with some prison experience or who are recovered substance abusers, are able to transcend the barriers to establishing trusting relationships that prison engenders (Waldram 1997:204). Since 1991, the program has developed numerous institutional projects which facilitate healing in Native inmates by introducing them to Native spiritual resources and meeting their spiritual needs in a culturally-relevant manner. Traditional teachings are offered as a guideline for inmates to follow in order to initiate a permanent path away from crime. Healing and cleansing rituals such as sweat lodges, smudging and pipe ceremonies are used to acquaint inmates with their cultural heritage and to allow them to begin to respect themselves, their families, their communities and their cultures. These traditional ceremonies are used to strengthen an inmate's links to his/her identity and culture. Waldram (1993:359) states that spirituality programs "provide [inmates] a new meaning to shattered lives and a way to cope with incarceration." These programs are based on a widely-held belief that the high rate of incarceration of Native people in Canada's prison system is deeply imbedded in Native people's disconnection with their cultural identities.

The inmate liaison workers in this program work towards reducing the over-representation of Native people in the prison system by facilitating the prisoner's transition from prison back to the community. According to Richard Porter and Curtis John, an assistant liaison worker, the focus of the program is on using traditional methods to guide the inmate through the prison process and to help prevent them from re-offending. It is believed that the traditions they learn as an inmate will assist them after they have been released. The program currently services five



institutions and the demand for traditional healing ceremonies and the traditional teachings, according to Porter, is very high, 90 percent of the Native inmate population request involvement in the program.

### ***Onkwe hon:we Midwifery: Six Nations Birthing Centre***

In May, 1996 the Six Nations Birthing Centre, located outside Brantford, opened its doors to Native women who wished to access the birthing knowledge of a traditional or registered midwife. *Onkwe hon:we* provides Native women the opportunity to reclaim control over their birthing process and their pre and post natal care. Women are able to give birth in a more traditional environment (e.g., non-clinical) with the assistance of a midwife. The centre is staffed by a registered midwife (available on a referral basis), a full-time traditional midwife, and four traditional birth attendants. The centre provides a wide-range of services and has two well-equipped birthing suites which provide a balance between traditional midwifery and modern obstetrical medicine. Patricia Salas, a traditional midwife recruited from Texas<sup>20</sup>, is responsible for assisting in the delivery of babies as well as training birth attendants in midwifery practices, both traditional midwifery and western obstetrical midwifery. This birthing centre integrates the techniques of western obstetrical midwifery and traditional midwifery. For example, traditional midwives may use obstetrical technology (e.g., monitoring equipment, suction machines and amnio hooks) in combination with traditional diagnostic skills and traditional medicines.

Each client is given the choice of where they want to give birth, who they want to assist in their birth, and what cultural practices they wish to include in their birthing experience. The cultural backgrounds of the women who have accessed the centre include Ojibway and Haudenosaunee. While culture-specific practices are encouraged by the birthing staff, each client establishes and arranges their own specific birth plan, such as who they wish to conduct birthing ceremonies or administer traditional medicines. No attempt is made to homogenize culturally



distinct birthing practices. One issue of community acceptance has arisen and will be discussed in the latter half of the chapter. The most significant and progressive feature of this centre is that it empowers Native women by allowing *them* to determine their birthing process. Women are given the opportunity to have a traditional birth, a western obstetrical birth, or an agreeable mixture of both.

### ***Nimkee NupiGawagan Healing Centre***

Located on fifty acres of the Chippewa of the Thames First Nation in Muncey, Nimkee NupiGawagan ("Thunderbirds Necklace") is a new twelve-bed solvent abuse treatment centre for youth. Opened in January 1997, this centre was designed to provide culturally relevant and culturally specific healing for solvent abusers and their families. Treatment is based on a six month residency program where youths (ages 8-15) continue their schooling, but are simultaneously involved in activities directed at enhancing individual and cultural identity. A traditional healing approach to solvent abuse was adopted at the onset of the program. The goals and objectives of the healing centre's treatment plans rest on a traditional framework. The centre is staffed by twenty full-time Native workers who occupy supportive positions such as counsellors, cultural advisors, and teachers. Youth are taught the responsibilities and benefits of being part of a family and part of a community. Carol Hopkins, Executive Director of the centre, adds that youth are provided with many Native Teachings, including the purpose and value of Native medicines, "we talk to the kids about medicines, what are the medicines; what are they used for; teaching them about the importance of tobacco; talking about mind, body, spirit, and emotions." Youth are encouraged to participate in healing ceremonies such as sweat lodges and fastings. Elders and traditional healers are referred into the centre to conduct assessments, provide counselling, and conduct healing ceremonies. The traditional approach to healing exists alongside modern therapies, specifically expressive arts and gestalt therapy. Unlike at Enahtig Healing

Lodge where there is a blending of approaches, these therapies are conducted independently with the intention of complementing one another.

Though the initial intake of youth was low (five youth), the centre has seen a rapid increase in the number of youth participating in the program. Following the first graduation ceremony the centre had for the youth, one mother was asked if there was anything she wanted to share about her daughter's experience in the centre. Her response was to thank the staff for helping her daughter find her spirit. Nimkee's efforts to help youth 'find their spirit' is successful because its use of traditional therapies allows Native youth to explore their cultural identities, while gaining a sense of belonging and responsibility.

#### ***Mooka'Am Sexual Abuse Treatment Program***

The Mooka'Am ('New Dawn') Sexual Abuse Treatment Program was established in the fall of 1990 in response to the number of Native sexual abuse cases being referred to Native Child and Family Services of Toronto (NCFST). At that time, it became aware to NCFST staff that Native people were not making use of mainstream agencies and the conventional therapy programs available. This wariness was felt to reflect cultural differences and a general distrust of social workers. Mooka'Am was developed initially to provide culture-based services to Native children, adolescents and adults who had survived sexual abuse. Over the years, the program has expanded to include providing services for survivors of family violence and drug and alcohol abuse. The healing approach adopted by this program utilizes Play therapy, Gestalt therapy, Expressive Arts and Psychodrama and traditional Native healing beliefs and practices. These approaches are used in a complementary fashion. The traditional approach is more encompassing within the program, as the Medicine Wheel model frames the goals and objectives of the program. Traditional healing therapies used include healing circles led by elders, sweat lodges, fasting, and the availability of four traditional medicines to burn (tobacco, sweet grass, cedar and sage). The

program is accessed primarily by urban Natives. And, although the program is designed to promote Native values and traditions, the people who access the program are not necessarily drawn to the Native teaching framework. According to Charlene Avalos, co-ordinator of the program, the people who join the program do so because it is a Native agency. Approximately twenty percent of the clients who utilize the program request not to be involved in the traditional component of the program.

Vera Martin, the program's traditional teacher, conducts women's healing circle retreats in Chelsea several times a year. A sweat lodge ceremony is performed at the end of each healing circle session. Each summer, clients and their children are invited to attend a summer camp in northern Ontario designed for further healing, cultural learning and the opportunity to participate in spiritual ceremonies. Mooka'Am is a developing program that meets the physical, emotional, mental and spiritual needs of urban Native individuals, needs which are often overlooked in an urban, western-medical environment.

### *\*Obstacles Faced: Government and Community*

#### *Funding*

Funding received by traditional healers for their services flows from the federal government, specifically from the Medical Services Branch (MSB) of Health Canada. Though traditional healers, like traditional midwives, are exempt from the *Regulated Health Professions Act*, they are recognized as health providers by the Medical Services Branch. Currently, MSB will cover the travel expenses (but not accommodation) for a healer to visit patients or for patients to visit a healer (accommodation provided) within Ontario provided prior approval has been obtained. Additional costs such as service fees and accommodation fees for a healer fall under the discretion and innovation of each health facility. I use the term 'innovation' because health centres must be creative in their budgeting in order to finance traditional healers. Christina



Taibossigai, Health Co-Ordinator for the M'Chigeeng Health Centre in West Bay on Manitoulin Island, states that cost-sharing between programs is often arranged in order to finance the visit of a traditional healer. This arrangement, she adds, can be affected if two programs can gather together a group of twenty or more clients.

Respondents report that, though the government does recognize the health services of traditional healers, they do not provide the direct funding necessary to support the provision of traditional healers. Respondents raised questions about the limitations of the support provided by MSB. These respondents were specifically concerned about the welfare of traditional healers and the preservation of their knowledge. Traditional healers are not paid directly by the government for services, as are western-trained physicians, and are not typically hired by health centres to fill a 'traditional healer' position<sup>21</sup>. Of the two healers I interviewed, Ron Wakegijig is classed as a Community Health Representative (CHR), while Derrick Pitawanakwat is salaried as a Diabetes Educator. This issue brings to the surface an interesting controversy. Traditionally, healers relied on receiving tobacco or staple goods as payment for their healing services. All other needs that the healer had were met by the community. Ron Wakegijig states that, for him, this code of ethics remains strong today:

*If somebody comes in for medicine there is no charge. We are allowed to accept contributions from people, if that is their wish. For me to put a price on a remedy, I can't do that. It is against my code of ethics. At least the way my elders taught. I have heard from other elders that if a person charges you for medicines, stay away from them. They are in it for the money, not for your concern.*

According to one respondent, while this code of ethics remains, the communities no longer tend to look after the healers, yet still expect their healing services. Today, many healers (especially those not contracted by a health centre) must supplement their traditional healing services by working outside the healing realm. George Renfrey, a Native psychologist who works actively with traditional healers, referred to a healer he knows who drives a truck during the day and does his



medicine at night. Several respondents expressed concern that this arrangement jeopardizes not only the welfare of the healer, but the gift of healing knowledge that has been given to them by the Creator. The controversy rests in the question of whether traditional healers should be funded in some way in order to ensure that they are supported and their knowledge is used and preserved. A key question remains: is there a culturally acceptable way to fund healers which does not compromise traditional practice and cultural sensibilities?

Though funding sources, such as the AHPO and the AHWS, are currently promoting the introduction of traditional healing initiatives, respondents realize that the future of these funding opportunities is uncertain. Respondents are concerned about the tenuous tie between these traditional healing initiatives and government funding. These concerns centre not only around governments withdrawing funding, but that the policies and strategies that drive the initiatives are only as reliable as the governments that put them into place. Losing valuable funding is something which is inevitable and expected, as is government changeover at election time. Respondents expressed that the future of these programs, and therefore the welfare of the Native population, is most vulnerable during the transition from one government to the next. How Native programs will be funded and to what extent depends on the political will of the party and their measured (perceived) concern of Native issues. For example, the New Democrat Party had planned to open five new birthing centres which would have utilized traditional midwives. According to informants, the proposals had been received and accepted by the Ministry of Health, but the incoming Progressive Conservatives terminated the funding so the project was dissolved. Native health programs which focus on traditional approaches to healing are on a 'nice to have' rather than 'need to have' basis. Nena LaCaille-Johnson draws from experience with community development and government-assisted programs when she comments on the 'here today, gone tomorrow' nature of government funding and proposed projects:

*Every time politics change, we have to go through a lot. If this government put it [health program] into place, they'll scrap it because it wasn't in their name....[M]y job as an Executive Director is to try and find diversified funding so we're not as vulnerable to the political wind shifts (Nena LaCaille-Johnson).*

Nena LaCaille-Johnson compensates for this vulnerability by seeking out alternate funding sources (e.g., including funding from Casino Rama in Orillia, Ontario and private funding sources) and encouraging the Lodge to incorporate self-sufficiency practices within the Lodge's programs (e.g., self-sustaining agricultural practices such as gardening and raising beefalo). With funding provided by the AHWS only guaranteed until the end of 1999, many program coordinators are anticipating and, in some cases, preparing for the worst. As Nena LaCaille-Johnson suggests, it is favorable to see the absence of government funding as the rule and a move toward diversified funding and self-sufficiency as the goal (Recommendation #2). One practice which continues to frustrate Native health organizations is the tendency for governments to dissolve successful health programs initiated by the past government party and to have the same program 're-invented,' only with their political party name attached. This process invariably impedes the delivery of health services by duplicating the 'start up' work.

Government funding obstacles are tied to the persistent relationship between Native people (dependents) and government officials (social and fiscal guardians). Native health organizations remain dependent on government 'rubber-stamping' and funding for programs that they feel are critical to Native well-being, such as programs which focus on traditional approaches to healing and health. Unfortunately, these funding obstacles are in the face of an ever-increasing demand for the services of traditional healers and traditionally-oriented healing programs. Only time will reveal whether the increased demand for traditional healing methods will be met with increased funding. It is important to note that the experiences of Native health centres is not dissimilar to the experiences of other health facilities across Ontario. In the wake of federal and provincial health cutbacks, similar funding problems have been felt by Native and non-Native

health centres alike.

### ***Traditional Healing Resources***

Traditional healers are seen as a scarce resource by the Native community. Several respondents felt that the limited number of healers represented a formidable obstacle for health centres and individuals wishing to access the knowledge and services of a healer. Federal legislation and the religious oppression of earlier times, combined with the nature of traditional healing, have served to limit the number of healers available. Unlike western physicians who learn, hone and have their skills certified in six or seven years, learning the skills and knowledge of a traditional healer is a life-long commitment. Ron Wakegijig confirms this commitment when he states, "This medical school I went to never ends. I have been doing this kind of work for about thirty years now and I still haven't learned everything". Traditionally, healers begin learning at an early age and continue learning throughout their lives, often only becoming highly regarded by the community when they are elderly.

Today, there are relatively few highly respected traditional healers in Ontario in relation to the demand for their services. So few are the healers in Ontario that Anishnawbe Health Toronto supplements traditional healers from Ontario with healers who come from all over the United States. Similarly, programs in central Ontario utilize healers from Wisconsin, Michigan and New York state. Referrals for a traditional healer made by health centres may not be realized for several months because of the province-wide demand for such a limited number of healers. Christina Taibossigai stated that a request made by a client at the [M'Chigeeng Health Centre] was made in December, but was not arranged until May. Respondents are concerned that not only are client's needs not being met, but that because of the steady development of Native health centres, the few healers currently practicing will become over-taxed. Unfortunately, this situation threatens to compromise the reputation of gifted healers and may lead to sanctioning (e.g., forced



regulation of healers) by government and medical agencies. Ed Connors worries that this situation will “promote the development of these so-called ‘Kmart’ healers because people are desperately seeking that form of knowledge and they are less selective.” Though this threat has not materialized in any known legal context in Ontario, it does demand serious consideration by Native communities and health agencies. In the following chapter I discuss in greater detail the issue of ‘Kmart’ healers in relation to the future structure of traditional healing practices.

### *Community Acceptance*

One difficulty expressed by respondents is the tension that is felt at the community level between people who have adopted Christianity as a spiritual basis for well-being and people who follow a ‘traditional’ spiritual path. While many Native people have adopted, or re-adopted, traditional Native ways and values, others have not. Indeed, a growing point of tension within some Native communities involves the rekindling of these traditional modes of healing. The adoption of traditional medicine and healing practices in community-based healing environments has served to further alienate community members from each other. Within these communities, those with non-traditional preferences are often highly skeptical of “Indian medicine,” while people with traditional values see traditional healing practices as a basis for community strength and wellness. Native communities are often divided into two factions: those who adhere to western doctrines of religion and medicine and those who believe in traditional values and methods of healing and often take the best of both world views and exercise choice when seeking their health care. In many of the healing centres I visited, it was this attitude of choice that the centres were encouraging and incorporating into their programs (Recommendation #3).

Native community acceptance has posed some roadblocks for the Native healing facilities I researched, though for the most part, any active disapproval has been minimal. The Wikwemikong Health Centre has experienced mild community problems associated with their



emphasis on traditional healing in the Health Centre. Dorothy Kennedy, co-ordinator for the Naandwedidaa program, states she hears rumblings from some community members about the traditional healing services offered by the centre, though no one has demanded that the medicine lodge be removed or that the traditional healing services be stopped. Direct criticisms have been made by non-traditional community members. Dorothy Kennedy states that she has heard something to the effect that “people have said that we use too much of the medicines and that we’re being smoked out of the Health Centre” (Dorothy Kennedy). Staunch Catholics in the community are offended that they must deal with the traditional element of the Health Centre each time they visit.

Some of the community reluctance to engage in traditional approaches, rests on historical more than religious grounds. Native attempts to regain control over birthing issues have recently gained more attention in obstetrical and governmental circles. Health professionals have begun to re-evaluated their role in the Native birthing experience. However, the long term influence (and perceived safety) of western obstetrics and hospital births has posed a challenge to traditional midwives. Native women have been taught that the safest birth is a hospital birth. Though these women may be traditional in every other way, they draw the line at traditional birthing practices. Patricia Salas credits Native women’s reluctance to access a traditional midwife to the persistent role of western obstetrical care and the control they have had over Native birthing experiences and practices. The biggest obstacles the Birthing Centres must overcome lie in trying to unravel the history of western obstetrics, re-teaching Native women about the value of traditional midwifery and convincing them of its safety.

While most healing centres I visited have not experienced problems with acceptance from the non-Native community, the Enahtig Healing Lodge almost did not open due to objections from the non-Native community. In December 1995, a proposal to re-zone 112 acres to establish

a Family Healing Lodge and Learning Centre in Tay Township was not granted by Tay council. Though the Healing Lodge took their case to the Ontario Municipal Board and won, this issue demonstrated common misunderstandings and biases. Some Tay property owners who opposed the Lodge fell back on standard Native funding issues, "Ask anyone who has had their social assistance cut off if they think that an operating budget in excess of \$500,000 if [sic] a minor institution, as we are being led to believe?" (Free Press [Hill], Dec 20, 1995); "Sheila Burke...questioned the government funding at a time when many people are losing their jobs due to government cutbacks" (Swallows, Free Press). Neither of these responses takes into account the larger picture, specifically the significantly lower health and social status that the Native populace occupies. While this view is understandable, it is nonetheless myopic and reactionary. From a long-term vantage point, funding used to support this healing centre may reduce some of the Native population's future utilization of primary health care. For instance, a troubled youth who visits this centre may acquire the tools and knowledge necessary to send them on a healthier life path. Other residents expressed concern about the 'healing' aspect of the centre and fears of what kind of people the Lodge would draw into the region. Ms. La-Caille Johnson summarizes the situation when she states:

*I know there was an awful lot of fear-mongering going on. Inciting the people to be afraid of what we'd be doing here. They thought we'd have dangerous people here and that it was going to adversely affect their community. When it was called a 'Healing Lodge,' they wanted to know what was wrong with these people. There was a lot of assumptions, a lot of misinformation.*

Under the above conditions, it would be questionable whether the township's opposition was based on the fact that the healing centre was Native or that it was felt to be a misuse of valuable government funds. However, the credibility of the town's objections become suspect when one considers that, while Enaahdig was engaged in this battle, plans for a young offender's 'boot camp' in the same township were introduced. This addition to the township was not contested.

This apparent lack of concern for a 'boot camp' is curious given that one would think that a juvenile 'boot camp' would spark more concern than a Native healing centre.

Most of the objections forwarded by non-Native community members were fueled by a fear of the unknown and a general lack of awareness of Native healing and health issues. Their objections to a holistic, traditionally-driven Native Healing Lodge were arguably driven by what they perceived to be preferential and unnecessary treatment. A 'not-in-my-backyard' mentality could also have been a contributing factor to their opposition, though this position is less likely considering the general acceptance of the 'boot camp.'

### *[Relationship Between Traditional Healing and Western Biomedicine]*

Emerging in many health settings across Canada is a dual relationship between modern biomedicine and what are being termed as 'alternative' healing practices. Though not accurately referred to as 'alternative,' traditional Native healing practices are encompassed within this duality. On a conceptual level, this duality can be problematic because in many cases "the two groups embrace distinct and perhaps intrinsically incompatible world-views or paradigms" (Green 1988:1126). In Canada, Native healing knowledge has only become more visible and acknowledged in the last decade and a half. While it is clear that the relationship between these two health care systems is changing, what remains to be determined is in which direction this relationship is headed. None of the health facilities I visited strive to offer traditional healing methods in lieu of, or at the expense of, western health methods. Neither is it their intention to impose traditional practices on the Native communities they serve. On the contrary, many of the people I spoke with stress the importance of having both systems available and existing in a non-contentious environment. Ron Wakegijig, a traditional healer, reflects this notion when he states that "western medicine is not trying to outdo us and we are not trying to outdo western medicine. We are on a level playing field."



Of the eleven healing centres I visited, all incorporate traditional healing approaches with western forms of healing. This relationship exists in both a clinical and, what might be referred to as a 'mental health,' environment. The Wikwemikong Health Centre and the Mindemoya Hospital, where there are cross-referral systems in place, would be considered clinical settings. Enaahdig Healing Lodge and the Nimkee Healing Centre would be examples of 'mental health' environments, where the combination of traditional and western approaches are apparent in the treatment process and in each centre's mandate. However, the integration of a dual approach to health care in these centres varies. For example, Anishnawbe Health Toronto provides parallel primary care which offers clients the choice *between* western and traditional healing services (that is, they don't homogenize or collapse the two approaches), while a centre such as Enaahdig blends the two approaches together (e.g., 'Aboriginal psychology').

When asked about their experiences and perceptions of the relationship between the two systems, most respondents appeared very positive. One respondent, however, feels that these two conceptual worlds are mutually exclusive, "Spirituality is separate from, and can never be mixed with the pure applied sciences. They are two separate things. They don't go together. They don't go hand in hand. They don't even complement each other." This statement was given in a philosophical, rather than an applied or practical, context. Few respondents reported any major barriers with the working relationship between the two healing approaches. I found this reaction quite interesting, given the turbulent relationship the two systems have experienced in the past. It is quite possible that the positive reaction I received reflected the occupational position of my sample (that is, all respondents are involved with traditional health care delivery). The only noticeable problem encountered in the working relationship of the two systems was inferred during a conversation with a health care worker. This respondent indicated that there were several physicians in the community who felt that the inclusion of traditional healers in the local hospitals



was inappropriate and unnecessary. This situation was not considered a major complication, as most community members were aware of these physicians' opinions and therefore did not seek their care. While not a critical problem presently, it would be beneficial to explore the reasons why some physicians are uncomfortable with traditional healers and their practices (Recommendation # 4). Teasing out the roots of this disapproval may provide clues to ways of improving the relationship in the future.

Many healing centres are witnessing the benefits of a dual approach to health care and are very optimistic about the future of this relationship. In many ways, this relationship can work toward improving the delivery of health care by providing people with a choice. Increased focus on client participation in health care decisions (e.g., seeking out an appropriate health provider) encourages the development of self-reliance, while promoting responsibility and control over one's health and well-being. Through a cross-referral system, both physician and traditional healer can work together to ensure that clients receive appropriate medical care. As a respected healer, Ron Wakegijig is able to guide clients who are reluctant to visit a physician to seek out western medical advice. Similarly, western physicians can refer Native clients who are seeking or who could benefit from traditional care to the appropriate source. Clients who have been reluctant to disclose their use of traditional therapies (e.g., herbal use) with their physicians may feel more comfortable revealing this information. Co-operation prevents both practitioners from offering incompatible or dangerous combinations of treatment to their clients, such as medicines which are contra-indicative. Open communication between the systems provides physicians and healers better opportunities to provide effective health care to shared clients.


As suggested by the growth in the number of environments where both healing systems are utilized, few would argue that the relationship needs to be explored further. In fact, participants who testified in the Royal Commission state that, "the integration of traditional

healing practices and spirituality into medical and social services is the missing ingredient needed to make those services work for Aboriginal people” (RCAP Gathering Strength - Traditional Health and Healing Appendix 3A). Negotiating the relationship between traditional healing and the conventional health sector is a task not easily accomplished, nor is it a new task. O’Neil (1988:29) contents that the process of negotiation and re-negotiation has evolved through numerous stages characterized by curiosity, hospitality, indifference, intolerance, and collaboration/consultation. No doubt current negotiation can be described by the last characteristic. There are many stakeholders involved in the decision and policy-making process including health care providers (biomedical and traditional), funding agencies, both government and private, and the Native communities themselves (which include traditionalists and non-traditionalists). The respondents I consulted represent just one branch of this large matrix. Determining the relationship between traditional and western medicine requires consideration of numerous complex and multi-dimensional issues and questions. Issues which must be addressed include how traditional healers will be recognized (e.g., a central registry), dealing with physicians not willing to work alongside traditional healers, or who would have last say on patient care (apart from the client themselves). Epistemological discrepancies must be dealt with such as differing definitions of illness and differing explanatory models. An example of differing explanatory models may include traditionalists viewing suicide as a disease of the spirit, while western practitioners viewing it as a mental or emotional defect. These differences present potential areas of conflict, conflict which will undoubtedly test the collaborative bond.

The literature which addresses this debate often revolves around the question of how this relationship should exist. Various paradigms have been constructed as possible working relationships including various levels of collaboration (O’Neil 1988), integration (Wheatley 1994; 1991), and how they can be complementary (Rappaport & Rappaport 1981). An overlap of

concepts is found throughout these paradigms. Some models argue that both systems must operate independently, while others advocate a more integrative approach where traditional healing becomes part of the western health care model. Having surveyed different healing environments, I suggest that a precise relationship between these systems has not developed because of the diversity in healing environments. For example, the relationship between western medicine and traditional healing in a clinical setting may be collaborative, yet independent (that is, where clients may choose which system they wish to access). In healing environments which focus on social or emotional illnesses, the relationship between the two systems may be more integrative (e.g., a counselling approach which integrates traditional values and Jungian psychology). This rationalization implies that there may not be a single organizational model which applies to all healing environments and to the treatment of all health conditions.

One of the most encouraging aspects of this debate is the apparent willingness of participants from both healing systems to engage in constructive discussion. When one surveys the dialogue (particularly documents from the Royal Commission) concerning relations between the systems, one senses an emerging feeling of mutual respect and appreciation. Representatives of both systems appear willing to acknowledge limitations within their own systems, while emphasizing the strengths of others, as the following passage suggests:

It is our belief that because our white man's medicine is very technical-oriented, very symptom-oriented, very drugs - surgery-oriented, that it lacks something that Native medicine has, which we desperately need but don't practise: spirituality (RCAP Gathering Strength - Appendix 3A). 

The communication between healing systems and their willingness to openly explore the other system's existence in relation to their own indicates progress. Dialogue such as this will reveal the rich possibilities of this relationship and the effect it can have on the health and well-being of Native and non-Native people.



## *Conclusion*

In this chapter I began with an introduction into the policy-driven structure of current traditional healing initiatives, followed by a brief description of seven healing centres which incorporate traditional healing and western medical approaches. I conclude with comments on the development and growth of the relationship between the two healing systems. While there has not been a tectonic shift in the working relationship between traditional healing and western biomedicine, many inroads have been made in terms of mutual acceptance and respect. Many health professionals, both western and traditional, are spiritedly exploring how this relationship can operate effectively. Current health policies which support traditional healing initiatives represent a wonderful stepping stone for Native health centres and the Native community. While Native input in the design and development of these programs is increasing, Native health centres should remain mindful of the government's continued control over funding issues (Recommendation # 5). As part of the movement towards self-determination and self-government, they must negotiate a position whereby they have control of their own community health issues and their own healing system. A continued move toward diversified funding and the promoting of a self-sufficient approach, thereby reducing their reliance on government funding, would be a positive beginning.

Current concerns expressed by respondents touched on government funding, the availability of traditional resources, and community acceptance issues. Though respondents agree that the association between western and traditional forms of healing will have to be further refined and re-defined in the approaching years, it is believed this venture will be completed under amenable conditions. However, I feel caution should be exercised when trying to weave these systems together or when trying to negotiate their relationship with each other. The further integration of this relationship, particularly on a clinical level, could introduce issues regarding the



regulation and formalization of traditional healing, a fear which a proportionate number of respondents expressed and which will be introduced in the following chapter. Professionals from both approaches need to navigate a relationship which permits the Native community control over their healing, but which does not compromise the integrity or true nature of Native healing systems.

## **CHAPTER SIX:**

## **EXPLORING THE PATH AHEAD: THE FUTURE DIRECTION OF TRADITIONAL HEALING**

### ***Introduction***

In the preceding chapters I have dealt with the history of traditional healing and the current utilization of traditional healing approaches. In this chapter I look toward the future of traditional healing in health promotion and Native health care delivery, specifically its placement in the larger healing and health environment. I focus on respondents' concerns regarding the future use of traditional healing, how they would like it to develop in the next five to ten years, their thoughts on its current structure, and the role that traditional healing plays in the larger context of Native self-determination. These discussions reveal an emerging model of traditional healing (including its relationship with western medicine) and how this model may evolve to accommodate current changes, concerns, and trends. Questions which emanate from these discussions include: How do Native communities regain and retain control of their health and healing systems? How can traditional healing systems be protected from the control of government and medical agencies, or should they be? In what direction should the two healing systems move? Given the growing attention, utilization and acceptance of traditional healing practices within public and professional circles, these questions are timely.

In this chapter I address respondent's attitudes toward these issues while lacing them together with constructive ideas for potential movement. By examining respondent's concerns and wishes, I extrapolate the information needed to propose relevant and effective recommendations for the future. Three themes introduced in the preceding chapter serve as centrepieces to the following discussion. These themes include the availability of traditional resources, the relationship between traditional and western approaches to healing, and the

relationship between traditional health systems and the Canadian government. It is important for all levels of government and the dominant medical system to recognize and respect the role of traditional healing. However, any changes to traditional health systems should be encouraged, motivated and accomplished by the Native community and should evolve according to Native needs. Part of this process requires Native governments, communities, health organizations and health providers to critically evaluate traditional healing and decide what place traditional healing will have in the Native health system.

### ***Concerns Regarding the Current Use and Delivery of Traditional Healing***

Respondents indicate two main concerns about the future of traditional healing, concerns which are closely tied to past and present experiences. The current shortage of healers and the persistence and growth of 'charlatan' healers are felt to require immediate consideration by Native health providers and by the Native community in general. These situations, alone or in combination, could effect and possibly endanger the future direction of traditional healing. A discussion of these concerns is directly linked to the subsequent discussion on the validation, regulation and formalization of traditional healing approaches.

#### ***Shortage of Healers***

*They are a scarce resource among our people. We are looking at how we can replenish them. We discuss with our traditional people [and] they challenge us and say 'what are you going to do when I am not here? What are your strategies?' (Joe Hester)*

As suggested in the preceding chapter, the availability of respected healers in southwestern and south-central Ontario is limited; this situation is not favorable given the growing number of referrals to healers. According to respondents, this shortage is acutely felt in urban environments where the ratio of healers to Native people is particularly high. The dilemma created by having few healers available to provide services is comparable to the loss of Native

languages; both forms of cultural knowledge are difficult to resuscitate once the teachers have passed away. While the last chapter indicated that the scarcity of traditional healers was an obstacle to accessing traditional healing, this section will approach the shortage of healers as having a bearing on the future of traditional healing.

Currently, there is no formal, organized system to support the growth and continuance of traditional healing practices on a regional, provincial or national level. Today's system for ensuring the continued existence of healers is the same system which has been used in the past. Healing knowledge is past down verbally from generation to generation, from mentor to student. Past research indicates that there is an overall concern for the relative lack of interest Native youth display toward learning about traditional medicine (Waldram et al. 1996:226). Respondents I interviewed appear to have a much more positive outlook. The majority perceive a growth in the number of individuals, specifically youth, coming forth and wanting to learn traditional healing ways and apprentice with healers. These respondents, however, have a different set of concerns, as they believe there are factors which impede the emergence of the future generation of healers.

With greater emphasis placed on returning to traditional ways and the increasing demand for healers, respondents worry that there are an insufficient number of healers to meet future needs. Individuals with a genuine interest in pursuing a traditional healing path may not be connected to traditional people, they may experience logistical problems between themselves and potential mentors, or they "may not be connected with the culture enough to know where to turn" (George Renfrey). The overall shortage of healers further compounds these complications. Healer's time is often spent 'doctoring' clients, picking medicines, or engaging in non-healing activities (e.g., alternate employment), leaving little time for mentoring. Alberta healer, Russell Willier, states that "if he were to rely solely on his income as a medicine man he would not be able to support his family. He is forced to engage in a variety of activities in order to supplement



his income from doctoring” (Young et al, 1989:81). Individuals who are drawn to traditional healing ways may not be in a position to support themselves throughout the subsequent years of apprenticeship. As Blanche Meawassige states, “Maybe it is a dream [finding more healers] because who, today, can really afford that. To just get up and go. How do you sustain yourself?” This situation is further complicated by the observation that, as mentioned earlier, communities are not as supportive as they once were. Healers and apprentice healers must be innovative in their need to be self-reliant. There are few, if any, community grants which support the teaching and healing work of healers (Recommendation # 6).

The connection between a healer and a prospective apprentice does not guarantee success, as not all individuals have been gifted with the skills necessary to become a healer. Ron Wakegijig states that it is difficult to find a person who has been granted the gift to heal *and* who is able to achieve the spiritual and ceremonial level of healing. His experiences with finding and selecting<sup>22</sup> an appropriate apprentice have often been challenging and disconcerting:

*A lot of them struck out very early in the game. They found out how labour intensive this work is. How much knowledge you have to have before you can even begin to make medicine....[T]he way I will find out if a person is cut out for this is maybe today I will show them five plants and I will tell them what they are used for. Then I will wait, maybe a whole year. Then I will send him back next summer to get me those five plants I showed him last summer and tell me what they are used for. If they fail, it is disappointing.*

Ron realizes that not all people are capable of reaching the spiritual and ceremonial level of healing. These gifts, according to Ron, are not easily found in prospective apprentices. While one may not have the necessary ‘gifts’ to become a healer, they can occupy an equally important role in the healing tradition. Traditional healers often rely upon helpers to assist them in conducting ceremonies and in ensuring the supply of medicines. Helpers who learn about the medicines (e.g., what they are used for, where to pick them, and how to pick them) and the ceremonies (e.g., how to construct a sweat lodge) represent a valuable resource. Helpers possess

knowledge that can be passed on to future generations.

There is concern that the number of interested individuals is insufficient to sustain the physical and spiritual knowledge as respected healers slowly pass away. As Ed Connors suggests that the group of interested youth “is not as large a group as the numbers of people who are starting to seek those forms of healing.” Though the number of individuals drawn to traditional healing (as a life path) is increasing, one must ask whether or not today’s healers and apprentice healers will meet the growing demand. If not, how can Native communities and agencies facilitate the preservation of traditional healing knowledge and practice? The Aboriginal Nurses Association of Canada (ANAC), working in the interest of the Royal Commission on Aboriginal Peoples, were unable to resolve the issue of the preparation of healers, as the “healers rejected a formalized process for the preparation and training of healers” (ANAC 1993:15). Further discussion of the issue was recommended. Though not stated clearly in the document, I speculate that their rejection stems from the belief that training of healers cannot and should not be placed into a structured, pre-determined model. However, accommodations must be made to meet the increasing demand for healing services (Recommendation # 7).

Respondents identify several root causes underlying the current shortage of healers: healers today are typically over-extended and possess limited time to mentor (thereby not passing valuable information onto the next generation), the social support system which previously ensured that the healer’s needs were provided by the community is not as strong as in the past, and the number of healers in the past were insufficient to increase the numbers of healers needed today. Respondent’s are concerned about the current shortage of healers, but more concerned with how this shortage will affect the future. With these root causes in mind, one must ask if there is a culturally-appropriate way to create a new climate which would be conducive to increasing the number of healers. Encouraging young children (who are eager) to learn about traditional healing

ways would help increase interest. The development of accessible (e.g., logistical and financial) apprentice programs across Ontario would be a positive step. Though in its development stage, Joe Hester acknowledges that Anishnawbe Health Toronto is involved in introducing a traditional healer's apprentice program. While the details of this program remain unspecified, the program would be aimed at recruiting and training individuals in traditional healing methods. How this program would be structured (e.g., who would provide the training, how individuals would be chosen, and how individuals would be supported) are 'strategies' which still need to be explored. Strategic placement of apprentice programs across Ontario could bolster the future availability of healers. Increased community-based grants designated to support apprentice healers may be another avenue to explore (Recommendation # 8).

While there is a fear that certain elements of traditional healing knowledge are in danger of being lost, there appears to be agreement that many aspects of traditional healing will always exist. This endurance is attributable to the integrative quality of traditional healing and its interwoven relationship with Native philosophy, cosmology, and religion. There will never be a terminal loss of traditional healing knowledge, but certain areas of traditional healing are at greater risk of declining. The 'spiritual' and ceremonial level, which Ron mentions, is one area which no apprentice program or grant system can provide.

#### *Unscrupulous 'Healers': The Dark Side of Traditional Healing*

*I remember one time I used this analogy [to describe two different types of healers] about how you make mashed potatoes. It takes you time to peel, take the eyes out, cook them, to mash them nice and creamy and smooth. That's the way a healer should be. They take time to learn and hone their craft. And, they will always admit 'I don't know everything, I am still a student myself.' But, then you have the instant potato. You just add in a little milk and whip it around and you're ready to be served and eaten (Blanche Meawassige).*

'Popcorn' healers, 'Kmart' healers, 'plastic medicine men,' 'instant' healers, or charlatans.

Whichever name is used, respondents perceive these individuals as potential threats to the current

and future practice of traditional healing. Though the perceived degree of threat varies between respondents, all agree that these individuals are capable of causing harm to the reputation of traditional healers and traditional healing methods. These self-proclaimed healers have the potential not only to injure (physically, emotionally, and spiritually) those people who place their bodies and faith in the healer's hands, but to jeopardize people's faith (Native and non-Native) in traditional healing systems. They also have the potential to undermine the health workers who arrange and encourage traditional healing (Christina Taibossigai). Ron Wakegijig, for example, sees the practices of these healers as presenting a severe threat to all that he has accomplished, "It took 20 years to get where we are at. All it would take is maybe one or two of these guys to destroy all that hard work. They could destroy our work overnight." These healers are identified as people, either Native or non-Native, who abuse the healing knowledge they have been given (by the Creator) or have misappropriated from Native culture. The 'bad medicine' they practice or their incompetence can be rooted in malicious intent, cultural ignorance or a combination of both (see below).

According to respondents, an 'authentic' healer can be identified using several criteria. A true healer does not accept or demand large amounts of money<sup>23</sup> for performing ceremonies, providing counsel, or dispensing medicines, such as "if you are a Native person and you are running a sweat lodge and charging \$800.00 for a sweat, then you are exploiting it whether you are Native or non-Native" (Nena LaCaille-Johnson). A healer tries to improve one's outlook on life and attempts to educate and encourage a healthy lifestyle and to follow a positive road of life. The motivations and ambitions of so-called 'Kmart' healers tend to be more self-serving and oriented around money and attaining recognition. Respected healers such as Ron and Derrick perform their healing work with modesty and see themselves as conduits for the Creator's work. Recall that it is against cultural protocol for healers to admit they are healers. Moreover,



‘authentic’ healers do not promise to cure diseases or make claims to treat all physical, emotional and spiritual conditions.

Respondents describe three main categories of ‘Kmart’ or charlatan healers. One category includes those individuals who have discovered or re-discovered their Native heritage and traditions and become ‘instant’ healers. Rosella Kinoshameg, a registered nurse from Manitoulin Island, believes these healers represent a danger to Native healing knowledge and practice:

*People who become medicine men overnight. Yes, there is a danger of that. Sometimes when people rediscover [traditions], all of a sudden they jump into it almost with blinders on. You forget about everything else and you just get tunnel vision. When people do that I think there's a danger. You hear of people who weren't aware of their traditions and all of a sudden they go to some of the ceremonies, it's almost like overnight, and all of a sudden, they're a pipe carrier.*

Some people will attend a sweat lodge or healing circle and pick up pieces of the Teachings and then proceed to use this knowledge on their own for profit or notoriety, or both. These self-proclaimed healers often have little background in traditional healing and medicine and have not developed the experience and wisdom necessary to treat people effectively and safely.

“There are Native people that will jump on the bandwagon and say ‘yes, I’m a traditional healer, I’m a spiritual man, I’ve got the Teachings’ and they will charge people to go into sweats”

(George Renfrey). This type of healer can extend to include those who write popular, ‘New-Age’ type books. Authors of these books may be Native or non-Native, healers or non-healers. On a benign level, these books bow to the image of Native people as earth worshipers, genetically-endowed with knowledge of the land. And, as Warry (1998:24) suggests, they promote the notion that Native people are seen “as fundamentally spiritual people, as healers, and as people who can provide something to whites that is missing from our society.” Cultural damage can be committed by these works as:

revealing spiritual knowledge to outsiders can destroy its sacredness or twist the meaning of teachings; inappropriate imitation of a community’s cultural practices, such as that indulged in by some new age groups, is a blatant misrepresentation of

Aboriginal culture, weakening the teachings in the eyes of both Aboriginal and non-Aboriginal people (RCAP, Gathering Strength)

More insidiously, these books are oriented around selling Native healing knowledge and philosophy, often with notions of power, control, and Native mysticism being used as key selling features. A quick survey of the titles of books currently available, as well as the background of the authors, reveals this emphasis. Titles such as “Gift of Power: The Life and Teachings of a Lakota Medicine Man, (1992)” “Dreamwalker: The Path of Sacred Power (1993),” and “Beyond the Lodge of the Sun: Inner Mysteries of the Native American Way (1997),” indicate a motivation (on the author’s part) to promote the sale of these books by catering to the demands of the readers, rather than the promotion of traditional Native healing. Books which offer opportunities for power and control do not necessarily promote or reflect traditional ways. Depending on the context, the subject of power can refer to control that one gains over the self (e.g., self-control = self-healing) or can refer to mastering control over others. The latter of the two is not supportive of traditional Native value systems.

Another category of ‘Kmart’ healers includes a more dangerous class of healers, those who jeopardize their client’s physical, emotional and spiritual well-being for financial or narcissistic gain. According to Ron Wakegijig:

*There are some charlatans that visit communities...they go around promising cures for this and that, even AIDS....I get pretty cheesed off. I feel like wringing some of these guy’s necks. In fact, I told one guy ‘I don’t ever want to see you making that claim again about curing AIDS.’ I had him removed from this community because he was speaking falsely to a lot of people.*

These healers take advantage of people’s desperation and desire to regain their health. There are also healers who may be community-sanctioned ‘authentic’ healers, but perform ‘bad medicine’ or behave inappropriately. Dr. Ed Connors recounts one incident in which he was involved in a legal capacity, where the behaviour of a traditional healer in Manitoba was brought to the courts. This healer was said to have behaved in many non-traditional (e.g., claiming to be able to ‘heal,’

demanding substantial sums of money for his services, and employing fear and mind manipulation tactics) and criminal ways. Dr. Connors recalls that one victim had been sexually assaulted by the healer's son and, in the name of healing, had been subjected to a traumatic 'initiation' and 'teaching' experience.

Bad medicine is not a recent addition to traditional healing philosophy. Indeed, it is an integral part of spiritual traditions, as it can be used as a causative explanation for illness, disease and bad luck. In many Native traditions, bad medicine is seen as a "means of expressing anger, hostility or jealousy against another" (Garro 1990:438). However, respondents are concerned with how it is being used and interpreted. A recently publicized incident of 'bad medicine' surfaced in Gore Bay on Manitoulin Island in the spring of 1997 during the "bearwalking" trial of Leon Jacko. According to the Ojibway spiritual tradition of Sacred Bear Medicine, a bearwalker (*mukwo-bimossae* - bad spirit medicine) is an evil spirit who is called out of the wilderness by someone who practices bad medicine<sup>24</sup>. Bearwalkers are believed to have malevolent powers which they can use to cause misfortune, illness and death. Leon Jacko's defence rested on the claim that Jacko believed the man he killed, Ron Thompson, was a bearwalker and that he had killed him in self-defence. After nine days of trial, the court accepted Jacko's defense claim and he was absolved from all charges. Apart from the many legal and judicial implications of this case, when examined from a Native healing point of view, several issues arise. I asked respondents familiar with the case to comment on their perceptions of the case and its outcome. While one respondent feels that the acknowledgment of Native spiritual beliefs by the judicial system was a step forward, others express concern that this case could trigger residual, long-term problems, "The case sets a bad precedent. There is a strong potential for this case to be misused in the future" (Christina Taibossigai). Rosella Kinoshameg holds a similar fear, "It leaves you with the question, will other people say this? Will it be used as an excuse?" Respondents

unfamiliar with the case, but who had sensed people's reaction, state that many community members were similarly alarmed by the verdict and felt that it was very damaging to the Native community. The outcome, and the media's treatment of the trial, was felt to inject further misunderstanding of Native beliefs into the non-Native population. More critical was the concern with how the Native and non-Native population would treat 'bad medicine' and bearwalking in the future. According to respondents, the potential misuse of Bear Medicine (e.g., using it as an excuse) would serve to undermine the virtue and validity of this belief system.

Presently, the accreditation of healers is conducted as it has been in the past; through informal channels of community and cultural acceptance. In a small community, most members are aware of, either through past experience or gossip, the respected healers in their region. These community networks monitor the practices of known healers and sanction inappropriate practices by not referring clients, friends, and family members to 'bad' healers in the future. In this environment, healers cannot be insulated from community opinion. For those individuals who may not be familiar with the reputation of local healers, they may rely on the health facility they access to help inform them. Because the Teachings are believed to be coming back and there is a growing awareness of cultural traditions, people are becoming more discerning. While community-level monitoring may be effective, it does not account for certain circumstances. This system is ineffectual in dealing with: healers from other communities or 'traveling' healers who do not belong to a local community; Native and non-Native people who have little traditional knowledge and who cannot distinguish between 'good' and 'bad' healers; individuals not living in a close-knit community and without direct access to a health facility; individuals living in large, urban environments and, finally; individuals seeking healers outside of their region for illness-specific services. In effect, the current system does not always protect traditional healing clients.

How dangerous are the practices of these 'Kmart' healers to the reputation and future of



traditional healing? What can be done to ensure the safety of individuals and to protect the reputation of credible healers, and the healing knowledge itself? Or, does anything need to be done? There is a belief that “fraudulent healers will be taken care of by a natural or metaphysical process” (ANAC 1993:15). Nena LaCaille-Johnson states that although she has “a lot of faith in the Creator balancing things out,” she recognizes that another approach needs to be adopted to accompany community level accreditation because “the world is bigger and it is much easier [for ‘Kmart’ healers] to be anonymous.” This creates a difficult situation, as the increasing demand for the services of healers may indeed further promote the growth of charlatan healers as these healers fill the gap in supply. George Renfrey underscores the uncertainty echoed by other respondents when he states, “We may be heading into the area of regulation which I would like to see avoided. On the other hand, there are a lot of people running around claiming this and that and they just don’t walk the talk.” Respondents draw a connection between these healing practices and possible future initiatives, as discussions about ‘Kmart’ healers were often followed by the issue of regulation. The following section examines these questions further, contextualizes them within respondents’ views and current literature and discusses how the current model for validating and managing traditional healing and healers could be complimented.

### ***The Growing Organization of Traditional Healing: Issues, Debates and Suggestions***

*We have Native people who do that too - who abuse power. And, certainly people in the position of healing have a certain amount of power. We've talked about how we're going to regulate our healers. The Aboriginal communities and organizations haven't come to a definitive answer there either but we're looking at how to regulate so that we don't have bogus people out there doing it for their own reasons and taking advantage of people. (Nena LaCaille-Johnson)*

How can traditional Native healing knowledge and clients be protected from those ‘healers’ who abuse the power they have been given by the Creator or their clients? Would systems directed toward recording, monitoring and certifying traditional healers and traditional

healing practices be appropriate or even necessary? If changes are to occur in the organization of traditional healing, who should control the decision making process - the government, the Native community, or a larger medical authority? The processes of regulation and formalization mentioned above are not *typically* accepted as viable options by the Native community, particularly if this control is being exercised by non-Native agencies. The issue, and some may argue the threat, of regulation is one which most respondents have considered. The issues of regulation and formalization are closely tied with issues of external control over Native health and health care delivery. Current beliefs and fears regarding control issues are linked directly to the control the government and the biomedical system has exercised in the past. However, the concern expressed by many respondents is that something will happen (e.g., someone dies at the hands of a 'healer') which will justify non-Native involvement and invite the external regulation and control of Native healing traditions. One may argue that isolated incidents of 'bad healers' will not result in provincial or national demands for the re-evaluation of Native healing practices. However, public attention and public outcry grow out of small seeds and it would only take one high profile case to bring the current arrangement (e.g., legislated exemptions) into question. There is also concern that healers be protected from prosecution and they be provided malpractice insurance. In the following subsections, I review issues pertaining to the formalization and/or regulation of traditional healing. I discuss problems that are associated with regulation and formalization and what could go wrong with the implementation of these processes. I then proceed to suggest possible options which may be acceptable to Native people, non-Native organizations, options which are congruent with Native tradition. The options I present are based on respondents' suggestions, methods that are currently being employed, my own input, or a combination of all three. I discuss how Native communities and health agencies can protect clients, healers, and the healing traditions themselves, while promoting the understanding and

growth of Native healing traditions.

It is important for the Native community to consider these issues not in response to the fear of what could happen, but as part of the ongoing process of self-determination. Recognizing the dynamic process of traditional healing and determining which direction the communities wish to see traditional healing moving are important steps in maintaining control over the most essential element of human life, health.

### ***The Regulation of Traditional Healing***

*One argument for developing legislation and professional standards for regulating and accrediting traditional practitioners is that in cities the size and heterogeneity of the population, and the presence of large numbers of Aboriginal and alternative practitioners, restricts the ability for [sic] the community and recognized healers to monitor and control practice. A second argument focuses on the frequent necessity to travel long distances to see a traditional healer who specializes in a particular health problem, and the difficulties of attaining information of this person. (Kaufert, 1994)*

The *Ontario Health Professions Act, 1991* permits certain health professions, which include Native healers and midwives, the privilege of self-regulation. Traditional healers and midwives “providing traditional healing (midwifery) services to Aboriginal persons or members of an Aboriginal community” (RHPA 1996:13) are exempt from the Act. In this manner, both practitioners and their practices lie outside the control of the conventional health care system and the government. They are not included in the list of sanctioned health professionals and are exempt from medical licensure, certification or registration requirements. The *Midwifery Act, 1991*, allows traditional midwives to practice without legal sanction. Traditional healers, Elders and midwives in Ontario are also “protected from government regulation” under the Ontario Health Policy. However, as Waldram et al. suggest, this policy statement is vague and unclear, specifically, the nature and limitations of this “protection” (Waldram et al. 1996:224). Does this “protection” extend to civil litigation and criminal actions? It would be advisable for the

traditional healing community (providers and clients) to assume that these exemptions are not guaranteed to remain or that they may be modified in the future.

The term 'regulation' in relation to traditional healing implies policies of surveillance, control, and sanctioned punishment, whether enforced by a large Native organization or a government or medical body. Respondents are skeptical of the former and frightened by the latter. In terms of government regulatory control, Anishnawbe Health Toronto "has the perception that there is an associated 'major issue of liability'; an issue of being susceptible; of being under obligation; at the mercy of what 'outsiders' can do about how the centre functions. The autonomy of traditional healers' knowledge and skills are undermined. They and the health centre remain in a dependent position" (Hooper 1994:235). Dependency on an outside system, particularly one which does not conceptually-agree with Native tradition, is perceived as a genuine threat to the integrity of traditional healing and the welfare of the Native community. At a 1994 IRDC conference on traditional healing it was argued that "legislating and 'policing' traditional healers and healing practices...would force some practitioners underground and erode the traditional knowledge and referral networks which currently regulate practice" (Kaufert 1994). Respondents fear that if the government began to assume responsibility and control over Native healing, it could undermine the control of health and health care that Natives have begun to assume, and could undermine the accomplishments made by the self-determination and self-government process.

Suggestions of community regulation (including some or all of the methods of formalization mentioned in the following section) of traditional healing can be treated with skepticism. Respondents question the motives behind regulation such as whether it is being considered as a future attempt to placate the western medical establishment or the Canadian government? Is it being considered in the best interests of the Native community? As suggested



by Ms. LaCaille-Johnson, community regulation would deal with the 'big world' out there where it is easy for 'bad' healers 'to become anonymous.' Ed Connors recounts the discussion which followed the revelation that a traditional healing program entitled *Flying On Your Own* had spawned 'Kmart' *Flying on Your Own* trainers who received money for their services. This discussion centred on seeking answers to very critical questions:

*How should we deal with this? And, after they discussed at length the solution that they came to was, if we regulate it then do we really control it? Do we really have any more control over it? Is this the way we really handle this kind of thing in our communities?... When you regulate and people are not registered or qualified, if they really want to get around the system, the regulation doesn't stop them. The system is only as good as its monitors. When we create these regulations and the registration process we start to rely upon that and think that we are safe because we have registration. It is a false sense of security.*

Dr. Connors is not suggesting that government or medical regulatory control (e.g., The Ontario Medical Association) over traditional healing would be more successful than community regulation. In fact, the argument that is presented here is that regulation does not guarantee security, or even protection. Further, it is questionable whether regulation, as structured by western models, conforms to Native epistemology. O'Neil & Postl (1994:81) argue that "traditional healing... is not a system that can be regulated by community, band, or tribal governments in the way that the Canadian state can regulate the institutions of colonial medicine. In fact, in some communities, it is more likely that various levels of Aboriginal government will be regulated by the authority structure of traditional medicine." Any attempt to legitimate or 'apply' Native healing traditions to western conceptual frameworks would be met with a constellation of incompatibility problems. While I agree that traditional healing cannot be regulated and monitored in the same tradition as western scientific medicine, I feel strongly that some policies or codes of conduct can and must exist at a community, band or tribal level, though in a modified, culturally-relevant and informal format. Native healing practices must reach a position where they are acknowledged by government and dominant medical bodies, but left to

the management and 'self-regulation' of Native people themselves. Several of the health centres I visited have adopted, or intend to adopt, policies aimed at ensuring their clients are consulted by respected healers. An outline of these community-level solutions follows a discussion on the debate of formalizing traditional healing.

### *The Formalization of Traditional Healing*

The term 'formalization' is understood as an organized movement toward recognizing and promoting traditional healing. This effort could be undertaken by Native agencies, non-Native agencies alone or in combination. Indeed, in the past five or six years, there has been significant discussion by Natives regarding whether to formalize traditional healing in order to make it more accessible (e.g., ANAC conference). Formalizing traditional healing might include introducing processes for preparing and training healers, compiling a centralized identification and descriptive list of healers, documenting and recording healing practices and medicines, the formal structuring of the collaboration between traditional and western medicine in a clinical environment, introducing mechanisms for validating and evaluating healers, promoting mainstream courses on Native healing in post-secondary facilities, or the standardization of medicines and treatments. Many of these initiatives fall within western models of codification, models which are felt to be incongruous with Native healing traditions, and Native cultures in general. Focus groups conducted by the North Shore Tribal Council (NSTC) "revealed that people consider it inappropriate to formalize or institutionalize traditional healing *at present*" (Warry 1998:116). The Aboriginal Nurses Association of Canada reached a similar conclusion, "Although Aboriginal ceremonies and rituals are structured in themselves... Aboriginal healers cannot practice within a structured environment. Therefore, the biomedical systems of training and standarization would not be suitable" (ANAC 1993:15). Only one respondent felt that standardization was appropriate and necessary in order to *avoid* risking the loss of the exemption clause, "Right now, because it is

under an exemption, there this no standardization of what the qualifications are for Aboriginal midwives. So, we feel it does need to be standardized or else the public could be in danger or somebody could endanger the exemption by doing things that are unskilled” (Patricia Salas). However, Salas did not suggest how standardization would be structured or how it should be accomplished.

Each attempt at formalizing healing knowledge introduces a host of concerns. Waldram et al, advocate against formalization because they speculate that it would be proceeded by even more demand from clients, Native and non-Native (Waldram et al. 1995:224). The availability of the names, services and locations of healers would increase the client load of an already taxed body of healers. This situation may eventually correct itself if initiatives to increase the number of healers (e.g., through apprentice programs) were successful. However, the interim ‘health’ of traditional healing and healers is an important consideration. One would have to consider whether formalization would in fact interfere with Native people’s access to healers? One respondent recalls attending a lecture given by a Native healer at a university. Following the lecture, the healer was overwhelmed by students, principally non-Native, asking him questions. The Native students in the audience were unable to access the healer because it was not in their nature to storm to the front of the room. Though an anecdotal account, one may ask whether a similar situation would arise if healers and their services were broadcast to the non-Native population.

The introduction of formal models designed to validate traditional healing systems and practitioners may conflict with cultural sensibilities. As mentioned earlier, healers are validated by community acceptance and not by a large, regulatory board. A system designed to validate healing knowledge and practice would necessarily have to determine and document its efficacy, a practice which is not appropriate or possible according to Native tradition. A formalized system for classifying Native medicines may be particularly threatening due to the sacredness of these

gifts and the history of not recording medicines. A further threat may include what is done with the knowledge of recorded medicines, as “a regulatory structure for traditional medicinal products immediately begs the question of who will use them?” (McCormick 1988:9). Though the physical properties of Native medicine are only one part of the healing process, they nonetheless possess a powerful element that can be misused. Would a written, and accessible, record of these medicines lead to their misuse and their eventual regulation by non-Native figures (Recommendation # 9)?

An increased strain on natural resources, specifically the availability of medicines, could eventually result from increased demand for medicines. As all Native medicines are organic, and not synthetically blended, their availability is determined by natural forces. The Native way is to take only those medicines one needs, as Ron states, “I take the branch [Mountain Ash] instead of the whole tree whenever possible. Or, if there is a growth of maybe three or four saplings I will take only one and leave the rest for future use...not to clean out the whole place , just to pick a certain amount and leave the rest for somebody that may come along and want the same thing. It [this code of ethics] ensures future growth.” Will increased demand of healers and their medicines, combined with people’s access to Native medicine pharmacopeia, risk the future availability of these medicines? One-by-one, problems can be cited with each effort to formalize traditional healing. There would, of course, be benefits to these policies: an opportunity for Native people to access and learn their healing traditions, the written preservation of healing knowledge, and the possible reduction of fraudulent healers. Weighing the benefits against the disadvantages, one would have to consider the long-term outcome of formalization. Would the “cultural underpinnings of the healing traditions be threatened” (Waldram et al. 1995:226) as Waldram suggests, or would traditional healing traditions continue to flourish?



### ***Overcoming Concerns: Building on Current Methods***

*I know there are these arguments for regulating in order to protect the public from scam artists and even those might produce things that are harmful. I think that there are ways to do that which don't require such, what might be seen as heavy handed, controls. (Dr. Ed Connors)*

Regulation and formalization, whether directed by Natives or non-Natives, are not the generally accepted paths through which to approach the future management of traditional healing. Here, I focus on offering suggestions for highlighting and enhancing culturally-sanctioned processes and practices which have been successful in the past. The common method of validating healers and protecting clients from disrespected healers was, and is, called the “mocassin telegraph or telegram.” This system operates by word of mouth, “Just put the word out there, these people are not qualified and they are not recognized as people who provide this healing” (Ed Connors). The limitations of this system, as discussed earlier, include that it only works at a community-level and within a small health care community setting. It does not assist people who fall outside a community or health facility network, those who live in urban areas or those seeking healers outside their communities, and it does not cover unknown healers.

There are procedures and processes which are currently in place, or in the course of being developed, which attempt to bridge this gap. [The Shkagamik’Kwe Health Centre in Sudbury] is in the process of compiling a resource list and profile of traditional healers. Letters have been sent out to healers and Elders across the region and they are being asked to offer their special gifts to the Centre. While this list will be a collection of known and respected healers and Elders, and will not help to identify fraudulent healers who pass through, it will help orient the centre and its clients to those individuals with credible reputations. For healers who are not known to the Centre, staff will conduct a reference check by contacting the healer’s community. The Enaahtig Healing Lodge and Learning Centre is moving through a similar process. Currently, the centre has a process which all employees must follow, “The people who come here, especially the Elders

who do work here, all of our staff have to have a CPIC done. It is a process you go through with the OPP and RCMP to look at your background” (Nena LaCaille-Johnson). Though not in place, Enaahutig is developing a process where all “unknown entities” are subject to reference checks. Christina Taibossigai, Health Coordinator at the [M’Chigeeng Health Centre in West Bay] wishes to set up a formal criteria, recognized and supported by respected healers and Elders, for traditional healers and the use of traditional medicines. All of these health centres are relatively new facilities and are therefore still in the initial stages of operation. However, they recognize the need to familiarize themselves with the healers to whom they intrust their clients.

On Manitoulin Island, in the late 1980s, Elders and healers incorporated themselves into a network directed toward cross validation, “Each local area has a group of Elders who practice traditional healing. That group forms a close knit association of healers called the ‘Circle Within the Circle.’ Elders are very aware of each others’ practices, cooperate, and provide mutual support through exchange of information, herbal preparations and client referral. Each circle is responsible for the accountability and qualification of each healer to the whole community” (Wakegijig et al. 1988:122) (Recommendation # 10). This system is integrated further by annual or bi-annual Elder’s conferences where Elders and healers from various regions assemble to discuss healing traditions. Until several years ago, similar conferences were held each year on Birch Island for traditional healers. Nationally, the AFN has sponsored a series of workshops for traditional healers from across Canada with the intent to exchange information and network. These conferences and workshops promote the awareness of healing practices while informally establishing an association of Elders and healers. While these systems represent an internal cross-checking mechanism and serve to acquaint respected healers and Elders with each other, they do not apply to fraudulent healers.

How can these systems be improved and enhanced? These systems currently operate, or

intend to operate, independently of each other. Though many people in the field of Native health care in southwestern and south central Ontario are familiar with other health care providers, there is no formal system of information exchange. One avenue to address the concerns indicated by respondents could be through the development of a traditional healing infrastructure which links traditional healing systems together regionally, provincially and nationally. This model would oversee healers and their healing practices, it would serve as a information exchange network, and provide valuable services to individuals outside community circles or in urban settings. A central component of this system would be a list of known healers, both respected and disrespected. This system could eventually expand to include healers from the United States who are known to cross the border. The information which would comprise this list would filter from the Native communities, from healers, health care workers and health centres. Community health centres could compile a list of known healers in the region and identify healers outside of the region. The list would be a slow, on-going process, as new names would continually be added and old ones removed. This system is not remarkably different from the one currently used by health centres and communities, but it places it into an integrated, more accessible context. In many respects, it represents a larger version of the "Circle Within the Circle" model.

Who would manage this system and how would it operate? For Native communities in Ontario, this centralized list could be managed provincially such PTO's as the Union of Ontario Indians, also known as the Anishnabek Nation, a political body which represents 42 First Nations across Ontario (For communities in northern Ontario, the Nishnawbe-Aski Nation (NAN) and Treaty 3 would be suitable). Nationally, the list may be managed by a board of Elders and health providers in three main representative organizations: Assembly of First Nations (status Indians), Inuit Tapirisat Canada (Inuit), and the Metis National Council. Each organization could manage a separate list which pertains to their specific cultural body of healers. The dissemination and

presentation of this information (e.g., whether it be openly available to the public or kept confidential) would be left to the discretion of each managing body. Decisions regarding who could access the information (e.g., physicians, health centres, individual citizens) and how this information be accessed would have to be determined. How healers would be monitored would have to be established by a committee of Native health representatives (e.g., healers, health administrators, nurses, social workers, and Native psychologists). Further responsibilities associated with managing this list could include the provision of information accessible to individuals, healers, communities, and health centres. Relevant information may include cultural guidance on how to approach a healer, how to distinguish a 'good' healer from a 'bad' healer and the provision of information on traditional health values and various traditional healing practices (Recommendation # 11). This information could be readily available to individuals not associated with a community or health centre.

This centralized system would undoubtedly experience difficulties. One could anticipate the myriad of problems which may arise, as this system would necessarily be constructed by numerous stakeholders (e.g., healers, health administrators, health care providers, and funding bodies). This environment could be used as a forum for playing out jealousy and family rivalry issues between healers and between clients and healers. False reporting of healers' behaviour and activities could be used as weapons to damage a healer's reputation. Organizational issues and political struggles may arise and further evaluation and adjustment of the system may be needed. Reaching a consensus on the definition of who is and is not a healer may give rise to internal tension. This concern was alluded to during the RCAP hearings, "how is it decided who can perform certain ceremonies, practice certain rituals, sing certain songs, or organize and conduct healing circles? Who determines the qualifications of those calling themselves medicine people, traditional healers or Elders?" (RCAP 1996b). One would have to consider healers who do not



consent to being included on the list - do they have a choice? One may ask how this 'monitoring' system would differ from a western-based system of validation or regulation. The primary difference is that this system, or something similar, would be developed, implemented and managed by Native people in a way which is culturally appropriate to them. The problems and solutions would be determined by Native people themselves. This is just one idea on how the concerns expressed by respondents could be approached. The communities, healers, health centers, and health care workers may discover alternative ways to protect their health practices, practitioners and clients. Other avenues for self-regulation (e.g., the evaluation, recording, and monitoring) of traditional healing practices could be generated within the Native community. A network which joins the various Native health associations together, including the Aboriginal Physicians Association, Aboriginal Nurses Association of Canada and the Inuit Nurses Association of Canada, could be integrated into the infrastructure. In this way, any system for the accreditation and accountability of traditional practitioners would remain in the hands of the Native community.

### ***If Given the Opportunity...: Respondent's Views on the Development of Traditional Healing***

Respondents were asked one of two questions regarding their expectations for the future of traditional healing with a target date of five to ten years. Asked either to express their aspirations for traditional healing in general, or their specific desires for their healing program, respondent's replies represent a diverse collection. While their expectations appear diverse, they continue to reflect several reoccurring themes which have appeared throughout my research. It is important to explore where Native leaders *want* traditional healing to be and *what* needs to be accomplished to achieve that directive. As administrators, respected traditional healers, educated professionals, and program co-ordinators, the respondents I interviewed hold important seats in steering the direction of traditional healing. Through their collective efforts, members of the

health care community can ensure that the direction of traditional healing be charted by Native people, communities and agencies themselves, and not by dominant medical or government bodies. Respondents identified three main areas where they would like to see traditional healing develop: resources, programs which encourage the survival of healing knowledge, and the further harmony between traditional and western healing models. The latter two areas involve the development of apprentice programs and policies which integrate both medical models. Derrick Pitawanakwat, a traditional healer from West Bay, for example, would like to see registered nurses educated in traditional diabetic medicines.

The respondents' desire that more traditional healing resources be available in the next five to ten years is strongly related to the difficulties they are currently experiencing. Specifically, they are concerned with the availability of resources in relation to the demand for those resources. The gap in resources includes health staffing such as healers, nurses and traditional people, as well as physical resources including the enlargement of facilities and an increase in the number of healing environments. Within the next decade, respondents would like, in some way, to be assured that traditional approaches will remain available to Native people and that the option to choose their healing paths (whether through traditional or western approaches or both) will be preserved. It is believed that an increase in the availability of traditional resources will guarantee the existence of both conditions.

Respondents expressed the wish for an increase in the number of people interested in pursuing traditional ways, and one respondent even anticipates that there *will* (despite the concerns mentioned earlier) be more healers in the future, "there are a lot of young people who are looking towards traditions, starting to learn the medicines and learning traditional healing, entering the Midewiwin Lodge, for example. There are more and more young people who are interested in that. I see that as a continuing growth - it is a growth industry" (George Renfrey). This growth is

linked to respondent's desire to know that healers will be able to pass their knowledge onto willing learners. In a practical and applied sense, one respondent expressed the need to have the representation of traditional 'professionals' match the availability of western professionals, "What we would like to be able to do is have our traditional people here as much as we have physicians here. We'd love to have a traditional healer on staff" (Joe Hester). Though I found this request interesting considering The Lake of the Woods Hospital project mentioned earlier, and the negative response it received from the community, it is interesting that some health facilities would like to see the employment of traditional healers.

Several respondents felt that a greater representation of Native people in the health care field, specifically in western medicine where the Native representation is notably low, was an important goal. The underlying assumption is that greater representation would: 1) promote greater understanding between the two healing models, 'Getting more people into western medicine or psychiatry. The more there are, the easier it is to bridge the gap' (George Renfrey) and, 2) that these individuals would serve as more effective, culturally-sensitive care-givers, "we [Wikwemikong Health Centre] feel that Native professionals will be good role models for the community and will have a more holistic perspective on health care and will understand the culture and the traditions a bit better" (Petra Wall). While I would caution against the full acceptance of this assumption (that is, after ten years of rigorous scientific training, a Native individual may no longer ascribe to traditional beliefs), the respondents draw a connection between culture and medicine. [If a doctor is Native, it is believed that he/she will be more sympathetic to traditional approaches, will be better equipped to negotiate the relationship between the two systems, and will be more sensitive to Native health needs (Recommendation # 12).]

Many respondents felt that the future of traditional healing necessarily involves the

expansion of existing physical resources, specifically healing environments where traditional healing is utilized. In several cases, the current facilities are not felt to be sufficiently outfitted to handle the needs of traditional approaches. This problem is owed to the belief that these centres were not initially developed to accommodate a strong emphasis on traditional approaches.

Anishnawbe Health Toronto, for example, occupies a small building (with no opportunity to expand) which does not have the facilities necessary for traditional healing ceremonies such as sweat lodges. Joe Hester states, “We’d love to have a facility, physical facility, [in Toronto] that would be more in tune with what we’re doing with traditional healing. To reflect that and to have the capacity to properly house what we are doing here and the direction that it is going.”

Similarly, respondents felt that the addition of new healing facilities, modeled after successful programs and centres, was critical to providing traditional care. The need for increasing the number of healing environments, such as healing lodges, birthing centres, and treatment centres, reflects the anticipation that the demand for traditional approaches will continue to grow.

An improvement in the number and availability of resources, both human and physical, would reduce the downloading that often occurs between healing centres. Nena LaCaille-Johnson states from her experience that “there are a lot of agencies who want to refer people here - it is kind of a dumping ground. They’ve got people they have not been able to have success with, so they unload them here. They say ‘well, we can’t fix them so send them up to the healing lodge.’ They have clients who they may not have the resources to have an impact on, or the time, so they want to send them up here.” An increase in resources, in this instance the availability of other traditional healing lodges, would facilitate better access to traditional care, access which would expectantly lead to improved health. Improved health status for the Native community is the long-term goal expressed by all respondents.

An increase in funding, whether government or private, for the support of traditional



healing initiatives is not without risk. More responsibility and accountability to these funding bodies may be required in the future. The nature of this accountability may be mild (e.g., figures of successful treatments) or may be more demanding (e.g., the demand for information which breaches client confidentiality<sup>25</sup>). As the federal and provincial governments commit more money towards programs aimed at providing traditional healing resources, they may begin requiring more accountability. The final RCAP report suggests that this situation will eventually arise, as “it is normal for governments to require the evaluation of health and social service programs to which they contribute funds. Traditional medicine and healing practices are therefore likely to come under pressure to accept external review” (RCAP 1996a). Moreover, as O’Neil states (as cited in Kaufert 1994), “decision-makers will increasingly require that these programs and practices be evaluated in terms of their cost effectiveness.” While this has not yet happened, a move toward a more structured management of traditional practices may be advised. Additionally, tapping into funding sources which are more self-directed, or derived from Native sources (e.g., Native corporations) may include fewer restrictions. It is therefore important to continue to pursue funding opportunities from sources which are potentially less threatening to Native principles, traditions, and their control over health care.

## **Conclusion**

Though Native communities and health agencies have begun considering self-regulation and its associated concerns no formal actions have been taken. There is a recognized need to protect the Native individual’s right to choose their desired medical and healing approach, a right which empowers the individual by placing the locus of control over health and well-being on them. Traditional healing, self-determination, and self-reliance are interrelated concepts. The option of accessing traditional healing for the treatment of health and social problems is directly linked to Native control and self-determination (on both an individual and community level) and

will lead to a health care system which is designed by Native culture and traditions for the benefit and empowerment of the Native community. The significance of traditional healing in relation to self-determination is that it gives Native people the right to choose and manage their own health needs. While governments are relinquishing some control over health services so that the Native communities themselves can manage their own needs, communities must think in the long-term, continuing their focus on maintaining control of health services and health care delivery and on retaining community control over health management procedures (e.g., accountability, validation and sanctioning). Like self-government, the development and evolution of traditional healing is a process. This process involves people's gradual re-discovery of culture and traditions, parting with, but not forgetting, historical transgressions, and forging through current barriers and concerns, emerging with, as the prophecies suggest, a clear and healthy path for the future. This path will lead to increased Native control over determining the destiny and direction of their healing (whether traditional or biomedical) and will allow them to assume responsibility for their future.

The differing character of western medicine and traditional healing presents a compelling case for Native control over their health and their health care systems. However, one must recognize that neither system exists in a vacuum and both, favored or not, are part of the larger health care system. This situation is becoming increasingly so, as there is continued integration of traditional healing into western medical environments and vice versa. With the introduction of alternative models of health and health care, the nature of organized medicine in Canada is changing as is the contemporary practice of traditional healing. Given this change, it is essential for Native communities, health professionals and health agencies to begin making choices for the future; choices aimed at striking a balance between maintaining the welfare of healers, clients, Native health centres, and Native healing traditions against Native healing traditions and the

dominant medical model. These issues must be addressed and traditional healing must be recognized as a dynamic process which needs to adapt to contemporary and changing conditions.

## CHAPTER SEVEN: SUMMARY

*Some communities have embraced Native spirituality and culture. Smudging, sweats, traditional values, using the land as a way of teaching and as a way of finding meaning in life. These have all become incredible assets to the communities because they create a sense of belonging and a vision of which direction to take for a purposeful, healthy life. (Innes & Charles 1996:26)*

### ***Introduction***

➤ Over the last several decades, there has been a powerful resurgence of Native pride through the promotion of cultural traditions in all spheres of Native life, including healing traditions. The rekindling of interest in Native healing traditions is part of larger processes such as the general restoration of respect for Native culture, the search for and reconstruction of Native identities, and the movement toward self-determination and self-government. As I suggested in chapter four, Native individuals are increasingly taking control of their well-being and reclaiming their healing traditions as part of the process of healing their mental, emotional and spiritual wounds. Native people I consulted during my research expressed confidence that continued efforts to resuscitate Native traditions will invariably lead to individual and community actualization, empowerment, and self-reliance. The virtue of Native healing traditions reaches much deeper than its ability to restore the health of individuals. I have discovered that these traditions can vivify individuals and entire communities, to motivate and move them to act. In this chapter, I summarize the major themes and findings of the research, and offer comments on the implications and limitations of the recommendations put forward (Appendix 1).

### ***Discussion of Themes and Research Findings***

In order to gain an appreciation of traditional healing knowledge and to realize its placement in the larger spheres of community healing and self-determination, one can begin by



examining its impact on individual's lives. This was the primary focus of the first section of the thesis. [The issue of identity was not addressed directly in the interview questions, but emerged as a theme throughout the first half of the research. The relationship between identity, healing and healing traditions manifests on several levels. For the four respondents profiled, the link between identity and healing (e.g., from abuse, violence, or alcohol) stemmed from their need to find comfort and strength in their identities as Native individuals. I discovered that identity issues reach deeper than just determining how a person identifies herself or himself (e.g., I am Native or I am Ojibwa). Identity is rooted deeply in their history and the history of their people, a history which includes the oppression of culturally rich healing traditions. The process of discovering one's identity is not just the labeling oneself 'Native' or 'Ojibwa,' but understanding what that label means historically and culturally. Dorothy Kennedy, a respondent profiled in chapter four, states she knew that she was Native but that it was learning and experiencing the depth and richness of traditional stories, teachings and ceremonies that allowed her to connect with her identity. Living according to traditional healing values, which are entrenched in cultural values, and being active in healing rituals provided respondents with a connection to their spiritual selves, a connection which tied them to a culture and identity that has historically been denied. The construction, or reconstruction, of identity provides a basis not only for dealing with others, but provides the strength and empowerment needed to help heal one's family, community and, indeed, one's nation.]

For many Native respondents, the values and principles of traditional healing are intrinsically linked to cultural identity and history. If someone reveals sacred healing knowledge they are, by definition, revealing parts of their personal and cultural identity. It is hard to be guarded in one without being guarded in the other. Attempts to eliminate and desecrate both have been made by various non-Native authorities. These historical attempts have not been forgotten

and continue to influence relations between Native and non-Native peoples through their willingness to share knowledge. [Evidence of this is found in some respondents' reluctance to discuss traditional healing with a non-Native individual.] Respondents who have experienced personal healing journeys are mindful of the historical experiences of their people and culture and how this treatment has effected, and continues to effect many aspects of their lives. While focusing on this history can stunt relations with non-Native society, it can also further solidify their commitment to self-determination, as has happened with many of the respondents I consulted.

Native healing traditions must be recognized as dynamic processes, dynamic in the sense that there is a continual need to adjust the mechanisms of the traditions to accommodate the changing health and healing needs of people. Some respondents argue against altering how healing knowledge and practice have traditionally been transmitted, practiced, and promoted. However, one must recognize that the integrity of healing traditions is their ability to move, influence and effect the lives of its believers. Meeting the changing needs of people necessitates the evolution and change of healing traditions. The changes I advocate are those which would enhance the accessibility, transmission, and legitimacy of traditional healing, while protecting it from future, and perhaps foreseeable, obstacles. These changes are necessary for the survival of the traditions as well as the continued health of its followers. If Native healing traditions are to continue to contribute to the well being of Native people, there are several policy issues - whether at the community or government level - which need be addressed. This list includes issues such as the availability of traditional healers; the preservation, protection and promotion of healing knowledge; the funding of traditional programs, access to traditional services and the possible 'community' regulation of traditional healing. A further consideration which needs to be addressed includes the working relationship between traditional healing and western biomedicine.

Respondents were very optimistic that this relationship develop in a way which is not only fair and honest, but mutually beneficial.

### *Comments on Recommendations*

The recommendations which I have put forward stem from the ideas expressed by respondents. Several criteria were kept in mind when drafting these recommendations, including qualities of pragmatism, achievability, and hopefulness. I attempted to avoid idealistic or unrealistic ideas, though most of my recommendations are idealistic at heart. I do not wish to assume inventive license over any of the recommendations made. Indeed, some of these recommendations are in the process of completion and my recommendation is simply an endorsement of what is currently being accomplished (e.g., the creation of an apprentice program at Anishnawbe Health Toronto). Two general assumptions have been made with respect to the recommendations. The first assumption is the need for increased funding from federal, provincial and private (e.g., corporate donations) sources. [The second assumption is the recognition of traditional healing as a viable and culturally-relevant approach to dealing with the complex inventory of health conditions experienced by the Native population.] pp21

Recommendations are offered on the principle that they will not interfere with, or extract, health resources from the non-traditional community. As I have suggested, Native communities are not homogeneous in their opinions regarding the merit of traditional healing approaches. Communities have expressed concern that there would be diminished access to western health care services, as suggested by Warry (1998:112) "Two common concerns raised during Health Transfer discussions were that existing physician services might be lost, or that increased Aboriginal control would actually restrict people's ability to choose a family physician." New initiatives to promote the growth and accessibility of traditional services would not be used as a substitute for western medicine or done at the expense of non-traditionalists who rely on



biomedicine for their well-being. Proponents of traditional healing are not advocating that traditional healers or practices are established where they are not wanted. Nor are they suggesting that biomedical resources (e.g., doctors, nurses, and hospitals) be reduced so that resources can be diverted to traditional initiatives. What is being advocated is that Native clients have the opportunity to access traditional health care, western medicine or a combination of both.

Recommendations, by nature, entail numerous limitations and foreseeable implementation difficulties. Recommendations which endorse the use of private funding will be limited by public awareness of Native healing issues. It may be difficult for health centres to convince potential funders of the importance of traditional healing initiatives if they are not familiar with Native health issues or the nature of traditional healing. Moreover, the source of private funding may come under scrutiny by the Native community. For example, funds received from gambling establishments such as Casino Rama may be considered 'tainted' and, therefore, inappropriate for the support of a healing facility. Despite assurances that funds for traditional healing initiatives will not limit access to western health care, community members may continue to actively oppose traditional approaches and hamper any educational attempts. The organized co-operation between healers may also present several difficulties. It would be a faulty assumption to suggest that all healers are in agreement with all issues relating to the management of traditional healing. These issues are highly contentious and there is often a polarization of viewpoints between healers (ANAC 1993). Recommendations which suggest the organization of healers into councils or committees may further limit the availability of healers. The administrative responsibilities associated with being a member of these groups would necessarily reduce the amount of time a healer can spend 'doctoring' or training apprentices. While one can forecast some of the implementation difficulties which would arise, one could also forecast the benefits that these recommendations would have on the acceptance and accessibility of traditional



healing. Increased emphasis on traditional healing in Native health care delivery could, over time, reduce the costs needed for western health care. These resources could be used to improve other Native concerns such as housing, education or employment opportunities.

### *Conclusion*

What will the next decade see in terms of the health of Native people and the development of Native healing traditions? While I am encouraged by the changes that have taken place in the last five years with respect to increased government and western medical acknowledgment of Native healing traditions, I remain concerned that these changes are emerging in a less than favorable economic and political climate. The current climate of cutbacks, downsizing and federal downloading presents unique challenges for Native health agencies and programs. While funding issues represent, and will continue to represent, roadblocks to health care delivery (whether traditional or biomedical), Native agencies will need to continue being innovative with program planning and delivery. However, I do not think that these economic roadblocks will slow the momentum of traditional healing initiatives. Much has changed in the last decade and a half, there has been a positive shift in perceptions regarding the importance of traditional healing on a community, government and biomedical level, the government appears to have gained respect for Native approaches to dealing with complex political, social and economic conditions, and more Native people are finding peace and security through tradition. I am encouraged by the resourcefulness, dedication and optimism that I have witnessed over the term of my research. Native health care providers are passionate about recapturing traditional healing knowledge and using it to heal their people. It is this passion and dedication which will light the path ahead.

Like the seventh generation philosophy which states that Native society must look back seven generations and forward seven generations to find the current balance in life, searching the

past and future of traditional healing allows one to appreciate where traditional healing is today, while speaking of the lasting impact today's decisions can have on coming generations. In the context of Native self-determination over health and healing, traditional healing has once again established solid grounding in the lives of many Native people. In this way, I feel that the role of traditional healing has reached a turning point. The ability of these healing traditions to emphasize individual strength, rebuild community bonds, and encourage pride in self and culture will guide Native people toward a healthy and spirited future.

### ENDNOTES

1. Traditional healing and traditional medicine are terms which are often used co-terminously in most of the literature on the subject. The nature of these two terms will be discussed in a subsequent chapter. For purposes of clarity, the term 'traditional healing' will be used for the balance of the thesis.
2. Not all Native people and communities ascribe to traditional ways, and, in fact, conflicts between those who hold traditional beliefs versus those who hold Christian beliefs run very deep in many Native communities across Canada.
3. The assumption that traditional healing is a necessary component of Native health is one which is held by myself and all of the respondents I consulted.
4. While all but one respondent consented to having their names revealed in this study, there will be times when I refer to respondents in a general sense (i.e., there appeared to be consensus between respondents) or do not identify respondents by name, as I feel some material was too personal in nature.
5. Sun Bear books are represent very popularized versions of Native culture and tradition. For the most part, these books are not accepted or endorsed by the Native people I interviewed.
6. The presentation of this apology and the offer of funding to a Healing Strategy was not well-received by all Native leaders and communities. Many saw the offer as falling well short of the \$1.43 billion annual increase in spending that the Royal Commission suggested. Despite people's reaction to the apology and the offer, both gestures signify a growing partnership between First Nations and the Canadian government and a trend towards government accountability.
7. The term 'health' refers to Native understanding of the term. Health is understood as the balance of the physical, spiritual, emotional and mental components within the individual, family, community and culture.
8. For clarity, the term 'medicine man' will be used throughout this chapter. The majority of historical accounts refer to medical practices being performed by medicine men.
9. For purposes of brevity, I do not outline the complexities of the Potlatch or other ceremonies mentioned. I direct readers to some of the many good books and journal articles written about the Potlatch as a ceremony (Clutesi 1969) and the policies against the Potlatch and Sun Dance

(LaViolette 1961; Cole & Chaikin 1990; Pettipas 1994).

10. 'Escaped' is a term which several of my respondents used to describe the process of leaving the reserve.
11. For the most part, the 'people' that respondents alluded to were those working directly with the Native community, such as government workers and health care providers.
12. There is a movement in medical schools and research institutes such as Harvard to consider the mind/body continuum. Research by such people as Joyce Boychenko (*Healing the Body, Mending the Mind*) represent a small trend to explore the whole person in mainstream medical practice.
13. 'Good intentions' refers to the researcher learning the knowledge for themselves (not to be used publically), or that the information be used to benefit the Native community in some way (e.g., promote understanding of Native issues).
14. While I was unable to substantiate this account, I feel the probability of its occurrence is sufficient enough to include it based on its merit.
15. Within the Native population, the re-introduction of traditional healing was part of the resurgence of interest in Native identity and culture.
16. Although eleven centres were visited during the course of research, the quantity of information collected on several of the centres was insufficient to assemble an adequate description of the centre.
17. Misiway Eniniwuk Community Health Centre in Timmins, Ontario was established in 1993.
18. The absence of a resident traditional healer reflects not only funding issues, but the overall shortage of traditional healers on a provincial level.
19. The current health centre replaced the original health centre which was built in 1971.
20. When this centre opened in 1996, there were few trained traditional midwives in Canada that were equipped to practice and teach their midwifery skills so the co-ordinator of the birthing



centre sought help across the border. In 1997, at the time this research was conducted, there were only a handful of traditional midwives practicing in Ontario.

21.

One well-documented exception to this rule occurred in 1980, when the Ontario Ministry of Health provided funding to hire a traditional healer on staff at the Lake of the Woods Hospital in Kenora, Ontario.

22.

The process of a youth seeking out a mentor is not the only way in which youth enter the healing world. According to Ron Wakegijig, some potential healers are identified by Elders and healers through dreams or visions. The process of choosing and training candidates may begin when he is still a child (Wakegijig 1988:122).

23.

Some variation was noted when respondents commented on the relationship between healers and money. Several respondents believe that a true healer never accepts any money, no matter how token. Other respondents draw the line between a healer being modestly compensated for sharing his/her knowledge (which is acceptable) and receiving large amounts of money (which is not acceptable).

24.

Further information on Bearwalking, Sacred Bear Medicine and 'bad medicine' can be found in Dewdney 1975, Embry 1997, and Sallot & Peltier 1977 respectively.

25.

One respondent expressed concern that funding bodies (e.g., government) may require a list of those seeking traditional medical care in exchange for funding.

## **APPENDIX A: RECOMMENDATIONS**

### **I RECOMMEND:**

- 1) The development of clear definitions for key Native health and healing concepts which could be provided to policy makers, funding providers, biomedical practitioners, and other interested non-Native individuals (see chapter four, page 56). The need to set these terms out in 'black and white' for outsiders would diminish as control over health care shifted to into the hands of the Native community.
- 2) Traditional healing programs/centres should attempt to reduce their reliance on government funding by adopting and integrating innovative strategies into program design and management aimed at exploring private funding sources. Alternative funding sources may permit the centres to become more creative with program design. This approach is in keeping with the movement toward self-government and self-management of healing and health centres (chapter five, page 83).
- 3) Community based information sessions organized to educate people about traditional healing and increase their awareness of traditional practices. These informal gatherings would be directed to benefit all community members (e.g., traditionalists, non-traditionalists and youth). Information could be presented in culturally appropriate ways such as through story-telling, children's activities or community events. The objectives of these sessions would be twofold: to break down the barriers between traditionalists and non-traditionalists and to reduce some of the stereotypes of traditional healing and medicine, and provide an environment where people could feel comfortable learning about traditional healing and meeting traditional healers or traditional resource people. I realize the idealistic tone of this recommendation, but believe it is a critical step toward the acceptance of traditional healing and the reduction of inner-community conflict (chapter five, page 85).
- 4) The creation of programs, workshops, and conferences designed to provide medical professionals - particularly those working in Native communities, Native health centres, or those professionals with a large Native clientele - with more understanding of Native culture and Native healing systems. Educational programs such as these may encourage the growth of the cross-referral system. If western medicine is honest in its intent to bridge the gap between western and traditional medicine (as suggested in the latter part of chapter 5), western health associations should begin to orientate practitioners to the value of traditional healing practices (chapter five, page 90).
- 5) Review of the current health policy and health benefits may reveal where access to, and financial support for, traditional practices can be better accommodated (e.g., NIHB). This review process could be carried out by the PTOs discussed in chapter six in collaboration with government agencies (chapter five, page 93).

- 6) Indirect community support of healers in the form of providing healers with financial or material resources for traveling, plant gathering, equipment needs (e.g., storage for medicines, vehicle, and healing environments), and food costs. Financial support for activities which support the exchange of information between healers, between healers and western medical professionals (e.g., conferences or workshops), and between healers and community members would help promote open communication (chapter five, page 98).
- 7) The establishment of an informal or formal group of healers from within a region. The mandate of these groups would include exploring issues related to the future of traditional healing practices in their regions. Unresolved, yet critical, issues such as the payment and preparation of healers could be discussed. Consultation with organizers of apprentice programs, such as Anishnawbe Health Toronto, may spark constructive programs which are agreeable to healers, Elders and health care providers (chapter six, page 99).
- 8) Community encouragement and support for potential healing apprentices. Community-based grants could be provided to apprentice healers to support them throughout the beginning stages of their 'education.' Monies would be used to supply apprentices with living arrangements, travel expenses and food. The apprentice would be accountable for all grant money. This initiative would be part of the community's larger objective of fostering a process of discovery for its youth. Additionally, money could be allocated to pay helpers who assist healers in picking medicines (chapter six, page 100).
- 9) Each willing community could complete its own inventory and documentation of local traditional ceremonies and medicines. Control over how this information is used and accessed could be at the discretion of each community. In this respect, the community retains ownership and control over its healing knowledge. This process would facilitate the transmission of valuable knowledge from one generation to the next and could represent a resource for those interested in exploring traditional healing (chapter six, page 113).
- 10) The duplication of the "Circle Within the Circle" model across other regions of Ontario. These regional groups could operate co-operatively to ensure the efficient operation of traditional healing systems. Through the exchange of information, healers would be encouraged to inform and learn from each other (chapter six, page 115).
- 11) The creation of a checklist could provide clients with a valuable source of information with which to evaluate the 'authenticity' of prospective healers. This checklist could be referred to before and during the treatment process. Framed as a series of questions (e.g., 'does the healer employ coercive methods?', 'has the healer promised you a cure for your condition?' or 'has the healer demanded large sums of money in exchange for healing services?'), clients can more effectively assess their choice of healer (chapter six, page 117).



- 12) The continued support for programs which encourage Native individuals wishing to pursue a medical profession. Native medical practitioners (MD, RN or social worker) represent valuable role models for Native youth and may be better equipped to deal with the complex relationship between traditional healing and western medicine (chapter six, page 120).

#### GENERAL RECOMMENDATION

- 13) Government and non-government (e.g., Canadian Medical Association and PTOs) funding should be designated for Native-directed health research. This research would explore the history, current role and future of traditional health and healing practices. A complex set of issues regarding the management and organization of traditional healing exists, as indicated by this thesis. Native researchers (from various health backgrounds) could explore issues such as the relationship between traditional and western medicine, the efficacy of traditional healing, and the future organization of traditional healing, from a Native perspective.



## **APPENDIX B: INTERVIEW QUESTIONS**

### **I) Background Information: Exploring One's Understanding of Traditional Healing**

- 1)
  - a) How did you become interested in traditional healing practices? (e.g., family knowledge, traditional beliefs, illness experience etc.)
  - b) What is your cultural and professional background?
- 2) With the recognition that traditional healing encompasses a wide body of cultural knowledge:
  - a) how do you personally define traditional healing? Is there a difference between traditional healing and traditional medicine?
  - b) what does traditional healing mean to you and how does it affect how you live your life?
- 3) Are you reluctant to discuss traditional healing practices with non-Native people? If so, why?
- 4) Do you think non-Native people clearly understand what traditional healing and traditional medicine are? How important is it for non-Native people to understand this?

### **II) History of Traditional Healing in Healing Centre *(this section may not apply to all healing centres)***

- 5) When did the use of traditional healing/medicine become a part of this program/healing centre?

### **III) Utilization of Traditional Healing in Native Healing Environment**

- 6) What are the backgrounds of the people accessing traditional healing at this healing centre? Age, gender, reason for seeking out traditional healing service, religious background, profession?
- 7) In this healing centre, in what situations are traditional healing methods used? Eg., diabetes, issues of violence, HIV/AIDS, childbirth etc...?
- 8) How extensive is the use of traditional healing practices in this health centre? For example, is it a core element to the services you provide?
- 9) How frequently do people access the traditional healing/medicine programs?

- 10) In this traditional healing environment, do you deal with Native people from diverse cultural backgrounds? If so, how does your program deal with the diversity (e.g., Cree, Ojibway)?
- 11) Does your program utilize both traditional healing and "Western" scientific healing?
  - a) If so, how does this arrangement operate?
  - b) Are there any problems with the use of both systems?

#### **IV) The Future of Traditional Healing/Medicine in Native Health**

- 12) How would you describe how traditional healing is being used in today's Native healing environment compared to in the past? For example, how has the role of women as healers changed? Are more people accessing traditional methods than before?
- 13) How important is traditional healing/medicine to improving the health of Native people in Ontario?
- 14) Do you feel that traditional healing and medicine approaches offer something to native individuals that contemporary 'wester' approaches do not? If so, what is that 'something' extra?
- 15) What is the future of traditional healing/medicine in addressing Native health needs? What do you think you would like to see in five or ten years?
- 16) As a healer/administrator/health care worker, have you or your program experienced any challenges associated with traditional healing such as accessing government funding or community acceptance?
- 17) Is there anything you think could be done to improve the use of traditional healing/medicine by Native people?
- 18) Have there been any problems for people wishing to access traditional healers or traditional healing methods? If so, how has this issue been addressed?
- 19) Do you have any concerns with how traditional healing and medicine are being practised currently (e.g., bearwalking case, fear of 'Kmart' healers, bad medicine)?

## **REFERENCES CITED**

### **Books and Articles**

#### Aboriginal Health Toronto

- 1990 *Anishnawbe Health Toronto...Working Towards Culturally Sensitive Health Care for Native People*. Toronto: Pamphlet.

#### Aboriginal Nurses Association of Canada

- 1993 *Submission to the Royal Commission on Aboriginal Peoples: Traditional Aboriginal Medicine and Primary Health Care*. Ottawa: Aboriginal Nurses Association of Canada.

#### Anderson, Anne & Chalifoux, Luke

- 1977 *Some Native Herbal Remedies*. Edmonton: The University of Alberta.

#### Bastien, Joseph W.

- 1994 "Collaboration of Doctors and Nurses with Ethnomedical Practitioners." *World Health Forum* 15:133-137.

#### Bell, Robert, Dr.

- 1886 "The 'Medicine-Man' or Indian and Eskimo Notions of Medicine." *Canada Medical and Surgical Journal*, 456-462.

#### Biolsi, Thomas & Zimmerman, Larry J.

- 1997 *Indians and Anthropologists: Vine Deloria Jr. and the Critique of Anthropology*. Tucson: The University of Arizona Press.

#### Bodecker, Gerald

- 1993 *Global Initiative for Traditional Systems of Health: An International Policy Initiative on Traditional Health Systems*. Washington: National Museum of Health and Medicine.

#### Brown, Jennifer S.H., & Brightman, Robert

- 1988 *"The Orders of the Dreamed": George Nelson on Cree and Northern Ojibwa Religion and Myth, 1823*. Winnipeg: University of Manitoba Press.

Browne, John Mason

- 1877 "Indian Medicine." In W.W. Beach, ed. *The Indian Miscellany; Containing Papers on the History, Antiquities, Arts, Languages, Religions, Traditions and Superstitions of The American Aborigines; with Descriptions of Their Domestic Life, Manners, Customs, Traits, Amusements and Exploits; Travels and Adventures in the Indian Country; Incidents of Border Warfare; Missionary Relations etc.* Albany: J Munsell.

Buhner, Stephen Harrod

- 1996 *Sacred Plant Medicine: Explorations in the Practise of Indigenous Herbalism.* Colorado: Roberts Rinehart.

Bull, William Perkins

- 1934 *From Medicine Man to Medical Man: A Record of a Century and a Half of Progress in Health and Sanitation as Exemplified by Developments in Peel.* Toronto: G.J. McLeod.

Campbell, Maria

- 1973 *Halfbreed.* Toronto: McClelland and Stewart.

Carter, William

- 1973 *North American Indian Medical Practices & Burial Customs.* London: Namind Printers.

Churchill, Ward

- 1994 *Indians Are Us?: Culture and Genocide in Native North America.* Toronto: Between the Lines.

Clutesi, George

- 1969 *Potlatch.* Sidney, B.C.: Gray's Publishing.

Coggins, Kip

- 1990 *Alternative Pathways to Healing: The Recovery Medicine Wheel.* Florida: Health Communications.

Cole, Douglas, & Chaikin, Ira

- 1990 *An Iron Hand Upon the People: The Law Against the Potlatch on the Northwest Coast.* Toronto: Douglas & McIntyre.

Colorado, Pam

- 1988 "Bridging Native and Western Science." *Convergence* 21(2,3):49-55.

Daniel, Mark & Gamble, Diane

- 1995 "Diabetes and Canada's Aboriginal Peoples: The Need for Primary Prevention." *International Journal of Nursing Studies* 32(3):243-259.



- Densmore, F.  
1928 *Indian Use of Wild Plants for Crafts, Food, Medicine, and Charms*. Washington: Smithsonian Institution Press.
- Dewdney, Selwyn  
1975 *The Sacred Scrolls of the Southern Ojibway*. Toronto: University of Toronto Press.
- Dumont, James  
1989 "The Healing Dance of the Ojibway Midewiwin." James Dumont, ed. *The Ojibway Medicine Dance*. Sudbury: Laurentian University.
- Eisenberg, David  
1985 "The Marriage of Chinese Medicine and Western Medicine." In David Eisenberg ed., *Exploring Chinese Medicine*. New York: W.W. Norton.
- Embry, Ida  
1997 "Life is a Spiral...Bear Medicine." *Wikwemikong News*, July, 4B.
- Finkler, Kaja  
1994 "Sacred Healing and Biomedicine Compared." *Medical Anthropology Quarterly* 8(2):178-197.
- Francis, Daniel  
1993 *The Imaginary Indian: The Image of the Indian in Canadian Culture*. Vancouver: Arsenal Pulp Press.
- Gall Eagle, Chokecherry  
1997 *Beyond the Lodge of the Sun: Inner Mysteries of the Native American Way*. Massachusetts: Element Books.
- Garro, Linda  
1990 "Continuity and Change: The Interpretation of Illness in an Anishnaabe (Ojibway) Community." *Culture, Medicine and Psychiatry* 14:417-54.
- Graham, Elisabeth  
1975 *Medicine Man to Missionary: Missionaries as Agents of Change Among the Indians of Southern Ontario, 1784-1867*. Toronto: Peter Martin Associates.
- Green, E.C.  
1988 "Can Collaborative Programs Between Biomedicine and African Indigenous Health Practitioners Succeed?" *Social Science and Medicine*, 27 (11), 1125-1130.
- Halliday, W.M.  
1935 *Potlatch and Totem and the Recollections of an Indian Agent*. Toronto: J.M. Dent & Sons.

- Haram, Liv  
1991 "Tswana Medicine in Interaction with Biomedicine." *Social Science and Medicine* 33(2):167-175.
- Harris, Rev. W.R.  
1973 "Practice of Medicine and Surgery by the Canadian Tribes in Champlain's Time." In William Carter, ed. *North American Indian Medical Practices and Burial Customs*. London; Namind Printers.
- Hearne, Samuel  
1958 *A Journey From Prince of Wales's Fort in Hudson's Bay to the Northern Ocean 1769-1772*. Toronto: MacMillan Company.
- Helen-Hill, Barbara  
1995 *Shaking the Rattle: Healing the Trauma of Colonization*. Penticton: Theytus Books.
- Henry, Alexander  
1809 *Travels and Adventures in Canada and The Indian Territories, Between 1760-1776*. New York: I Riley.
- Hill, Wayne  
1995 "A Hidden Agenda?" *Free Press*. 20 December.
- Hoff, Wilbur & Maseko, Nhlavana D.  
1986 "Nurses and Traditional Healers." *World Health Forum* 7:412-416.
- Hooper, Barbara J. King  
1994 "Control Issues in Native Health Care: Perspectives of an Urban Community Health Care Centre." In Bolaria, B. Singh and Dickinson, Harley D., eds. *Health, Illness, and Health Care in Canada*. Toronto: Harcourt Bruce.
- Innes, Melissa & Charles, Grant  
1996 *Solvent Abuse: Finding Answers From Within*. Calgary: Aisokina Centre and the Centre for the Study of Sexual and Community Violence.
- Jilek, Wolfgang G.  
1982 *Indian Healing: Shamanic Ceremonialism in the Pacific Northwest Today*. Surrey: Hancock House.
- Jones, Rev. Peter  
1861 *History of the Ojebway Indians: With Especial Reference to Their Conversion to Christianity*. London: A.W. Bennett.
- Joy, Mary E.  
1989 *Traditional Medicine at an Indian Reserve*. MA thesis. McMaster University.

Kaufert, Joseph

- 1994 *Health Status, Service Use and Program Models Among the Aboriginal Population of Canadian Cities*. Paper prepared for the Royal Commission on Aboriginal Peoples.

Kehoe, Alice B.

- 1990 "Primal Gaia: Primitivists and Plastic Medicine Men." In Clinton, James A. (Ed), *The Invented Indian: Cultural Fictions and Government Policies*. New Brunswick: Transaction.

LaViolette, Forrest E.

- 1961 *The Struggle for Survival: Indian Cultures and the Protestant Ethic in British Columbia*. Toronto: University of Toronto Press.

Lame Deer, John & Erdoes, Richard

- 1972 *Lame Deer Seeker of Visions*. New York: Pocket Books.

Lame Deer, Archie Fire & Erdoes, Richard

- 1992 *Gift of Power: The Life and Teachings of a Lakota Medicine Man*. Bear and Company. \*\*\*

Lucas, Simon

- 1993 "Using Traditions and Cultural Diet Strategies for Diabetes." In *Second International Conference on Diabetes and Native Peoples: Sociocultural Approaches in Diabetes Care for Native Peoples*. Ottawa: Assembly of First Nations.

MacLean, John

- 1889 *The Indians of Canada: Their Manners and Customs*. Toronto: William Briggs.

McCormick, James S.

- 1988 "To Wear the White Coat: Options for Traditional Healers in a Canadian Medical Future." In David E. Young, ed. *Health Care Issues in the Canadian North*, 8-13. Edmonton: Boreal Institute for Northern Studies.

McGaa, Ed (Eagle Man)

- 1990 *Mother Earth Spirituality: Native American Paths to Healing Ourselves and Our World*. San Francisco: Harper Collins.

Malloch, Lesley

- 1989 "Indian Medicine, Indian Health: Study Between Red and White Medicine." *Canadian Women's Studies* 10(2,3):105-112.

Meadows, Kenneth

- 1991 *Shamanic Experience: A Practical Guide to Contemporary Shamanism*. Massachusetts: Shaftesbury.

1996 *Earth Medicine: Revealing Hidden Teachings of the Native American Medicine Wheel*. Massachusetts: Element Books.

1997 *The Medicine Way: A Shamanic Path to Self Mastery*. Massachusetts: Element Books.

Moerman, Daniel E.

1982 *Geraniums for the Iroquois: A Field Guide to American Indian Medicinal Plants*. Michigan: Reference Publications.

Morrisseau, Calvin

1998 *Into The Daylight: A Wholistic Approach to Healing*. Toronto: University of Toronto Press.

O'Neil, John D.

1988 "Referrals to Traditional Healers: The Role of Medical Interpreters." In Young, D. ed, *Health Care Issues in the Canadian North*. Edmonton: Boreal Institute.

O'Neil, John D. & Postl, Brian D.

1994 "Community Healing and Aboriginal Self-Government: Is the Circle Closing?" In. John H. Hylton, ed. *Aboriginal Self-Government in Canada: Current Trends and Issues*. Saskatoon: Purich Publishing.

Pettipas, Katherine

1994 *Severing the Ties that Bind: Government Repression of Indigenous Religious Ceremonies on the Prairies*. Winnipeg: University of Manitoba Press.

Powers, William K.

1982 *Yuwipi: Vision & Experience in Oglala Ritual*. Lincoln: University of Nebraska Press.

Rappaport, Herbert & Rappaport, Margaret

1981 "The Integration of Scientific and Traditional Healing: A Proposed Model." *American Psychologist* 36(7):774-781.

Ray, Arthur J.

1996 *I Have Lived Here Since the World Began: An Illustrated History of Canada's Native People*. Toronto: Lester Publishers.

Rich E.E., Ed.

1957 *Hudson's Bay Copy Book of Letters: Commissions Instructions Outward, 1688-1696*. London: Hudson's Bay Record.

Ross, Rupert

1992 *Dancing with a Ghost: Exploring Indian Reality*. Markham: Octopus Publishing.



- 1996 *Returning to the Teachings: Exploring Aboriginal Justice*. Toronto: Penguin Books.
- Sallot, Lynne & Peltier, Tom  
1977 *Bearwalk*. Don Mills: Musson Books.
- Sallows, Annette  
1995 "Tay Rejects Proposal for Native Lodge." *Free Press*
- Scrimshaw, Susan & Burleigh, Elizabeth  
1989 "The Potential for the Integration of Indigenous and Western Medicine in Latin America and Hispanic Populations in the United States of America." In *Modern Medicine and Medical Anthropology in the United States - Mexico Border Population*. Pan American Health Organization.
- Sears, Dennis T. Patrick  
1974 *The Lark in the Clear Air*. Toronto: McClelland and Stewart.
- Shestowsky, Blenda  
1993 *Traditional Medicine and Primary Health Care Among Canadian Aboriginal People - A Discussion Paper with Annotated Bibliography*. Ottawa: Aboriginal Nurses Association of Canada.
- Solomon, Arthur  
1994 *Eating Bitterness: A Vision Beyond the Prison Walls*. Toronto: N.C. Press.
- Summer Rain, Mary  
1993 *Dreamwalker: The Path of Sacred Power*. Massachusetts: Hampton Roads.
- Titley, Brian E  
1986 *A Narrow Vision: Duncan Campbell Scott and the Administration of Indian Affairs in Canada*. Vancouver: University of British Columbia Press.
- Wakegijig, Ron, Roy, Alan W., & Hayward, Carrie.  
1988 "Traditional Medicine: An Anishinabek Nation Perspective." *Environments*. vol. 19 (3).
- Waldram, James B.  
1990 "Access to Traditional Medicine in a Western Canadian City." *Medical Anthropology*. 12:325-348.  
  
1993 "Aboriginal Spirituality: Symbolic Healing in Canadian Prisons." *Culture, Medicine and Psychiatry*. 17:342-362.  
  
1997 *The Way of the Pipe: Aboriginal Spirituality and Symbolic Healing in Canadian Prisons*. Toronto: Broadview Press.
- Waldram, James B. & Layman, Mellisa M.

- 1989 *Health Care in Saskatoon's Inner City: A Comparative Study of Native and Non-Native Utilization Patterns*. Winnipeg: Institute of Urban Studies.

Waldram, James B., Herring, D. Ann & Young, T. Kue

- 1995 *Aboriginal Health in Canada: Historical, Cultural, and Epidemiological Perspectives*. Toronto: University of Toronto Press.

Warry, Wayne

- 1990 "Doing Unto Others: Applied Anthropology, Collaborative Research and Native Self-Determination." *Culture* 10(1):61-73.

- 1998 *Unfinished Dreams: Community Healing and the Reality of Aboriginal Self-Government*. Toronto: University of Toronto Press.

Wheatley, Margaret A.

- 1991 "Developing an Integrated Traditional/Clinical Health System in the Yukon." In B. Postl et al., eds. *Circumpolar Health 90: Proceedings of the 8<sup>th</sup> International Congress on Circumpolar Health*. Winnipeg: University of Manitoba Press.

- 1994 *Keeping the Circle Strong: A Study to Assess the Feasibility of Integrating Yukon First Nations Traditional Medicine and Mainstream Medicine Within the Yukon Health Care System*. Yukon: The Council for Yukon Indians.

World Health Organization

- 1983 *Health Promotion: A Division Paper on the Concepts and Principles*. Copenhagen.

Young, David (ed)

- 1988 *Health Care Issues in the Canadian North*. Edmonton: Boreal Institute of Northern Studies.

Young, David, Ingram, Grant & Swartz, Lise.

- 1989 *Cry of the Eagle: Encounters with a Cree Healer*. Toronto: University of Toronto Press.

### **Government Documents**

Aboriginal Family Healing Joint Steering Committee (Ontario) (AFHJSC). 1993. *For Generations to Come: The Time is Now, A Strategy for Aboriginal Family Healing*.

Department of Health and Welfare Canada, 1979. *Indian Health Discussion Paper*. Ottawa: Department of Health and Welfare Canada.

Ministry of Health Ontario (AHPO), 1994. *New Directions: Aboriginal Health Policy*. Ministry of Health Ontario: Queen's Printer.

*The Regulated Health Professions Act*. Statutes of Ontario, 1991, Chapter 18, as amended by: 1993, Chapter 37; 1996, Chapter 1, Schedule G, s.27. Toronto: Queen's Printer for Ontario, 1996.

*The Midwifery Act*, 1991: Statutes of Ontario, 1991, Chapter 31. Toronto: Queen's Printer for Ontario.

Royal Commission on Aboriginal Peoples (RCAP), 1996a. *Report of the Royal Commission on Aboriginal Peoples*. Vol. 3. *Gathering Strength*. Supply and Services Canada.

Royal Commission on Aboriginal Peoples (RCAP), 1996b. *Report of the Royal Commission on Aboriginal Peoples*. Vol. 4. *Perspectives and Realities*. Supply and Services Canada.

### **Archival Materials**

A.E. Forget, Assistant Indian Commissioner, September 20, 1985, Annual Report to the Department of Indian Affairs for the Year Ended June 30, 1985 (Canada, *Sessional Papers*, no. 10) 199.

Department of Indian and Northern Affairs, 1998. "Gathering Strength - Canada's Aboriginal Action Plan Unveiled in Ottawa" *Intercom*, winter.

Hayter Reed to Superintendent General of Indian Affairs, December 2, 1896 (Canada, *Sessional Papers*, no 14., 1897), xxxii.

H.A. English, Field Matron, Report of Field Matron for month of November, 1915 on Little Pine('s) Reserve (NAC, RG 10, vol 10,243, file 1/1-16-3, vol 1)1.

J.D. McLean, Assistant Deputy and Secretary, Department of Indian Affairs, Reply to H.A. English, February 25, 1916 (NAC, RG 10, vol 10,243, file 1/1-169412, vol 1)1.

Report of the Department of Indian Affairs for the Year Ended March 31, 1908 (Canada, *Sessional Papers*, no 27., 1909)xxi-xxii

Report of the Department of Indian Affairs for the Year Ended March 31, 1896 (Canada, *Sessional Papers*, no 14., 1897)xxxii

Report of the Department of Indian Affairs for the Year Ended March 31, 1985 (Canada, *Sessional Papers*, no 14., 1896)199.