

ELDERS STORIES OF HEALING:  
A NARRATIVE INQUIRY INTO INDIGENOUS AND WESTERN  
HEALTH SYSTEMS WORKING IN TANDEM

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by

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Nicole Dawn Stevenson, candidate for the degree of Master of Science in Kinesiology and Health Studies, has presented a thesis titled, ***Elders Stories of Healing: A Narrative Inquiry into Indigenous and Western Health Systems Working in Tandem***, in an oral examination held on August 27, 2009. The following committee members have found the thesis acceptable in form and content, and that the candidate demonstrated satisfactory knowledge of the subject material.

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## Abstract

The report of the Royal Commission on Aboriginal Peoples states that the participation of Indigenous people in health care applying Indigenous knowledge and tradition as they consider appropriate should be the basis for developing policy for improved health (Brant-Castellano, 2000). Therefore, this study sought to explore traditional Indigenous concepts of well-being and to illuminate how traditional methods of being well can be used in concert with the Western medical system in order to improve health outcomes for Indigenous peoples.

Cultures adapt to changing circumstances; therefore, it was necessary to examine or define Indigenous concepts of wellness in a contemporary context. Despite changing circumstances, the role of Elders as knowledge keepers remains an essential part of Indigenous life. Therefore, exploring the traditional means of achieving wellness, how they have been adapted, and what knowledge can potentially be used to provide more culturally relevant and meaningful health promotion strategies in concert with today's health care system was accomplished by speaking with the Elders.

Respectful dialogue and acceptance of both Indigenous and Western healing systems as equally valid and valuable can help bridge the gap in health outcomes. There are many examples of how the two healing traditions work together. This study discovers traditional means of being well through Elder narratives and expands upon the benefits of traditional Indigenous culture being used to complement modern biomedicine.

By eliciting Elder narratives in keeping with the Indigenous oral tradition, insights into how Indigenous people maintained well-being through traditional practices surfaced and this can provide direction for health promotion strategies that will improve health for both Indigenous and non-Indigenous people in Saskatchewan. This was accomplished through interviews with 3 Indigenous Elders utilizing narrative inquiry in a phenomenology framework, or understanding the meaning of experience within the culturally constructed setting (Struthers & Peden-McAlpine, 2005). Analysis of the data was done through thematic analysis as it allowed the words of the Elders to come through as uninterrupted as possible and not forced into a specific coding frame.

The main themes that resulted were: 1) loss and resilience; 2) tools for traditional wellness; and 3) Indigenous and Western health systems working in tandem. The findings included four tools for wellness which represent the various means by which Indigenous people sought and maintained well-being as recounted by the Elders. There was also further discussion on how the two systems of healing have and continue to work in tandem through such initiatives as the All Nations Healing Hospital in Fort Qu'Appelle which includes cultural healing programs and supports as well as Western biomedical healing. This research clearly demonstrates the importance of the role of Elders in healing and stresses the importance of incorporating tradition to the degree determined by Indigenous people as valuable.

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I would like to express my appreciation for the insightful and thought-provoking questions and comments from my external examiner, Dr. Twyla Salm. Thank you for all your time and energy.

## Dedication

I would like to thank my family with all my heart: Mom and James, Dad and Kristy, Amy and Dylan (and Laik). Without your unwavering support I would never have been able to complete this journey. Thanks to my grandparents for their love and support. I love you all very much.

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## Chapter One: Introduction

### 1.1 *Background*

The history of the European colonization of North America is a harrowing tale of the Indigenous population's decimation by infectious disease, warfare, and active suppression of culture and identity. Estimates of the Indigenous population of North America prior to the arrival of Europeans range upward from about 7 million. Close to 90% of these people died as a result of the direct and indirect effects of culture contact. (Kirmayer, Brass & Tait, 2000, p. 608)

Since the settlement of European peoples in Canada, Indigenous people have faced significant health challenges. This is not to imply that conditions were ideal prior to contact, however the introduction of new pathogens and the rapidly changing social environment created conditions that were ripe for ill-health and disease.

The myth of an idyllic and static Indigenous existence prior to European contact thrives, however, as any culture or society, Indigenous communities were adaptable and dynamic (Kirmayer et al., 2000, Lux, 2001), adjusting to the environment as necessary, and to their own illness and social issues. "In the 16<sup>th</sup> century, however, the process of cultural change accelerated dramatically with the earliest contact with European outsiders" (Kirmayer et al., 2000, p. 607-608) including European explorers, missionaries, fur traders and colonists. For example, forced relocation onto externally determined reserves that were chosen by government interests and imposed upon the Indigenous people led to a myriad of complications. These included overcrowding (creating an environment for rapid spread of disease) and loss of traditional lifestyle. This loss of lifestyle

included denial of hunting and gathering activities that determined roles and responsibilities that made up the social, mental and physical fabric of Plains Indigenous society, and access to sacred lands, which played an essential role in ceremony, medicines, and healing. "The colonization process... denied Aboriginal peoples access to their land, but also denied them the tools to assert and implement their knowledge" (Smylie, Kaplan-Myrth, Tait, Martin, Chartrand, Hogg, et al., 2004, p. 213) as the land and ecology were intricately interwoven with cultural values, beliefs and structure.

In addition to the physical confines, cultural belief systems were suppressed and cultural practices were persecuted. For example, via a law passed in 1886 it became a crime to participate in any Indigenous festival, dance, celebration, or ceremony (Waldram, Herring & Young, 1995). As Lux (2001) explains, the reason given for inhibiting traditional dances and ceremonies was that they got in the way of farm work and 'unsettled' the people. In reality, Indigenous peoples' traditional knowledge of healing, which was gained through dreams, visions and experience and passed on to younger generations was being aggressively suppressed (Lux, 2001).

As settlement continued, the health of Indigenous people continued to deteriorate as a result of newly introduced pathogens and because "overcrowded and poorly ventilated houses and schools bred a startling variety of diseases including measles, whooping cough, influenza, and tuberculosis" (Lux, 2001, p. 4). Even more importantly, the Indigenous way of life was wholly changed. Denial of access to traditional and sacred land, drastically changed diet, outlawed

healing practices and forced removal of children from their families were just a few of the indignities faced by Canada's Indigenous peoples. In other words, traditional means of maintaining individual and community well-being were no longer easily accessible.

These health challenges have continued to the present day. The disparities in Indigenous health in Canada have been addressed in an increasing number of studies and health care dialogues in recent years. Indigenous life expectancy is 5-7 years less than non-Indigenous peoples and chronic diseases, infant mortality, accidental death, infectious diseases and mental health issues are at disproportionately higher rates than in the non-Indigenous population (Kirmayer et al., 2000; Lemchuk-Favel & Jock, 2004; Smylie et al., 2004; Wilson & Rosenberg, 2002). "Simply put, Aboriginal Peoples rate significantly lower on virtually every measure of health and well-being when compared to the general Canadian population" (Lemchuk-Favel & Jock, 2004, p. 31).

In addition to the physical health measures of well-being listed previously, cultural disruption and tyranny have been associated with elevated rates of depression, alcoholism, suicide, and violence in numerous communities, with the most significant impact on young people (Kirmayer et al., 2000). For example, young Indigenous women (15-24 years of age) have a suicide rate eight times higher than non-Indigenous young women (Health Canada, 2000), and status

First Nations are approximately twice as likely than the general Canadian population to die from unintentional causes (Regina Health District, 2000)<sup>1</sup>.

The 'civilization' and assimilation of the Indigenous people has taken a significant toll on their well-being. "What has been institutionalized as development has come at a high cost in human, ecological, health, economic, political, and social terms" (Dei, Hall & Rosenberg, 2000, p. 9).

This study explores the possibilities of revitalizing Indigenous concepts and methods of attaining good health and well-being in order to provide meaningful strategies to combat the significant disparities in Indigenous health today. The findings of the First Nations and Inuit Regional Health Survey which began in 1997 as a longitudinal study indicate the need for such an approach, when asked if returning to traditional ways is a good way to promote wellness, more than 80 percent of respondents answered positively (Lemchuk-Favel & Jock, 2004).

## *1.2 Operational Definitions*

The following are terms that require further discussion and clarification, as they are important concepts used throughout the study, and may not be adequately defined in the current health literature.

The Medicine Wheel:

The Medicine Wheel is an age old and authoritative representation of the universe used by almost all the Indigenous peoples in Canada. "It is a silent

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<sup>1</sup> For a thorough discussion on these and other health issues in the Indigenous population in Canada, see "The Statistical Profile on the Health of First Nations in Canada" by Health Canada, First Nations and Inuit Health Branch.

teacher of... realities... it shows not only things that are, but also things that could be..." (Bopp, Bopp, Brown & Lane 1984).

The Medicine Wheel is among the most significant tools used to express the holistic nature of Indigenous knowledge and experience. The circle, which represents the circle of life, includes all experience and everything in the biosphere (Brant-Castellano, 2000). Sams (1998) describes the Medicine Wheel as the Indigenous symbol for the wheel of life, which has no beginning or end. It contains the four cardinal directions which correspond to stages of human growth that can be realized by learning the lessons of each direction. As Nabigon (2006) further explains, the spiritual understanding of the Indigenous world view is separated into the Four Sacred Directions. The four directions are employed in the search for harmony and peace from within each individual.

Other attributes include not only the four directions (east, south, west, north), but also the four elements (fire, earth, air, water), the four life stages (child, youth, adult, Elder), and the four aspects of being (physical, mental, emotional, spiritual) (Bopp et al., 1984; Brant-Castellano, 2000; Crowshoe, 2005; Nabigon, 2006). The four aspects of being are the basis of a well-balanced and healthy life. "Two lines mark the quadrants of the circle. The point in the centre where they intersect symbolizes a balance point" (Brant-Castellano, 2000, p. 30).

The Elders:

The persons who are most knowledgeable about physical and spiritual reality, the teaching and practice of ceremonies, and the nuances of meaning in Aboriginal languages are Elders. Elders typically have been educated in the oral tradition... They enjoy respect as sources of wisdom because their way of life expresses the deepest values of their respective cultures (Brant-Castellano, 2004, p. 101)



Elders are those individuals who have the benefit of lived experience, traditional wisdom, and a close relationship to the Creator and to the spirit world. They pass on knowledge, values, and meanings through stories and ceremonies (Crowshoe, 2005). They also perform healing ceremonies, such as sweatlodges, pipe ceremonies and fasts (Nabigon, 2006). Elders are the “keepers of tradition, guardians of culture, the wise people, the teachers. While most of those who are wise in traditional ways are old, not all old people are Elders, and not all Elders are old” (Indian and Northern Affairs Canada, 1996, p. 527).

Elders are recognized by their communities as those who have lived the traditions and values of their people and who are able to pass these on to future generations. One main trait is that Elders do not ask for status as Elders; it is primarily determined by the people (Martin-Hill, 2003). Through these Elders traditional knowledge is passed down generation-to-generation and is entrenched in storytelling, ceremonies, traditions, philosophy, traditional medicine, dances, or any combination of these (Crowshoe, 2005).

Traditional Medicine/Healing:

The term ‘traditional medicine’ is identified by the World Health

Organization as:

the sum total of knowledge, skill, and practices based on the theories, beliefs, and experiences Indigenous to different cultures... used in the maintenance of health as well as in the prevention, diagnosis, improvement of treatment of physical and mental illness’ (2000, p. 1).

In Martin-Hill’s (2003) focus groups with Elders and Healers in 2002, they stated that traditional medicine is linked to all aspects of human activity and that it is

essential to protect the sacred foundation of traditional medicine as an enduring healing journey toward renewal and balance. Another definition of traditional healing was put forth in the report of the Royal Commission on Aboriginal Peoples in 1996:

Traditional healing has been 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. When Aboriginal Peoples in Canada talk about traditional healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counseling and the accumulated wisdom of Elders. (Indian and Northern Affairs Canada, 1996, p. 348)

This is the conceptualization of traditional healing that forms the basis for this thesis.

### *1.3 Current Trends Toward Culturally Appropriate Health Care*

The linkage of healing and spirituality with cultural identity is evident in these various healing initiatives developed by Aboriginal people, as the historic processes of deculturation and despiritualization are reversed as part of a broad movement towards the 'healing' of the Aboriginal population (Waldram et al., 1995, p. 226)

In recent years, there has been a significant movement toward culturally relevant and appropriate health systems. The question is: what exactly does this entail?

As Waldram et al. (1995) explain, there are increasing requests to integrate aspects of Indigenous medicine into biomedicine. In fact, many are calling for a more formal relationship between practitioners in the two systems. Duran and Duran (2000) also discuss the movement toward integration acknowledging that there continues to be discussion about the integration of Western and traditional Indigenous approaches to healing to offer solutions but

note that this effort has largely been an academic discussion. They further assert that a connection between these two traditions must be made. As an Indigenous medical doctor, Mehl-Madrona, in his story of twin journeys through the worlds of medicine and spirit, adds: "I became convinced years ago that the ancient and modern approaches to illness can and should be integrated in a way that offers patients the benefits of both" (1997, p. 17). This is a welcome development in the movement toward more relevant healing for Indigenous peoples since the mainstream health system has repeatedly been unavailable in physical terms as well as in cultural terms (Lemchuk-Favel & Jock, 2004).

Current models of culturally appropriate health care include healers being invited to work in hospitals, specifically designed Indigenous healing rooms or wards (e.g., All Nations Healing Hospital in Fort Qu'Appelle, SK) and healing lodges built into the justice system for Indigenous offenders (e.g., Maple Creek, SK).

There are many examples of the re-emergence of traditional Aboriginal medicine... It has become fairly common in hospitals in certain parts of Canada (particularly the west) to see an Aboriginal healer undertaking a ceremony for a patient... Accommodating healers requires flexibility. For instance, the simple act of holding a sweetgrass ceremony violates hospital regulations against 'smoking' in the wards... through compromise and dialogue, accommodations have been made. (Waldram et al., 1995, p. 205)

This flexibility and cooperation is a significant path to the future well-being of Indigenous peoples as illuminated in a study undertaken by Waldram and associates. They found that Indigenous people continue to prize and use traditional medicine for reasons unconnected to the existence of mainstream

biomedical services. Indigenous medicine continues to be vital for cultural reasons (WalDRAM et al., 1995).

Smylie et al. (2004) cite the divergent frameworks of Western science and Indigenous knowledge as one of the challenges facing researchers addressing Indigenous health. It is therefore intuitive to more closely examine health from an 'Indigenous knowledge' framework in order to improve health outcomes and make health information relevant to the Indigenous population by developing an alternative framework which can work with the current medical system. As Mehl-Madrona stresses many "know that opposing world views can both be true – just as physicists know that light must be either a particle or a wave, though it can sometimes be both at once" (1997, p. 119). Thus it is important to answer the following questions: Where do these medical traditions intersect? Can they co-exist?

We are at an exciting period in the promotion of Indigenous healing, as research in this area is becoming more inclusive of worldview and culture (Sinclair, 2003). The key now to breaking down barriers in Indigenous health care is to make contemporary health services more familiar and less mystifying. A second issue is to deliver the service in a manner that reflects, or is understanding of a culture's values (Lemchuk-Favel & Jock, 2004).

One does not have to look far to see complementarities between the holistic concepts of Indigenous healing and new models of health in the mainstream system such as the population health model. Therefore, complementarities can be examined and promoted by bringing together health

models like the Indigenous Medicine Wheel and Western models such as population health, which looks at the health outcomes of a group of people and the determinants that lead to these outcomes (Kindig & Stoddart, 2003).

In fact, this type of “medical pluralism” gives power to the patient through the choice of medical system, giving the patient control over their own well-being. Medical pluralism enables the patient to have both control as well as the cultural perspective of healing (Waldram et al., 1995). The key to maximizing the benefit of this pluralism is to discover a means to work collaboratively to the benefit of the individual. A second, and possibly more important consideration in this development, is that “as aboriginal people reassert their right to practice their cultures in a somewhat more hospitable social environment, they will have to decide how to adapt their traditions to a contemporary environment” (Brant-Castellano, 2000, p. 25).

In moving forward, it is important to contemplate that culturally relevant health systems may not have the same meaning as they did pre-contact, therefore, it is important to explore the current cultural standards of well-being through the knowledge keepers of today. Indigenous healing needs to be defined in a contemporary way.

All cultures are constantly evolving and cultural identity must be seen as constructs of people living in their current environment (Kirmayer et al., 2000). This is particularly true with respect to the Indigenous peoples in Canada. The impact of extreme culture change on ancient wisdom must be considered. “Culture is dynamic, and adjusts to changing conditions, and a particular practice

that embodies a timeless truth may need to be adapted if it is to remain effective” (Brant-Castellano, 2000, p. 24).

This study explores well-being from a contemporary Saskatchewan Indigenous perspective and examines how this perspective can be promoted and employed in concert with the Western medical system to improve health outcomes. Through this project it was the hope of the researcher to illuminate what traditional Indigenous concepts of well-being are and to determine if these concepts can be used to improve health outcomes. “A cultural perspective can contribute to developing forms of health services and health promotion that respond appropriately to the dilemmas created by [a] complex history and social context” (Kirmayer et al., 2000, p. 614). The interviews provided a wealth of information regarding traditional means of being well and how these can be used in tandem with the Western medical system to enhance well-being thereby allowing individuals more control over their healing as well as taking advantage of a more holistic approach to being well.

A significant amount of research about Indigenous people has looked at only deficiencies and devastating social conditions as the focus of the research (Sinclair, 2003). While not discounting the difficult history of Indigenous peoples, this study looks to accentuate the positive effects of culture on health and well-being. It is time to bring old and new knowledge together.

## Chapter Two: Review of Literature

This chapter seeks to provide a brief history of the causes of health disparities in the Indigenous population as a result of the process of colonization as well as a discussion on how the knowledge systems of the two groups – colonized and colonizer – differ. The chapter continues by describing what the literature says about Indigenous views of health. Ermine's (2005) concept of ethical space is then examined as a theoretical space of possibility for the two knowledge systems to recognize one another as equally valid and valuable. The chapter will conclude with a discussion on how these knowledge systems can co-exist and create improved health outcomes for Indigenous people.

### *2.1 Suppression, Oppression, Survival*

Indigenous knowledge systems were systematically marginalized through government policies of assimilation that included the outlawing of Aboriginal cultural traditions, the abduction and forced assimilation of Aboriginal children through the residential school system, and a reservation system, which gave non-Aboriginal Indian agents authority over both the distribution of food and material goods and off-reserve travel by reserve members. (Smylie et al., 2004, p. 213)

The devastation to Indigenous communities through extreme policies restricting all aspects of Indigenous life from lifestyle to cultural identity was clearly seen within the first several years of government control. Lux provides a clear picture of this damage:

Aboriginal people had been promised just eight years earlier that by 'taking the Queen's hand' in treaty, they would have a future... The extent of the misery and suffering in Treaty Four is easily seen in the statistics. In the ten years from 1884 to 1894, the Crooked Lakes reserves lost 41.3

per cent of their population, while File Hills lost 46 per cent. The average child mortality rate surpassed the birth rate. (2001, p. 45)

Malnutrition due to reliance on government rations (because of the forced relocation to reserves) and new, unfamiliar ways of acquiring food (farming), epidemics such as tuberculosis, and a complete separation from self-identity wreaked havoc on the Indigenous population. The destruction and annihilation of many Indigenous peoples is a matter of recorded fact, which began with a torrent of social, political and environmental changes (Waldram et al., 1995).

In contrast to these new means of life and death, Indigenous peoples had traditionally spent the summer hunting, the autumn trading, the winter pounding bison, and the spring fishing and trapping. Indigenous tribes in Saskatchewan utilized the resources of the prairies. The grasslands provided large game such as bison, elk and deer; and the forest provided small game such as beaver, lynx, and muskrat (Lux, 2001). The Indigenous peoples also picked and prepared wild fruits and vegetables. They were experienced in processing berries, roots and bulbs, which required expertise to determine edible from toxic and additional expertise to prepare properly. Indigenous peoples “had a culture that abounded with the resources needed for a harmonious existence” (Duran & Duran, 2000, p. 97) with the natural world and each other. This was a very intricate and prosperous system that was eradicated by new government policies.

Another challenge that contributed to the declining health of the Indigenous population was the residential school system. This system caused trauma on a number of levels. In addition to the impact of sudden separation from family, deprivation and severe abuse, the residential school system denied



Indigenous peoples the basic human right to pass on their traditions and retain their cultural identity (Kirmayer et al., 2000).

The start of all these difficulties came in the form of the Indian Act of 1876. The goal of the Indian Act was to change Indigenous people into the image of the European colonizers in an attempt to make way for what the colonizers viewed as progress (Michell, 1999). This legislation was especially repugnant because it was ratified *while* the treaties were still being seriously negotiated (Lux, 2001).

This legislation defined who was to be considered an "Indian", "relegated Aboriginal people to the status of wards of the state, defined how reserves could be subdivided and surrendered... presumed to direct and control the social, personal, political, religious, and economic lives of the people... It would be years before Aboriginal people learned of its existence, and they certainly never agreed to its terms. (Lux, 2001, p. 32)

The Indian Act set the precedent for the suppression of Indigenous culture, including ceremonies like the Potlatch and the Sun Dance. These ceremonies were specifically targeted by the government in the late 1800's. By amendment to the Indian Act, in 1884, the traditional potlatch of the Canadian Northwest Coast peoples was banned. In 1895, the Indian Act banned the Sundance of the Plains peoples as well as other traditional ceremonies. People were incarcerated if they engaged in cultural practices (Michell, 1999). All of these ceremonies were integral to the spiritual and emotional health of Indigenous people and kept communities together, maintaining social determinants of health.

An important aspect of the potlatch was that it reaffirmed the oral tradition and history of the Northwest coastal peoples. The attack on the potlatch by the government began a series of amendments that affected Indigenous peoples

across the country. A more local example of this process can be found in the Sun Dance of the Plains peoples, which was also subjected to legislative action (Waldram et al., 1995). Government agents in the area opined that the dancing was incompatible with the lifestyle they wanted the Indigenous peoples to lead. Their misinterpretation of the ceremony led them to find the dance hideous because of some of the practices of some dancers (Waldram et al., 1995). These legislative actions were by no means limited to these ceremonies. For example, there are many instances of sweat lodges being prevented or interrupted by government representatives (Waldram et al., 1995).

These policies clearly show the intent of the government to repress any and all Indigenous independence and identity. At this time, further amendments were made requiring government-issued 'passes' for travel anywhere off the reserve, and government-issued "permits" to market the agricultural products they were expected to produce. This severely limited the ability to succeed in their new and hostile environment.

All these attempts to eliminate Indigenous culture were fueled by a firm belief that Indigenous peoples were a primitive race. This belief provided the justification for the legislation that sought to wipe out Indigenous culture. While some policies may have been well intentioned, many were brought about by a disdainful, paternalistic position that failed to recognize the depth of Indigenous cultures (Kirmayer et al., 2000). As Absolon and Willett further state: "The legacy of colonizing knowledges have attempted to disconnect Aboriginal peoples from

their traditional teachings, spirituality, land, family, community, spiritual leaders, medicine people, and the list goes on” (2004, p. 9).

This position was further exacerbated by the fact that distorted representations of Indigenous peoples were accepted as truth and spread as a true history and social state of Indigenous people (Ermine, Sinclair & Jeffery, 2004). Anthropological and historical accounts of Indigenous peoples are written from the perspective of the colonizer and discount the perspective of the colonized (Absolon & Willett, 2004). These representations have led to the view of Indigenous peoples as the primitive and mystical “other” and the continued misinterpretation of Indigenous culture, beliefs and practices (Absolon & Willett, 2004; Kirmayer et al, 2000).

These attitudes and beliefs are reflected in early accounts of Indigenous healing. It was described as deceitful and damaging, and patients as ignorant and irrational (Duran & Duran, 2000). However, there are also numerous examples of the “grudging acknowledgement” that this healing did, in fact, work (Waldram et al., 1995). Waldram and colleagues (1995) provide ample documentation of the disdain with which Aboriginal medicine or healing was seen, however in the account of a devout Christian trader after attending a shaking tent ceremony, he was humbled and convinced that Spirits of some kind really did enter the tent.

As time went on in colonial history, Indigenous peoples began to find ways to use and preserve traditional knowledge under the radar of the government and church. Due to the fear of retribution or imprisonment, Indigenous peoples hid

traditional medicines in order to save them (Indian and Northern Affairs Canada, 1996). Indigenous healing and spirituality (including such ceremonies as the sweat lodge, Sun Dance and potlatch) were shielded from the scrutiny of the non-Indigenous people, including law-enforcement and church representatives (Waldram et al., 1995). These ceremonies survived through the perseverance of the people and continue to be practiced today. Histories and culture continued to be “carried on from generation to generation via oral traditions of storytelling, ceremony, songs, and teachings” (Absolon & Willett, 2004, p. 8). Indeed, Indigenous people created an environment that allowed them to keep their culture and beliefs while adapting to the changing times (Lux, 2001).

Eventually, to the dismay of the government, Indigenous people sought legal advice about the holding of dances, and were informed that it was within their right to hold their dances (Waldram et al, 1995). At this time, the people were continuing to disregard the laws banning cultural activity through covert activity, but would sometimes perform illegal ceremonies such as the Sun Dance in open defiance of the law.

One aspect of Indigenous life that has not been discussed to nearly the degree it deserves is the resilience of the Indigenous people. To this point, this paper has demonstrated the devastating effects of culture change. It is now time to acknowledge the extraordinary power of endurance. “It is true that we have struggled. Yet through our ancestors and through our Elders we have survived. We are still here. And we continue to thrive and evolve” (Absolon & Willett, 2004, p. 15). Indigenous peoples have had the benefit of age-old wisdom, strong

spiritual connections to the environment, and the strength of those who had the ability to share these traditions and beliefs. Indigenous peoples have adapted and prospered through a complex set of cultural and spiritual means (Lux, 2001).

Ermine (1995) refers to Indigenous communities as repositories and incubators of tribal knowledge through culture and custom. Each individual within the community is an integral part of the whole and exemplifies the Indigenous concepts of inward wholeness and harmony. Community knowledge and the ability to adapt this knowledge and “has become the space of hope and possibility for Indigenous Peoples in the aftermath of the darkest hours of the mind-numbing ideology wrought by Christianity and its attitudinal derivatives that have been imposed for the last five hundred years” (Ermine, 2005, p. 3) and although some knowledge has been lost in this time, Indigenous healing tradition is “still very much alive and available to those who search for it” (Mehl-Madrona, 1997, p. 123).

This is an exciting time to work in the area of cooperating health systems. It is only recently that Indigenous peoples have begun to revive ethnicity openly and without fear of discrimination. It is important to remember that it has been only since the 1970's that legal prohibitions on ceremonies have been lifted (Martin-Hill, 2003). Therefore, innovative approaches can be sought that include previously disregarded healing practices. This is very much in keeping with both Smith's call for Indigenous peoples to “... retrench in the margins, retrieve what we were and remake ourselves” (1999, p. 4) and Barnhardt and Kawagley's (2005) assertion that Indigenous peoples have begun to reconsider their

responsibility and seek to combine old and new practices in ways that fit within contemporary circumstances.

Many Elders have also called upon the people to look to the future in a collaborative manner. In Couture's recounting of twelve days of Elder discussions from Seven First Nations of Alberta in the early 1970s, he quotes Elders:

We would like to say that in order to survive... we must stop lamenting the past. The White man has many good things... Discover and define the harmonies between the two general Cultures... and thereby forge a new and stronger sense of identity... In so doing we will survive as Indians, true to our past. We have always survived. Our history tells us so... . (2000, p. 159)

## 2.2 *Contrasting Knowledge Systems*

The brightly lit, sterile rooms of Western medicine couldn't have been further removed from the darkly mysterious sweat lodges where... my Native American ancestors held their healing ceremonies. (Mehl-Madrona, 1997, p. 33)

Both Indigenous and Western systems of knowledge combine information based on experience and belief into knowledge (Smylie, Martin, Kaplan-Myrth, Steele, Tait & Hogg, 2003). However, this knowledge is attained in very different ways. Western knowledge is very much rooted in academics and science (Crowshoe, 2005) whereas Indigenous knowledge is rooted in lived experience and cultural traditions. Western knowledge is linear, positivist, objective, normative, empirical, and written (Absolon & Willett, 2004; Little Bear, 2000; Smylie et al., 2004; Struthers & Peden-McAlpine, 2005). This singularity manifests itself in concepts of one true answer or one right way (Little Bear, 2000) which has been clearly demonstrated in the history of colonization, with the policies of assimilation and the confidence that this was the right way.

With respect to health systems, this ideology is well described by Mehl-Madrona (1997) when he states that a doctor does not need to know anything about the spirit within the tissues. He was, in fact, taught that the less of the spirit or soul they knew, the better as this would ensure the objectivity prized in medical science (Mehl-Madrona, 1997). This objectivity is a key component in science and scientific theories, which typify western knowledge. In this system, an “observation is attempted in isolation and in an artificial environment. What happens or is manifested during the experiment at a certain time and place brings about a conclusion that says, ‘And that’s the way it is’” (Little Bear, 2000, p. 82).

Again, Mehl-Madrona’s medical background provides illumination in this area of scientific objectivity. In his recounting of a man named Jimmie who was doctored in a traditional way after being diagnosed with angina by a Western doctor and was healed through traditional medicine, Mehl-Madrona (1997) relates that Jimmie’s doctor in his refusal to believe angina could just vanish, subjected Jimmie to a painful round of tests and finally concluded that Jimmie had never been sick at all.

In contrast to this linear, positivist system of Western knowledge, Indigenous knowledge is holistic, cyclical, relational, experiential, timeless, and oral, and it is developed through stories (Absolon & Willett, 2004; Battiste, 2000; Battiste & Youngblood Henderson, 2000; Brant-Castellano, 2000; Little Bear, 2000; Smylie et al, 2004). “For Indigenous people there is a recognition that many unseen forces are at play in the elements of the universe and that very little

is naturally linear, or occurs in a two-dimensional grid or a three-dimensional cubic form” (Barnhardt & Kawagley, 2005, p. 12). For Indigenous people, knowledge is experience; it is being, living and doing (Absolon & Willet, 2004). In addition, this knowledge is connected and contributes to a greater whole. A fundamental point of view is that all existence is connected and the whole entwines the being in its completeness (Ermine, 1995) rather than consisting of isolated, independent, and objective pieces of knowledge that reflect a Western stance. In the Indigenous view, life consists of energy. Everything is alive and contains spirit. In this space of energy and spirit, relationships between all things are of great significance (Little Bear, 2000).

The knowledge resulting from this system is disseminated in a large part through stories and/or narratives. Traditionally knowledge sharing was interconnected with social, political and kinship constructs in order to strengthen individual and collective welfare (Smylie et al, 2003). This “process of cognitive transmission reveals another important aspect of Indigenous knowledge: its transmission is intimate and oral” (Battiste & Youngblood Henderson, 2000).

Traditional knowledge is firmly rooted in the sharing of stories, both experiential and metaphorical. This is an essential part of Indigenous education such that through stories, customs and values are taught. Unfortunately,

oral cultures are often described as ‘preliterate,’ as if literacy were a form of communication more advanced on an evolutionary scale. [However], Elders who are asked to have their words recorded in print or on videotape often decline because they insist that what they have to say must be communicated in person. (Brant-Castellano, 2000, p.26)



This has implications for the study at hand and demonstrates the importance of sharing what is written with the Elders: In passing down knowledge, the Elder has a duty to think about whether the learner is prepared to use the knowledge responsibly (Brant-Castellano, 2000).

This system of knowledge and education is reflective of the holistic and cyclical nature of the Indigenous worldview. For thousands of years, Indigenous cultures have been directed by an epistemology based on respect for and revival of the wisdom of the Elders and the embracing of spiritual values and traditions reflecting relations to a higher power, to culture, and to the earth (Dei et al., 2000) that are shared by the society's Elders.

In Western experience, it is common to separate the mind from the body and spirit and the spirit from the mind and body. Within the Native American worldview, compartmentalization ideology is an imposition that attempts to displace a more interconnected experience. Most Native American people experience their being in the world as a totality of personality. (Duran & Duran, 2000, p. 91)

### 2.3 *What is an Indigenous View of Health?*

Everybody has a song to sing which is no song at all. It is a process of singing, and when you sing, you are where you are. I dance, I sing, I am. (Couture, 2000, p. 161)

The Medicine Wheel is the greatest symbol for the Indigenous concept of well-being as it encompasses all aspects of being – the physical, mental, emotional, and spiritual. The physical manifestation of the Medicine Wheel can be seen in many areas of North America. These crops of stone and rock,

survive from a time when our people were actively exploring the inner space. These wheels convey concepts derived from introspection and illustrate the pathways of self-discovery... They speak, in the silence of the unknown, about the progressive growth of self through a cyclical

journey of repetition, experience, and construction of meaning. (Ermine 1995, p. 106)

A life in balance and harmony with all directions is the embodiment of health and the Medicine Wheel is a means by which this necessary balance can be learned. If an individual follows the tenets of the Medicine Wheel, they will find healing in the Four Directions, or the four parts of the self; spiritual, emotional, physical, and mental (Nabigon, 2006). These aspects of self are inextricably entwined as symbolized by the Medicine Wheel. Therefore, in order to live a healthy life, one must live a balanced life (Bopp et al, 1984).

As Battiste and Youngblood Henderson also state: "Indigenous peoples view harmony as a dynamic and multi dimensional balancing of interrelationships... Disturbing these interrelationships creates disharmony; balance is restored by applying appropriate actions and knowledge" (2000, p. 43). Therefore, illness or ill-health is an indication that the body and spirit are searching for harmony or balance (Lux, 2001). When one aspect is not functioning as it should, the others will be affected as well.

By its nature as a tool for well-being, the Medicine Wheel is an individual journey. Each individual who looks into the Medicine Wheel will experience it in a different way. This is because all people were made by the Creator to be unique. As each individual uses the wheel, they will find symbols that speak profoundly to them. It is important that each individual feels free to use their own symbols as they are discovered (Bopp et al., 1984).

There is not one specific way of teaching or knowing or learning about health and well-being. For example, one teaching may differ from another in the

color associated with a direction of the wheel based on different journeys or views. What is important is the individual construction of meaning throughout an individual's journey around the Medicine Wheel. For example, in Nabigon's journey to heal from the debilitating effects of alcoholism, he discovered that when we recognize the spirits, they provide us with strength. It was only once he learned this could he pick up and carry his sacred pipe (Nabigon, 2006).

Well-being is found by recognizing and respecting the spiritual world as well as the physical world; in the Indigenous worldview, little differentiation is made between them (Lux, 2001). Respect applies to all of nature and the world, and to all the means of reaching our potential wholeness.

Wholeness is like a flower with four petals. When it opens, one discovers strength, sharing, honesty, and kindness. Together these four petals create balance, harmony, and beauty. Wholeness works in the same interconnected way. The value strength speaks to the idea of sustaining balance... If a person is not balanced, then he or she is sick and weak. (Little Bear, 2000, p. 79)

As in the Western system, medicine is used to regain well-being. However, the term 'medicine' to First Nations people does not necessarily have the same meaning it has in the biomedical system. It is a term that describes the spiritual energy and healing that takes place within each individual or each healer (Lux, 2001). The word 'medicine' is used by Indigenous peoples to refer to people and things involved in the healing process (Lux, 2001). Waldram et al. (1995) support this statement by explaining that terms in Indigenous languages that are translated into English as "medicine" mean more than just drugs and the Western practice of medical healing. These terms also refer to spiritual power. This power can manifest in a number of ways – through stories, rituals,

ceremonies, and prayer. "In Aboriginal epistemology, prayer extracts relevant guidance and knowledge from the inner-space consciousness. It is the optimal metaphysical idiom that is recognized in corporeal form as chants, dances, language, and meditation" (Ermine, 1995, p. 109).

It is clear that Indigenous medicine and healing traditionally occurred on several levels from the entirely physical to the deeply spiritual. It indicated a world view that was extraordinarily well suited to their specific environment (Lux, 2001).

There were numerous medicines that most people could collect and process for themselves, and most of the people could also experience the 'supernatural' whether through dreams or other means. However, certain individuals had much stronger spiritual connections than others. The capability to commune with the spirit world was an important community benefit (Lux, 2001). These individuals who had special knowledge and spiritual connection were recognized in the community as healers.

There are many types of healers among Indigenous peoples and the term medicine man or medicine woman can be unclear as to some important differences between different types of healers, their individual knowledge and abilities, and how they gained status within the community as healers (Waldram et al., 1995). Some of the different types of healing include expertise in herbs and botanical medicine to varying degrees of contact with spiritual entities with varying methods, and just like doctors in the Western medical system, some are better than others.

Most healers are very aware of both their abilities and their limitations, just as a physician, when faced with a health issue, which they are not able to treat, they will refer the patient to another healer or physician (Waldram et al., 1995). In Mehl-Madrona's memory of a sweatlodge for a very ill man, he knew that the medicine man would have spent a great deal of time listening to the patient, inquiring about family, about his actions and beliefs, in an attempt to understand the associations between the patient's life and his or her sickness (Mehl-Madrona, 1997) to be sure he had the proper knowledge and ability for his ceremony. It is here that there is a significant difference between approaches to healing, for physicians seldom address the bigger, encompassing questions about the body, mind, and spirit that traditional Indigenous healers address (Mehl-Madrona, 1997).

Another difference can be seen in how Indigenous healers are deeply involved in the preparation of medicines and ceremonies. Healers need to know

... which season a plant or root should be harvested, how to prepare it, how the medicine should be administered, how it should be stored, and how it [is] to be mixed. Some plant materials [have] to be collected in a precise manner to preserve the active ingredients. (Lux, 2001, p. 81)

In contrast, Western physicians prescribe medications but are disconnected from the actual design, creation or dispensing of the drugs. The healer's "art" is to search for the cause of a person's illness, and to determine the treatment that will restore them to balance. Depending on the analysis of illness, medicines range from applying or ingesting herbs and roots, to spiritual interventions, to ceremonies that involve the entire community (Lux, 2001).

The ultimate goal of Indigenous medicine and the role of healers are to nurture the mind, body and spirit of those who need healing. The challenge for healers today is to adapt these concepts of healing to fit new and different circumstances (Martin-Hill, 2003). Healers throughout time have successfully adapted ceremony and healing to changing illnesses and times, and today many of these still look very similar to those practiced for hundreds of years. Some of these ceremonies include the Sun Dance, sweat lodge, and smudging ceremonies. The following is a brief description of each of these ceremonies to demonstrate various methods of healing.

The Sun Dance is a ceremony that lasts for four days or more and involves dancing, singing and drumming, fasting, and prayer. The piercing of some dancers' flesh can also be a part of the Sun Dance. It has been seen, mistakenly, as a savage torment in an attempt to create warriors. In truth, the processes of the Sun Dance are performed to ensure harmony between all living beings (Lux, 2001). The Sun Dance is, above all else, a celebration of continuity and regeneration or renewal.

The purpose of the sweat lodge is versatile; it is used for prayer, to preserve health, and to deal with particular health or social problems. It is also used as a predecessor to other rites or healing ceremonies (Waldram et al., 1995). Nabigon describes the sweat lodge as a spiritual gift from the Creator. It is a blessed place because the experience of the sweat is more important than the intellectual understanding of the ritual itself (Nabigon, 2006). Inside, offerings such as sage, tobacco or sweetgrass are made, and prayers rise with the steam

created when the door closes. There has been a widespread revitalization of the sweat lodge in recent years.

Smudging is a way to cleanse or purify a person, place or object of negative energy, thoughts or emotions. It involves the burning of sacred plants or herbs, creating a 'smoke bath'. The most common of these in Saskatchewan are sweetgrass, sage, and cedar. Through this ceremony damaging energy and emotions are taken away. The smoke also is used to heal mind, body and spirit, as well as creating a balance of energies (Kiiskeentum, 1998). When used for prayer, the smoke will carry the prayers up to the Spirit world and the Creator. Through smudging, our minds are relieved of past troubles, become focused in the present, and trust that our future pathway will reveal itself as it was meant to be (Nabigon, 2006).

Though reduced and for the most part, in the background, much of Indigenous knowledge, ways of knowing, and epistemologies remain in practice and is continuing to be passed on to the next generation. There is a mounting understanding of the involvement that Indigenous knowledge can have in our current conception of medicine and well being (Barnhardt & Kawagley, 2005). Smylie et al. (2004) echo this statement and add that: "Indigenous knowledge systems and approaches to health... have the potential to contribute profoundly to Canadian health... through systems of knowledge that allow for a more holistic understanding of health and its determinants" (p. 214).

## 2.4 *The Ethical Space*

First developed by Poole in 1972, Ermine has applied the idea of ethical space to Indigenous research. He believes that this is the most significant location for “theorizing an appropriate research solution” (Ermine, 2005, p. 3) that appropriately recognizes Indigenous voice.

The ethical space is opened up through contrast, by deliberately displacing and separating two contrasting knowledge systems and cultures. Misunderstanding happens because the meeting of these two systems features different epistemologies, each created and guided by different histories, knowledges, standards, interests, as well as social and political contexts (Ermine, 2005).

Most of the literature on health and well-being is presented from a Western bio-medical viewpoint. If the ethical space involves separating and then reacquainting worldviews, an examination and new body of literature highlighting traditional concepts of well-being from an Indigenous perspective are necessary in order to come back to the center, or ethical space, to pursue new possibilities. “Creating a balance between two worldviews is the great challenge... Advocates of cultural studies argue that no person from another worldview can learn about other cultures except by being there and listening” (Battiste, 2000, p. 205).

In many cases, particularly in the last five years, research has been carried out in a much more respectful manner than in the past, however some research in Indigenous communities has still been inappropriate. Michell (1999) states that despite the positive aspirations of a majority of research, inappropriate



methodologies have and continue to produce distorted truth, histories and identities, assimilative principles, cultural misappropriation and oppression.

Therefore, the chief imperative for the ethical space is to acknowledge the inherent differences between cultures and aim for the shifting of perspective, “particularly from the Western knowledge perspective that dominates the current research order, to a new center defined by symmetrical relations in cross-cultural engagement” (Ermine, 2005, p. 4). This space is defined as a theoretical location that surrounds an area of interaction of two systems (Ermine et al., 2004) and ultimately seeks to bridge the two.

Culture encompasses a society’s beliefs about the nature of the world, the values that come from these beliefs, and the social traditions that exemplify these values (Little Bear, 2000). Indigenous and Western cultures have many different values and philosophies and the ethical space represents a place of equality between these systems. The ethical space creates an opportunity to develop knowledge systems that have been imperiled by years of colonial dominance (Ermine, 2005) because Indigenous peoples have a unique interest in ensuring the continued prosperity of their culture and fostering the respect and acceptance that it is due.

Barnhardt and Kawagley also refer to the potential that is found at the crossroads of these worldviews: “there is much more to be gained from further mining of the fertile ground that exists within Indigenous knowledge systems, as well as at the intersection of converging knowledge systems and worldviews” (2005, p. 15). There is no doubt that there are important ideas in the Western

world, and by integrating worldviews and understanding a model can be developed that will benefit not just Indigenous people, but all people (Duran & Duran, 2000).

With Indigenous communities and scholars positively asserting their traditions of science, the relationship between Indigenous and non-Indigenous societies becomes one of mutual contribution and respect. This study intends to work within the ethical space and to create new possibilities for healing.

## 2.5 *Where Do These Intersect? Can They Co-exist?*

[At] the Blood First Nation's new Kainai Continuing Care Centre... The medicine practiced there is both ancient and modern; smudges, face paint, and herbal 'brews' exist easily alongside intravenous poles and heart monitors. (Lux, 2001, p. 3)

There exists a mounting understanding of the complementarity that exists between what were formerly thought of as two different and incompatible systems of thought (Barnhardt & Kawagley, 2005). Both systems have their unique strengths and weaknesses. Lemchuk-Favel and Jock (2004) assert that this allows a unique opportunity for traditional healing practices, which encompass physical, spiritual, emotional, social, and mental well-being, to be synergistically combined with western medical approaches to develop unique approaches to health services.

In many cases, working collaboratively can simply start as an effective informal referral system between physicians and healers. As this is practiced, a movement toward formal referral systems can be explored. This, of course depends upon the willingness and open-mindedness of the health system,

physicians, and healers to provide an innovative approach to heal the mind, body and spirit of those they serve.

“Informal referral is the most common model of ‘collaboration’ between the two medical systems” (Waldram et al., 1995, p. 212) and this is a model that can easily be built upon and improved for the benefit of Indigenous and non-Indigenous peoples alike. This also allows easy access to a more holistic approach to health. Holism treats more than symptoms; it treats the person, and the combined efforts of the two systems and their associated strengths contribute profoundly to individual Medicine Wheel journeys and healing. Lemchuk-Favel and Jock (2004) assert that holism should not be considered just another determinant of health. It is a way of life embracing all life processes, the physical, mental, spiritual, and emotional elements. This concept is recognized in approaches like population health, which may be a paradigm through which Indigenous approaches can be introduced.

Population health looks at circumstances beyond biomedical factors contributing to health status. These include socioeconomic status, cultural and social factors, which affect emotional, mental and spiritual aspects of well-being and speaks to population health’s similarity to the Indigenous view of wellness. This approach also recognizes that different ideas about health have their own validity, principles and functions (Evans, Barer & Marmor, 1994). With this outlook, the collaborations discussed above to create new healing opportunities can be accomplished.

The necessity of these collaborations is being echoed in the recent literature in the area of Indigenous health. For example, in Smylie et al.'s (2004) review of the Royal Commission recommendations on Indigenous health, they found that detailed recommendations include profound modifications to the current health care system and social services to better serve Indigenous peoples, including restructuring of the existing services network.

A large part of the failure of the contemporary medical system is the lack of understanding of Indigenous epistemologies and contexts and this has resulted in inadequate or irrelevant interventions and strategies (Smylie et al., 2004). The result has been increasing frustration on the part of health practitioners and researchers, and continued skepticism and despair in Indigenous communities. Co-existence of healing traditions is also key since people move easily between the systems of healing. It is widely accepted that a number of Indigenous patients seek healing simultaneously from a Western medical doctor and a traditional healer. Typically, they search out physician treatment to ease the symptoms, and the traditional healer to eradicate the underlying cause (Waldram et al., 1995). Indigenous peoples are therefore developing strategies to incorporate the best of both systems already. This medical pluralism addresses another of the recommendations that are set forth in the Royal Commission on Aboriginal Peoples (RCAP) report that calls for the participation of Indigenous people, applying traditional knowledge and integrating tradition as they deem appropriate as the foundation for developing policy (Brant-Castellano, 2000).

Government and health agencies have been, to a large extent, supportive of the revitalization of Indigenous traditions. This can be a double-edged sword. On one side this support is necessary and certainly appreciated. On the other, policy makers will need to exercise caution in developing strategies that will not be exploitative. "The fact that government agencies 'support' the revitalization of Aboriginal 'culture and heritage' increases the need to analyze what kind of impact their new policies will have on specific areas, most critically, traditional medicine" (Martin-Hill, 2003, p. 12).

There is a mounting awareness of the depth and extent of knowledge in existence in many Indigenous societies and the value it has in dealing with matters of contemporary importance (Barnhardt & Kawagley, 2005) and most importantly, the revitalization and preservation of cultural practices helps Indigenous people recover their identities and heal from the distressing results of colonization (Michell, 1999). It is then fortunate that there are many examples of the revitalization of traditional Indigenous healing from which to learn (Waldram et al., 1995) with Elders and traditional Indigenous healers performing ceremonies in some hospitals or health centres. Accommodations are being made for these ceremonies to take place.

It does take a leap of faith and a spirit of willingness to recognize the ethical space on both sides. For example, in Zolner's work with the Federation of Saskatchewan Indian Nations Health and Social Development secretariat she surmises: "I had a heavy burden of accountability, but theirs was heavier because they were risking collaboration with a person who represented the very

system and culture that had been oppressing First Nations for generations” (Zolner, 2003, p. 94).

With this in mind, it is interesting to examine some of the similarities between the two systems. For example, one of the most widely held beliefs about illness is that a diseased or infected object has interfered with the body, thus causing sickness (Lux, 2001; Mehl-Madrona, 1997). Indigenous peoples used methods such as cutting, bleeding or sucking diseased matter out of the body. It is not a stretch to imagine the surgical table upon which elimination and sucking of diseased blood and unhealthy organs happens every day in hospitals (Duran & Duran, 2000). For Indigenous peoples, another popular belief about illness involves loss of the soul. Again, there is a common ground between the two paradigms. Many psychologists discuss loss of ego, alienation, and patients being delusional (Duran & Duran, 2000). In the past, traditional healing also included anatomical skill, including bone setting, cataract surgery, healing of wounds and bites, prevention of infection, etc. (Waldram et al., 1995) in which we can see the similarity to biomedicine of today. Finding these commonalities can also inform policy development in this area to locate a starting ethical space for collaboration between the two traditions of medicine.

Barnhardt and Kawagley (2005) present an excellent example of how two knowledge systems can indeed come together through their examination of an innovative education initiative in Alaska. They examined a 10-year educational initiative that focused on integrating local knowledge into the education system including ecology and science, and learning styles. The result was a “fertile, real-

world context in which to address the many issues associated with learning and Indigenous knowledge systems” (2005, p. 14). This illustrates the potential that real-world collaborations have in introducing innovative approaches to knowledge sharing that can take advantage of multiple worldviews.

Another example, in the field of health and well-being, can be found with the Mohawk people of Kahnawake. The Kahnawake Schools’ Diabetes Prevention Program incorporated traditional learning styles of Indigenous children into three systematic models of health promotion; to decrease the occurrence of obesity, increase nutritional knowledge, and enhance physical activity levels of Mohawk children (Smylie et al., 2004). This has been a great success in improving health outcomes. This also represents re-framing, identified by Smith (1999) as one of the keys to decolonizing research. By reframing the issue of diabetes, health promotion solutions were found to improve the health of Mohawk children. Kahnawake’s image of an Indigenous health system is a system where prevention approaches provide a way for the community to be accountable for their own health (Lemchuk-Favel & Jock, 2004).

Other excellent examples of successful health integration can be found in numerous Indigenous midwifery programs throughout Canada. For example, “the Inuulitsivik Health Centre Maternity program in Puvirnituk began in 1986 as an integration of Inuit culture with western health care. It has been recognized by the World Health Organization... as an excellent model of northern health care... Perinatal statistics, once far below the Quebec average, are now equal to or, for some parameters, better than those of southern regions. (Lemchuk-Favel & Jock, 2004, p. 41)

Like the previous example of the sweetgrass ceremonies in hospitals in Western Canada, these initiatives are not without some challenges. There have been various professional and legislative obstacles. However, the skepticism of

the mainstream health system to this type of traditionally-based care has mostly been conquered as doctors and nurses work in collaboration with midwives to provide a unique combination of cultural and contemporary knowledge and skills (Lemchuk-Favel & Jock, 2004).

It is essential to continue in this endeavour, not only to make health care more accessible to Indigenous peoples, but also to broaden the range of possible services and methods of healing. Traditional healing and western medicine are distinct fields. Having been involved with both, Mehl-Madrona (1997) recognized early that both were immensely, and differently, important.

Exploring and understanding traditional Indigenous means of being well can complement the Western healing system that is in place throughout the world today. By working with the traditional knowledge keepers, or Elders, it is possible to bring forward the principles and practices of Indigenous healing and use these valuable tools to improve health.

Indigenous peoples throughout the world have sustained their unique worldviews and associated knowledge systems for millennia, even while undergoing major social upheavals as a result of transformative forces beyond their control. Many of the core values, beliefs, and practices associated with those worldviews have survived and are beginning to be recognized as being just as valid for today's generations as they were for generations past. (Barnhardt & Kawagley, 2005, p. 9)

The purpose of this research project was to explore traditional Indigenous concepts of well-being and to determine if traditional methods of being well can be used in concert with the Western medical system in order to improve health outcomes for Indigenous peoples.



This exploration was accomplished through interviews with 3 Indigenous Elders. The specific interview questions used to initiate dialogue and find these answers were as follows:

1. How did you learn about being well?
2. What is your current understanding of being well?
3. Does the Medicine Wheel teach us about well-being?
4. In your opinion, what is causing the high levels of ill-health in the Saskatchewan Indigenous population today?
5. What knowledge can we use to return to a better state of well-being?
6. Can traditional Indigenous knowledge work together with western biomedical knowledge to improve health? If not, why? If so, how?

## Chapter Three: Methodology

This study employed a phenomenological approach through narrative inquiry. This method is both scientifically accepted and culturally appropriate in the Indigenous community as it honours the lives and stories of the Elders as does the oral tradition. In Barton's work looking at Indigenous experiences of living with diabetes, she has found that "narrative inquiry may be used as a relational methodology and as an innovative research approach for use in an Aboriginal cultural context" (2004, p. 525). She further states that thoughtful examinations through the process of narrative inquiry will produce new kinds of knowledge. This production of new knowledge is essential to the future of Indigenous healing as it is imperative to generate knowledge that is beneficial and healing (Duran & Duran, 2000).

Questions were posed to Elders in open-ended interviews to elicit narratives to aid in the understanding of traditional concepts of well-being, and to discover where these intersect with and complement the Western or mainstream approaches to health. Through these narratives I hoped to discover how traditional concepts of well-being traditionally contributed to the well-being of Indigenous people and how these traditional principles of well-being might be applied in order to improve the health of Indigenous people today.

### 3.1 *Need for Culturally Appropriate Methods*

... epistemological differences between Euro-western and Indigenous worldviews imply an inherent flaw in any attempt to apply Euro-western methods to Indigenous contexts. The study of Aboriginal cultural phenomena through a non-Aboriginal epistemological lens can only yield findings that are distorted and incorrect. (Absolon & Willett, 2004, p. 11)

To include culturally sensitive research methodologies and methods in the study of Aboriginal health is important not only to the inclusion of a significant proportion of Canadian society, but to improve health outcomes more broadly. The move toward new paradigms of research follows the agenda of decolonization that strives to recover the health and wellness of Indigenous peoples (Ermine et al., 2004).

According to Absolon and Willett (2004), in Indigenous culture, research has traditionally been undertaken to learn about medicines and the natural world, to educate and share knowledge with the younger generations, and to learn about cosmology. This study sought to follow in this tradition – to learn about medicine and to pass on knowledge by seeking insight into traditional understandings of wellness and how it can be achieved.

The pertinent literature on Indigenous research contains numerous examples of cultural bias and clearly racist research practices, nonetheless, researchers continue to use these racist methods in working with Indigenous people (Duran & Duran, 2000). These practices privilege Western systems of thought and methods of research. This must be challenged in order for real change to occur in Indigenous health status. The need for ethical research in an Indigenous context is not to 'return to the teepee', or the lifestyle of Indigenous people prior to contact; rather it is to restore balance to contemporary daily life in a way that respects the cultural values of Indigenous peoples.

Normally, rather than trying to appreciate Indigenous knowledge as a distinct system of knowledge, researchers have attempted to force Indigenous

knowledge to fall within the academic groupings of Eurocentric knowledge (Battiste & Youngblood Henderson, 2000). There is a need to use Indigenous methods, which recognize and hold valuable Indigenous voice, experience and culture, such as learning circles that generate knowledge and healing (Absolon & Willett, 2004), or through participatory action research or community based research that engages Indigenous communities in all aspects of the research as equal partners (Canadian Institutes for Health Research, 2007). Using these methods in research addresses the need for acceptance of Indigenous knowledge and values in their own right as valid and valuable (Duran & Duran, 2000). The failure to use Indigenous methods may cause researchers to miss the chance of “developing deeper insights that might lead them into a vast, unforeseen realm of knowing” (Battiste & Youngblood Henderson, 2000, p. 39). As Brant-Castellano (2004) asserts, contemporary methodologies must be tempered by methodologies that are compatible with Aboriginal methods of investigation and validation.

The need for Indigenous methods that reflect Indigenous knowledge and values is seen in the persistent tendency in Eurocentric research to pathologize Indigenous communities themselves and focus on the ‘Indigenous problem’ rather than viewing issues in a more holistic way (Smith, 1999).

A continuing legacy of what has come to be taken for granted as a natural link between the term ‘Indigenous’ (or its substitutes) and ‘problem’... many researchers, even those with the best of intentions, frame their research in ways that assume that the locus of a particular research problem lies with the Indigenous individual or community rather than with other social or structural issues. (Smith, 1999, p. 92)

Therefore, it is essential to look at these from an Indigenous perspective, recognizing Indigenous colonial history and Indigenous culture, and to consider the determinants of health that contribute to the health challenges of Indigenous peoples. As such, an Indigenous research methodology needs Indigenous models (Absolon & Willett, 2004) such as oral histories or consultation with Elders.

There are challenges to establishing Indigenous methods in an academic setting. As Zolner states, her research was only valid from an academic viewpoint because a social scientist had already “written about the process and published it, thereby making it autonomously authoritative...” (2003, p. 99). Thus, just as this study seeks to integrate Western and Indigenous health systems, it will start with a methodology that integrates Western and Indigenous research methods. In this case, this will be accomplished by speaking with Elders, the traditional knowledge keepers and translators, in a way that is accepted in the Western scientific paradigm, semi-structured interviews, in the hope of continuing a new tradition begun by Indigenous scholars.

Much like the resistance to the outlawing of cultural practices in this country at the turn of the century that manifested in the continued, albeit underground, ceremonial activities, Indigenous researchers have, despite the restrictions of the western research paradigm, creatively applied and integrated cultural practices and protocols into their work. (Sinclair, 2003, p. 133-134)

The resulting methodologies tend to deal with cultural protocols and values as an essential part of research. They are ‘factors’ to be built in to research and to be openly affirmed as part of the research design (Smith, 1999).

This creates an additional element to research designed and conducted by Indigenous researchers. Absolon and Willett (2004) point out that Indigenous researchers have the responsibility to continue to develop processes that are entrenched in our own epistemological contexts. Ermine (1995) agrees with this concept of responsibility stating that it is our 'birthright' and responsibility to develop knowledge harmonious with the Indigenous idea of holism. Therefore, it is essential that Indigenous researchers have the space and support to continue an Indigenous research agenda that promotes a holistic approach to wellness (Martin-Hill, 2003).

In this way, we can create a research environment that celebrates distinct worldviews rather than continuing to compare others to what they are not. As Zolner, a non-Indigenous researcher asserts, "if we are not courageous enough to change, we reduce ourselves to using past research as a tyrannical precedent for future learning and perpetuate a vision of the world exclusively according to us" (2003, p. 110).

### 3.2 *Design and Methods*

Qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. (Denzin & Lincoln, 1994, p. 2)

It is important for researchers to understand the unique ethical principles that exist when conducting research with Indigenous peoples. In Battiste and Youngblood Henderson's (2000) discussion on the Royal Commission on Aboriginal Peoples Ethical Guidelines, they state that researchers need to follow appropriate protocol when working and communicating with Indigenous

communities. The oral customs and wisdom of Indigenous peoples need to be seen by researchers as important research resources. This is beginning to happen with recent and emerging research and literature and must continue.

Phenomenology is an interpretive theory that seeks to understand the meaning of experience within its particular culturally constructed setting (Struthers & Peden-McAlpine, 2005). It is therefore appropriate to develop an inductive process to the research that looks to gather results from the research itself rather than beginning with hypotheses and seeking to comprehend the participants' point of view (Sinclair, 2003). In this case, to gather results from the Elders' stories rather than beginning the research with set ideas of what will be found allows for a purer understanding of the Elders' experiences of the world.

A phenomenological approach was uniquely suited to this research project: "The conduct of phenomenological research studies among Indigenous peoples has resulted in the identification of a seamless link between phenomenology and the Indigenous oral tradition" (Struthers & Peden-McAlpine, 2005, p. 1264). Phenomenology attempts to preserve the Elders' stories of being well and their meanings in a written format. The narrative inquiry method used within the phenomenological framework allows the best opportunity for eliciting the essence of experiences through in-depth conversation (Morse, 1994). It is through this method that the richness of data regarding traditional well-being can be found.

The use of narrative inquiry in an Aboriginal context is highly successful due to the distinct similarity to the traditional oral nature of the Aboriginal culture.

The traditional teachings and ways of learning in traditional Aboriginal societies have existed primarily through the use of stories and personal experiences just as narrative inquiry seeks to elicit storied and experiential knowledge. Narrative inquiry is well placed to fulfill both scientific excellence as an already established research method and cultural sensitivity by respecting the most significant method of translating knowledge in the Aboriginal community and allowing the stories to be told.

Within these frameworks of oral tradition and narrative inquiry, there exists a relationship between researcher and participant (Sinclair, 2003; Struthers & Peden-McAlpine, 2005; Zolner, 2003).

There are ways of knowing, and knowledge, which can be attained only through reflecting on, sifting, and exploring information acquired from talking to others. The researcher who undertakes this kind of inquiry must understand that he or she is an integral part of the meaning to be found. (Zolner, 2003, p. 95)

Smith describes this process in an Indigenous context:

Indigenous Elders can do wonderful things with an interview. They tell stories, tease, question, think, observe, tell riddles, test... Conversely, they can also expect that an Indigenous researcher will do the same back to them. The quality of the interaction is more important than ticking boxes or answering closed questions. (1999, p. 136)

These relationships represent important interactions that emphasize understanding and knowledge through personal and social experiences (Barton, 2004). In this sense, the story and the story teller serve to link the past and the future (Smith, 1999) and highlight the tenets of traditional Indigenous well-being and how these can connect to improved health outcomes in the future. Narratives or stories are a means of relaying information to others, telling of wisdom



gleaned through living, preserving common characteristics of a culture, and passing truths on from generation to generation (Struthers & Peden-McAlpine, 2005, p. 1270).

My interaction with the Elders made me a part of the stories that were told. Although a set of questions were guiding the interviews, many times the interviews went in other directions, such as discussion about family and community. The trusting relationships with the Elders made for an increased intimacy and confidence. I became a part of the knowledge being shared through perceived connections and stories the Elders decided I needed to hear. This was key – based on our relationships and on my descriptions of my work, the Elders decided what information was important to share.

### 3.3 *Participants and Protocol*

Indigenous perspectives of Indigenous knowledge are not found in the literature. To learn about Indigenous perspectives requires a different method of research. For instance, Indigenous thinkers in Canada know that to acquire an Indigenous perspective on knowledge requires extended conversations with the Elders. (Battiste & Youngblood Henderson, 2000, p. 41)

Indigenous culture is one of rich oral history; therefore, the concepts of traditional means of being well can best be explored by seeking the wisdom and knowledge of the Elders in a dialogue, rather than exploring written text. As Brant-Castellano (2000) explains, in almost all Indigenous societies, the knowledge of the Elders is highly respected and they are assigned the main responsibility of teaching. As Battiste succinctly states: “Elders are the critical link to Aboriginal epistemology” (2000, p. 201).

Nabigon (2006) also discusses the importance of the Elders' teachings and the respect that Indigenous peoples have for its transmission. These teachings represent not only the wisdom accumulated through the traditional lives of the Elders but the teachings of the ancestors given to the Elders. For millennia, the Elders have kept these teachings alive through the oral tradition so that others can live in harmony.

The three Elders approached to participate in this research are associated with the First Nations University of Canada and are therefore acknowledged on a broad scale as those who can help in educational and research settings. These Elders represent the teachings of the Saulteaux, Dakota, and Métis peoples thereby allowing an exploration of a cross-section of tribal knowledges of well-being in southern Saskatchewan. These Elders have been chosen by their communities as knowledge keepers as well as cultural and spiritual leaders and can thus provide great insight into traditional means of being well and how those can be accessed today in order to improve health outcomes.

These Elders were approached with an offering of tobacco. This is an essential element in requesting assistance and guidance from the Elders. At this time, the nature and purpose of the study were explained, including findings to date (i.e. what the literature review has said). Additionally, the request for the recording of the interviews by means of an audio device was made clear. "The practice of offering Tobacco in exchange for stories and ways of pursuing knowledge and truth has existed in... Indigenous cultures thousands of years" (Michell, 1999, p. 1). This practice has numerous purposes. The offering of

tobacco reinforces the ethic of reciprocity in a spiritual acknowledgement of interconnectedness, balance, and harmony (Michell, 1999). Michell (1999) further states that the process of offering tobacco for knowledge is a proper way of reestablishing the balance that is disturbed by the research. Taking time and stories from someone involves taking something from that person (Michell, 1999; Sinclair, 2003). The tobacco offering acknowledges this fact and is an expression of the respect due that person.

Secondly, the presentation of tobacco signifies a binding offering. It is a sacred gift from the Creator used to apply the teachings (Nabigon, 2006). The request bound with the offering and acceptance of tobacco represents a sacred promise. This commitment is between the individuals involved, and also with the grandfathers and grandmothers of the spirit world and must be honoured (KiiskeeNtum, 1998).

The responsibility that comes with offering tobacco must also be acknowledged. It is important to understand that the tobacco offering symbolizes responsibility and commitment on the part of both the giver and receiver (Sinclair, 2003). Additionally, "the value of respect inherent in the act prohibits the researcher from gathering and using the knowledge inappropriately and without reverence" (Michell, 1999, p. 6). My responsibility as the giver of tobacco was to use the knowledge gained responsibly and respectfully which I tried to do by presenting the Elders' stories and words as intact as possible and representing them as I believed they were intended. For this reason, chapter four is presented

as a description of the Elders' narratives and my thoughts about what these mean.

In addition to the tobacco offering to the Elders, an appreciation gift was provided at the close of the narrative interviews. Gifts are very important in Indigenous culture and represent the viewpoint of interrelatedness through giving and sharing (Sinclair, 2003). "And it, uh, you know, it makes a person, uh, an old person feel good when, when they're given tobacco because they know it's done the right way" (Mushum Sam).

Loss of protocol such as the giving of tobacco in situations such as this was an important point to the Elders. They spoke of this knowledge loss and how it affects both young people and Elders today. This loss was noted particularly by one Elder who discussed a young man who came to talk with him in what could be considered the wrong way:

Although he doesn't know, he doesn't realize the way you're supposed to, you're supposed to talk and ask, you know, with tobacco and stuff like that... But I forgive him for that because they don't know, they don't know. Those are, those are the things that I run into a lot of, you know. (Mushum Sam)

To follow proper protocol, in speaking with the Elders, people bring a tobacco offering and very often a gift of cloth, sweetgrass, or other token of appreciation, as I did with these interviews. In my opinion, it is unfortunate that this loss of protocol is occurring, but perhaps even more disturbing is the fact that those who should know better are falling into this pattern:

Like people will phone me and say, uh, 'we're having a feast could you bring your pipe?' See, you're not supposed to do that, you're supposed to go and see that person because you're dealing with the pipe, eh? And that's a sacred, that's a sacred object so, they have to come there and

give you tobacco and tell you. But, uh, you know, uh, you know, uh, I don't know, even the older people now a days.... (Mushum Sam)

It is especially important to follow protocol when dealing with a sacred object or ceremony, as this Elder points out. In fact, it would be most appropriate to present tobacco as well as a gift for such an important undertaking.

### 3.4 *Procedure*

Upon approval from the University of Regina Research Ethics Board (see appendix A), I visited the oskapewis (Elders helper) at the First Nations University of Canada Regina Campus. At this time, I inquired as to any specific protocol that should be followed as well as for assistance in setting up interview times for two of the Elders on campus. The third Elder was based in Saskatoon, therefore, I arranged that meeting by telephone after speaking with the oskapewis and travelled to Saskatoon at a convenient time for the Elder. I visited each of the Elders at the appointed times and provided a tobacco offering. At this time, I explained the nature of the thesis research and shared the work I have completed to date, including the general findings of the literature review and the methodological rationale. I then completed my request by respectfully asking the Elders if they were able to share their knowledge of well-being with me.

The act of offering tobacco allows them to become involved in the research process... Elders will normally accept the tobacco if she/he feels they can help. (Michell, 1999, p. 5)

Once the tobacco was accepted, the indication of an Elder's willingness to help, we proceeded to the next step.

Prior to the interviews, the consent form was presented and thoroughly explained (see Appendix B). There was a clear articulation of what consent meant in the study and what the Elders could expect through their participation. For example, they were informed that they were free to discontinue participation at any time without any negative effect and that their words would be kept anonymous, only known to the researcher and supervisors (if required). The Elders were given the option either signing the consent forms, or of recorded verbal consent. Many Indigenous researchers have sought consent in this way to honour the oral nature of Indigenous culture (Brant-Castellano, 2004; Zolner, 2003). Therefore, this process is not without precedent. As Brant-Castellano (2004) describes in a research project she undertook, oskapewis were made available to assist and recordings were made and confirmed with the Elders for consent and correctness. The purpose of these procedures was that the integrity of knowledge sharing has not received significant attention in the past. Zolner also relates a verbal consent process in her research with the FSIN:

The university considered signatures on forms and other documents to be essential; some of the people with whom I was working distrusted them. Treaties were also 'signed', and the implications of what a signature could or could not mean in terms of consent was debated. In the end, verbal consents were agreed to for people being interviewed. (Zolner, 2003, p. 104)

Despite being given the choice of verbally recorded consent, all three Elders chose to sign the consent forms, of which they were given a copy.

Allocating appropriate time for the interviews was also essential and it was considered that it may be necessary to visit the Elders more than once. It is better to reschedule a time with the Elders than to interrupt their stories. When

speaking with Elders it is a great disrespect to interrupt or to speak before they are finished what they feel they need to say. Sinclair (2003) reiterates the importance of this in her work and that to honour customary traditions of listening respectfully, she did not interrupt or move on to the next question until the narration was finished. For this reason, the interviews were semi-structured and the questions were very open-ended in order for the Elders to share the information and stories they felt were most important in understanding well-being and how Indigenous concepts of well-being can be applied in today's health care system.

Despite the readiness to meet with the Elders more than once, the richness of data realized in one interview each was more than enough for the purposes of this study. The interviews lasted between one to two hours and took place in each Elder's office. Generally, the discussions were around how the Elders learned about being well, current understandings of well-being and their ideas on collaborations between the two healing traditions<sup>2</sup>.

### 3.5 *Data Analysis*

The data analysis method chosen for this project was thematic analysis because extracting themes and groupings through thematic analysis most easily honours the idea of allowing the participants' words and intentions come through as uninterrupted as possible and are not forced into a specific coding frame. Inductive thematic analysis is a process of coding data without trying to make it fit into pre-determined themes or a researcher's fixed ideas (Braun & Clarke, 2006).

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<sup>2</sup> For a full list of interview questions, see Appendix C.

Through this type of analysis the narratives lead the process. “Thematic analysis provides a flexible and useful research tool, which can provide a rich and detailed, yet complex account of data” (Braun & Clarke, 2006). The recorded narratives were transcribed verbatim and coded into theme areas, with several sub-themes that will be discussed in the following chapter.

My process for inductively arriving at these themes began with several thorough reviews of the complete interviews, both the audio recordings and the transcripts resulting from the interviews. At this point, I identified several key themes based on both the prevalence of discussion on a specific topic area and relevance to the research questions. From here, a description of the narratives and a discussion of their significance to the research questions emerged.

To ensure the quality and trustworthiness of the data, the following points were addressed: credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). Transferability was ensured by presenting the research openly and transparently. This was accomplished by providing the interview questions, the research questions and presenting the words of the Elders as intact as possible. Presenting the research in this way also allows for replicability by other researchers. This ensures that the research has broader implications. Dependability has already been partially determined through continued communication with the Elders, however an inquiry audit (Lincoln & Guba, 1985) was also done throughout with my academic supervisors reviewing the research process and product. Finally, confirmability has been ensured through the



keeping of a journal, raw notes, transcripts and developmental information (audit trail) which can be made available in necessary.

Perhaps the most important point was that once the draft was completed, the results were taken back to the Elders and shared with them to determine whether the results were an accurate representation of their teachings. Credibility was established through these member checks, in other words, giving the findings back to the Elders to ensure they accurately reflected their words. There is always concern on both sides that the information gleaned will be “misinterpreted, misrepresented, or misused” (Zolner, 2003, p. 102). This process alleviated this worry, provided a measure of validity to the data, and honoured the Elders and their teachings as essential contributors to the research. The Elders were very supportive and appreciated the work completed to arrive at the themes presented.

Through these narrative inquiries with Elders in southern Saskatchewan, narratives were collected and synthesized in order to allow us to understand the enormous potential of traditional healing practices in improving health outcomes in the modern world.

## Chapter Four: Results

Because we know from our ancestors, from our great grandfathers, already we've lost so much, and... I feel, me, that recording things is a good thing. Even filming things, and you know, not as far as to go and take pictures of the pipe and stuff like that as it's being used, or go inside of a sweatlodge and measure the heat and stuff like that... but you know, the other things that we know as oral history and... I think the medicines that are out there... and those kind of things have to be recorded.  
(Mushum [Grandfather] Sam)

At the start of each interview, the Elders expressed their appreciation for the tobacco offering, stating that they were pleased that proper protocol was being followed. The first Elder chose to pray over the tobacco to begin our dialogue, asking for my work to be successful and for good discussions to take place. For this, I was extremely grateful.

The interviews contained a great deal of the Elders' wisdom and traditional knowledge. Overall, the interviews were very positive in understanding how traditional concepts of well-being are recognized in the world today and how it is possible to live in two worlds, being healthy through both modern traditional means as well as through collaboration. The key themes that came from these interviews are: a) loss of cultural identity and resilience through evolution and re-creation; b) tools for traditional wellness; and c) Indigenous and Western health systems working in tandem.

### *4.1 Loss of Cultural Identity, Self Medicating and Challenges*

The loss of cultural identity has plagued the Indigenous community, especially since the residential school era. This lack of identity has led to a

number of negative health behaviors such as substance abuse and suicide ideation. Each of the Elders had contributions to make to this discussion. One particularly poignant statement by one Elder who worked with youth was as follows: "I'd ask 'em, 'Are you Cree?' 'I don't know', you know, see they didn't know what, what nationality, or what tribe they were from" (Mushum Sam). For the young Indigenous people today to not have a sense of their tribal or cultural background is, in my opinion, tragic. It would seem that the Elders agree based on the above quotation.

One can conclude that the residential school system had a significant role to play in this development. The process of forced assimilation resulted in lost cultural identity and the effects are still being felt today as parents and grandparents have lost their cultural knowledge and are therefore unable to pass it on to younger generations.

This culture or identity loss has many trickle down effects. For example, in a search to belong or develop an identity, many young people are turning to negative lifestyles such as the gang life:

...there's many people, who, sort of, are lost, many young people, young Indian people who, and they're searching for things and they sometimes come up with the wrong answers, and like, being in gangs is really looking for somebody to relate to in many ways. (Mushum Joe)

The other Elders spoke to this turn to negative lifestyles as well. A sense of identity that is now missing in the younger generations led to many difficulties in addition to the gang lifestyle including issues with substance abuse. The use of drugs and alcohol is well documented in the current literature regarding Indigenous health (e.g., Health Canada, 2000; Regina Health District, 2000;

Sinclair, Smith & Stevenson, 2006) and the Elders explained why substance abuse is a problem for Indigenous people:

Certainly booze and drugs and all of these sort of things, they... create... situations where..., there's... I guess people sort of self-medicate and if you, if you, if you grow up and you have very little confidence in yourself, you know, about who you are... I guess it's a relief of some sort to be able to forget that from time to time... And it, for a while it relieves you, but when you come back, it's twice... well, it's, it's worse when you come back. (Mushum Joe)

The effects of this abuse are far-reaching, leading to other health issues such as violence, suicide, and accidents. These affect Indigenous communities at disproportionately higher rates than non-Indigenous communities (Health Canada, 2000; Kirmayer et al., 2000; Smylie et al., 2004). For example, suicides are rampant in many Indigenous communities (Chandler & Lalonde, 2008; Kirmayer et al., 2000). These have been related to abuse of substances as well as domestic abuse, poverty, unemployment, poor self-esteem, and other issues. In Chandler and LaLonde's (2008) work in British Columbia, they found that First Nations youth took their own lives at a rate of between five and twenty times higher than in non-Indigenous populations. According to Health Canada (2000), all First Nations age groups up to 65 years of age have an increased risk of suicide compared to the non-Indigenous population.

The effects of culture loss also include the spiritual. Drugs and alcohol inhibit the ability to connect with the Creator to find the purpose and meaning in our lives:

*Creator has a purpose for all of us, so we must fulfill that. And sometimes our lives are short-lived. God gives us life, but we have to maintain that life... It's like these kids and drugs, and drugs, and stuff like that, well, they're, they're abusing their time on earth, you now... And there's not a*

thing that God's gonna do to change that, until they change, you know.  
(Mushum Bob)

The reasons for culture loss today go beyond residential schools and the process of colonization. Contemporary influences also have an effect on the loss of culture and the inability to regain this connection. Technological advances certainly play a role in this problem. For example, pervasive media, such as television, video gaming systems, and so forth, lead to numerous problems most significantly creating a sense of ambivalence toward remembering and seeking time with the Elders to learn about traditions and teachings about being well.

One could also speculate that another reason for culture loss is the disconnect between young people and Elders. In fact, in Sinclair, Smith and Stevenson's (2006) work, they found that this disconnect was widespread. As one of the Elders stated, the young people do not know the protocols, which indicates a lack of knowledge in other traditional areas such as how to pray or access ceremonial opportunities. If the relationships with Elders can be built, people could learn to access their personal power or energy to improve wellness.

#### *4.1.1 Resilience through evolution and re-creation*

The fact that teachings about spirituality and well-being have survived and continue to be passed down speaks to the resilience of Indigenous people and culture. "But you know, I guess we're a resilient people, I guess we survived a lot. And had we not been like that, I guess we'd have been extinct a long time ago" (Mushum Sam). Our people, teachings and culture have not died and it is important to take advantage of that resilience in remembering how to be well.

The resilience of Indigenous people and culture illustrate that traditional means of achieving well-being can still be applied and have value in today's world. Developing an understanding of ourselves and what our cultural beliefs mean to us can be a powerful means of gaining a sense of self-worth.

I think getting to know yourself is really important, why... you are Dakota or Ojibwa... and why your people have survived so long... How come we survived for this flippin' long... in spite of all the things that... people have done to us, 'cause there's got to be something valid and, and something that keeps us alive... they had a sense of self and a sense of... of worth in their own right. (Mushum Joe)

This sense of worth can be regained through our spirituality and by learning the lessons of the Medicine Wheel, in finding that delicate balance between our mental, physical, spiritual and emotional selves: "... we believe that every individual, you know, knows what works... knows what works for him or her" (Mushum Joe). This sense of worth and understanding of ourselves allows us to take ownership of our own health and wellness. Indigenous people are resilient and this ownership over our own health will ensure that Indigenous people will continue to survive and thrive.

This resilience could also mean that Indigenous culture has adapted over the years and will continue to evolve and recreate itself. "The Elders that you're going to be talking to in ten to twenty years from now... will have a different point of view altogether" (Mushum Sam). Just as people adapt to changing times, so do systems of belief and knowing change with them. Traditions have carried on and adapted to changing times. The Elders recognize this and are able to teach us in a modern way with modern beliefs: "I guess, I don't know if you... if it's right to say a modern sort of an Elder, you know, but, uh, that's the way I, I look at

myself is that, I try and do it like that so these young people understand...” (Mushum Sam). For example, some alterations to ceremonies have been made such as allowing diabetics access to needles and a base amount of sugar during fasting ceremonies (i.e. Sundance, Vision Quests) (Martin-Hill, 2003). The framework of the Medicine Wheel has not changed, but the ceremonies that might be required to attain the balance prescribed by the Medicine Wheel have changed such as using new and more convenient materials for a sweatlodge. Again, this allows for Indigenous culture and knowledge to thrive in the modern world.

#### *4.2 Tools for Traditional Wellness*

Four tools for traditional wellness were identified through the Elder interviews. These were: 1) spiritual balance found through music, storytelling and prayer; 2) personal healing: tapping cultural and personal healing power; 3) Medicine Wheel as a self-assessment tool; and 4) the natural world as a source of healing and medicine.

##### *4.2.1 Spiritual balance found through music, storytelling and prayer*

Well, the first thing... to be healthy is spirituality, and mind and soul. Your mind has to be healthy before the rest of you is healthy. (Mushum Sam)

Spirituality was by far the most often discussed factor with respect to health and wellness. All of the Elders stressed the vital importance of spirituality in being well. They spoke of the importance of a personal sense of the spiritual as an integral part of each individual's approach to overall wellness.

In addition, as discussed in chapter two, the health of Indigenous people began to decline after contact with European settlers. As laws were enacted to prohibit the ceremonies of Indigenous people, the health of the people began to decline since access to ceremonies, that were both healing and a part of the social construct of Indigenous groups, became more difficult. These were not impossible to find, but they had to be done illegally and secretly. These ceremonies are the greatest link to Indigenous spirituality and can therefore be seen playing a vital role in health and well-being within the Indigenous community as there is a direct link between the loss of cultural rites and the deteriorating health of Indigenous people. As the Elders emphasized, regaining this spirituality is the key to improving health for Indigenous people.

There is a great deal of the traditional spiritual life that is practiced in most Indigenous communities. For example, prayer, meditation and smudging were all mentioned as spiritual activities that have and still take place on a daily basis.

Your body is home of your spirit. And they did a lot of things spiritually, spiritually they would... grandpa would smoke his pipe in the morning, and then he would ... smudge a little bit, you know. He would pray. And that's, that was every day. (Mushum Bob)

According to the Elders, there are a number of ways to find spiritual peace. One of the Elders talked about spiritual peacefulness as integral to wellness and the different means of achieving that peacefulness: "Good music, good sound, a, a good flute, you know, it's a good source of, of healing. It's the mental relaxation, and the physical relaxation, and spiritually, spiritually at peace. That is how you know you're well" (Mushum Bob). This relaxation in all aspects of our being allows for the kind of spiritual peacefulness this Elder discussed. As



Mushum Bob discussed here, mental and physical relaxation and spiritual peace are all interrelated; spiritual peace can facilitate mental, emotion and physical relaxation. This supports the idea mentioned by Lux (2001) that there is little differentiation between the physical and spiritual worlds.

Mushum Bob also mentioned music in relation to spiritual peacefulness. Music has long been an important part of Indigenous culture and can be used as a means of connecting with the spiritual. I find, personally, that once I hear the beat of the drum, I feel instantly more at peace, much like Mushum Bob and the sound of the flute. Music can be a significant source connecting with one's spiritual nature bringing with it a sense of calm and peace. The importance of music was also found in the review of literature. For example, Absolon and Willett (2004) discuss songs as an important connection to culture and identity. This connection allows us to experience spiritual peace by putting us in touch with ourselves.

There was a lot of things that, that we sang... a lot of singin' and a lot of storytelling, certain stories that evoke... peace and calm. And... certain songs that evoke the same kind of peace and calm within the... mind and the physical body, and your spiritual self is, is basically the... roadway to... a healthy mind and healthy body. (Mushum Bob)

In this case, storytelling is also a means of finding spiritual peacefulness in addition to being an important way to share and pass down traditional knowledge. The peace and calm that come from the stories both in tenor and in understanding the world contribute to personal wellness. As discussed in chapter two, Indigenous culture is very oral; traditions and knowledge are shared and

passed down through storytelling and narratives, but as Mushum Bob stated, there are other reasons for these stories to evoke peace and calm.

Another way in which to find spiritual peace is through prayer. This connection with the spirit world and a greater power than us is common. Cultures throughout the world espouse the benefits of prayer and it is no different for Indigenous people.

... the other thing that, that most Elders do is they pray a lot. They're in much closer contact with people who have gone to the spirit world, they recognize the power that's, that's in the universe and how they can use that. And, you know, like, when I teach, in the morning I say a prayer, I do smudging, and I pray that people will understand me... and ... and really prayer is really, very much a part of many Elders' lives. (Mushum Joe)

Prayer allows for an intimate connection with the spiritual world. As Ermine (1995) explains, prayer and meditation become power in Indigenous ways of knowing, thus in our healing journeys. Prayer is used to attain spiritual peace by helping to cope with life's stressors. Two of the Elders, when discussing prayer, mentioned the importance of managing stress:

I guess a lot of it was avoiding stress... find the things that... make you happy... But there are things within... our culture that... help us do those things. Like my grandfather, he said, when you go to a ceremony, a sweat, a pipe ceremony, whatever, you should feel that that's where you're supposed to be... you're destined to be there, or that's... where you should be and you should be happy with yourself being there, and you should be happy with who you are and that this is part of you, whatever ceremony that is..., and in that sense, everything becomes a ceremony, singing, dancing, walking, ... breathing... and you should be happy with all of those things, so that you... maintain a harmony or equilibrium. (Mushum Joe)

One can surmise that the stressors affecting Indigenous people today contribute greatly to ill-health (as discussed in chapter 2). One of the Elders talked about how these things were dealt with traditionally:

And so, you know, anger and confusion and stress were... continuously dealt with every day through prayer and meditation... I'd see... see my grandmother and my grandfather especially, who would just, you know, just light his pipe and he would just sit there... he was actually meditating, meditating and asking for the will and the power to remove some of the pain.... (Mushum Bob)

This connection to a greater power is integral to the spiritual peace of the Elders, thus leading to their feeling of wellness. According to the Elders, a calm and peaceful spirit allows us to open up to receive healing in the mental, physical and emotional parts of our being.

#### *4.2.2 Personal healing: tapping cultural and personal healing power*

I never say I'll, I'll be able to doctor<sup>3</sup> you. I'll tell them that I'll do my best, and if, if I can, if I can heal you, that's good... I use the spirit world, the people from the spirit world and uh, my kokums and mushums that are around me. That's the ones that help me doctoring. I, I never say I'm the one that doctored them, it's always spirits that, that do that. (Mushum Sam)

The connection to a greater power is also important to the process of healing. As another of the Elders stated: "... as part of creation we are sacred, which means that we have a great deal of power, energy" (Mushum Joe). This power is for the most part untapped as evidenced by the disparities in health status that remain today and the number of young Indigenous people who lack cultural knowledge and the means of accessing their power. The Elders noted that we have lost the knowledge of important methods of traditional healing such as prayer, meditation or ceremony. "I was taught to think away my, my pain... You,

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<sup>3</sup> Some Elders use the term doctoring for the healing they do. In my view, this is much like the use of the term 'medicine' as discussed earlier in the thesis – it encompasses the act of healing as well as invoking the help of the spirit world.

of course, you had to believe in something to do that, greater than yourself, which is the grandfathers... who are the children of the Creator” (Mushum Bob).

This power extends to individuals in their own ability to heal. All of the Elders discussed an ability that individuals have to heal themselves. For example, one of the Elders related that when he doctors people, fifty percent of the healing is the patient because they have a strong ability to help heal themselves. Presumably, the more an individual knows of their culture and the more they learn about connecting to that world of spirit with the help of the Elders, the healthier they are able to be. As the sense of identity and the ability to relate to traditional teachings happens, the more complete an individual's Medicine Wheel journey can be, thus creating a greater sense of well-being.

The importance of a connection with the spirits and Creator in healing is clear in these Elders' words. From doctoring to personal healing power, this connection is vital. Many Indigenous people today have healing to do and as has been previously discussed, have lost the connection to their culture and by extension to the spirit world and Creator. Accessing this power or energy is an excellent means of beginning to heal ourselves. This can easily be done through visits with our Elders who hold so much knowledge and by looking within ourselves to find our power, which will be addressed in the following section.

#### *4.2.3 Medicine Wheel as a self assessment tool*

Like the old people said, you have to... be happy with yourself and you have to know yourself, you have to be honest with yourself. And if you look at... things like Medicine Wheel teachings and that sort of thing where we have, we perceive ourselves as having... components,

intellectual, physical, spiritual, and emotional components, which have to be in... harmony. (Mushum Joe)

This idea of knowing oneself is an important aspect of learning from the Medicine Wheel, and thus attaining or maintaining well-being. Being honest with oneself, like this Elder mentioned, allows a person to see one's path, what needs to change, and what one's individual strengths are:

One of the things that the Medicine Wheel does is that, it affords you the opportunity to assess yourself at any time and if you're unhappy with any aspect of your... own make up, you should know what to change, how to change it. (Mushum Joe)

By thoughtfully examining ourselves and each of the four aspects of our being, we can identify any imbalances that may exist and take steps to correct the imbalance.

As mentioned earlier in chapter two, a Medicine Wheel journey is very individual as no two people will see the same thing when examining themselves. The Medicine Wheel is an important tool to guide individuals to a balanced sense of being which in turn leads to improved overall health both according to the Elders as well as other sources (i.e. Bopp et al., 1984).

Not only is the Medicine Wheel an individual journey merely because we are all different, but because our experiences will differ from others' as well. All of our experiences make us who we are and how we react to these things is an important part of our own make up and our own wellness:

... it's really important that you be honest with yourself... so, all that are part of... understanding yourself. And it's really, extremely important that you recognize that there are other powers that affect your life and, and they're necessary for, for your survival in a holistic sense, in a holistic sense of wellness. (Mushum Joe)

In our Medicine Wheel journey, it is important to consider how our environment affects us as well as looking internally to find balance. One Elder specifically talked about how we react to the outside world and the need to scrutinize these reactions for any negativity and deal with that as those reactions are a part of who we are and what we experience in our wellness journey:

When you look at the circle and the... energy that's created... within the circle, or when you look at time in a circular manner rather than a flat line... time. All these things... everything depends on each other, and anything that we do, say, whatever... has, creates a reaction somewhere. (Mushum Joe)

This quote speaks to the interrelationships between all things. "We are all related and... our actions affect our environment... the mere observance of a thing changes it" (Absolon & Willett, 2004, p. 7). Therefore, what is around us will affect our experience of well being and it is important to monitor our reactions to our surroundings.

Keeping in mind all of the factors of the Medicine Wheel and those correlations within ourselves throughout our journeys, we can improve our well-being: "It's the wellness... within your mind, heart and body, that maintains your health, it maintains the stability of mental, spiritual, physical and [emotional] health. Health and wellness" (Mushum Bob). The Medicine Wheel gives us the opportunity to see and realize wellness. By exploring and pursuing the balance of all aspects of self, we have the opportunity to see where we may be lacking and where we have strengths to draw from.

#### 4.2.4 *The natural world as a source of healing and medicine*

But, like the old people, they say that everything in creation is sacred... and everything in creation is doing exactly what the Creator wants it to do... Also, when people die, go to the spirit world, they also become a part of the people that we can beseech and they can carry our prayers... So, in that sense, we're at the bottom of the list, of the hierarchy if that's what it is. And so we need all of these things, more than, more than they need us, which means that... if all humans died, nature would keep on going quite happy... But if all of nature went, we'd have one hell of a time tryin' to survive. (Mushum Joe)

Another important aspect of wellness is a connection with the natural world. As Martin-Hill (2003) explains, Indigenous medicine is very much tied to the traditional lands of each Indigenous group. As she further explains, Hopi (a southwestern United States tribe) knowledge of medicines for poisonous snake bites would not be known or practiced in the north. Medicine is tied to place. Indigenous peoples have always had a very strong connection to the land and the environment. While this previously meant hunting, trapping and gathering activities as well as many different types of ceremonies, according to the literature and my own knowledge, it does not necessarily mean we need to return to all of those activities in order to have a connection with the natural world. One Elder spoke of the good air outside and taking the time to appreciate and observe the world around us, whether by observing the birds or walking through the forest. We can also participate in the many ceremonies that take place such as pipe ceremonies, sweatlodges, rain dances, etc. which are all rooted in the natural environment.

The importance of the natural world is clear from the first quotation of this section. If the natural world was gone, humans would not be able to survive.

Therefore it is important to know and respect this world:

... you learn that association with that world by... being very, very careful, always careful where you're at and what you do in, within nature. You cannot run around harshly and go tearing around the bushes... We had a little bush around our shack, it was, it was about maybe a quarter of a mile in one direction and a half a mile in the other direction. We got most of our food from there... That world is another world, it's the animal world, the animal world must be kept peaceful.... (Mushum Bob)

Although fewer people are living as this Elder did, getting most of their food in a small area of bush, it is still important to respect and acknowledge our reliance on the natural world in our well-being, not only physically (i.e. animal and plant foods) but also mentally and spiritually:

So, a lot... of the... healing was basically... around relaxation, good breathing exercises and... walkin' around listening to nature, the birds, you know, the robin... Somehow that robin knew we were listening to it, you know. (Mushum Bob)

For the Elders the natural world was a source of power and healing. As this Elder further states: "I spent a lot of outdoor... time, you know, trying to understand the world around me in order... for me to sustain my life from it, you know" (Mushum Bob). This Elder as a young man was very ill, suffering from epilepsy due to a difficult birth and tuberculosis as a young child.

The importance of the natural world should be acknowledged and cared for as it remains a source of food, medicine and healing for all people. The Elders spoke in depth about the natural world and how important it is to healing mind, body and spirit and for us to keep that intact for generations to come. "It's up to us to make sure that all of those, you know the Saskatoons, the medicines... are



there for our... children and grandchildren. And, and just sort of translates into a kind of stewardship, of all the things around us" (Mushum Joe).

Nature as medicine is important to consider when looking at traditional healing. A great deal of medicines, both Indigenous and Western, are derived from the natural world through roots, herbs, plants and animals. In fact, as one Elder states, many Western medicines were first discovered or used by Indigenous people:

Most of the plants we pick are in all the antibiotics and all the stuff we've, we've learned... come from plants anyway, that was learned from Indigenous peoples... And so, it's just that the reference is given... the sources and references of the medicines, of the discovery of these medicines are never accredited to... the people who, who gave it... the discovery of aspirin, the discovery of... penicillin. They found out that these Indians used to... find these molds and certain kinds of molds and they'd wrap it around... their arm. And somebody discovered that and they, and they the doctors got into the lab and they found this penicillin. (Mushum Bob)

Regardless of the source, these medicines are essential in the healing sciences, Indigenous or Western today, so, therefore, are the environments in which they are found. These environments must be protected.

The way medicines are found in Indigenous healing are certainly different than Western medicines, but still very much available to those who seek them and are valuable sources of healing. One of the Elders who learned many medicines from his grandmother stated that she never specifically told him what medicines were good for; he just carefully observed in order to learn. The way his grandmother and other Elders learned is perhaps more complex:

And I tell them, you know, we didn't go to the bush and start trying all kinds of roots and see if they work. I said, that was all given to us through the grandfathers and the grandmothers' dreams... that came to them in

their dream and, and they were told this is the way you, you doctor this person. And that's what, now that's what we have. (Mushum Sam)

Another of the Elders reiterated this statement:

...the way they found medicines was... to go out there and meditate and, and dream. They would dream of a certain plant and then, of course, they would, they would actually again, go and seek that plant. And the spirit of that plant would lead them toward the plant.... (Mushum Bob)

In a story related by one of the Elders one can see how meditating, praying, or dreaming for medicines happened:

I said, 'don't, don't bother anything', I said, "just, you know, we'll make our offering first before you even start thinking about it", I said. So, we smoked the pipe, made our offering, and hung them out right away and put the tobacco down and everything and we couldn't see it. 'You know', he said, 'that stuff grows all over here, and I, I don't know if somebody might have... come and pulled it all out'. So, uh, I didn't say nothing, you know. He... he was way, I could hear 'im way in the bush over there so... So I went and got a handful of tobacco and I went and... I prayed in front of this little tree, there was a little, a little evergreen in front of me there, and I was praying, and in my mind I could see that little plant... It was standing right beside this tree. So, and I kept on praying and I was... thanking it that I was seeing it, eh. So, when I opened my eyes there he was standing there. And all over the place you could see those... and now every time I use it, I say thank you to that... little fern for, you know, letting me see.... (Mushum Sam)

This illustrates the importance in Indigenous medicine of doing things in a respectful and proper way. This differs from Western medicine in that these medicines are dreamed and prayed for, given offerings for their use and carefully harvested as these Elders explained. This careful and detailed process yields potent and effective treatments to complement our inner ability to heal.

One final thought for this section is that "... your spirit is the one that gives you the will to continue living, your spirit is the one that gives you the power to, to get well, and the power to...accept healing from other sources when your own...

inner source of power is weak...” (Mushum Bob). Taking medicines that come from the natural world is a natural process when our body and mind are unable to give us proper healing.

#### *4.3 Indigenous and Western Health Systems Working in Tandem*

There’s collaboration, and it’s... workin. (Mushum Bob)

This thesis has sought to separate and examine Indigenous medicine concepts in order to bring it back to a center of ethical space where it can be recognized as a valid and valuable source of healing. This section discusses how the Indigenous and Western systems of healing can work together to create improved health outcomes.

The Elders were clear that the two healing systems can definitely work together to improve health for both Indigenous and non-Indigenous people who want the benefit of being able to choose a combination of treatments. Just as the journey around the Medicine Wheel is an individual journey, healing can be the same type of journey.

In speaking with the Elders, I asked about the All Nations Healing Hospital in Fort Qu’Appelle, SK and if it was a model we can build upon for future collaborations. I chose this example because of its location in the Treaty Four territory of southern Saskatchewan and as a local example of how two systems are already working together to improve health outcomes, not just for Indigenous people, but all who are treated there. All of the Elders emphatically agreed that this was the case.

The All Nations Healing Hospital is owned by two Tribal Councils – the File Hills Qu’Appelle Tribal Council and the Touchwood Agency Tribal Council – and is funded through the Regina Qu’Appelle Health Region. It includes services found in most hospitals such as emergency services, palliative care, x-ray and laboratory services, etc. as well as cultural services like access to ceremonies and cross cultural education (File Hills Qu’Appelle Tribal Council Health Services, 2005).

We wanted a place where Indian people could come and be healed in a way that they understand... a place where they would feel comfortable. For many, like, traditional Indians, when they go into a, a normal, western hospital, especially if they don’t talk English, they lose complete control of their lives. (Mushum Joe)

This loss of control can be a terrifying experience for patients and the ability to choose what feels best for them can act as a powerful healing method for each individual by giving back some control over the healing process. As one of the Elders earlier said, each person knows what works for them. This knowledge of what works for each individual is not always enough, as our minds, bodies, and spirits may be unbalanced or weakened, but individuals that have come to know themselves can provide valuable input into their own healing thus providing a sense of control over the healing process. This approach differs from the Western biomedical model that has in the past looked at doctors as the ultimate expert with the patient receiving doctor-as-expert-centred treatment. However, there is a significant movement toward patient-centred care that considers the patient’s input in articulating their own health needs:

... if somebody is feeling... bad, and so, okay you want to smoke a pipe, you wanna smudge yourself, you want a sweat, it’s there. They’re not

prescriptive... but they're there. And that's part of maintaining that wholeness within the individual, that... feeling... of being wherever you are supposed to be... and you say, what I really need is a sweat, I'd like to be in a sweat, I like how I feel in a sweat, I like how I feel when I come out of that sweat. And that is part of wellness too, so at the All Nations Healing Hospital, if that's what you wanna do, okay. And there's Elders there... who can come and talk to you, help you.... (Mushum Joe)

It is important to note that it is not just Indigenous people that reap the benefits of the treatments in hospitals such as this and it is also important to note that the All Nations Healing Hospital is not the only one of its kind. For example, Lux (2001) wrote of a healing centre that was very successful in its combination of treatments for all people. Mehl-Madrona (1997) talked about how the two traditions could work in harmony, and the Elders also reiterated this:

There's other hospitals that do that sort of thing. And uh, and it makes people more comfortable... and I think what makes it... but like... anybody could go to that hospital, you don't... have to be Indian... and you all get the treatment that... you want. (Mushum Joe)

The diversity that is present in these healing environments is positive for all involved: "I guess we should be looking at diversity as certainly interesting people who have new approaches, who can teach us things... and in some communities there really is people who embrace diversity as good..." (Mushum Joe). Diversity is not necessarily a new concept brought about with European colonizers. There is significant diversity between tribes as in creation stories, lessons of morality, customs, etc. For example, Mushum Sam discussed the influence of southern Sioux tribes on traditional dress. He explained that elaborate regalia that is seen today was much more understated until the southern tribes demonstrated intricate bustles (cluster of feathers worn on the body) and dress style. Diversity should be embraced as Mushum Joe stated. One can benefit from different

approaches as they provide even more treatment options for any given health issue.

The ability to choose between diverse healing methods is an important factor in taking ownership of one's own health and well-being. It can be a powerful tool which is recognized by many people in today's healing environment: "[there are] doctors... who are really understanding about... Indians' concept of wellness and... the relationship to things in the... world around them" (Mushum Sam). Further, Indigenous medicine is being more widely acknowledged in the mainstream as an effective source of healing. In relating the story of an individual with a weak heart, one of the Elders acknowledged this:

There was a person whose heart was so bad they had to change his heart and they went to an Indian doctor and he continues to live... Wounded as it is, with the... proper kind of medicines and what comes out of that medicine, keeps his heart well enough to keep living... the doctor[had] told him, 'well, if you can find any, any of your own doctors... then he may survive. (Mushum Bob)

The combination of a heart transplant and the Western and traditional medicines used to maintain it provide an example of how the two systems can work together to improve health outcomes. In addition, in Mehl-Madrone's *Coyote Medicine* (1997), he describes several examples of the two systems working together to improve health as a medical doctor who had direct experience with this type of collaboration. The Elders all agreed that the two systems can and should co-exist. There have been some minor challenges or misunderstandings in having the two work together. For example smoking laws that prohibit any type of smoke, or smoke producing materials as smudging does (Waldram et al., 1995), or as the Elders mentioned, doctors who are still unwilling to accept

Indigenous healing methods as valued and valuable still exist. However great efforts are being made to honor traditional Indigenous healing as evidenced by the Native Health Service centres in the two Regina hospitals, which provides access to traditional Indigenous health care and support, as well as hospitals such as the All Nations Healing Hospital.

A wide acceptance of the holistic nature of well-being is fairly recent in Western medicine, but this acceptance allows for healing knowledge such as Indigenous healing to be honoured as a complementary means of maintaining well-being in all people:

... it's only recently that Western, or Hippocratic medicine has developed sort of a mind/body relationship... but for... Indian, for First Nations, it's always been there as a very important... and powerful kind of thing [clear throat] for... our wellness and for other peoples' wellness. (Mushum Joe)

This is an important point. It is not only Indigenous people who benefit from these holistic sources of healing. It can be a benefit to all people who choose to nurture their mental, emotional, spiritual and physical health.

So, how does this knowledge continue on and continue to benefit all people?

Some of the young people I know, you know, they're hangin' on to it. They've... took time to learn it, as much as they could. And then they're, they're trying to study, you know, they go to ceremonies and try and pick up as much as they could, eh. And that's a good thing. We have some young people who are really... smart people and you know, they... wanna live... but they wanna live in both worlds, eh. And you have to now a days. (Mushum Sam)

Many Indigenous scholars talk about having one foot in each world, but instead of splitting them in two, people can be the recipient of healing of two very vital and powerful systems of belief. However, for Indigenous people specifically,

it is important to remember our cultural knowledge and beliefs and realize our full potential through mental, emotional, physical and most importantly spiritual means:

You kind of have to live in, in both worlds, you have to live in the white man's world and you've got to live in the... Indian world. And the Indian world is the one that's very important because that's where our spirituality is ... (Mushum Sam)

as Indigenous people, or those who choose to follow the Indigenous belief system. The concept of living in two worlds is prevalent in the literature today by Indigenous academics today. For example, Roberts (2005) talks about shedding her Cree identity for a lab coat in her nursing career, only to discover, through the research process, that she could wear both.

This section has sought to explain that just as people can live in two worlds, two seemingly disparate knowledge systems can, in fact, work in tandem, creating positive health outcomes in all people, and particularly improve Indigenous health outcomes. With the movement toward inclusiveness and respect for holistic healing, Indigenous people have the ability to benefit from both their cultural healing traditions as well as the Western healing tradition, they need only to ask, which is easier now with the development of native health services within Western healing environments. As has been shown in this chapter, the two systems together allow people more choice in the individual healing journeys and sit squarely in an ethical space that privileges both.

In closing, I would like to thank one of my Elders for the advice to:

Write about something that you know about, you know... your experiences or whatever you've, you've experienced. Write about those things, because those, those are the things that have a meaning to you...



but write about the things that you've learned in school, about, you know, that was learned to you by... white people and stuff like that, you know, it's an experience also... And never, ever forget spirituality when you're, when you're writing. (Mushum Sam)

I now know much more from having had the benefit of these conversations with these Elders and have respectfully tried to honor both the traditional knowledge and western knowledge systems in writing this thesis.

## Chapter Five: Implications and Conclusions

### *5.1 Implications*

This research fills a gap in the literature on the role of Elders in contemporary medicine/healing. It is clear through this research that Elders have a vital role in bringing traditional healing forward into the mainstream and in facilitating traditional healing. Elders provide spiritual guidance, prescribe and conduct healing ceremonies and help individuals connect with their spiritual and personal healing power. The research also adds to our understanding of health in a holistic sense by acknowledging the importance of incorporating all parts of ourselves in wellness.

Well-being in a contemporary sense involves a sense of spirituality and self-awareness, or “knowing yourself” as Mushum Joe stated. The concept of knowing oneself relates to the loss of identity that has been discussed. Therefore, health promotion in the Indigenous community needs to provide the services of cultural supports and traditional healing methods such as providing access to Elders for guidance and to healing ceremonies such as sweatlodges or pipe ceremonies.

It is important to consider the loss of cultural identity and to be sensitive to its effects. It may be challenging to offer ceremony and Elders’ assistance when many people no longer know how to approach these. If the Elders are visible and readily accessible as recognized healers in health centres and hospitals, this will facilitate the cultural component of healing. There may be a need for cultural

protocol education or cross-cultural education more generally, which could be facilitated by an Elder helper and informational materials so that individuals who are unsure of how to approach the Elders have a more comfortable experience (understanding reciprocity and respect) and to ensure that the Elders are approached in a proper manner.

The RCAP (1996) report called for incorporating tradition in healing to the degree determined by Indigenous people as valuable. Involving the Elders in this process is an excellent way to accomplish this, as with the All Nations Healing Hospital (ANHH), which had Elders on the planning committee and involved in all aspects of the cultural program, such as developing strategies for cross-cultural communications and understandings and providing counseling and ceremonial support. The Elders are spiritual and cultural leaders and thus are the most important people to consult with regarding tradition and its role in healing. For this reason it is essential to have Elders involved in all aspects of traditional healing programs.

Traditional methods identified by the Elders such as prayer/meditation, traditional ceremonies, finding the means of tapping into inner healing abilities, can be used in concert with Western methods to improve health outcomes. Although the Elders stressed the importance of spirituality, they were also clear that the mental, emotional and physical aspects of the self must be addressed in healing. As the cultural program pamphlet from the ANHH states, "disease is a manifestation of one's imbalance between the four aspects" of individuals (File Hills Qu'Appelle Tribal Council Health Services, 2005, p. 3). Using multiple

methods of healing allows for more complete healing in all aspects of the self by providing multiple strategies that cover spiritual, emotional, mental/intellectual and physical aspects of health.

The philosophy of the ANHH describes how their traditional healers seek to correct imbalances between the four aspects of self when disease is present. It also states that these healers do not allege to cure disease, but aid in an individual's own healing power (File Hills Qu'Appelle Tribal Council Health Services, 2005). This is an excellent complement to Western medicine which focuses on the disease itself.

The ability to choose a combination of treatments (medical pluralism as discussed in chapter one) or have access to cultural supports, such as with the ANHH and native health services at local hospitals, provide a sense of control and ownership over the healing process in addition to providing the opportunity for more complete healing, using multiple methods in order to address all aspects of the self. Control and ownership are empowering for individuals who can take action in their own healing processes. Traditional services are essential to providing total healing opportunities as well as a sense of ownership over the healing process by allowing choices in healing methods. This also acknowledges the inner ability or power individuals have as the Elders discussed. Individuals can work with traditional healers to enhance their personal power and deal with underlying causes of illness and physicians to address physical manifestations of disease, or any combination they feel is necessary or appropriate for them individually. The importance of working with our Elders is clear for the knowledge

they possess and for their connection to the spirit world and the ability to help others connect to or benefit from that spiritual connection.

Another key to improving health outcomes in the Indigenous population is creating and maintaining a connection between young people and Elders. This is key to improving health outcomes by getting people in touch with culture, improving cultural identity and informing young people of the health and well-being strategies available to them. Health promotion activities need to include strategies for engaging youth including opportunities to maintain positive health through contact with the Elders and ceremonies that can keep them in balance and therefore well.

Strategies to deal with youth-related issues such as substance abuse, gangs, suicide, and mental distress should be brought forth with a culturally sensitive approach, bringing in Elders for their expertise in spirituality as well as lived experience as many of our Elders today suffered through the residential school experience as young people, yet were able to overcome the effects of the abuses and assaults on their identity and become spiritual leaders. Specific interventions through consultation with these spiritual leaders and the ceremonies they deem necessary for the results of this may be necessary. Addressing the well-being of Indigenous youth is essential as it is a rapidly growing population and the youth are integral factors in the survival and promotion of Indigenous culture. By introducing, or re-introducing the young people to traditional healing methods, it empowers them to take control over their healing as well as learning about tradition and cultural values.

The tools are in place in Southern Saskatchewan to promote and employ traditional healing methods through integrated health centres (e.g., ANHH) and through native health services at Regina hospitals. It is also important to promote traditional healing on an Indigenous community level through the community health centres. It may be more difficult in other rural settings to provide traditional healing, however in cases that are not acute or in need of immediate attention, transfers to ANHH or other centres where traditional healers or Elders are available should be offered if possible. Another option would be to have Elders on call for rural health centres. There are Indigenous communities all across Saskatchewan, therefore partnerships could be sought between rural hospitals and Indigenous communities.

Done in a mutually respectful manner, this type of collaboration addresses the ethical space between two knowledge systems and celebrates the diversity in healing practices. These collaborations should privilege both systems of belief allowing two systems to co-exist as equally valuable to health and healing. Acknowledging the benefits and limitations of both systems through careful and considerate communication and developing an understanding of the ways in which each system can contribute to improved health creates a stronger and more well-rounded healing experience for patients.

## *5.2 Future Research*

There are a number of areas for future research. There are many health issues facing the Indigenous community such as diabetes, cancer, teen sexual health and Fetal Alcohol Spectrum Disorder. Looking at one or more of these

within the context of the four tools for wellness presented in chapter four would be of benefit. For example, following the healing journey of individuals with diabetes using the four wellness tools and documenting successes and challenges would contribute to validating these tools.

In addition, Smith (1999) speaks of 25 projects that are occurring in Indigenous communities. Of particular interest to this study is the project of storytelling. It is important to continue this project within Indigenous research. Storytelling is a complex facet of Indigenous culture. As Smith states, “the point about the stories is not that they simply tell a story, or tell a story simply” (1999, p. 144). These stories provide healing, share cultural knowledge and connect generations. This is a continuing project that can be used to further develop understandings of well-being and hopefully inform health care policy. My hope in presenting this thesis is to pass along the stories so that the stories will be passed down further, connecting past to future and providing information on how contemporary traditional well-being can be realized and passed on.

It will be useful to use storytelling to continue the research into traditional means of being well and to further develop the four tools for wellness. Hopefully, this will also have further implications for developing and fostering collaboration between the two healing traditions.

### *5.3 Reflections*

Narrative inquiry research is a challenge for a number of reasons. The data was rich, however, a number of avenues needed to be cut from the final product. For example, there were several discussions specifically speaking to the

collection of medicines and their uses and although this was addressed to a degree in this thesis, much more information regarding specific medicines had to be left out. In order to present the research concisely and appropriately for a master's thesis, the major themes and avenues of discussion needed to be extricated and discussed. Other more minor themes were not explored in the final thesis, which is a common experience for researchers who have difficulties not giving voice to all that was discussed through the research.

As a new researcher I found the process both intimidating and exciting. I went into the interviews armed with my questions and quickly found that they were helpful as a guide, however, rarely did the interviews follow the questions directly. The Elders often answered several questions in one response as these were often long and storied and occasionally went in directions I had not anticipated such as very specific directives on how to find, pick and use certain medicines found in nature. This made for a great experience of storytelling and learning.

In retrospect, there are several questions I would have added. For example, it would have been interesting to ask the Elders about their experience with the Western healing system and how or if they used it. They did allude to specific ailments they suffered such as diabetes, which indicates use of the Western system, however, it would have been beneficial to find out how they dealt with their health distress. In one case an Elder talked about the traditional method of dealing with his epilepsy, but not how it was diagnosed or was



currently being treated which would have provided some information on his use of the Western health system.

Also, I had a great deal of difficulty 'critiquing' the words of the Elders and analyzing them rather than taking them at face value or as learning stories as I have been taught to do. It was only after I realized that analyzing did not necessarily mean critiquing that I was able to look at the narratives and pull out key themes and share the words I found to be significant and important to answering the research questions. I could, in essence, be an academic researcher and cultural learner at the same time. Because the interviews were with Elders, my spiritual leaders, I initially treated the narratives with kid gloves, whereas had I interviewed others, I may have jumped right in rather than wrestling with what was a moot point.

Both Roberts (2005) and Smith (1999) discussed the difficulties they encountered while working in their own communities. Roberts had difficulty recruiting participants despite the overwhelming community support she had whereas Smith was invited into homes but lost the intimacy of her relationships as the people she spoke with became formal, treating her as a researcher rather than a member of their community. I was fortunate and did not have these same issues, possibly because of my approach with the Elders and that I was not perceived as an 'expert' researcher, merely a student. Because of the relationship I built with these Elders, they seemed to be very open and frank with me. It is difficult to say how others would be treated.

This process has been educational, not only academically but also personally. My reconnection with my Elders has been a very positive learning experience. The quality of the information is rich and contributes a great deal to the research on traditional healing and its value in contemporary society.

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Signature

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Date

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Researcher

## Appendix C

### Interview Schedule

- How did you learn about being well?
- What is your current understanding of being well?
- Does the Medicine Wheel teach us about well-being?
- In your opinion, what is causing the high levels of ill-health in the Saskatchewan Indigenous population today?
- What knowledge can we use to return to a better state of well-being?
- Can traditional Indigenous knowledge work together with western biomedical knowledge to improve health? If not, why? If so, how?