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SECTION I

Indigenous Knowledge and Medicine

Indigenous pedagogy acknowledges diverse ways of knowing and respects the pluralism of knowledge. There is no uniform approach or generic label assigned to traditional medicine; rather, it is an acknowledgment of the geographic and cultural diversity within Indigenous knowledge. The examination of traditional medicine includes articulating an Indigenous knowledge approach to understanding what traditional medicine is and why it historically existed outside dominant institutions, biomedical models, and Eurocentric paradigms. As defined in the Report on the Protection of Heritage of Indigenous People, “Indigenous knowledge is a complete knowledge system with its own epistemology, philosophy, and scientific and logical validity... which can only be understood by means of pedagogy traditionally employed by the people themselves” (Battiste and Henderson, 2000: 41).

There are three common sources within Indigenous knowledge inquiry. Mohawk scholar Marlene Brant Castellano suggests that Indigenous knowledge has a multiplicity of sources, including traditional, spiritual, and empirical (Dei, Hall and Rosenthal, 2000). The plurality of Indigenous knowledge engages a holistic paradigm that acknowledges the emotional, spiritual, physical, and mental well-being of a people. An Indigenous knowledge framework is developed to address critical issues of colonialism appropriating Indigenous authority, of misrepresentation, and of using western cultural constructs of “valid empirical research” to marginalize Indigenous ways of knowing (Dei, Hall and Rosenberg, 2000; Battiste and Henderson, 2000; Smith, 1999).

The term “traditional medicine,” as identified by the World Health Organization,

“is the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences Indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement of treatment of physical and mental illness.”

(WHO/EDM/Traditional Medicine/Definitions, modified: Tuesday, 30 October 2001)

The National Aboriginal Health Organization (NAHO), governed by First Nations, Métis, and Inuit organizations of Canada, is embarking on a new journey that positions traditional medicine as central to their mandate. A summary will be provided of key issues that evolved from an environmental scan of traditional medicine conducted for NAHO, and from focus groups with Elders and healers. An examination of emergent concerns identified through the environmental scan of Aboriginal organizations, traditional medicinal studies and literature identified a number of critical issues. The cultural diversity of Indigenous Peoples is addressed through the recognition that Indigenous knowledge is attached to the language, landscapes, and cultures from which it emerges. Scholar Vandana Shiva states,

However, under the colonial influence the biological and intellectual heritage of non-western societies was devalued. The priorities of scientific development...transformed the plurality of knowledge systems into a hierarchy of knowledge systems. When knowledge plurality mutated into knowledge hierarchy, the horizontal ordering of diverse but equally valid systems was converted into vertical ordering of unequal systems, and the epistemological foundations of western knowledge were imposed on non-western knowledge systems with the result that the latter were invalidated (Shiva, 2000: vii in Dei, Hall and Rosenberg).

The framework to which the environmental scan and research with Elders and healers adhered is also elaborated upon by Battiste and Henderson:

Indigenous peoples regard all products of the human mind and heart as interrelated within Indigenous knowledge. They assert that all knowledge flows from the same source: the relationships between global flux that needs to be renewed, the people's kinship with the spirit world. Since the ultimate source of knowledge is the changing ecosystem itself, art and science of a specific people manifest these relationships and can be considered as manifestations of people's knowledge as a whole (Battiste and Henderson, 2000: 43).

Environmental Scan

The preliminary work consisted of archival literature and organizational searches. Conferences on the topic of traditional medicine were hosted across North America, including New Mexico, Arizona, British Columbia, and Washington. These were key opportunities to attend conferences that yielded a great deal of information on the subject of traditional medicine. The resultant discussions raised themes that ranged from government policy to contemporary implementations of strategies used by both healers and Indigenous medical practitioners. The conferences allowed space for a network of policy makers, healers, researchers and academics to share information on traditional medicine, healing, and research.

Time Frame

Another important aspect of the environmental scan on traditional medicine involves alerting people to the limitations of a time frame. The scope of the scan and of research with Elders was impacted by the limitation of a very short time period (from August 2001 to December 2002). The diversity of Indigenous people within Canada also posed a variety of geocultural challenges; for example, literature by or about Métis was very scarce, partly due to lack of existing information or researchers' limited ability to travel for extended periods of times. In the United States a sizable contribution to academic literature has

emerged on the topic of traditional medicine compared to Canada. Most of this literature is focused on the Southwest (particularly the Navajo) and Plains Indians of South and North Dakota. Significantly, very little of the empirical research is by Indigenous scholars, community practitioners, or Elders. Only three of the 30 empirical studies analyzed were designed, implemented and articulated by Aboriginal scholars, Elders/traditional practitioners or communities. Of the three, two were doctoral dissertations by Aboriginal students who used their people and or community to support their research. Métis people are under-represented in all areas of the research and literature.

Through a literature overview and an examination of Aboriginal organizations traditional medicine policies and protocols, several central questions emerge. What is “traditional medicine” according to the literature and academics? What is a “traditional healer” and how do we identify a healer? How are existing Aboriginal organizations using traditional medicine and practitioners, and how does this compare to academic research? What are the emergent issues in the field of traditional medicine?

In the spirit of plurality and diversity, we frame traditional medicine as a practice of healing that is valid and diverse. There is no intention to establish a monolithic representation of what traditional medicine is or how Indigenous knowledge contextualizes these practices. The differences contained in this framework are best summed up by Marlene Brant Castellano:

The knowledge valued in aboriginal societies derives from multiple sources, including traditional teachings, empirical observation, and revelation...Aboriginal knowledge is said to be personal, oral, experiential, holistic, and conveyed in narrative or metaphorical language... (Castellano, 2000: 25).

The acknowledgment that there are multiple sources of knowledge assists us in how to explore traditional medicine. The development of an Indigenous discourse creates a greater presence in research priorities, academia and policy making. It is crucial that Indigenous scholars have the space and support to initiate an Indigenous research agenda that will foster a holistic approach to health and wellness.

The Complexity of Holistic Approaches

Since traditional medicine is firmly grounded in holistic beliefs and practices, any research must have a multidisciplinary focus. The primary research analyzed emerged from diverse western academic disciplines that included anthropology, sociology, Native studies, social work, psychology, history, western biomedicine, religion, and philosophy. One interesting fact is that some of the most developed literature was found within Native justice research – it’s ironic that traditional medicine was often found in prison.

Other non-academic sources (i.e. “non-peer-reviewed” journals) further complicated the literature search of traditional medicine. The key host site for traditional medicine exists “outside” of western academic or medical institutions and within Indigenous communities, urban or otherwise. Indigenous organizations such as the Aboriginal Healing Foundation, Métis Resources Center and Inuit Arctic College or Indigenous journals provided some literature; these formed the Indigenous presence within the literature overview in the study. A related finding of the preliminary environmental scan is that traditional medicine is fragmented and through colonial history has been hidden by Indigenous Peoples from church, government, and educational institutions for fear of retribution or even imprisonment (RCAP, 1996). Historian Maureen Lux elaborates upon the history of this relationship between church, government, and Indigenous communities:

The stated rationale for repressing the dances was that they interfered with farm work and ‘unsettled’ the people. In truth Native people’s special knowledge of healing, which they gained through visions and experience and passed on through the transfer of bundles at ceremonial dance camps, was being actively suppressed... The construction of the healer as quack and the dances as a barbaric waste of time served to justify repression of both (Lux, 2001: 84).

Only recently have Indigenous Peoples in North America begun to revitalize traditions openly and without fear of persecution. We must remember that it is only since the 1970s that legal bans on healing/religious ceremonies such as the Sundance have been lifted.

This Indigenous literature is often found outside of academia and within Native organizations and their resource libraries, research reports (founded either by government or community bodies) and Web sites such as American Indian Physicians Association, the World Health Organization and Pan American Health Organization. The latter is not an exhaustive account of where to research traditional medicine; it is an indication of the complexity and global nature of the subject.

Defining Indigenous Medicine

Another challenge of researching traditional medical practices is the lack of consistency and clarity in the terminology used by authors to describe various beliefs and practices. Often the term “traditional medicine” is loosely applied to a variety of diverse activities that are not always uniformly acknowledged among Indigenous practitioners and their clients. It is a useful exercise to discuss the variety of definitions that traditional medicine is, or is not accorded, the latter being the case in most academic and non-academic journals.

Of all the literature reviewed, only a handful of sources offered general descriptions of the characteristics of traditional medicine and rarely defined the term. When reviewing the literature, it is important to consider two points:

- I. The term “traditional” is a British colonial concept, disliked by many Indigenous groups.
- II. Academic and institutional scholars introduced the term to Indigenous Peoples of North America. Most Indigenous groups would have relied on a complex set of medical practices and beliefs referred to simply as “medicine.” Only the Europeans, with a mandate to separate and prioritize beliefs that were not their own, utilized the term “traditional.”

A few academic articles attempted to “operationalize” the term “traditional” in their empirical studies and cited a number of definitions. The authors tended to divide their discussion of medical practices into two time periods, pre- and post-contact. The term “traditional medicine” has therefore been conceptualized in several ways. The *Report of the Royal Commission on Aboriginal Peoples* (1996) defines traditional healing:

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* (RCAP, 1996, Vol.3: 348).

Within the literature reviewed, different aspects of traditional medicine were discussed. A common term used by anthropologists is “shaman” or shamanic healing. According to William Lyon’s *Encyclopedia of Native American Healing* (1998),

This is the first scholarly work to survey the mystery powers of Native American shamans with respect to healing. It’s long overdue. ... In sifting through this evidence one sees that shamanism has very definite cross-cultural patterns. That is, it is an organized system with definite rules of operation...because our understanding of shamanic healing is rudimentary at best.... (Lyon, 1998: xv).

Lyon situates shamanic healing as “irrational” but effective, and he is concerned with ritual whereas other texts are focused on botany. Sometimes the discussion focuses on ritual practices and other times on the pharmacology and botanical knowledge. Below are some examples of the range of categories discussed in the literature overview under the term “traditional medicine” or “shamanism.” South and Central Americans use the term “shaman” more frequently than do Indigenous Peoples of North America. In a text titled, *Gathering of Shamans in the Columbian Amazon* (1999), the authors state:

The word ‘shaman’ is fashionable today. Originally, it referred to the way the Tungus (a Siberian people with linguistic ties to the Manchurians) referred to those individuals responsible for the health of the community and their relationship to the

supernatural world. Today the term shaman, as used by anthropologists, has been extended to cover herbalists, traditional healers, and priests of Native peoples throughout the world... (Union of Traditional Yagé Healers of the Columbian Amazon Umiyac, 1999: 45).

Through the environmental scan which includes the Americas, New Zealand and Australia, and India, a few specialized fields within traditional medicine practice emerged – while each remained interdependent on the other.

Specialized Fields of Practice within Traditional Medicine

Spiritualist – a practice that focuses on the spiritual health of an individual and intervenes on his or her behalf. Diagnosis often includes lifestyle changes of the individual or family and offerings to various benevolent spirits. Also, this person often serves as a counsellor, mentor or teacher to individuals and families. Their primary focus is on the spiritual well-being of people.

Their knowledge of cultural spiritual practices is expansive and highly respected by the community, and they often carry titles of honour such as “Faithkeeper, Holy Person or in South America, (Traditional) Priest.”

Herbalist – a practice that emphasizes botanical and pharmacology knowledge of the indigenous plants and fauna. Often these individuals work closely with other Indigenous doctors and assist in providing remedies for individuals whom they or others have diagnosed. Their practice can be highly specialized in one field, such as remedies for snakebites, or as diverse as the illnesses themselves.

Diagnosis specialist – a practice that often involves communication with spirits, the supernatural and the physical entities that assist in the diagnosis. Diagnosticians are often the “seers” or communicators through ceremony who identify the ailments, remedies or ceremonies that are required to restore good spiritual, emotional, and physical health, and well-being. Often they work as referrals to other specialists.

Medicine man/woman – a practice that may and often does possess all of the above gifts and more. Their work usually engages in ritual, ceremonial activity and prayer. In some societies they are identified as “medicine men/women” because they possess sacred bundles, sacred pipes, sacred masks, and the rights to rituals, songs and medicines that have been inherited from their parents, grandparents, or that they earned through apprenticeship with a respected medicine man or woman. Depending on their nation, they are also conductors of community ceremonies such as Sundance, Dark Dances, Horse Dance, False Face, Shaking Tent, and Sweat Lodge, to name a few. It is normative for these individuals to sacrifice their daily lives to ritual, prayer and healing.

Healer – a gifted individual who may heal in a variety of ways, including all of the above and or a “gift” of touch, or energy work – meaning that ritual is not always needed. Healers can be ritualistic, but also may have an ability to use a variety of therapies to heal people spiritually, emotionally or physically.

Midwife – Often, these practitioners are women with specialized knowledge in prenatal care, birthing assistance and aftercare. The midwife may employ the use of massage, diets, medicines and ritual, prayers and/or counselling. Traditional midwifery exists worldwide and involves a variety of skills, often biophysical, but can also include spiritual and ritual activity as well.

None of the specialized categories are solely exclusive; rather, they are often interdependent and some practitioners may hold a number of specialized knowledges. In this sense, the literature suggests that traditional medicine is similar to Western medicine in the range and variety of special knowledge/training of caregivers (Coulehan, 1980; Waldram, 1990; McWhorter and Ward, RCAP: 1996). A word of caution – the focus groups with Elders and healers expressed concern regarding the “clinicalization” of traditional medicine as a means of transforming the practice from cultures to institutions.

The Maori have developed a number of components for traditional healing, as Aroha Mead states in her paper, “A Policy and Ethical Framework to Improve Maori Health Through Maori Traditional Healing.” Traditional healing comprises a number of components, each one requiring the following specialist knowledge:

Mirimiri	massage, physiotherapist, chiropractor
Rongoa	ethnobotany – medicines derived from Native flora and fauna
Karakia	spiritual well-being of the person, their family and immediate environment; protection (Mead, 2000: 4).

It can be said that in North American healing traditions, there are many specialized fields. Catherine Kim’s article, “*Navajo Use of Native Healers*” (1998), points out that there are several categories of healers which *range from diagnostician such as hand tremblers, crystal gazers, and ‘listeners’, to individuals who perform ceremonies...* (Kim, 1998: 1).

In *American Indian Medicine* (1992), the authors point out that there were bone setters who were “state of the art among American Indians when Europeans came. The Aleuts washed wounds and sutured with bone needle and sinew thread; the Koniags surgically removed stones from the distal urethra... “(McWhorter and Ward, 1992: 625). The range of knowledge and medical specialties has narrowed over time since colonialism and modernization have supplanted the use of Indigenous methods of obstetrics, bone setting, and surgery. However, the specific categories do not always capture the entire spectrum of traditional medicine. Nunavut Arctic College published five volumes of Inuit Elders’ knowledge ranging in subjects from *Childrearing Practices* (2001) to *Cosmology and Shamanism* (2001). The innovative approach to the research and work with Elders heralded

extremely worthwhile data on these subjects. In *Perspectives on Traditional Health* (2001), the authors state,

While discussing traditional health practices and medical knowledge, one could expect elders to give a list of the best techniques to cure sickness depending on the various types of health problems or injuries they were facing in the past: how to deal with boils, infections, fever, eye infections, colds, broken bones, drowning, and so on. But the Inuit perspective encompasses much more. Along with techniques to heal cuts and wounds, and to cure sickness...elders discussed recollections of how to have a strong mind and a resilient body.... It is important to make clear that in Inuit societies medical knowledge never existed as an autonomous and formal body of knowledge as in modern Western societies (Ootoova, Atagutsiak, Ijjngiaq, Piteolak, Joamie and Papatsie, 2001: 1).

The holistic approach of Indigenous medicine is both its genius and its ultimate complexity.

Traditional Medicine: Intricate Relationship to Land, Language, and Culture

Indigenous literature on the topic of Indigenous medicine emphasizes the ties to land, language, and culture. The natural environment shapes the medical expertise and practices employed by each Indigenous group. For example, the Hopi knowledge of medicine for venomous snakebites would likely not be known or practised in the Northwest Territories; similarly, the Hopi might not have developed any medicines for frostbite. Battiste and Henderson articulate the cultural approach to knowledge applied by Indigenous people.

The traditional ecological knowledge of Indigenous people is scientific, in the sense that it is empirical, experimental, and systematic. It differs in two important respects from western science, however; traditional ecological knowledge is highly localized and it is social. Its focus is the web of relationships between humans, animals, plants, natural forces, spirits, and land forms in particular locality, as opposed to the discovery of universal laws (Battiste and Henderson, 2000: 44).

Another Indigenous scholar, Gregory Cajete, coined the term “ethnoscience” in his book, *Look to the Mountain* (2001). He articulates Indigenous epistemology as tied to the land, the spiritual laws that govern that land, and how co-existence between animal, plant and human life interrelate to a collective balance. He explores how ethnoscience reflects the uniqueness of place and thus, Indigenous knowledge of traditional medicine would inherently be tied to land and expressed through language and culture.

Current Issues in Locality and Culture

The recent charges faced by two healers from Ecuador for “criminal negligence causing death and administering, trafficking in and importing into Canada a controlled substance,” (Carr: 3 November 2002, Canadian Press) have widespread implication for traditional healers. The two medicine men are currently facing lengthy court cases as a result of the death of an individual during a ceremony in the community of Wikwemikong. The case of the men from Ecuador rests in the notion of “trafficking controlled substances.” The controlled substance in question, ayahuasca, is well documented in anthropological and ethnobotanical literature. Issues related to the Ecuadorian healers and use of substances will be revisited throughout the paper in appropriate topical areas.

The key issue that emerges relates to the notion that Indigenous healing practices are localized and culturally specific. This issue therefore has implications for transplanting traditional medicine to culturally diverse peoples. The question that constantly arises is: do traditional medicine’s methods restrict Indigenous knowledge to locality or culture?

Concepts of Traditional Medicine – Policy

According to Wade Davis (a renowned anthropologist and ethnobotanist who may shed some light on “contextualizing” both the use of ayahuasca and the vast gaps between western and Indigenous approaches to medicine):

To understand the role of the shaman, and to know anything of his genius in using plants, one must be prepared to accept the possibility that when he tells of moving into realms of the spirit, he is not speaking in metaphor. This was perhaps the most difficult lesson for me to learn as an ethnobotanist schooled in science... With the dexterity of a modern chemist, they recognized that the different compounds in relatively small concentrations might effectively potentiate one another. In the case of ayahuasca, some twenty-one mixtures have been identified, including most notably *Psychotria viridis*... “Now I ask you,” Dennis said, “how on earth did they figure it out?” What are the odds against finding in a forest of fifty thousand species, two plants, totally different, one vine, the other shrub, and then learning to combine them in such a precise way that their unique and highly unusual chemical properties complement each other perfectly...? (Davis, 2001: 75).

The geographic location of a healer is the defining characteristic. Both Indigenous and non-Indigenous Peoples agree on this point. The question of transporting healers from nation to nation is at the heart of the traditional medicine contemporary issues. Perhaps the case of the two shamans now charged in Canada is a cautionary tale demanding further

exploration. Limited exemptions for traditional healers exist in some jurisdictions. For example, the *Regulated Health Professions Act*, 1991, Statutes of Ontario, states that: “This Act does not apply to, (a) aboriginal healers providing traditional healing services to aboriginal persons or members of the aboriginal community.” The issue that emerges is: should national, or even international exemptions exist for traditional healers?

“Healer” is a term used to describe traditional healing practitioners, shamans or “doctors” in the literature. This is in contrast to descriptions of western biomedicine which rarely self-defines “physicians, doctors or surgeons” as “healers.” Most references to western biomedicine do not refer to curing as healing since, as one author states, “both terms have a somewhat unscientific aura about [them], conjuring up a vague notion of quackery” (Coulehan, 1976: 93). Indigenous literature suggests they are not looking for validation by biomedical models.

Front-line institutions that provide various forms of traditional healing are struggling with defining healer; for example, the correctional services of Canada and Justice Inquiries have ironically been leaders in developing definitions related to traditional healing. Waldrum’s *The Way of the Pipe: Aboriginal Spirituality and Symbolic Healing in Canadian Prisons* (1997) states:

The healer is central to the process of symbolic healing, and in this sense Aboriginal Elders are central to Aboriginal spirituality. However, the status of “healer” or “Elder” is ambiguous and never clearly defined. Indeed, it must be negotiated in each therapeutic or spiritual encounter. The question of who is an “Elder” is a thorny one. The general standard is acceptance by the ‘community’ as an “Elder” (Waldrum, 1997: 109).

Another author, Rupert Ross, explores the philosophy of the justice system and how Aboriginal people transform a “criminal” into an unhealthy person in need of healing or counsel; its logic and rationale are tied to traditions in *Returning to the Teachings* (1996). Healing is almost an omnipotent entity within Aboriginal society.

As the modern era has ended formal assimilation policies and introduced multicultural policies that support Indigenous traditionalism, an interesting challenge is now faced by Indigenous Peoples, the institutionalization of tradition! (RCAP, 1996; Waldrum, 1997; Frideres, 1993). The fact that government agencies “support” the revitalization of Aboriginal “culture and heritage” creates the need to analyze what kind of impact these new policies will have on specific areas, most critically, traditional medicine. The *Regulated Health Professions Act*, 1991 defines “Aboriginal healer” as an Aboriginal person who provides Aboriginal healing services (Chapter 18, 1991). This open-ended definition can become a double-edged sword, since the vague definition of healer is both a protection of Indigenous autonomy and a potential danger that could allow the opportunist to pose as authentic healer and re-victimize Aboriginal people.

The Role of Authority, Authenticity and Elders

Within the literature, the terms “Elder” and “healer” are used interchangeably since traditional teachings are considered healing for the mind. “Elder” is another term attached to traditional medicine that is discussed in a vague and inconsistent manner. The *Gathering Strength* volume of the *Report of the Royal Commission on Aboriginal Peoples* (1996) states that Elders are:

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 (RCAP, 1996, Vol.3: 527).

There is an abundance of literature that refers to Elders, but within the literature the authors offer no definitions for the term. One exception is *Gwitch'in Native Elders* by Shawn Wilson (1996). The author writes,

What is an Elder? What are the characteristics of elders that differentiate them from simply being elderly persons? ...With increasing frequency, elders are being recognized as those who hold the power to carry communities back to a place of synergism and well-being (Katz, 1984; Katz and Seth, 1986)... The elder defends the values of family, not only through words and thoughts but through deeds (Wilson, 1996: 7).

Some authors describe the characteristics attributed to Elders, but neglect to define the concept. The *Report of the Royal Commission on Aboriginal Peoples* (1996) has taken on the task of answering the question, “Who are Elders?” The authors state:

Elders are respected and cherished individuals who have amassed a great deal of knowledge, wisdom and experience over the period of many, many years. They are individuals who have also set examples, and have contributed something to the good of others. In the process, they usually sacrifice something of themselves, be it time, money or effort... Elders, Old ones, Grandfathers and Grandmothers don't preserve the ancestral knowledge. They live it (RCAP, 1996, Vol.4: 109).

Inuit refer to the elderly as “inutuquak,” but those considered Elders are referred to as “angijukqauqgatiit,” which translated means a “union of elders” (RCAP, 1996). According to the guidelines developed by Correctional Services Canada, an Elder:

...is any person recognized by an external Aboriginal community as having knowledge and understanding of the traditional culture of the community, including the physical manifestations of the culture of the people and their spiritual and social traditions. Knowledge and wisdom, coupled with the recognition of respect of the

people of the community, are essential for defining characteristics of an Elder/spiritual Advisor” (CSC, 2001: 4).

The Métis posed the question to a group of Métis Elders during a recent conference, and their definition was,

Traditionally, we referred to these individuals as “old folks.” They were really clan leaders and they had to earn the respect of others and to have good sound reputation. They were also our historians.... (Shore and Barkwell, 1997: 206).

A key characteristic is that Elders do not seek status; instead, it flows from the people. The numerous terms used within the Native languages refer to people who have earned their title (Meili, 1992).

Within the practice of traditional medicine and healers, Elders are practitioners, often serving as “psychologists, spiritual leaders or counsellors” who are parts of a living, evolving belief system. Amongst Indigenous societies, multiple components are not fixed or static. It would be safe to suggest the concepts are evolving, while the characteristics remain steeped in cultural principles, values and beliefs. The goal of medicine, and the role of the healers and Elders, are to care for the mind, body and spirit of the people. The needs of the people have changed over time. The challenge is adapting the concepts to fit new and different circumstances. Healer, Elder and medicine may not always remain solely attached to tradition. The diversity of healers and Elders not only emerges from their cultural diversity, but also from their colonial history and location; urban, rural and remote Indigenous communities have very different expectations and approaches in identifying and accessing Elders and healers.

Protecting Traditional Medicine from Exploitation and Appropriation

With Respect to Indigenous Knowledge, we stress the necessity of recognition and respecting, in both national legislation and international law, the principle that any acquisition, publication, scientific use, or commercial application of Indigenous knowledge must be in accordance with the customary laws of the peoples concerned, as determined by them (Battiste and Henderson, 2000: 269).

A critical debate taking place within Indigenous communities on a global scale involves concerns over the transformation of ceremony, ritual and healing into commodities. We are now entering a new era with the selling of what was traditionally considered sacred knowledge offered to all for a fee.

There is not enough research or literature to fully examine the issue of commodification of ceremony. There is some historical documentation on performing ceremonies for trade or a fee in early ethnographical literature. One of the earliest written accounts regarding

ceremony in exchange for monies involved a fur trader and a trapper. While the fur trader was skeptical of the abilities of the medicine man to locate his “lost fur traders,” he was desperate enough to barter the exchange. The medicine man did perform the shaking tent ceremony and did locate (accurately) the fur traders, and received some goods and monies for his service. By Nelson’s own accounts, the medicine man continued to offer his services for trade (Nelson, 1989). Other accounts of medicine men/women engaging in ceremony for wages can be found in early ethnographies, such as Mendleblum’s *Western Woods Cree* (Mendleblum, 1934).

The issue of exchanging ritual services for wages is not new. The more interesting question is: how does it impact the integrity of the social fibre of Indigenous societies and authenticity of modern traditional medicine practitioners? In Christopher Ronwanien:te Jock’s article, “Spirituality for Sale: Sacred Knowledge in the Consumer Age” in *Native American Spirituality* (2000), he cites a statement of The Center for the Support and Protection of Indigenous Religions and Indigenous Traditions presented in 1993,

Traditional ceremonies and spiritual practices... are precious gifts given to Indian people by the Creator. These sacred ways have enabled us as Indian people to survive –miraculously – the onslaught of five centuries of continuous effort by non-Indians and their government to exterminate us by extinguishing all traces of our traditional ways of life. Today, these precious sacred traditions continue to afford American Indian people of all [nations] the strength and vitality we need in the struggle we face everyday; they also offer us our best hope for a stable and vibrant future. These sacred traditions are an enduring and indispensable “life raft” without which we would be quickly overwhelmed by the adversities that still threaten our survival. Because our sacred traditions are so precious to us, we cannot allow them to be desecrated and abused (CSPIRIT, 1993 in Jock, 2001: 66).

The concern about traditional ceremonies being transformed into a commodity for sale erodes traditional ideals and values. The traditional practice of offering a gift to practitioners, usually in the form of food or other practical items, is no longer sufficient in a wage economy. Few of the articles reviewed discussed the impact of wage economy on traditional medicine. However, intellectual property rights are a major concern for Indigenous people, Battiste and Henderson state:

The various legal regimes that we call intellectual property attached exclusive property rights to this autonomous culture to enhance its commodification – culture could then be bought and sold in the marketplace (Battiste and Henderson, 2000: 250).

The marketing of traditional knowledge poses one of the central concerns for traditional healers, knowledge carriers and Elders. *Commodification of ceremony* and traditional medicine will continue to frame the discourse of traditional medicine in public domains for

the capitalist markets. As cited in testimony of the *Report of the Royal Commission on Aboriginal Peoples*:

We have also come across many self-proclaimed healers who have abused and exploited traditional spirituality in their Aboriginal people (Sanderson, 1993) (Castellano in Dei Hall and Rosenberg, 2000: 32).

Jock argues that the role of authenticity and lineage descent of what he calls, “plastic medicine men,” are not always falsely claimed identity. The consumerism by New Age enthusiasts and others of Native spirituality holds real consequences for Indigenous cultural survival that includes spirituality and healing. Jock articulates that the reaction to commodifying culture from traditional practitioners or community is uniform, as is the ostracism of those who sell sacred knowledge for profit. The Union of Yagé Healers of the Columbian Amazon gathered to deal with many of these issues; they resolved that:

Non-Indigenous people are realizing the importance of our wisdom and the value of our medicinal and sacred plants. Many of them profane our culture and our territories by commercializing yage and other plants; dressing like indigenous people and acting like charlatans. We view with concern a new type of tourism being promoted... (UMIYAC, 1999: 110).

Intellectual Property Rights

According to the Rural Advancement Foundation Institute Report to the United Nations, over 80 per cent of the world’s people depend on Indigenous knowledge for health and security and 50 per cent rely on Indigenous knowledge for crops and food (Dei, Hall and Rosenberg, 2000). The United Nations subcommission on Prevention of Discrimination and Protection of Minorities reports,

The annual market value of pharmaceutical products derived from medicinal plants discovered by Indigenous peoples exceeds US\$43 billion, but the profits are rarely shared with Indigenous Peoples. Traditional healers have employed most of the 7000 natural compounds used in natural medicine for centuries; 25 percent of American prescription drugs contain active ingredients derived from Indigenous knowledge of plants (Daes, 1993: 1; Battiste and Henderson, 2000: 124).

Intellectual property rights regarding traditional medicine are highly controversial, stemming from the historical and continued exploitation of Indigenous knowledge by Eurocentric *prospectors*. Today, large pharmaceutical companies mine Indigenous knowledge, acquiring patents and profit from it. According to the Indigenous People’s Council on Biocolonialism *Life, Lineage and Sustenance Primer and Resource Guide* (2001),

As plants and animals have been pirated from their communities, indigenous peoples have been forced to respond to protect the life in their territories and their traditional knowledge. In many cases, communities are finding out as much as a decade later that one of their sacred plants, animals, or methods has been patented. Some indigenous peoples have been developing mechanisms to protect collective community based rights over plants, animals, human genetic material, and traditional medicinal and agricultural knowledge (Harry and Shelton, 2001: 12).

There are a number of cases successfully fought by Indigenous groups for protecting their traditional medicinal knowledge. In 1986 an American, Loren Miller, was awarded the patent for the vine *banisteriopsis caapi*, the bark used to make the ceremonial drink *ayauasca*. In 1999, the Coordinating Body of Indigenous Organizations of the Amazon Basin, together with the Coalition for Amazonian Peoples and Their Environment successfully challenged the patent. They claimed that there was no *invention* since the plant has been used by the Indigenous Peoples living in the Amazon Basin for generations (Harry and Shelton, 2001: 14).

Another case of patenting Indigenous knowledge involves the neem tree of India, which has been used for a number of medicinal purposes for over 2000 years. The patent of the neem tree by U.S. agrochemical giant W.R. Grace Corporation was successfully challenged in May 2000 (Ibid.). The historical and contemporary struggle for protection of Indigenous knowledge from exploitation by industry and private miners is of critical importance to the traditional medicinal literature.

Exploitation of Traditional Medicine

Access to sacred knowledge is ordinarily restricted to particular individuals and organization within Indigenous communities, such as initiated men or women, or to members of special religious societies.... The Navajo Nation, the largest Indigenous people in the United States... has adopted laws to punish Navajos and physically remove non-Navajos who engage in unauthorized research or trade in cultural property... (Battiste and Henderson. 2000: 142-3).

Unemployment levels in many Indigenous communities reach as high as 95 per cent. As a result, the poverty experienced by many Indigenous families leaves esteemed Elders and spiritual leaders vulnerable to intellectual mining or pirating and economic exploitation of culture and tradition. Also, the co-option of many healing initiatives by New Age movements has become epidemic in some regions of the United States.

Today, the revitalization of traditional medicinal healing practices is going public or mainstream, which opens new challenges for traditional knowledge keepers and traditional healing practitioners. The New Age movement is a multimillion-dollar industry, Myke

Johnson's article, "Wanting to be Indian: When spiritual teachings turn into cultural theft," warns:

How is this similar to the cultural appropriation of Native images and practices by the New Age movement? I will use the example of one practice, "the vision quest," a ritual found in Lakota culture.... When this ritual is brought into New Age context, its meaning and power are altered. The focus shifts to white people's needs and vision, which in most New Age venues are about individual growth and prosperity. There is no accountability to a community, particularly any Native community. Rather, White people get to experience their own distorted idea of being spiritual and "Indian," without any sense of responsibility which is fundamental to Native religion (Johnson, 1995).

This level of exploitation and appropriation of spiritual knowledge can be referred to as the *Last Frontier* (Hill, 1992). A number of articles discuss the ramifications of pop culture consumerism of ceremony and ritual historically attached to traditional medicinal practices.

Gender Issues Related to Re-victimization

In light of the current tragedy in British Columbia, where over 50 women are missing or have been murdered, it is critically important to acknowledge the existence of discrimination towards and treatment of Aboriginal women by both dominant society and some people in Aboriginal communities. The World Summit of Indigenous Women held in Mexico in December 2000, revealed that over 500 Aboriginal women in Canada are missing. The current status of Aboriginal women must be addressed within any health research of Aboriginal people (*Toronto Star*, November 2002). Unfortunately the environmental scan research suggests that Aboriginal women are further victimized in their inability to access traditional medicine as a healing tool. Cynthia Kasee's article, "Identity, recovery, and religious imperialism: Native American women and the new age," in *Women & Therapy* (1995) states:

Just when a wave reconversion (back to the blanket) is taking hold among Native women substance users/abusers, the even more prevalent commercialization of Indian religion and pseudo-religion are denigrating these recaptured sources of dignity and pride (Kasee, 1995).

The re-victimization of Native women through their lack of economic means to access traditional medicine is directly related to poverty, identity, and gender issues. There is an increasing trend where New Age, non-Native and privileged women are monopolizing a rare resource in the form of traditional practitioners, spiritual leaders and Elders. Kasee demonstrates the unequal power-relations found within the New Age movement in regard to Native American women. Indigenous women need access to traditional healing due to their

very poor health, which is identified in numerous studies on Aboriginal women (McGillivray and Comasky, 2001; Anderson, 2000). Aldred and Johnson both explore the social injustice created by the New Age movement and particularly, the consequences for Aboriginal women.

The appropriation of culture has had impacts on tradition as we currently understand it. The question of tradition and the role of women has become a significant debate within traditional discourse. Brant Castellano refers to testimonials given by Métis women for the Royal Commission on Aboriginal Peoples; she states:

In briefs and oral presentations to the royal commission, aboriginal women in particular cautioned against accepting tradition at face value claims to authority asserted on the basis of tradition. Examples: “tradition is invoked by most politicians in defense of certain choices. Women must always ask – Whose tradition? Is ‘tradition’ beyond critique? How often is tradition cited to advance or deny our women’s positions? (Women of the Métis Nation, 1993: 25, 27).

The impact of missionaries, residential schools, the *Indian Act*, and internalized colonialism upon several generations of women has been severe. This impact has affected the social, political, economic and spiritual well-being of Aboriginal women. The authority and the esteemed positions that Aboriginal women held in their societies have been severely eroded. However, Indigenous women are involved in addressing ways to repair and rebuild their families’ lives and their traditional positions (Alfred, 1999; Anderson, 2000; Gunn Allen, 1996). According to Dorothy Rosenberg’s article, “Feminist Praxis in Transformative Learning:”

In traditional matriarchal cultures, healing was associated with the life giving capacities of women (Eisler, 1987). For most of human history holistic healing was practiced largely by women... For many women, knowledge of herbal preparations was as common as knowledge of cooking today (Greggs, 1982) ...In addition, indigenous healing practices maintained by lay women for thousands of years remain among the most important healing practices in most rural parts of the world. According to WHO [World Health Organization], these practices provide 95 per cent of the world’s needs... (Die, Hall: 7; Rosenberg: 140 and 147).

The conscious or subconscious adoption of western patriarchal ideologies by Indigenous Peoples cannot be measured, but is worth acknowledgment. The best indicator of how patriarchy has transformed traditional Indigenous systems is measurable by analyzing Indigenous women’s economic status and social standing. This has been evidenced by Anderson, Gunn Allen and McGillivray and Comaskey as critically poor.

The text, *Medicine that Walks by Maureen Lux* (2001), cites numerous examples of historical records and archives documenting the traditional medical knowledge women

practised in Plains cultures. She cites historical accounts of McClintok's 1890s recording of a Blackfoot ceremony.

Ekitowaki began to brew herbs from her medicine pouch, and while purifying herself with incense, beseeched the bison spirit to help her find the source of the disease... Her fingers danced over Stuyimi's body until she announced the illness was in his chest... she danced in imitation of the bison (Lux, 2001: 76).

Lux discusses the spiritual nature of healing in Plains culture and how one Blackfoot woman, Last Calf, contracted tuberculosis and dreamt of a cure. She was instructed to boil pitch of the lodgepole pine and drink the brew. She was recorded as vomiting profusely until her chest was cleared. Last Calf's remedy was widely used for tubercular cough. Lux also elaborates on the high social standing of Plains midwives and how they not only performed prenatal care, but also postnatal care for the woman and her child months after the baby was born.

Sarah Carter's article, "First Nations Women in Prairie Canada" in *Women of the First Nations* (1996), elaborates on the traditional medicinal knowledge of Prairie Aboriginal women as widespread. Historical written documentation by local doctors suggests that medical doctors and settlers' use of traditional midwives and healers was a common practice in the frontier. She cites a number of examples of Indigenous women assisting medical doctors with births for Native and non-Native women alike, "administering brew for jaundice and other ailments" (Carter, 1996: 62). A passage Carter cites from the archives of 1880, brings to life Aboriginal women's historical role in healing:

The Indian woman took in the situation at a glance. She pushed aside the terrified mother and picked up the ailing child. By signs she indicated hot water from the kettle on the stove. Into it she put a pinch of herbs from the pouch slung around her waist. She cooked a brew and forced some of it between the blue lips of the infant. Soon the gasping subsided, and a sweat broke to cool the fevered skin. The baby relaxed into a peaceful sleep. Cradled in the arms of the crooning Indian women... That mother to her dying day remained grateful (Carter, 1996: 63).

Sarah Carter also notes that Aboriginal women were both formally and informally marginalized through legal, social and economic intrusion. Colonialism's impact on Indigenous women's role in traditional medicine/ceremonial has not been addressed specifically by any of the literature. This notifies us of a gap in the traditional medicine literature, historically often generated by Eurocentric male patriarchal writers who dismissed women's work altogether (Smith, 1999; Anderson, 2000; Gunn Allen, 1986; Rosenburg, 2000).

Elder and healer Rose Auger states in Dianne Meili's *Those Who Know: Profiles of Alberta's Native Elders* (1991):

Part of this waking up means replacing women to their rightful place in society. It's been less than one hundred years that men lost touch with reality. There's no power or medicine that has all the force unless it's balanced. The women must be there also, but she has been left out! When we still had our culture, we had balance. The women made ceremonies, and she was recognized as being united with the moon, the earth, and all forces on it. Men have taken over. Most feel threatened by holy women. They must stop and remember the loving power of their grandmothers (Auger in Meili, 1991: 25).

Today, a sensitive debate is taking place across the continent about women's roles in ceremonies. There are Elders, healers and spiritualists who do not allow women in healing ceremonies, pipe ceremonies or other spiritual activity. Gender issues should also be explored when researching and writing about traditional medicine.

Where Traditional Medicine, Identity and Faith Healing Intersect

The literature from the United States suggests there are a number of distinct developments that have occurred within Indigenous healing practices. The first change we will examine is the central role the Native American Church has taken in caring for the health and well-being of Native Americans. There have been several American studies examining the influence of faith-based healing. The articles, "Big and Little Moon Peyotism as Health Care Delivery Systems" (Weidman: 1990) and "The Indian Shaker Church and Alcoholics Anonymous: Revivalistic Curing Cults" (Slagle and Weible-Orlando, 1986) are in-depth accounts of spiritual-based belief systems intersecting with health care delivery. Slagle and Orlando describe in their paper, how the Indian Shaker Church, a century-old, intertribal religious movement and curing cult, functions as a culture-based alcoholism intervention [system] (Slagle and Orlando, 1986: 10).

The concept of identity plays a key role in the delivery of health care, especially if individuals do not identify with "traditional as in pre-contact ceremonies, ritual and beliefs." The authors describe the Handsome Lake movement among the Iroquois as a reformative movement that addressed modern issues of alcoholism and family violence that previous traditions had not specifically targeted. The authors position new adaptations of traditions as both reformative and revivalistic. Again, the Native American Church movement, which dates back to 1885, is described as an intertribal religion with Christian elements (Weidman, 1990: 371). The Native American Church, like its Shaker counterpart, has remained dedicated to curing and sobriety and historically has been involved in substance abuse treatments in the USA.

Elizabeth Lewton's dissertation, "Living Harmony: The transformation of self in three Navajo religious healing traditions" (1998), is an in-depth examination of healing traditions and the self-transformations that they lead to in health. All the authors agree that adaptations of revivalist movements by some members of a community must be accepted

in the delivery of health care. They also agree that traditional ceremonies and practices are largely ineffective in treating substance abuse or family violence and rape. The church or curing cults have intervening status that does not co-exist well with traditional ethics. Many of the faith-based healing practices are effective in the treatment and intervention of substance abuse and violence, and the religious practitioners continue to work with health care personnel and staff (Ibid, 1998).

Identity then becomes an issue of traditional medicine and healing. Waldram's study, conducted in Saskatoon with 147 Aboriginal people, found that there were a number of factors that influenced the individuals' choice and usage of traditional medicine. Waldram identified at least six distinct cultural groups in Saskatoon. One group in the study had concerns over the use of "bad" medicine. If there is a differentiating characteristic between traditional medicine and biomedicine, it is the duality that many Indigenous groups believe exists in "medicine." Respondents to the questionnaire clearly indicated that they would use a traditional healer, but the issue of "bad medicine" is a complex belief that clearly demarcates traditional medicine from western biomedicine (Waldram, 1990). Also, people who have adopted a variety of beliefs, such as Pentecostalism, Catholicism and other organized religious beliefs, would not support traditional ritual healing. Religious affiliation, however, may not prevent all the people from accessing specialty services outside of the ceremonial realm within traditional medicine, such as herbalism and midwifery.

Evolving Tradition

In the USA, the changing nature of disease has led to alterations in traditional ceremonies and medical practices. For example, the Indian Health Service conducted several focus groups with Elders and spiritual leaders in order to address the growing concerns over the impact of AIDS/HIV in Sundance ceremonies. The Elders agreed to have the person who cuts or handles the offering of flesh wear surgical gloves and use sterilized razors and needles. The Indian Health Service office provides free gloves, razors and needles during the Sundance season (Looking Horse, 1996).

Among some other changes which have been adopted, Vision Quest, Sundance and other fasting ceremonies now allow diabetics to access needles and a base supply of sugar (Ibid., 1996). The Indian Health Service has provided a local process to assist Elders and spiritual leaders to find solutions to modern challenges and "simply assists them by providing their health needs" (Ibid., 1996).

In summary, the overview of traditional medicine provided a glimpse into the myriad complex conceptual interdisciplinary and geocultural issues emerging from traditional medicine. Even the term "traditional medicine" begs for introspection and interrogation; the danger was raised of adapting a colonial concept that inherently denigrates the validity and value of Indigenous knowledge. The need to investigate the spectrum of issues – from

intellectual property rights, definitions, gender, and authenticity, to the exploitation and protection of traditional medicine – is nested in the creation of an Indigenous framework.

The needs of Métis, Inuit and First Nations are diverse, but remain closely interwoven in many areas, including gender, the matter of articulating holistic medicine, and cultural survival. The “ethnoscience,” or ecological nature of traditional medicine, guides us to pose research questions regarding globalization’s impact on traditional medicinal practices.

The diversity of Indigenous Peoples’ cultures and histories should not be presented as a barrier but as an opportunity to demonstrate the strength of plural knowledges in contemporary contexts.

SECTION II
ELDERS AND HEALERS PROVIDE DIRECTION IN TRADITIONAL MEDICINE
An Analysis, Summary and Recommendations of Elders/Healers Consultation

Summary of Recommendations

The environmental scan assisted in identifying key issues related to traditional medicine. The next phase for NAHO was to begin a two-tier strategy to both dialogue with community about traditional medicine and establish focus groups, workshops and interactive healers study groups to provide both direction and feedback. From January 2002 through to December 2002 Elders and healers were asked to gather and offer their wisdom in guiding the development of the traditional medicine component. NAHO partnered with local Aboriginal organizations across the country and attended several Elders' gatherings requesting input. Information was gathered at conferences, gatherings and hosted workshops across Canada with Elders and healers. The first of these series of interactions took place at Prince Albert's Elders Council Meeting in Saskatchewan, Spiritual Unity 26th Annual Elders' Conference, Brentwood Bay, B.C., the Treaty Six Elders Council, Big Island Lake Saskatchewan, an interactive Elders Study Group at Six Nations and Anishnawbe Health, Toronto, and an Elders and Healers Workshop, Nova Scotia.

The direction and guidance from the consultation process with Elders and healers are analyzed by identifying the most common assertions and direction given by a diverse group of Elders and healers. Also, a summary of their views will provide a framework for their recommendations and direction.

It was made clear that Elders and healers were uncomfortable with the term "traditional medicine." They expressed various views regarding the English term and thought it was not an Indigenous concept. For lack of a better term, they pursued identifying what traditional medicine was, and is today. Traditional medicine is seen as a way of life and a collective dynamic. It is spiritual, expressed through the land and ceremonies, and therefore holistic. Definitions included everything from diet, lifestyle, identity, knowledge of language and culture and expressions of love and comfort (hugging and smiling), positive verbal reinforcement, herbal and ritual knowledge, and spiritual doctoring. In short, traditional medicine is connected to all spheres of human activity and good medicine is laughter, good thoughts and a good state of being. Elders and healers were frequently reminding one another that it is not a western "medical" concept disconnected from culture, families and community.

The nebulous term "traditional medicine" fell short of engaging the full spectrum of Elders and healers' identification of its richness and complexity. Several warned NAHO and other health services not to transform traditional medicine into a western biomedical model by reducing it to the moment of interaction between healer and individual and a "treatment."

Rather, many Elders/healers asserted the need to protect the spiritual foundation of traditional medicine as an ongoing healing journey of an individual in his/her pursuit in acquiring restoration and balance. Secondly, education and children were a key theme brought up in a multitude of ways.

A) COMMUNITY EDUCATION AND DECOLONIZATION OF TRADITIONAL MEDICINE

1. Indigenous medicine and knowledge are colonized

First and foremost, there was a general consensus that throughout history, Eurocentric education curriculums and residential schools regarded Indigenous knowledge as unscientific and superstitious. Further, the consensus is that Indigenous knowledge of medicine has suffered even greater stigmatization through missionaries, and through Indian agents who successfully outlawed ceremonies from being practised in 1884, and even jailed many political and spiritual leaders up until the mid-1900s (Cummins and Steckley, 2000). A century of persecuting Indigenous Peoples' spiritual practices has left many communities traumatized and fearful of traditional beliefs, practices and medicine. The most consistent request was for NAHO and "educated" people to work towards restoring the respect and honour of Indigenous knowledge and medicines. The "de-stigmatization" of traditional medicine is critical since its essential philosophy is the belief system of the individual, and the individual's subsequent willingness to take responsibility for his or her own well-being. Secondly, many leaders, health care providers and other decision makers in the community do not respect traditional medicine; it is tolerated and/or its practitioners humoured. The need to assist in nurturing a healthy respect for traditional medicine by health care providers/leaders and community is essential.

2. Reaching the Children in Schools

"Our children were taken from us, we need to get their minds back" (B.C. Elder).

There were numerous acknowledgments that the children are no longer being taught by their grandparents and are therefore unable to respect Indigenous knowledge of medicines. Also, Elders and healers considered schools to be a primary place to begin teaching children healthy lifestyle habits and attitudes. The high rates of diabetes in children were a common concern and a few noted that schools were often bringing in pizza, hot dogs and candy for sale as fund-raisers. A few Elders thought school is where they should be learning about good diets and traditional knowledge of medicines. There were several grandmothers who expressed concern about low self-esteem, suicide and self-destructive behavior that may be due to the lack of love and positive encouragement in the schools. One Elder suggested that they be recruited as volunteers to work in schools as grandmothers and offer the children emotional and psychological support. She felt Elders were underutilized by their educational and health systems; this would also restore their

traditional roles as mentors, offer them something positive to do and provide higher self-esteem.

3. Create a space in which Elders/healers can enhance their skills and knowledge

“We want to learn too, we missed out, we would like to know more as Elders, we need to learn and we can pass it on” (Dene Elder, Prince Albert).

Several Elders and healers really enjoyed the workshops and especially the interactive study group. Each suggested that NAHO develop ways that they could continue their input into, and discussions of this very important issue. They expressed a desire to maintain a relationship with NAHO and work towards networking, conferencing and ongoing dialogue with one another. The suggestion did arise to find a place either in educational institutions or health institutions, to *“learn from other healers, develop our knowledge base and skills; doctors get to learn about the latest diseases and cures, why can’t we?”* (Six Nations). Professional and intellectual development was a key finding in the workshops, since it has been traditionally assumed that we will learn from Elders, not that they would like to learn from one another. Elders and healers discussed how reciprocity is better than payment for services; they believe that structurally, they deserve greater consideration than what is currently given by health and education services.

4. Create an educational space for western biomedicine, naturopathic and traditional medicine to learn together

They throw them all in one place together and they never learned about each other’s ways, so of course they don’t understand, they need to learn each other’s ways before they get these health centres” (Ojibway and Cayuga Elders, Six Nations).

Another educational directive involved the sensitivity that many Elders felt towards alternative medicine models; several identified naturopathic medicines as more compatible with traditional medicine. They felt that the problem of healing centres, which were finding it difficult for the three approaches to medicine to work together, was due to these approaches’ lack of knowledge of each other *“and then there [sic] thrown together and expected to work together and that’s not going to happen, they need to be educated in the same place, to learn how to really work together* (Interactive Study Group). Also, many felt naturopathic approaches held promise for improving the quality of life for Aboriginal people because they incorporate the holistic model and do not *“just medicate the problem.”*

Lastly, support for alternative medicine is key, given the emotional, psychological, and physical trauma experienced by so many Aboriginal people. This trauma is normally not incorporated by biomedical practitioners who discount the historical context from which ill health arises. For example, internal check-ups for Aboriginal women can be traumatizing due to early experiences of sexual abuse. Alternative medicine would accommodate such emotional barriers to check-ups.

“Our native women have had many bad things happen to them, they can’t stand to be touched, like a massage is even traumatizing, we need to re-learn good touch and bad touch, so other invasive things are out of the question!” (Healer: Mohawk, Six Nations).

5. Mentorship between Youth and Elders

Another key theme to emerge from the consultations is the loss of Indigenous knowledge pedagogy of experiential learning and apprenticing with medicine people as helpers. The Elders/healers felt that they were losing valuable knowledge because there was no interest from youth in learning Indigenous knowledge or pursuing careers as medicine people. It was suggested that schools could credit young people for apprenticing with Elders. NAHO’s role could be to facilitate a data bank that would have students interested in traditional medicine and then match them with interested Elders/healers. *“No one is there interested in what we know, there is no way to pass it on (Mi’kmaq healer: Nova Scotia).*

Recommendations for Section A

- Development of curriculum that could be used by elementary and post-secondary schools on the topic of Indigenous knowledge and medicine.
- Facilitate local public awareness campaigns about traditional medicine and the colonial history that stigmatized it.
- Professional development and conferencing of healers/Elders through accessing universities, health facilities and stakeholders of Indigenous knowledge and medicine that support the Elders/healers’ desire to enhance their skills, learn from one another and develop solid networks.
- Development of incentive policies for medical universities, alternative therapies, naturopath colleges and Aboriginal post-secondary institutes to work towards medical programs that would expose students to diverse approaches to medicine.
- Development of a national database of community-identified Elders/healers and students in the health and sciences programs and related career fields. Find a process to match the student with the appropriate mentor.
- A national Conference on Traditional Medicine with Elders, healers, academics, and physicians. The need for information sharing and developing relationships among healers and Elders, in conjunction with western-trained health professionals may raise awareness and facilitate understanding and learning.
- Conferences with Aboriginal primary and secondary schools with urban principals, teachers and administrators which would raise awareness of their role in preventative care through education, and instill a healthy respect for their heritage and cultures. The second focus is developing role model literature and lectures in the areas of health care to inspire children to consider pursuing careers in health.

B) Intellectual Property Rights

□ Developing appropriate policies and protection for Indigenous knowledge.

The ownership of all information collected from Elders and healers would belong to the communities. This is critical in developing strong relationships or “rebuilding trust” between NAHO, other health agencies, researchers and interested parties. The need for guidelines and policies in the area of traditional medicine is a crucial first step.

□ Fear of discussing traditional medicine in public.

There is distrust of non-Aboriginal researchers and Aboriginal researchers. Several Elders/healers were not comfortable with non-Natives sitting in the circle and expressed distress over exploitation of their sacred knowledge. It was reiterated several times that ethical guidelines must be developed to prevent the further exploitation of Aboriginal people or their knowledge.

Recommendation for Section B

Communities need support in developing appropriate ethical guidelines, research codes of conduct and the protection of Indigenous knowledge. Most communities are neither mandated to, or able to find the resources needed to develop a culturally-based Ethical Review Committee or Boards such as exist in Akwesasne. Elders/healers expressed a clear demand for assistance in finding ways to preserve and yet protect Indigenous knowledge of medicines.

C) Maintaining Indigenous Medicine’s Autonomy from the State

□ Government Control

Another common theme throughout the discussions is Elders’ apprehension about the government regulating traditional medicine or in some way controlling their activity. The Elders/healers highlighted the fact that it was in their recent history that these ways were outlawed, and perhaps now, the government is finding another way to control their spirituality, healing, and ceremonies. The legal issues arising from insurance from malpractice of traditional healers are a very current and real challenge for Aboriginal health facilities that have traditional medicine as a public service. Also, they felt threatened by any documenting of traditional medicine in health facilities.

□ The debate of paying for traditional medicine

At the heart of the discussions of autonomy for traditional medicine practitioners was identifying the exchange of money for traditional medical services. This they then equated to the “buying of and therefore loss of control” of traditional medicine. The desire for traditional medicine to be recognized as a valid tool of healing often conflicted with the fear of losing the integrity of the medicine through buying and selling traditional

medicines, and thus losing their “sacred” nature. While many of the Elders and healers agreed with the sanctioning of traditional medicine, they disagreed on the way in which it would be made available to the public. The key arguments put forth rested on the notion of traditional medicine as a sacred activity that cannot be bought or sold and the modern need for traditional healers to have stable incomes to support their families.

□ **Exploitation and Authenticity**

A number of Elders/healers raised concern over the people that present themselves as healers or Elders, often away from their own communities, and who exploit both the ceremonies and the people looking for help. Suggestions to assist Aboriginal Peoples in protecting themselves from being preyed upon by charlatans are meant to raise awareness around the appropriate conduct of a healer or Elder. The development of *codes of ethical conduct* is identified as key to people protecting themselves from being abused or further exploited by those who are not authentic healers and/or Elders.

Recommendation for Section C

The threat of government regulation of traditional medicine is not only a valid fear but also one that government agencies are currently assessing. Elders and healers view NAHO as an advocate for protecting their rights as tradition practitioners. NAHO may be useful to assist the Elders and healers in developing a policy position in the area of regulations. Like the Romanow Commission, submissions could be made at Health Canada outlining the position of Aboriginal healers and Elders.

Traditional medicine as a paid profession

NAHO partnering with local and regional agencies could assist in developing several conferences with Elders and healers to discuss the issue of payment for services and find some resolution to the two positions. Through debate and discussion, people attending may have time to think about the short- and long-term impacts that traditional medicine payment may have on cultures and communities.

A Guideline for ethical conduct for traditional healers

One such Guideline does exist in Colombia that was developed by healers and Elders; it may be an appropriate model to follow. The text, *The Beliefs of the Elders: Codes of Ethics for Indigenous Medicine of the Colombian Amazon* by The Union of Yagé Healers of the Colombian Amazon (1999), is a model not only for its written text, but also for bringing healers and Elders together and forming a union which addresses these issues. Elders and healers continued to discuss the need for networking, developing relationships, and mentoring younger people. The Amazon model may be an appropriate model to emulate in the interim of developing traditional medicine ethics guidelines.

The overall need for ongoing consultation with Elders and healers is primary to the traditional medicine component. The enthusiasm of Elders and healers to participate in discussions, to find solutions, and to work towards improving the state of Aboriginal health in Canada was overwhelming. Indigenous knowledge which is possessed by Elders is our greatest asset and through the above summary of Elder/healers' directives and guidance, their intellectual contributions have offered extraordinary insights that need to be implemented into policy.

A Last Word

The key is to continue the dialogue with Elders and healers and act on their recommendations and continue to seek their expertise and wisdom. Nye Weh to all our Elders, healers and helpers.

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ANNOTATED BIBLIOGRAPHY ON TRADITIONAL MEDICINE

Traditional Health and Healing

The annotated bibliography consists of academic journal articles and books that examine a variety of aspects of traditional medicine through case studies and research projects. The list includes articles from social work, psychology, sociology, anthropology, medical and alternative medicine journals, and academic dissertations. The unit of study across all disciplines is traditional medicine. Both time and resources limit the environmental scan of academic research in the area of traditional medicine. The location of the relevant literature is a barrier to access and the search is time-consuming given the interdisciplinary nature of the research topic. The task of canvassing the literature in order to provide annotation is labour-intensive.

The annotated bibliography should serve as a foundation for a desperately needed collection of research in the area of traditional medicine. The annotated bibliography will be useful for organizations, researchers, medical practitioners, and health care providers.

Abbott, P.J. **Traditional and Western healing practices for alcoholism in American Indians and Alaska Natives.** *Substance Use and Misuse* 33, 13 (November 1998): 2605-46. (UI: 99034300)

How traditional healing practices are applied in the treatment of alcohol-related problems. The healing practices include Nativistic movements, sacred dances, sweat lodges, talking circles, and cultural enhancement programs.

Akisu, Joamie. **Interviewing Inuit Elders: Perspectives on Traditional Health**

The book gathers Inuit perspectives of traditional medical knowledge through Elders' testimonies. Several categories of traditional medicine emerged: diagnosis, physical and mental states, material used for healing, counselling and botany. The objective is a direct exploration of traditional knowledge by Inuit themselves.

Aldred, Lisa. **Plastic Shamans and Astroturf Sun Dances: New Age Commercialization of Native American Spirituality.** *American Indian Quarterly* 24, 3 (Summer 2000): 329-352.

An excellent paper describing the exploitation and appropriation of Native American spirituality by individuals who commodify the sacred. Arguments by "plastics" that they have a "right" and that "spirituality is not something that can be owned" are countered by pointing out that copyrighting work is indeed "owning" a piece of Native American spirituality. As the author notes, "their imperialistically nostalgic fetishization of Native American spirituality hinders any recognition of their own historical and social complicity in the oppression of Indigenous Peoples."

Anawak, Jack. **Report of the Nunavut Traditional Knowledge Conference.** *Nunavut Social Development Council.* Igloolik. March 20-24, 1998. Interim Commissioner of Nunavut.

The report embraces the traditional knowledge of Elders, spirituality, shamanism and customary law as a framework for holistic well-being of the Inuit people. Agencies that deliver programs and develop policy must incorporate the traditional knowledge into their organizational structure.

Arviso Alvord, Lori. **The Scalpel and the Silver Bear.** New York: Bantam Books, 1999.

The first Navajo woman surgeon in America details the validity of ceremony, traditional medicinal practices and philosophies. She articulates the lack of respect and understanding the West has afforded traditional knowledge of wellness and suggests that the incorporation of these values would enhance the health system of the West.

Avery, Charlene, M.D. "**Native American Medicine: Traditional Healing.**" *Journal of American Medical Association* 265, 17 (May 1991): 2271-2273.

The author elaborates on the philosophical principles of Native American traditional healing practices. She explains the wide diversity and specialties that exist in Native American health systems.

Blondin, George. **Yamoria: The Lawmakers, Stories of the Dene.** Edmonton: NeWest, 1997.

A Dene Elder, George Blondin, overviews Dene stories and presents their laws regarding medicine, social, political, and spiritual life. The explicit analysis he offers frames what a medicine man or woman can and cannot do, and is very helpful in understanding the Dene cultural milieu.

Borins, M. "**Native healing traditions must be protected and preserved for future generations.**" *Canadian Medical Association Journal* 153, 9 (November 1995): 1356-7. (UI: 96067025)

A Toronto physician, Mel Borins travelled throughout developing countries examining traditional healing practices, including speaking to Elders from an Ontario reserve. He argues Indigenous healing practices should be preserved and protected.

Brady, M. "**Culture in Treatment, Culture as Treatment. A critical appraisal of developments in addictions programs for indigenous North Americans and Australians.**" *Social Science and Medicine* 41, 11 (December 1995):1487-98. (UI: 96188228)

Examines the incorporation of traditional healing practices with western programs in Canada and the U.S., and how Australia is using these models to develop its own programs of treatment.

Brassard, P., C. Smeja, and C. Valverde. "**Needs assessment for urban native HIV and AIDs prevention program.**" *Aids Education and Prevention* 8, 4 (August 1996): 343-51. (UI: 97028638)

Data collected using the guidelines of the World Health Organization's Global Program on AIDS (RAP) in an urban Native community in Montreal. Findings suggest a potential for explosive transmission and argue how health policies must use community and culture to apply healing practices, as well as preventions.

Burt, Helene. "**Issues in art therapy with culturally displaced American Indian youth.**" *Arts in Psychotherapy* 20, 2 (1993): 143-151.

A case study demonstrating the treatment of a 14-year-old female foster child with suicidal, self-mutilation and aggressive behaviours who acquired a sense of belonging when interdependent relationships were established. The article examines how art therapy can encourage American Indian children to express themselves visually.

Cohen, K. “**Native American Medicine.**” *Alternative Therapies in Health and Medicine* 4, 6 (November 1998): 45-57. (UI: 99027762)

This article illustrates the common principles, best practices and ethics of Native American healing, while describing the role that community, family and ceremonies play in healing the whole of a being.

Conners, Edward A., and Maurice L. B. Oates, Jr. “**The emergence of sexual abuse treatment models within First Nations communities.**” In *Child Abuse: New Directions in prevention and treatment across the lifespan*. Edited by David A. Wolfe, Robert Joseph McMahon, et al. Thousand Oaks, CA, USA: Sage Publications, Inc., 1997; xiv, 223-247: 293 pp.

The authors examine the last 15 years of First Nations healing developments and approaches and conclude that the use of traditional practices provide useful models of treatment.

Coulehan, J.L., M.D., MPH. “**Navajo Indian Medicine: A Dimension In Healing.**” *The Pharos* (July 1976): 93-96.

This article describes a case study of the Navajo system of health and healing that co-exists with contemporary scientific medical practices. The author explores the different approaches and concludes the reductionist approach of western medicine limits its view of wellness.

Coulehan, J.L., M.D., MPH. “**Navajo Indian Medicine: Implication for Healing.**” *The Journal of Family Practice* 10, 1 (1980): 55-61.

Coxe, Matilda. “**Medical Practice.**” In *The Zuni Indians: Their Mythology, Esoteric Societies, and Ceremonies*. Twenty-Third Annual Report. 1901-1902. Washington, DC: Bureau of Ethnology, Smithsonian Institution, 1904: 384-392.

This ethnographer described the practices of the Zunis as rich in legitimate drugs and having real medical medicinal value. She observed that practitioners are both male and female, described various plants used for specific illnesses, and recorded “primitive” surgery. Caution: Material is old.

Csordas, Thomas J. “**Ritual healing and the politics of identity in contemporary Navajo society.**” *American Ethnologist* 26, 1 (February 1999): 3-23.

The author reviews the diverse healing practices among the Navajo – Traditional, Native American Church and Christian faith healing. The paper discusses issues of identity and politics within the nuances of traditional healing.

Debruyne, LM. “**Tewa children who have epilepsy: a health care dilemma**” *American Indian and Alaska Native Mental Health Research* 4, 2 (Winter 1990): 25-41. (UI: 92135245)

The author provides the reader with this cultural assessment study explaining disease within a western model. Culturally aware health care providers share their understandings of traditional etiology of diseases.

Dumont-Smith, Claudette. “**Aboriginal children who witness and live with violence.**” In *Ending the Cycle of violence: Community responses to children of battered women*. Edited by Einat Peled, Peter G. Jaffe, et al. Thousand Oaks, CA, USA: Sage Publications, Inc., 1995. x, 275-283: 306 pp.

The author describes how too many Aboriginal children and youth in Canada are living in violent and depressive environments, compounded by extreme poverty. This article offers the reader the option that traditional healing can be a rehabilitative process that can help to break the cycle of violence in our homes and communities.

Fischer, Margeret. “**Shamanism in Alaska.**” In *Spirit versus Scalpel: Traditional Healing and Modern Psychotherapy*. Edited by Leanore Loeb Adler, Runi Mukherji, et al. Westport, CT, USA: Bergin & Garvey/Greenwood Publishing Group, Inc., 1995. xxv, 137-144: 219 pp.

The author describes criteria and training assessments used by shamans in this examination of modern shamanistic healing practices in several Alaskan villages.

Fortune, Robert, M.D. “**Traditional Surgery of Alaska Natives.**” *Alaska Medicine, J.F.M.* (1984): 22-25.

No information.

Fuchs, M. “**Use of Traditional Indian Medicine Among Urban Native Americans.**” *Medical Care* 3, 11 (November 1975): 915-927.

This is an empirical study of urban Native Americans living in the San Francisco area to survey their usage of traditional Native medicine. Interviews with 277 families yielded results that indicate Native Americans (across socio-economic strata) use traditional

medicine more if they: speak their language; frequent their reservation; and state a preference to live on a reservation.

Garwick, Ann and Sally Auger. “**What do providers need to know about American Indian Culture? Recommendations from urban Indian family caregivers.**” *Families, Systems & Health* 18, 2 (Summer 2000): 177-189.

An empirical study that focused on what families thought caregivers should know when dealing with American Indian children with chronic conditions. The study included 30 American Indian families in a large midwestern city who shared their cultures and provided recommendations on cultural sensitivity for use by caregivers.

Gray, Gail. “**Health Care in the North must acknowledge Inuit values, traditional medicine.**” *Canadian Medical Association Journal* 155 (1996): 1613-1614

An overview of traditional uses of medicines within the Inuit community of Baffin Island. The author describes how individuals and communities must be encouraged to maintain both the values and traditional knowledge. One suggestion – the support of health policies.

Grinde, Donald A., and Bruce E. Johansen. “**Ecocide of Native America: Environmental Destruction of Indian Lands and Peoples.**” Santa Fe, NM: Clear Light Publishers, 1995.

The authors begin with an introduction to Native American perspectives on the environment and detail the devastation of their homelands. From uranium mining and toxic waste spills in the Navajo homelands to Mohawk homelands in Akwesasne, where turtles qualify as toxic waste, this book is made more powerful by the environmental testimonies found throughout. These testimonies repeatedly speak to the interconnectedness of all life.

Gurley, Diana, et al. “**Comparative use of biomedical services and traditional healing options by American Indian Veterans.**” *American Psychiatric Assn, US. Psychiatric Services* 52, 1 (January 2000): 68-74.

An empirical study comparing patterns of use by American Indian veterans across biomedical care and traditional care. Results demonstrate that tribal groups had similar socio-demographic and health problems.

Heilbron, Carrie, and Mary Alice Guttman. “**Traditional healing methods with First Nations women in group counselling.**” *Canadian Journal of Counselling* 34, 1 (January 2000): 3-13.

An empirical study of women healing from sexual abuse using traditional methods and ceremony. There are suggestions for non-Aboriginal counsellors in facilitating healing through the use of culture.

Henderson, Donna, and Samuel Gladding. "**The creative arts in counseling: a multicultural perspective.** *Arts in Psychotherapy* 25, 3 (1998): 183-187.

The therapeutics of expression through arts may be helpful to Indigenous children specifically. This study reviews 8- to 11-year-old Hawaiian children's movement towards self-consciousness and self-awareness. The authors include protocols developed to help Native Americans, with implications for traditional healing among African and Hispanic children.

Huttlinger, K., and D. Tanner. "**The Peyote Way: Implications for Culture Care Theory.**" *Journal of Transcultural Nursing* 5, 2 (Winter 1994): 5-11. (UI: 95032962)

A narrative of a Navajo peyote ceremony is used to illustrate the importance of incorporating traditions with care. It includes a definition of the culture care theory and practice.

Kahn, Marvin, et al. "**An indigenous community mental health service on the Tohono O'odham (Papago) Indian reservation; Seventeen years later.**" *American Journal of Community Psychology* 16, 3 (June 1988): 369-379.

The Tohono O'odham community staffs and delivers a mental health program and services and this article details how their 17-year-old program has dealt with a wide range of needs and issues that include suicide and child sexual abuse. Traditional healing is integrated into the services provided as medicine men and women are utilized as consultants.

** (no title) Kakubeire Baguma, ed. et al. Sovenga, South Africa: UNIN Press, 1999. 55-68: 374 pp.

This article provides an exploration of the key role identity plays in the healing process. The use of Medicine Wheel teachings is brought into play to demonstrate the healing process as it relates to First Nations identity.

Kasee, Cynthia. "**Identity, recovery, and religious imperialism: Native American women and the new age.**" *Women & Therapy* 2-3 (1995): 83-93.

The author offers a critical examination of the disadvantaged position of Aboriginal women and their use of traditionalism as a recovery tool from substance abuse/addictions. In an era when non-Aboriginals are appropriating Aboriginal religious

beliefs, this article provides thoughts on the imperialism of spirituality in a modern setting and the marginalization and re-victimization of Aboriginal women.

Kim, Catherine and Yeong Kwok. “**Navajo Use of Native Healers.**” *The IHS Primary Care Provider* 24, 1 (January 1999): 1-6.

This is a study of 300 Navajo patients in a rural Indian Health Service hospital that surveys their use of traditional healers. The study demonstrates there are no class or age indicators of usage other than religious affiliation. The findings indicate that over 60 per cent of those surveyed use a traditional healer at least once in their lifetime.

King, S.R., T.J. Carlson, and K. Moran. “**Biological Diversity, Indigenous Knowledge, Drug Discovery and intellectual property rights: Creating reciprocity and Maintaining Relationships.**” *Journal of Ethnopharmacology* 51, 1-3 (April 1996): 45-57. (UI: 96214137)

As pharmaceutical companies harvest Indigenous knowledge of plants, equitable agreements should benefit Aboriginal Peoples. Additionally, there should be a method of reciprocity to enhance the well-being of those populations.

LaFromboise, Theresa D., Anneliese M. Heyle, and Emily J. Ozer. “**Changing and diverse roles of women in American Indian cultures.**” In *Gender, Culture and Ethnicity: Current research about women and men*. Edited by Letitia Ann Peplau, Sheri Chapman Debro, et al. Mountain View, Ca, USA: Mayfield Publishing Co., 1999. xii, 48-61: 363 pp.

This article is an exploration of the traditional gender roles of Indian men and women. The researchers examine the roles of Native American women prior to European contact, concluding that achieving wellness and balance highlights the spiritual source of their strength.

LaFramboise, Teresa D., Joseph Trimble, and Gerald Mohatt. “**Counseling intervention and American Indian tradition: an integrative approach.**” In *Counseling American Minorities*. 5th edition. Edited by Donald Atkinson, George Morten, et al. Boston, MA, USA: McGraw Hill, 1998. vii, 159-182: 391 pp.

A description of traditional healing perspectives in maintaining wellness and balance. Studies are reviewed which support the efficacy of the traditional approach and cultural sensitivities of Native Americans.

Long, Walker A., M.D. “**Lessons from the Traditional American Indian Medicine Man.**” *The Pharos* (Winter 1984): 7-10.

The author provides overviews of various principles offered by medicine men, such as harmony, and compares such views with western assumptions.

Malone, Judi. **“Working with Aboriginal women: Applying feminist therapy in a multi-cultural counselling context.”** *Canadian Journal of Counselling* 34, 1 (January 2000): 33-42.

The paper explores the application of multicultural feminist theory specific to Aboriginal women. Other factors in healing Aboriginal women and their specific issues involve aspects of traditional healing, which the author suggests that counsellors should be able to integrate into practice.

Manson, Spero M. **“Depression and related mental illness among American Indians: The current state of the art treatment.”** In *Mashkiki: Old Medicine Nourishing New*. Edited by Edwin W. Haller, Larry P. Aitkin, et al. Lanham, MD, USA.: University Press of America, 1992. xiv, 81-91: 196 pp.

An examination of literature concerning the treatment of mental illness or depression of Native Americans and Alaska Natives. The author finds little empirical evidence about the effectiveness of several western approaches and raises the critical issue of the need to develop research in the area of traditional healing practices.

Marbella, A.M., et al. **“Use of Native American healers among Native American patients in an urban Native American health center.”** *Archives of Family Medicine* 7, 2 (March-April 1998): 182 -5.
(UI: 98178747)

This paper describes a study using semi-structured interviews with patients at an Indian Health Service clinic in Wisconsin. Over 30 per cent of the people use traditional healers and over 80 per cent consider doing so. The paper recommends that physicians should be aware of patient use of traditional medicines.

Matheson, Lou. **“Valuing spirituality among Native American populations.”** *Counseling & Values* 41, 1 (October 1996): 51-58.

This is a critical assessment of the use or overuse of Native American spirituality by counsellors in their treatment of Native Americans. The author explores the principles of Native American spirituality and suggests that patients may attain their own spirituality without the intervention of non-Native therapists.

McWhorten, John. “**American Indian Medicine.**” *Southern Medical Journal* 185, 6 (June 1992): 625-627.

This essay attempts to validate traditional healing practices through an acknowledgment of their approaches and demonstrates that their methods of trial and error are not unlike their western counterparts’.

Mead, Aroha Te Pareake. “**A Policy and Ethical Framework to Improve Maori Health Through Maori Traditional Healing.**” Paper presented at the 5th World Congress on Bioethics: Ethics, Law and Public Policy, Imperial College, London (UK), 20-24 (September 2000). Manager, Cultural Heritage & Indigenous Issues unit, Te Puni Kokiri: Ministry of Maori Development & Senior Lecturer, Maori Business, School of Business and Public Management, Victoria. University of Wellington, New Zealand.

This paper describes the impact colonialism has had on Maori health systems that led to the prioritization of their health agenda. The first priority is to redress the poor health of Maori. The second priority is an attempt to promote traditional knowledge for future generations. The third is to share traditional knowledge in an environment of consent, access protocols and benefits of their knowledge in traditional medicine. The author also highlights the three components of traditional medicine and applies the term “medical pluralism” to this practice.

Mehl-Madrona, LE. “**Native American medicine in the treatment of chronic illness: developing an integrated program and evaluating its effectiveness.**” *Alternative Therapies in Health Medicine* 5, 1 (January 1995): 36-44. (UI: 99109192).

The author arranged for a series of meetings with traditional healers and created a dialogue on traditional worldviews and biomedicine. The study demonstrated that over 80 per cent of the patients showed significant benefits.

Meketon, Melvin J. “**Indian mental health: an orientation.**” *American Journal of Orthopsychiatry* 53, 1 (January 1983): 110-115.

This paper provides an orientation of American Native health needs, with a focus on the issues arising over traditional Indian healing and the coverage of such services. The author considers the problems in developing a policy capable of integrating traditional healing and western methods.

Mohatt, Gerald, and Joseph Eagle Elk. *The Price of a Gift: A Lakota Healer’s Story*. Lincoln, NE, USA: University of Nebraska Press, 2000.

A biographical account of a respected traditional Lakota healer who has practised over 30 years on the Rosebud Reservation, South Dakota. It provides an introspective look at

the career of a traditional healer and demonstrates the relationship between a healer's personal and cultural dimensions.

Nabigon, Herb and Anne-Marie Mawhiney. "**Aboriginal theory: A Cree Medicine Wheel guide for healing First Nations.**" In *Social Work Treatment: Interlocking Theoretical Approaches*. 4th edition. Edited by Francis Joseph Turner, et al. New York, NY. USA: The Free Press, 1996. xiv, 18-38: 738 pp.

A holistic approach to healing the self, groups and community, using Cree traditional teachings. The Medicine Wheel is described and applied to build bridges of understanding.

Nader, Kathleen, et al., eds. *Honoring Differences; Cultural Issues in the Treatment of Trauma and Loss*. Philadelphia, PA, USA: Brunner/Mazel Inc., 1999.

The authors consider how culture contributes to healing trauma and loss. An overview is provided of the diversity of cultures and how health professionals should be sensitized to their patients' traditions and beliefs in their healing practices.

Napholz, Linda. "**Balancing multiple roles among a group of urban midlife American Indian working women.**" *Health Care for Women International* 21, 4 (2000): 255-266.

This six-week study draws on the role that conflict reduction intervention plays in the lives of eight urban American Indian women. The balancing of multiple roles and integrating traditional, and contemporary feminine strengths in a positive manner, are the focus of the study.

Papin, Liliane. "**Healing Voices.**" *Ms. Magazine* 10, 6 (October-November 2000): 37.

One-page article about violence against women in New Mexico.

Ponchillia, Susan. "**The effect of cultural beliefs on the treatment of Native Peoples with diabetes and visual impairment.**" *Journal of Visual Impairment & Blindness* 87, 9 (November 1993): 333-335.

The author reviews the diabetes epidemic among Native Americans, and the use of traditional cultural beliefs to affect the success of services to Natives experiencing vision loss.

Prieto, David. **“Commentary on Native Americans in Medicine: The Need for Indian Healers.”** *Academic Medicine* (July 1989): 388-389.

This article provides a demographic profile of Natives in the health system and how few opt for careers in medicine.

Quintero, Gilbert A. **“Gender, Discord, and illness: Navajo philosophy and healing in the Native American Church.”** *Journal of Anthropological Research* 51, 1 (Spring 1995): 69.

This research study explores how family discord is related to disease, and the role that the Native American Church plays in healing.

Robin, Mitchell W., and Raymond DiGiuseppe. **“Endorsing Irrational Beliefs Cross-Culturally: Clinical Implications.”** In *Spirit versus Scalpel: Traditional Healing and Modern Psychotherapy*. Edited by Leonore Loeb Adler, B. Runi Mukerji, et al. Westport, CT, USA: Bergin & Garvey/Greenwood Publishing Group, Inc., 1995. xxv, 147-165: 219 pp.

An empirical assessment of the Belief Scale II theory – that people who endorse irrational beliefs have a tendency to suffer from emotional disturbance, and the implications for cross-cultural therapy.

Scurfield, Raymond M. **“Healing the Warrior: Admission of two American Indian war-veteran cohort groups to the specialized inpatient PTSD unit.”** *American Indian & Alaska Native Mental Health Research* 6, 3 (1995): 1-22.

The American Lake VA Post-Traumatic Stress Disorder (PTSD) Treatment Program’s outreach efforts to Native American Indians of the northeast U.S. altered their treatment to be more culturally sensitive in this study of American Indian war veterans.

Slagle, Logan, and Joan Weibel-Orlando. **“The Indian Shaker Church and Alcoholics Anonymous Revivalistic Curing Cults.”** *Human Organization* 45, 4 (1986): 310-319.

This study examines the Indian Shaker Church, an intertribal religious movement and curing cult, and how it has intervened in culture-based alcohol treatment and prevention.

Smith, Teresa S. **“Ojibwe Persons: Toward a phenomenology of an American Indian Lifeworld.”** *Journal of Phenomenological Psychology* 20, 2 (Fall 1989): 130-144.

Using A.I. Hallowell’s (1960) fieldwork observations of the Ojibwe, the author describes or constructs a traditional Ojibwe world, which determines the shape of reality through dreams, language and relationships. Through this analysis, she

demonstrates the power of myth through a Windigo and explains its relevance to the community healing after the suicide of seven teenagers.

Tafoya, Terry. “**Circles of Cedar: Native Americans and Family Therapy.**” *Journal of Psychotherapy & the Family* 6, 1-2 (1989): 71-98.

The author presents a traditional Sahaptin legend as a paradigm to explain relationships and responsibilities. He offers several ways that therapists can better understand Native American holistic learning and teaching as treatment tools.

Thomson, Timothy. “**Counseling Native Americans: An Introduction for non-Native American Counselors.**” *Journal of Counseling and Development* 69, 4 (March -April): 321.

A model for healing from a Native American perspective, explores its diversity and offers practical approaches for use in counselling individuals.

Trujillo, Micheal. “**IHS Partners With Tribal Communities.**” (retitled from “**Design for Success: Working in Partnership Toward a Healthier Future for American Indians and Alaska Natives.**”) *U.S. Medicine* 37, 1 (January 2001).

An overview and historical summary of Indian Health Services in the U.S. which includes the development of policies that included the tribes in collaborative efforts for the delivery of health services. The article demonstrates the progress made, such as budgets allocated directly to tribes (44 per cent of \$1.06 billion), and continued work towards partnerships that include traditional health.

Union of Yagé Healers of the Columbian Amazon. *The Beliefs of the Elders: Code of Ethics of Indigenous Medicine of the Columbian Amazon.* Amazon Conservation Team. September 2000.

This document was signed by Yagé shamans of the Columbian Amazon in July 2000. The Code of Ethics for the Practice of Indigenous medicine and Code of Medical Ethics agreed to by the shamans describes the beliefs of the Elders, medicinal plants, healers and the community, conduct of healers and much more. The Code developed by Yagé healers can be a useful starting point for other Indigenous nations to adapt for their own nation's needs.

Vick, Ronald D. Sr., Linda M. Smith, and Carol Iron Rope Herrera. “**The Healing Circle: An alternative path to alcoholism recovery.**” *Counseling & Values* 42, 2 (January 1998): 133-141.

The authors describe how the values of AA, especially concerning spirituality, can be in conflict with traditional Native Americans beliefs and spirituality. This article examines

healing methods of the Oglala Lakota and how their traditional treatments may be more effective.

Voss, Richard, et al. "**Wo'lakol kiciyapi.**" *Journal of Multicultural Social Work* 7, 1-2 (Winter-Spring 1999): 73.

Traditional philosophies of helping and healing among the Lakota are described as moving towards a Lakota-centric practice of social work.

****(author missing) "**Tribal and Shamanic-based Social Work Practice: A Lakota Perspective.**" *Social Work* 44, 3 (May 1999): 228.
Ibid.

Waldram, James. "**Access to Traditional Medicine in a Western Canadian City.**" *Medical Anthropology* 12: 325-348.

This paper discusses changes in the biomedical views of traditional medical practices since the World Health Organization's (WHO) Alma-Ata Declaration. The author acknowledges the role of colonialism, and oppression of North American Natives' practices, and provides opinions on their contemporary relevance.

He summarizes the diversity of Native practices and notes the lack of research across the board, specifically with Métis Peoples. He conducted the study in Saskatoon and concludes there is widespread adherence to traditional medicine within his study group.

Wiedman, Dennis. "**Big and Little Moon Peyotism as Health Care Delivery Systems.**" *Medical Anthropology* 12 (1990): 371-387.

North American Indians are explored within a historical and contemporary context. The development of the Native American Church is examined in a historical and contemporary context, with the focus on the healing aspects of peyote ceremonies. It is the largest inter-tribal religion practised by over 125,000 North American Indians.

Wilkinson, Doris Y. "**Traditional Medicine in American families: Reliance on the Wisdom of Elders.**" *Marriage and Family Review* 11, 3-4 (1987): 65-76.

The article deals with an examination of Indigenous healing practices, as well as the role of kinship in healing disrupted family patterns. Also presented are the responsibilities of grandparents, and the knowledge and use of intergenerational medicines that survive and are still used, despite modern health care.

Wirth, D.P. “**The significance of belief and expectancy within the spiritual healing encounter.**” *Social Science and Medicine* 41, 2 (July 1995): 249-60. (UI: 95397202)

A study was conducted in California with an American-born healer trained in the Philippines. The correlation between the high expectancy of the patient and healer influenced their treatment success. The author concluded that it is the bonding relationship between healer and patient that is a primary factor for success in the healing process.

Works, Sarah. “**Governmental Coverage of Traditional Indigenous Medicine, and Ethical Justification.**” *Unpublished*. University of Arizona, Department of Philosophy. P.O. Box 21007, Tucson, Arizona 85721.

This article engages the reader by explaining the lack of definition for traditional medicine, and suggests that one’s own community defines traditional medicine. She also argues for the protection, promotion and preservation of the healing practices of Indigenous Peoples.

Wyrostok, Nina, and Barbera L. Paulson. “**Traditional Healing practices among First Nations students.**” *Canadian Journal of Counselling* 34, 1 (January 2000): 14-24.

This empirical study assessed post-secondary First Nation students’ attitudes toward traditional healing practices. The majority of students expressed varying levels of acceptance.

Yellow Horse Brave Heart, Maria. “**The Return to the Sacred Path: Healing Historical Trauma and Historical Unresolved Grief Response among Lakota Through a Historical Psycho Educational Group Intervention.**” *Smith College Studies in Social Work* 68, 3 (June 1998): 288-305.

Historical trauma and unresolved grief are examined and related to the Wounded Knee Massacre, explaining how this past traumatic event impaired traditional Lakota grieving. The author has developed an assessment for treatment using psycho-educational group interventions for healing.

Zubeck, E.M. “**Traditional Native Healing: Alternative or Adjunct to Modern Medicine?**” *Canadian Family Physician* 40 (November 1994): 1923-31.

This study in British Columbia examines the question of how adaptable traditional and modern medicines are, and whether they can co-exist? The author also identifies the difficulty in defining “traditional Native medicine” in conducting the study.

DISSERTATIONS

Brave Heart-Jorden, Maria Yellow Horse. **The Return to the Sacred Path: Healing from Historical Trauma and historical unresolved grief among the Lakota.** *Smith College School for Social Work*, USA. UMI Order: AAM9600362 Dissertation Abstracts International Section A: Humanities & Social Sciences. (March 1996) v56 (9-A): 3742.

The study examines the impact of several massive, cumulative traumas associated with the assassination of Sitting Bull, boarding schools and the Wounded Knee Massacre. The author developed a psycho-educational group intervention plan to resolve and heal historical unresolved grief and trauma. Her methodology included the participation of 45 Lakota human service providers and confirmed her hypothesis.

Duran, Eduardo F. **Archetypal consultation: A service delivery model for Native Americans.** *California School of Professional Psychology, Fresno*. Dissertation Abstracts International, (April 1984) v44 (10-B): 3182 pp.

No information.

Garrity, John Francis. **The Ethos of Power: Navajo Religious Healing of Alcohol and Substance Abuse.** *Case Western Reserve U*, USA. UMI order number: Am (833883). Dissertation abstracts International Section A: Humanities and Social Sciences (November 1998) v59 (5-A): 1641 pp.

This empirical study examines three distinct healing traditions of the contemporary Navajo health care system. The three included in this study are the Native American Church, Pentecostal Christian Healing and the traditional Navajo healing methods. The author demonstrates that the traditional Navajo practitioners are less involved in the treatment of alcohol and substance abuse, while suggesting that the Church's response includes aspects of traditions while treating a modern problem.

Hovland, Marcia Lee Kaiser. **Wellness stories of Native American patients of the Winnebago/Omaha Project: An Ethnographic perspective.** *University of South Dakota*, USA> UMI Order Number: AAM9535508. Dissertation Abstracts International Section A: Humanities & Social Sciences (December 1995) v56 (6-A): 2116 pp.

This empirical study draws from narratives of participants in the Winnebago/Omaha Diabetes Project. The researcher develops narratives and themes into areas of traditional/cultural spirituality and health care treatment.

Lewton, Elizabeth. **Living Harmony: The Transformation of Self in Three Navajo Religious Healing Traditions.** *Case Western Reserve U, US*. UMI Order Number:

AAM9818215. Dissertation Abstracts International Section A: Humanities & Social Sciences (June 1998) v58 (12-A): 4711 pp.

The author conducted open-ended interviews about the therapeutic processes in the three prominent Navajo healing traditions, Pentecostalism, Native American Church and traditional Navajo ceremonies. The author explains the self-transformations according to the individual's religious beliefs and identity.

Struthers, Roxanne. **The lived experience of Ojibway and Cree women healers.** *University of Minnesota, US.* UMI Order number:AEH9929523Univ Microfilms international, US. Dissertation Abstracts International: Section B: The Sciences & Engineering (December 1999) v60 (5-B): 2065 pp.

An empirical study of lived experiences of Cree and Ojibway women healers in the U.S. and Canada. The findings suggest that several themes emerged that could be applicable to nursing theory, research and education, and best practices.

Whelshula, Martina Marie. **Healing through Decolonization: A Study in the Deconstruction of the Western Scientific Paradigm and the Process of Retribalizing among Native Americans.** *California Institute of Integral Studies.* US. UMI Order number: AEH9940039. Dissertation abstracts International: Section B: The Sciences and Engineering (February 2000) v60 (7-B): 3624 pp.

In an exploration of the epistemological Western scientific paradigm, this paper demonstrates how psychopathology re-traumatizes through enculturation. In a historical examination of the Colville Tribe in Washington State, the author explains the profound transformations and healing that can take place through traditional knowledge and practices.