

Wilfrid Laurier University

Scholars Commons @ Laurier

Lyle S. Hallman Social Work Faculty
Publications

Lyle S. Hallman Faculty of Social Work

9-1-2016

In The Trenches: Traditional Healers' Understanding of Health and Healing

Gus Hill

Wilfrid Laurier University, ghill@wlu.ca

Follow this and additional works at: https://scholars.wlu.ca/scwk_faculty



Part of the [Indigenous Studies Commons](#), [Medicine and Health Commons](#), and the [Social Work Commons](#)

Recommended Citation

Hill, G. (2016). In the trenches: Traditional healers' understanding of health and healing. *Indigenous Social Work Journal*, 10(1), pp. 19-32, Sudbury, ON: Laurentian University Press.

This Article is brought to you for free and open access by the Lyle S. Hallman Faculty of Social Work at Scholars Commons @ Laurier. It has been accepted for inclusion in Lyle S. Hallman Social Work Faculty Publications by an authorized administrator of Scholars Commons @ Laurier. For more information, please contact scholarscommons@wlu.ca.

In The Trenches: Traditional Healers' Understanding of Health and Healing

Dr. Gus Hill, PhD

Wilfrid Laurier University

Author's Note

Gus Hill is Associate Professor in the Indigenous Field of Study, in the Faculty of Social Work at Wilfrid Laurier University.

Correspondence concerning this chapter should be addressed to Gus Hill, Indigenous Field of Study - Faculty of Social Work, Wilfrid Laurier University, Kitchener, ON., CANADA, N2H 3W8. Email: ghill@wlu.ca

Abstract

This paper presents findings from a doctoral research study that explored understandings of traditional healing from the perspectives of traditional healers and helpers. Elders, who acted as key informants, identified sixteen individuals, using snowball sampling. Among the sample are healers from a variety of cultures, including Anishnaabe, Cayuga, Cree, Inuit, Innu, Mohawk, Odawa, Oneida, Paiute, Potawatomi, and Seneca. Indigenous protocols in conducting research were followed by the researcher during the course of the study. In-depth individual interviews were audio-recorded and verbatim transcripts were analyzed, qualitatively. These individuals shared their understanding of the work that they do, including use of ceremonies, medicine, power of prayer, rites of passage, as well as the implications of traditional healing practices in this ever-changing society. The findings suggest there is a growing need for traditional healing practices with Indigenous people. Implications are drawn for research and practice with Indigenous people.

Keywords: Indigenous, Research, Elders, Healing, Health, Holistic, Traditional Healers

Locating the Author

Aanii, Waase-Gaaboo ndizhnikaaz. Obadjiwaan miinwaa Bawating ndoonjibaa Anishnaabe miinwaa English miinwaa French endaaw. Hello, my name is Waase-Gaaboo. People call me Gus Hill. I come from Sault Ste. Marie and Batchawana Bay in northern Ontario. I have ojibwe (anishnaabe), English and French heritage. I have introduced myself in this way to honour my ancestors, the Creator, and all my relations.

Introduction

“The real work is done in the trenches” Margaret (participant).

Traditional healing practices have been a large part of the Indigenous healing movement in Canada that has sought to help reconnect Indigenous people with their cultural values and practices, and to help them heal from the various traumas of colonization (Solomon & Wane, 2005). The terms traditional healing and traditional healing practices shall be used interchangeably, where traditional healing refers, more formally, to the movement of healing amongst Indigenous people, and traditional healing practices refers to the specific practices of traditional healing, as well as those specific ceremonies that contribute to the larger movement of healing.

Traditional healers work in ways that are grounded in culture, traditional knowledge, the ways of the ancestors, and take into account all of the aspects of Creation, and as such, the work is quite involved, and it is not time-limited (Poonwassie & Charter, 2005). Traditional healing calls for a developed level of self-knowledge, self-awareness, and self-reflexivity (Brant Castellano, 2011; Couture, 2011). It calls for full participation by the healer along a guided journey of healing for both the recipient and the healer (Menzie & Lavalley, 2014). This may include activities as seemingly trivial as walking, grocery shopping for healthy foods, breathing

lessons, to the more involved activities such as praying and powerful ceremonies that heal the deep emotional, physical, mental, and spiritual hurts of Indigenous people.

This study of traditional healers' understandings of health and healing was part of a doctoral research study, (Hill, 2008) which sought to understand a broad range of aspects related to traditional healing in the Canadian context. This paper will outline some of the impacts of colonization on Indigenous well-being, outline the research design and procedures, share the first major theme (Defining Health and Healing) of eight themes from a research study (Understanding Traditional Health and Healing), a discussion of the findings and implications for Indigenous practitioners, limitations of the study, and proposed further research. Similar to Linklater (2014), this study represents the views of Elders and Traditional Healers in the words of the Elders and Traditional Healers.

Impacts of Colonization on Indigenous Well-Being

The process of European colonization created an inter-generational illness that continues to affect Indigenous people in Canada, and will for a long time yet (Cooke & Long, 2011; Menzies, 2014). The current social climate of Indigenous people continues to be fraught with worry and illness due to the ongoing and historical maltreatment of Indigenous people. Indigenous people need healing now more than ever before (Lavellee & Fairney, 2014; McCormick, Arnouse & Walton, 2014; Rego & Rego, 2014).

Looking for the effects of illnesses in First Nation communities is like 'shooting fish in a barrel.' Illness is widespread and touches everybody in First Nation communities and Urban Aboriginal communities, alike (Hill & Cooke, 2014). As Wilson and Wilson (1999) articulate:

The devastating effects of attempts at forced assimilation have left their mark on many First Nations communities. All too many are in a state of complete dependence with no belief or hope in their own collective will or ability to make substantial change. Other communities struggle on by depending on short-term

funding for programs initiated outside their own environment. A deep-rooted psychology of poverty permeates and is evidenced in squalor, apathy, internal power struggling, poor social skills, and perpetual grieving. In fact the effects of colonization run so deep that they have in many cases produced complete communities of dysfunction (pp. 137-138).

Indigenous people are facing the highest rates of unemployment, incarceration, infant mortality, suicide and substance dependency, as well as the lowest achievement levels in education in Canada (Lavalle & Fairney, 2014; RCAP, 1996; Schouls, 2002). Such longstanding social problems have resulted in a phenomenon of a people mourning the hardships and trauma of their ancestors that has been referred to as “unresolved historical grief” (Braveheart, 2005), and has been labelled by indigenous scholars as “violence” that results from “colonial imposition” (Cote-Meek, 2014). This can also be called intergenerational trauma as it is somehow perpetuated through successive generations of people (Battiste and Henderson, 2000; Graveline, 1998; Menzies, 2014).

There is a sense of profound and continued suffering among Indigenous people that is complex and interconnected with a loss of spirit. “Communities often turned inward and let their suffering give way to a desire to be dead. Violence and family abuse became entrenched in communities which had no hope . . . white society did not see and did not care” (Smith, 2004, p. 78).

The policies of forced assimilation have left a legacy of turmoil and illness within generations of Indigenous people (Menzies, 2014). Policies such as the Indian Act and the Gradual Civilization of Indian Children Act (Schouls, 2002) sought to strip Indigenous cultures of their identity, language, traditional lifestyle, and knowledge systems. Indigenous people have, in many ways, transcended the historical traumas perpetrated by the colonizing societies. Sadly, though, Indigenous people are still struggling to heal the damaging effects of colonization:

residential schools, exploitation and commodification of traditional knowledge, and the exploitation of physical resources, to name but only a few (Cote-Meek, 2014). These issues continue to illustrate the context of social problems affecting Indigenous people, and demonstrate the ever-increasing need for healing toward holistic wellness (Absolon, 2010; Hart, 2002; Hill, 2014; Nabigon, 2006).

The ripple effects of residential schools and the child welfare's sixties scoop of Indigenous children have left a legacy that includes alcohol and drug abuse, inhalant abuse, sexual abuse, family violence, harsh and ineffectual parenting, chronic rage or depression, and grave mistrust, all with few mechanisms to address the underlying problems (Bopp & Lane Jr., 2000; Menzies, 2014; Nabigon, 2006).

The need for traditional healing among Aboriginal people is described by Warry (1998):

Culture, identity, tradition, values, spirituality, healing, transformation, revitalization, self-determination, self-government: A spiral of ideas and actions constitute community healing. At the most basic level, when Aboriginal people speak of community healing they suggest that there are many individuals within their communities who must heal themselves before they will be capable of contributing to the many tasks that lie ahead. They talk of finding ways to help support individuals who must heal deep wounds. This can only be accomplished if people are provided with opportunities for spiritual growth and cultural awareness (p. 240).

Impacts of Traditional Healing on Indigenous Well-Being

Indigenous people have been using culture-specific traditional healing practices for thousands of years (Maar & Shawande, 2010). "In the past, healers were nurtured by their communities. Communities identified healers and informally monitored their work. Those who had the necessary skills were sought out by community members, and those who had questionable skills were avoided" (Maar & Shawande, 2010). The Indigenous healing movement, which has developed out of the reclamation of traditional knowledge, has had

positive effects in the healing of Indigenous people (Absolon, 2010; Degagné, 2014; Hart, 2014; Hill, 2014; Simpson, 2011) and Indigenous communities (Bopp & Bopp, 2011; Hill & Cooke, 2014).

Over the past four decades, more and more Indigenous people are reclaiming their cultural identities and traditional healing often serves as the beginning of the journey into cultural re-education and re-claiming (Menzies, 2014; Simpson, 2011; Smith, 2012), as well as wholistic wellness (Absolon, 2010; Graham & Stamler, 2010; Hart, 2014; Menzies, 2014). Many indigenous scholars believe that the only way for Indigenous people to truly heal the intergenerational trauma, that has been imposed upon them, is through traditional healing that attends to the spiritual, emotional, physical, and mental aspects of the self (Absolon, 2010; Baskin, 2011; Braveheart, 2005; Connors, 1995; Cote-Meek, 2014; Duran & Duran, 1995; Hart, 2002, 2014; Hill, 2014; Hill & Coady, 2003; Menzies, 2014; Simpson, 2011; Smith, 2012). Many Indigenous people achieve wellness from traditional healing practices such as the sweatlodge ceremony (Benton-Banai, 1988; Graham & Stamler, 2010; Hart, 2014; Hill & Coady, 2003), healing lodges and circles (Baskin, 2011; Hart, 2002, 2014; Hill & Coady, 2003; Meawasige, 1995), and the continuous journey toward bimaadiziiwin or “the good life” (Gross, 2002; Hart, 1999, 2002, 2014).

The Indigenous people who carry these types of ceremony possess a great deal of wisdom and considerable amounts of cultural teachings (Hart, 2014; Manitowabi, 2014; Menzies, Bodnar & Harper, 2010). They also carry enormous responsibilities to maintain their personal health and to facilitate the journeys of other people toward personal health and spiritual growth (Hart, 2014; Menzies et al, 2010). The Indigenous healing movement in Canada has arisen from the belief that traditional healing practices are the best ways to help Indigenous people heal from the

effects of the traumas and violence of colonization (Degagné, 2014; Hart, 2014; Hill & Coady, 2003).

The Study Design and Procedure

Background

Indigenous knowledge from sixteen Indigenous people who were identified by their respective communities as Healers and Elders was gathered as part of doctoral research by the author. Elders and Healers, who served as key informants to the researcher, guided the researcher and the research process. The project received approval from the University Research Ethics Board. The research was guided by five broad questions, with fifty-five specific probing questions that were developed for, by, and with the Elders and Healers through ceremony and the Indigenous method of “visiting”. It should be noted that not all of the fifty-five probing questions were asked; however, they were provided to the participants beforehand for their consideration and reflection. The data produced eight major themes with thirty-one sub-themes, and twenty-six micro-themes. The first major theme, its two sub-themes, and their nine micro-themes are presented in this paper.

Framework

The epistemological, theoretical, and ethical framework that guided the methodology was a combination of the seven grandfathers' teachings, holism (spiritual, emotional, physical, mental), and the four truths of the Anishnaabe (kindness, sharing, straightness, and strength). These teachings guide the researcher to varying degrees in every day activities. They are relevant to this methodology and these methods of conducting research. This research was conducted with, for, and by Indigenous people.

Methodology

The methodology for this study was co-constructed with the Elders who guided the process; this is one of the many ways Indigenous people come to know (Absolon, 2011). It was comprised of the principles of relational accountability, experiential knowledge as inherently valuable, the conduct, capacity, and integrity of the researcher, the rationale for doing the research, and the grounding of the research in the integrity of the community which connect to the principles of the locus of power over issues of research from the Kaupapa Maori methodology: initiation, benefits, representation, legitimacy, and accountability (Absolon, 2011; Bishop, 2005; Weber-Pillwax, 1999; Wilson, 2007).

Participants

The sixteen participants in this study were respected people within their communities who used primarily traditional healing methods (i.e., sweatlodge, healing circles, medicines, ceremonies) in their personal and professional healing work. The sample was comprised of 11 women and 5 men from Anishnaabe, Cayuga, Cree, Inuit, Innu, Mohawk, Odawa, Oneida, Paiute, Potawatomi, and Seneca cultures (Presented here alphabetically). They ranged in age from 27 years to 70 years, with a mean age of 48 years. All participants viewed themselves as traditional people who live by the ancient teachings and traditions of their cultures.

The researcher used traditional protocols when contacting participants in order to ensure that the interviews were conducted in a good way. Participants were approached with tobacco in cloth, which was traditionally used by indigenous people to pray on a request (Hart, 2009). The researcher offered tobacco with the intent that the participants attend to the request for their participation in a research study in a wholistic way. Furthermore, the researcher attended to the relationship by offering gifts, or what is traditionally called *bgidniged* (Maar & Shawande, 2010). Such gifts honour the relationship between two people, normally a Healer and the person

seeking healing; the researcher transposed this teaching of bgidniged that he learned as a young Anishnaabe to the research process, in part because the participants were Healers and Elders (Maar & Shawande, 2010).

A purposeful sampling procedure began by accessing people who were familiar to the researcher. Two of the participants and one additional Elder acted as key informants who then facilitated a careful process of snowball sampling (Patton, 2002).

Data Collection

Most participants were interviewed in two parts by the researcher. The focus of the first part of the interview served several functions. The first, and most important, was that the researcher presented himself to the participants for assessment of character, worthiness, and ability to carry the knowledge that they might share. Some logistical elements of the research were carried out during the first part of the process such as to explain the purpose of the study, establish suitability for the study, and present participants with the interview questions, information letter, and consent form.

The second part of the interview was intended as the data collection (sharing, visiting, and co-construction), and was audio-recorded. Some participants insisted on conducting both parts one and two during the same visit, and their requests were honoured.

The interviews ranged from approximately three hours to seven-and-a-half hours in length. The results presented within this paper came out of a single theme that was developed largely in response to two questions (What does healing mean for you? Could you tell me about the healing work you do for yourself and with others?).

Time and space was dedicated, by the researcher, to seeking guidance and feedback from participants about the questions, and revisions were made based on their feedback. This was one of the ways that the research was informed, and co-constructed, by Elders and Healers.

Interviews were transcribed verbatim from the audio-recordings by the researcher and the participants had the opportunity to review their transcripts for their approval and comments. This made space for participants to correct phrasing and intent of their interview content. Most participants did not wish to review the transcripts from their interviews.

Some of the interviews were conducted on First Nation land while others were conducted in urban centres across Southern Ontario and Quebec. The data collection stage of the study lasted approximately ten months.

Data Analysis

Throughout the data analysis process, the researcher attended ceremonies on a regular basis, used medicines on a daily basis, sat in circle several times each week and consulted Elders regularly. This adherence to traditional healing practices ensured that the spirit and intent of the research were carried forward in a good way. As the researcher wrote this paper he engaged in the use of medicines, ceremonies, and sat with Elders to help him present these words in a good way.

First, transcripts were read a number of times in order to develop intimate familiarity with the data. Second, each transcript was analyzed in detail. Third, data analysis developed from open coding through a manual micro-analysis, to development of themes, sub-themes, and micro-themes (Taylor & Bogdan, 1998). The coding was based on the researcher's own classification scheme (Taylor & Bogdan, 1998). Analysis began after the first interview, and

continued through the remainder of the data collection process using a constant comparative method (Corbin & Strauss, 2014).

Findings

Understanding of Traditional Health and Healing

This section shares the findings from the study related to Defining Health and Healing. The two sub-themes that will be described are Principles of Health and Healing and Holistic Aspects. Each of these sub-themes has a number of micro-themes. The participants in this research study shared the Principles are: vision/purpose, forgiveness, living the teachings each day, walking the red road, striving for and maintaining peace, wellness, and balance; the Holistic Aspects are: emotional, spiritual, physical, and mental.

As participants described the meaning health and healing had for them, they asserted that “vigilance and sacrifice is involved” and they are “actively working” on themselves. They are then “able to help with integrity.”

Principles of traditional health and healing.

According to those who participated in this research project, the understanding of traditional health and healing encompasses a wide variety of principles. What follows is the discussion of the theme “Defining Health and Healing” and five sub-themes that emerged from the data: “vision/purpose”, “forgiveness”, “living the teachings each day”, “walking the Red Road”, and “striving for, and maintaining peace, wellness and balance each day”.

Vision/purpose. Vision/Purpose is a sub-theme that was pervasive throughout the data related to understanding health and healing. In the Anishnaabe tradition, young men and women go through their rites of passage into adulthood. This often involves ceremonies that include

vision quests or lodge construction, wherein the conditions are created for each individual's Creator-given purpose to be revealed to them. It should be noted, however, that despite the correct conditions, some people do not experience what is typically understood as a vision.

Albert, one of the participants, shared his experience of these ceremonies:

When we were young we had rites of passage like the vision quest and the first hunt with our fathers and uncles and maybe even our grandfathers. You know even if we weren't meant to live in the traditional way, we still had purpose in our lives.

This traditional understanding of vision and purpose are common across many Indigenous cultures in Canada and provide the starting point for each person's life journey. Participants spoke of the importance of having some vision and purpose in life for their own healing work, as well as that which they facilitate with others. Rebecca asserted: "My purpose in this life is to use my gifts to help people in my community because the Healers saved my life, and I want to give back."

While much of the focus in the discussion of vision/purpose was specifically on Indigenous youth, participants spoke quite strongly about how the issue of a lack of vision/purpose affects all ages of Indigenous people in Canada. For example, an impassioned Shawn shared the following:

The work that I do is with children, some are forty-year-old children and others are sixty-year-old children. They have no vision for their life and they wander around, you know, some of them are homeless and they just need to find the purpose in their life. It's truly the very beginning of healing; having that vision and purpose in life.

Forgiveness. If facilitating vision/purpose is the beginning of traditional healing and health, then it is forgiveness that acts as a bookend to this journey. Teaching forgiveness forms part of many traditional teachings and is taught throughout the lifespan.

Healers included the power of forgiveness when sharing their understandings of healing. Gillian shared: "Forgiveness is such a healing force. It really frees you from that dark, angry force. Telling somebody who has hurt you, 'I forgive you,' with deep sincerity is just so powerful." Some participants suffered severe physical, sexual, emotional, spiritual and mental abuse at the hands of the administrators and staff of residential and boarding schools, such as William, who shared his wisdom about forgiveness:

You know what I've learned? Only I had the power to set both of us free from that sick relationship of abuse. By offering my abuser my forgiveness, I felt balance and peace return to my spirit that wasn't there for a long time, probably since before I was abused. It just came back and a huge weight was lifted off me. This has become an important part of the work I do with others.

Living the teachings each day. Participants spoke of the importance of not only knowing one's teachings but living those teachings in their everyday life. For example, Alice asserted: "You can't just use the teachings in your life when it is convenient for you. It is a way of life and you need to honour them each day. I'm not a traditional person one day and then a different person the next just because it is hard to live the teachings." Another participant shared that:

I am always conscious of the fact that everyone is watching me all the time. If I want anyone to respect me as a healing person, I know that I have to live the teachings every minute of every day.

Walking the red road (sobriety). Walking the Red Road is generally understood by Indigenous people to mean that a person abstains from using alcohol and drugs; however, it has grown to include other addictions such as gambling and sex. Participants, with few exceptions, shared that walking the Red Road is fundamental to traditional health and healing.

Several participants spoke of substance misuse within their communities and the importance of finding the Red Road. Cynthia shared that:

Drugs are killing our children and booze is killing them with all the drunk driving accidents in our communities and then our traditional people aren't quite the same presence they were, you know, and so we have to be that healthy presence. That's what's been given to us to do. We have to help the next generation find the Red Road.

Shawn spoke of his struggle and the need for helpers to do the work with the young people around addictions: "I run into people all the time who have no idea what they are doing to themselves or even where they are most of the time. It is absolutely critical that people live sober lives. Being drunk or stoned just isn't our way as indigenous people."

Two participants had somewhat different opinions on sobriety. Though both participants lead sober lifestyles, they did not profess to know what the right way is. Margaret expressed "Some people need drugs or booze to be able to deal with the intensity of their visions." Jonathan expressed that he doesn't judge people who have addictions: "If they don't have a problem with alcohol or drugs and by that I mean that it isn't having negative effects on their relationships or jobs or life in general, then they don't need to heal from that."

Striving for and maintaining peace, wellness and balance each day. Participants spoke generally about this struggle to achieve, and then maintain, peace, wellness and balance in their everyday lives as well as those with whom they work. Cynthia spoke about her understanding of traditional life: "We all struggle to walk a straight path each day and . . . it is the constant daily struggle that is the good way of living."

Alice shared her wisdom about the understanding of balance and peace as a part of traditional health and healing:

You know, this whole belief about being perfectly balanced or totally at peace is an illusion. Seriously, it's impossible. To be perfectly honest with you, I used to think that way but I always felt bad that I was never at peace or balanced no matter what I did. Everyone struggles with it but that doesn't mean you shouldn't

try. It's still important to fight that healing fight within yourself and with others but we are so hard on ourselves, especially the young ones.

Rebecca shared her perspective on peace and balance: "I don't know if I've ever been 'balanced' or perfectly at peace but I sure know when I'm out of balance or not at peace. I know I have to do something to straighten me out."

Regardless of their views about the attainability of such a state, all participants spoke about striving for peace, wellness and balance as foundational to their understanding of traditional healing and health.

Holistic aspects of traditional health and healing.

When asked the question, "What does healing mean for you?" most participants immediately engaged in a discussion about the four aspects of a holistic self: spiritual, emotional, physical, and mental. Although the participants talked about the four aspects of holism in different sequences and with different emphases, they all conveyed similar understandings of holism in traditional healing. The presentation of the holistic aspects, as discussed in this article, begins with the emotional aspect, followed by the spiritual aspect, then the physical aspect and lastly, the mental aspect. This is the predominant order in which they were shared.

Emotional. Participants shared that common Indigenous experiences of inherited trauma seem to leave people confused about how to contextualize the suffering that is all around them, and helping people through the grief is a large part of the work.

William spoke of the experiences of childhood that "hold back a lot of people from living in a good way. We are taught not to feel. You know the three rules, eh? Don't feel, don't cry and don't speak."

Participants spoke of how most Indigenous people find themselves at some point in their lives, in need of emotional exploration and self-discovery to heal those hurts that they have inherited. Elizabeth summed up the need for continued self-discovery and emotional health:

One of the most important lessons that we have to learn as traditional helpers is that we have to continue to look under every stone and look at ourselves and dig up all that stuff and deal with it. I know that we all have to do that work because we've all been traumatized by colonization.

Healers talked about the intensive emotional healing work they do with others and articulated the teaching on emotions as a gift from the Creator. According to one:

The Creator gave us emotions so that we are affected by, and can relate to, other aspects of Creation. The greatest gift is being able to feel those emotions. We need to learn how to attend to our emotions and feel them at the very moment they are happening.

One indicator of emotional health with Indigenous people is the ability to laugh and joke and use humour. William shared an important teaching of this for his people: "It is important that we laugh and joke. So much healing comes from humour."

Love as the universal teaching across cultures was also discussed. Participants commented that although this is a fundamental teaching, so many people can not feel the emotion of love. Shannon offered: "In traditional healing, love is the basis of it all. And, you know, sometimes I need to remind myself that the reason I do this work is because of the love I feel from the Creator and the love I feel for my people." Building on this idea, Gillian conveyed: "We need to feel love, both giving and receiving, to not only keep up the healing work we do but to feel alive."

Spiritual. Healers identified the spiritual aspect of traditional healing as the critical piece to identity and resilience in life. They explained that this is also about building resources that

feed the spirit, such as prayer, traditions, teachings, medicines, relationships, sacred items and connections with the spirit world, and the Creator.

Rebecca spoke of the connection with Creation as an essential part of the work she does: “There’s just this powerful sense of belonging in nature so I make a point to walk with people by the river. Maybe they’ll hear or see or feel something that they’ve never experienced before. That is holistic healing to me.”

The healers in this research project spoke about the spiritual aspect as being *the* principal aspect. Albert shared his thoughts on this: “The connection with the Creator and the Creation all around you has to come first before all those other things. That’s that spiritual part of the balance that we’re all searching for.” Participants spoke negatively about the distractions in life such as money, material possessions, and media that take people away from deep and meaningful connections with spirit; distractions that Albert referred to as “all those other things.”

The varied understandings of spirituality and the spiritual aspect of holism were rooted in their traditional teachings as well as personal experience with spirits and the use of prayer and medicines to heal or help others. Jonathan spoke about the importance of this communication: “My people have always drawn on the power of the spirit to guide their lives, heal their people and maintain a healthy balance in all things. We do that every day, you know.”

James spoke about the communication that he has with the medicines and the plants that he works with:

I have to be ever mindful of the spirit of the plants and how those spirits work together in whatever remedy I’m making. It has nothing to do with me. I’m just the Creator’s helper. It is the spirit in those medicines that do the healing work.

Elizabeth shared that her work is that of the spirit and that she communicates with spirits of her ancestors on a daily basis:

What I do is spirit work. I look at people and I can see what is going on with them and where their particular illness is. It's because their spirits tell me when their physical beings are unable to. So, I use my spirit to help their spirits.

Physical. The physical aspect of holism relates to how traditional healers value physical health and how they help their clients to heal in physical ways. Although they had less to say about the physical aspect, they shared about the “importance of a strong body” and about “building endurance to run the helping marathon.” William spoke about how vital diet and taking care of the physical self are in the traditional healing world: “We need to take care to eat properly because we're dying from diabetes and stuff; move away from the grease, flour and preservatives.”

Several participants spoke about the importance of “walking in a good way” such as Shawn: “Walking in a good way to me means that you have integrity as a person. Integrity is walking your talk, and only talking about what you know.”

Although most of the participants shared the understanding of health as a process of getting physically well and maintaining that level of physical wellness, one participant, Alice, shared a different meaning from the rest of the participants. “Healing isn't the absence of illness. To me, it's actually the ability to cope from day to day with whatever disease or illness you may have so that you can continue to help others.”

Mental. Overall, healers expressed the view that the mental aspect of holism in traditional healing is the ongoing generation of wisdom. According to William “We have the ability to reflect on what we've done and make changes for the future. That is wisdom, and it is more than

just survival instinct.” As a component of generating wisdom, Sally expressed the importance of ongoing education, both in terms of traditional teachings and mainstream learning:

Our people are so disadvantaged because they stop learning and they give up. It makes me angry sometimes but I know what I have to do to help. We need to keep searching for knowledge and teachings. I can't say how important higher education is to our communities so that we can do for ourselves.

Wanda expressed the importance of “harnessing the true power of the mind to control your own life.” Similarly, Shawn spoke about the importance of both positivity and “the good mind” in the healing of the self:

It doesn't matter how many ceremonies you go to or how much you smudge. If you don't have a positive outlook and that positive mind, your whole self is affected, so you need to heal the mental aspect to the point where it is in a good, positive way.

Healers also spoke about the healing power of the mind. For example, James, a medicine man, shared that “There is no illness that can't be overcome when you use the power of your mind.” Margaret spoke about doing what needs to be done in order to stay mentally strong:

Sometimes my mind can weaken and that affects my spirit and then everything goes to hell. So, I go to my helpers and ask them to help me so that I can keep up the healing work that I do. Sometimes they point me in the right direction but they never give me the answers because it is the belief that we all have that power in our minds to find the answers for ourselves.

Participants conveyed the “need for healthy stimulation of the mind” as one element of healing toward holistic wellness, but also warned against “overstimulation of the mind.” Helen shared:

You know people don't seem to understand that continuous learning throughout your life makes you healthy. I know, too, that there are some people I work with who never shut off their brains. It's like they don't know how, and they are so stimulated that they get

sick all the time. So I think it's about finding a balance that allows you to be stimulated but healthy at the same time.

Implications/Discussion

There are several implications to which practitioners should pay attention from this study. The first concerns the way the study was conducted. Indigenous research methodology can be difficult to articulate; however, any research with Indigenous people should use respectful protocol. For example, *bgidniged* is an important teaching about honouring the relationship with Elders and Healers by offering them a gift. Spending the necessary time to build a trusting and meaningful relationship that will act as a vehicle for knowledge sharing is important. The author presented himself to the Elders for an assessment of capacity to conduct the study and carry others' stories. Furthermore, Elders guided the research study by shaping the questions, granting access to Healers, and reshaping the questions throughout the study.

This study offers some implications around traditional healing practices for practitioners. The process of healing with Indigenous people in Canada requires the use of a traditional approach that includes ceremonies, medicines, and the participation of Elders. Healing processes with Indigenous people must involve methods that connect them with Creation and the Creator. Traditional healing practice with Indigenous people demands that healers have the capacity for true empathy, are actively on their wellness paths, and have the capacity to "go there."

This study presents themes that are worth considerable attention. Vision and purpose in life provides a solid foundation from which one can reach their full capacity, and the ceremonies that help Indigenous people achieve such vision and purpose exist in Indigenous cultures. Forgiveness is a process that has the power to release people from negative and unhealthy bonds that may have been formed during traumatic incidents. Living the teachings each day, though

given little attention, tells us that one must live life with integrity and carry oneself in a good way. Walking the red road (sobriety) is fundamental to traditional health and healing; although, judgement of another person's actions is not consistent with traditional teachings. Striving for peace, wellness and balance is a lifelong journey that is difficult but the daily work makes life worth living. Lastly, healing work must be holistic in nature and attend to emotional, spiritual, physical, and mental aspects of the self; the participants in this study make clear that this is true for everyone.

Limitations

This study faced three specific limitations: funding, cross cultural relations, and a singular perspective. This study was conducted with limited funding by a doctoral student. As a result, the sample is limited to Southern Ontario and Quebec. A more comprehensive sample of Elders and Healers from different parts of North America might reveal deeper understanding about the world of traditional health and healing. The geographical restriction manifested in one unexpected way, namely that numerous attempts to broaden the sample of healers resulted in no new perspectives; thus, theoretical saturation was declared and the perspectives of sixteen people were included in the study.

With regard to cross-cultural relations, the researcher is Anishnaabe whereas a number of the participants were not. Ideally, the interviews, and data analysis, for each participant would be conducted by a member of their own culture. There may have been subtle nuances lost in translation during the interview and analysis processes. Furthermore, these interviews could have been richer had they been conducted in the indigenous languages of the participants, both to honour their cultural teachings and to capture such nuances that inevitably get lost in translation.

This study was focused on a singular perspective, that of the healer. A more comprehensive study would solicit the perspectives on traditional health and healing from groups such as recipients of traditional healing, family members of the healers, apprentices of traditional healers, community members who oppose traditional healing practices, and Indigenous political leaders within Indigenous communities.

As with all qualitative research the findings of this study are not generalizable to the population; however, present a unique perspective from a group of Healers and Elders that is specific to time and place.

Further Research

There is further research required to address the decline in true Elders (Brant Castellano, 2011; Hart, 2014; Menzies, 2014). As noted above, further research involving Elders and Healers from a greater diversity of cultures from an expanded geographical area is needed. These people carry some of the oldest knowledge about Indigenous ways of living healthy lives, and some Elders say that we may be on the precipice of a great cultural loss when these people pass on to the Spirit World. Additionally, it would be helpful to understand multiple perspectives about traditional health and healing that include recipients, apprentices, administrators, politicians, and other perspectives that may not be included in this list. It is important to note that such research should be carried out by Indigenous researchers who understand the cultural protocols and are able to honour bgidniged in their work. Another important aspect is the principle of “going to” the participants so as to engage them in their spaces. Such research should be conducted with, by, and for Indigenous people, be guided by Elders, and be responsive to participants’ needs and wishes.

Conclusions

Traditional healing has existed in North America in various forms for millennia. These practices have survived, and are being reclaimed, recognized, and revitalized in First Nations and Urban Indigenous communities. Indigenous people continue to struggle with the damaging effects of colonization such as residential schools, and the intergenerational trauma that affects every Indigenous person; however, Indigenous people have the means to heal these effects in their diverse forms of traditional healing practices. Healing is no longer a choice for Indigenous people; it is a necessity for survival. There needs to be a greater focus on developing and implementing healing programs aimed at reclamation and revitalization of Indigenous identities and culture within Canada.

As articulated throughout this paper, the process of healing for Indigenous people and communities requires the use of traditional healing approaches. Participants emphasized that traditional healing is intricately connected with faith and spirit and requires the use of methods that connect people to Creation and the Creator, such as praying, ceremonies, medicines, and the participation of Elders.

Sixteen healers shared their stories with me about doing this difficult work “in the trenches” of their communities. They also emphasized the need for holistic health and healing, which includes the emotional, spiritual, physical and mental aspects of a person. These healers articulated how their traditional healing work attends to each aspect in turn, striving toward balance and harmony for all. I have done my best to accurately represent their words in the context of this paper. These are rich perspectives on traditional health and healing from which we all can learn. All my relations¹.

¹ All My Relations is a show of respect to those who have contributed to your journey, your knowing, your being, your seeing, your doing capacities, and to the Creator and Spirits who guide you. We typically acknowledge the

References

- Absolon, K. E. (2011). *Kaandossiwin: How we come to know*. Black Point, NS: Fernwood Publishing.
- Absolon, K. (2010). Indigenous wholistic theory: A knowledge set for practice. *First Peoples Child & Family Review*, Volume 5, Number 2, pp. 74-87.
- Baskin, C. (2011). *Strong helpers' teachings: The value of indigenous knowledges in the helping professions*. Toronto: Canadian Scholars' Press.
- Battiste, M., & Youngblood Henderson, J. S. (2000). *Protecting indigenous knowledge and heritage: A global challenge*. Saskatoon: Purich Publishing Ltd.
- Benton-Banai, E. (1988). *The mishomis book: The voice of the ojibway*. Saint Paul, MN: Red School House.
- Bishop, R. (2005). Freeing ourselves from neo-colonial domination in research: A kaupapa maori approach to creating knowledge. In N. Denzin and Y. Lincoln. (Eds). *The Sage Handbook of Qualitative Research*. 3rd Ed. (pp. 109-138).
- Bopp, M., & Bopp, J. (2011). *Recreating the world: A practical guide to building sustainable communities*. (3rd Ed.). Cochrane, AB: Four Worlds Press.
- Bopp, M. & Lane Jr., P. (2000). *Nuxalk nation community healing and wellness development plan: A comprehensive ten year plan for the healing and development of the nuxalk nation*. Lethbridge, AB: Four Worlds International.
- Brant Castellano, M. (2011). Elders' teachings in the twenty-first century: A personal reflection. In D. Long and O. P. Dickason. (Eds.). *Visions of the heart: Canadian aboriginal issues*. 3rd Ed. (pp. 35-54). Toronto: Oxford University Press.
- Braveheart, M. (2005). *From intergenerational trauma to intergenerational healing: A teaching about how it works and how we can heal*. Colorado Springs, CO: White Bison.
- Connors, E. (1995). *How well we can see the whole will determine how well we are and how well we can become*. Rama, ON: Chippewas of Rama Health Centre.
- Cooke, M., & Long, D. (2011). Moving beyond the politics of aboriginal well-being, health, and healing. In D. Long and O. P. Dickason. (Eds.). *Visions of the heart: Canadian aboriginal issues*. 3rd Ed. (pp. 292-397). Toronto: Oxford University Press.
- Corbin, J., & Strauss, A. (2014). *Basics of qualitative research: Techniques and procedures for producing grounded theory*. (4th Ed.). Thousand Oaks, CA: Sage.

- Cote-Meek, S. (2014). *Colonized classrooms: Racism, trauma and resistance in post-secondary education*. Winnipeg, MB: Fernwood Publishing.
- Couture, J. (2011). The role of native elders: Emergent issues. In D. Long and O. P. Dickason. (Eds.). *Visions of the heart: Canadian aboriginal issues*. 3rd Ed. (pp. 18-34). Toronto: Oxford University Press.
- Degagné, M. (2014). The story of the aboriginal healing foundation. In P. Menzies, & L. Lavallée. (Eds.) *Journey to Healing: Aboriginal people with addiction and mental health issues: what health, social service, and justice workers need to know*. (pp. 425-439). Toronto: CAMH Publications.
- Duran, E., & Duran, B. (1995). *Native american postcolonial psychology*. Albany: State University of New York.
- Graham, H., & Stamler, L. L. (2010). Contemporary perceptions of health from an indigenous (plains cree) perspective. *International Journal of Indigenous Health*, Volume 6, Number 1, pp. 6-17.
- Graveline, F. J. (1998). *Circle works: Transforming eurocentric consciousness*. Halifax, NS: Fernwood Publishing.
- Gross, L. W. (2002). Bimaadiziwin, or the “good life”, as a unifying concept of anishinaabe religion. *American Indian Culture and Research Journal*, 26, pp. 15-32.
- Hart, M. (2014). Indigenous ways of helping. In P. Menzies, & L. Lavallée. (Eds.) *Journey to Healing: Aboriginal people with addiction and mental health issues: what health, social service, and justice workers need to know*. (pp. 73-85). Toronto: CAMH Publications.
- Hart, M. (2009). For indigenous people, by indigenous people, with indigenous people. In R. Sinclair, M. A. Hart, & G. Bruyere. (Eds.). *Wicihitowin: Aboriginal social work in Canada*, (pp. 153-169). Winnipeg, MB: Fernwood Publishing.
- Hart, M. (2002). *Seeking mino-pimatisiwin: Aboriginal approach to healing*. Blackwood Point, NS: Fernwood Publishing.
- Hart, M. (1999). Seeking mino-pimatisiwin (the Good Life): An aboriginal approach to social work practice. *Native Social Work Journal*, 2(1), pp. 91-112. Sudbury, ON: Laurentian University Press.
- Hill, G. (2014). A holistic aboriginal framework for individual healing. In T. O'Connor, K. Lund, & P. Berendsen (Eds.), *Psychotherapy: Cure of the soul*, (pp. 59-69). Waterloo: Waterloo Lutheran Seminary.

Hill, G. (2008). Understanding indigenous Canadian traditional health and healing. Unpublished dissertation. Wilfrid Laurier University.

Hill, G., & Coady, N. (2003). Comparing euro-western counselling and aboriginal healing methods: An argument for the effectiveness of aboriginal approaches to healing. *Native Social Work Journal*, 4(1). Sudbury, ON: Laurentian University Press.

Hill, G., & Cooke, M. (2014). How do you build a community? Developing community capacity and social capital in an urban aboriginal setting. *Pimatisiwin: A Journal of Aboriginal and Community Health*, 11(3), pp. 421-432.

Lavallée, L. F., & Fairney, K. A. (2014). In search of identity: Supporting healing and well-being among youth. In P. Menzies, & L. Lavallée. (Eds.) *Journey to Healing: Aboriginal people with addiction and mental health issues: what health, social service, and justice workers need to know*. (pp. 117-130). Toronto: CAMH Publications.

Linklater, R. (2014). *Decolonizing trauma work: Indigenous stories and strategies*. Black Point, NS: Fernwood Publishing.

Maar, M. A., & Shawande, M. (2010). Traditional anishinabe healing in a clinical setting: The development of an aboriginal interdisciplinary approach to community-based aboriginal mental health care. *International Journal of Indigenous Health*, Volume 6, Number 1, pp. 18-27.

Manitowabi, S. (2014). The role of elders in the community. In P. Menzies, & L. Lavallée. (Eds.) *Journey to Healing: Aboriginal people with addiction and mental health issues: what health, social service, and justice workers need to know*. (pp. 87-100). Toronto: CAMH Publications.

Meawasige, I. (1995). The healing circle. In R. Delaney & K. Brownlee, (Eds.), *Northern Social Work Practice*, 4, pp. 116-135.

McCormick, R., Arnouse, M., & Walton, P. (2014). Aboriginal men: Reclaiming our place. In P. Menzies, & L. Lavallée. (Eds.) *Journey to Healing: Aboriginal people with addiction and mental health issues: what health, social service, and justice workers need to know*. (pp. 147-160). Toronto: CAMH Publications.

Menzies, P. (2014). Intergenerational trauma. In P. Menzies, & L. Lavallée. (Eds.) *Journey to Healing: Aboriginal people with addiction and mental health issues: what health, social service, and justice workers need to know*. (pp. 61-72). Toronto: CAMH Publications.

Menzies, P., Bodnar, A., & Harper, V. (2010). The role of the elder within a mainstream addiction and mental health hospital: Developing and integrated paradigm. *Native Social Work Journal*, Volume 7, pp. 87-107.

Menzies, P., & Lavallée, L. (2014). Preface. In P. Menzies, & L. Lavallée. (Eds.) *Journey to Healing: Aboriginal people with addiction and mental health issues: what health, social service, and justice workers need to know*. (pp. xi-xiii). Toronto: CAMH Publications.

Nabigon, H. (2006). *The hollow tree: Fighting addiction with traditional native healing*. Montreal: McGill-Queen's University Press.

Patton, M. Q. (2002). *Qualitative research and evaluation methods*. (3rd Ed). Thousand Oaks, CA: Sage Publications.

Poonwassie, A., & Charter, A. (2005). Aboriginal worldview of healing: Inclusion, blending, and bridging. In R. Moodley & W. West, (Eds.), *Integrating traditional healing practices into counseling and psychotherapy*. (pp. 15-25). Thousand Oaks, CA: Sage Publications.

Rego, C., & Rego, R. (2014). Ensuring a culturally safe practice in working with aboriginal women. In P. Menzies, & L. Lavallée. (Eds.) *Journey to Healing: Aboriginal people with addiction and mental health issues: what health, social service, and justice workers need to know*. (pp. 131-145). Toronto: CAMH Publications.

Royal Commission on Aboriginal Peoples. (1996). *Bridging the cultural divide: A report on aboriginal people and criminal justice in Canada*. (pp. 159-176). Ottawa: Minister of Supply and Services Canada.

Schouls, T. (2002). The basic dilemma: Sovereignty or assimilation. In J. Bird, L. Land, & M. Macadam (Eds.) *Nation to nation: Aboriginal sovereignty and the future of Canada*. (pp. 12-26). Toronto: Irwin Publishing.

Simpson, L. (2011). *Dancing on our turtle's back: Stories of nishnaabeg re-creation, resurgence and a new emergence*. Winnipeg, MB: ARP Books.

Solomon, A., & Wane, N. N. (2005). Indigenous healers and healing in a modern world. In R. Moodley & W. West, (Eds.), *Integrating traditional healing practices into counseling and psychotherapy*. (pp. 52-60). Thousand Oaks, CA: Sage Publications.

Smith, L. T. (2012). *Decolonising methodologies: Research and indigenous people*. 2nd Ed. London: Zed Books.

Smith, L.T. (2004). Twenty-five indigenous projects. In W. K. Carroll (Ed.). *Critical Strategies for Social Research*. (pp. 78). Toronto: Canadian Scholars' Press Inc.

Taylor, S. J., & Bogdan, R. (1998). *Introduction to qualitative research methods: A guidebook and resource*. New York, NY: John Wiley & Sons, Inc.

Warry, W. (1998). *Unfinished dreams: Community healing and the reality of aboriginal self-government*. Toronto: ON: University of Toronto Press.

Weber-Pillwax, C. (1999). Indigenous research methodology: Exploratory discussion of an elusive subject. *Journal of Educational Thought*, 33(1), pp. 31-45.

IN THE TRENCHES: TRADITIONAL HEALERS' UNDERSTANDING OF HEALTH AND HEALING

Wilson, S. (2007). *Research is ceremony: Indigenous research methods*. Winnipeg, MB: Fernwood Publishing.

Wilson, S. & Wilson, P. (1999). Taking responsibility: What follows relational accountability? *Canadian Journal of Native Education*, 23(2), 137-138.