

AN ORCHID IN THE SWAMP: TRADITIONAL MEDICINE, HEALING, AND  
IDENTITY AT AN URBAN ABORIGINAL COMMUNITY HEALTH CENTER

AN ORCHID IN THE SWAMP: TRADITIONAL MEDICINE, HEALING, AND  
IDENTITY AT AN URBAN ABORIGINAL COMMUNITY HEALTH CENTER

By

JAIRUS S. SKYE, B.A.

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AUTHOR: Jairus S. Skye, B.A. (McMaster University)

SUPERVISOR: Professor Wayne Warry

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## **ABSTRACT**

Historically, Aboriginal perceptions of health and well-being emphasized the need for a collective balance among mind, body, spirit, emotion, and the environment. Illness and disease are believed to be caused by a disruption to this balance. Thus, traditional health practices are utilized to restore balance to either maintain or enhance overall health and well-being. This study examines how access to Anishnawbe Health Toronto, an Aboriginal community health center that offers traditional health practices within a multi-disciplinary health care model affects urban Aboriginal health. In particular I examined the various facets of Aboriginal identity and how identity impacts the overall health and well-being of urban Aboriginal people. Specifically, I examined how Aboriginal identity is reaffirmed or established within the context of an urban Aboriginal community health care center and how identity affects the overall health and well-being of the clientele.

Through one to one open-ended interviews with the clients, traditional healers, traditional counselors, and biomedical practitioners four main themes emerged. The first theme concerns the establishment of Aboriginal ancestral descent among the clients. In addition to being a requirement to access the services at the center, it serves as a starting point for the establishment of an Aboriginal identity. The second theme concerns the establishment of an Aboriginal spirit name. The receiving of a spirit name serves as a spiritual foundation for an Aboriginal identity. The third theme focuses on the accumulation of Indigenous knowledge and its contribution to the establishment of an Aboriginal cultural identity. The fourth theme concerns the perception of Anishnawbe Health as a bounded Aboriginal community and its significance to the clientele. Through my analysis of these four themes I conclude that the establishment of an Aboriginal cultural identity has a positive effect on the overall health and well-being of urban Aboriginal people.

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## **Chapter One: Introduction**

It is estimated that nearly half of the Aboriginal population in Canada and nearly two-thirds of the Aboriginal population in the United States either reside in major metropolitan areas, or on the outskirts of major metropolitan areas (RCAP 1996 Vol. 4, Fixico 2000). Aboriginal people are often drawn to major cities for various reasons such as employment or education (Applegate Krouse 1999, Proulx 2003). It is also estimated that the urban Aboriginal population will increase exponentially by the year 2020 (RCAP 1996 Vol. 4, Fixico 2000). While urban Aboriginal populations are not readily identifiable due to a lack of clearly bounded neighbourhoods (Straus and Valentino 1998) and/or the tendency for urban Aboriginal populations to be dispersed over a wide area, there are instances where a small segment of the population will tend to congregate in the vicinity of specific Aboriginal organizations such as Friendship and Health centers (Lobo 1998). It has been suggested that the adjustment to an urban life is particularly difficult for Aboriginal people and that part of the difficulty with this transition is the perception held by many Aboriginal people that in order to achieve optimum functionality within the mainstream it is necessary to abandon their heritage (Fixico 2000). Research has shown that this particular coping strategy can have a detrimental effect on the overall health and well-being of urban Aboriginals (RCAP 1996). However, other research suggests that Aboriginal people who migrate to urban environments do not necessarily abandon their heritage and they are also likely not to abandon their traditional beliefs in relation to health and well-being (Waldram 1990). Thus, there has been a demand for access to

traditional health practices in metropolitan areas and in turn there has been an increase in the provision of traditional health practices (Waldram 1990).

One of the most well established Aboriginal community health care facilities in Canada is located in downtown Toronto. Anishnawbe Health Toronto is unique in that the center provides access to traditional health practices within a multidisciplinary health care model (Circle of Care pamphlet, Anishnawbe Health Toronto 2005). This approach is intended to either enhance or maintain the health of Aboriginal people by providing access to traditional healing practitioners who specialize in the four main areas of the Aboriginal conception of health, mind, body, spirit, and emotion (Cohen 2003).

Much of the literature on traditional health practices is primarily concerned with historical documentation (Lyon 1996), efficacy (Waldram 2000), or the issues surrounding the relationship between traditional health practices and Western biomedicine (Waldram 1990). While all of these areas are important to understanding the particular nuances of Aboriginal health and health practices, my particular area of interest lies in the various facets of Aboriginal identity and how identity impacts the overall health and well-being of urban Aboriginal people. Specifically, I examined how Aboriginal identity is reaffirmed or established within the context of Anishnawbe Health Toronto and how this affects the life and health of the clientele.

### **Anishnawbe Health Toronto**

Anishnawbe Health Toronto evolved from the vision of an Elder, the late Joe Sylvester. What initially began as a diabetes research project eventually led to the realization that a more inclusive model of health care was required by the urban



Aboriginal community. As a result, Anishnawbe Health Resources was established in 1984 with the objective to encourage the use of traditional Aboriginal health practices. In 1989 after establishing resources from the Ministry of Health, the center became recognized as a fully accredited community health care center and known as Anishnawbe Health Toronto. The center has continued to grow since its inception and continues to offer a wide range of services to the Aboriginal community (Anishnawbe Health Toronto web home page 2006).

### **The Researcher in Context: My Aboriginal Roots**

I am a member of the Mohawk Nation, Turtle clan, from Six Nations of the Grand River. My father is Tuscarora and my mother is Mohawk. I was raised in a somewhat traditional household but on occasion went to Sunday school and attended a Baptist Church on the reserve. My knowledge of the traditional ways of my people was primarily gained through my Grandparents. My Grandfather on my father's side was a respected elder on the reserve and was able to communicate with some proficiency in all six languages spoken on the reserve (Mohawk, Cayuga, Onondaga, Oneida, Seneca, and Tuscarora). As I was growing up, at opportune moments he would provide me with "teachings" about my culture, language, hunting, fishing, and how to live off the land. He provided me with a deep understanding of the tenets of Aboriginal knowledge, spirituality, and beliefs. I was instructed with tremendous patience in a traditional manner by way of storytelling and analogous examples in nature. He explained the purpose and intent of our traditional ceremonies, proper ceremonial etiquette, and how to show proper respect to community elders. Although he was not considered to be a medicine man, he

had considerable knowledge about traditional medicines and painstakingly explained what he could so I would understand given my young age at the time. Overall, he taught me that life is a journey, and on that journey we need to strive to maintain a balance among mind, body, spirit, and emotion.

My Grandfather on my mother's side was not a particularly religious man although he did attend church on occasion. Through him I learned how to hunt, fish, and navigate my way through the bush. He strongly advocated a "hands on" approach when it came to passing on his knowledge to his grandchildren. I would often accompany him on hunting trips and as we went along he would teach me how to track animals and to pay close attention to my surroundings, not only to find my way but to "hear and see" all of the information that nature provides. Sadly, soon after his retirement, he was stricken with a series of paralyzing strokes which severely affected his speech and mobility. In addition, he also developed type 2 diabetes which eventually led to a host of other health problems including heart disease and the amputation of one of his legs just below the knee. In the final hours of his life, he relied on his inner strength and sheer determination to make the arduous trip from the hospital to fulfill his dying wish, to pass away peacefully at home. By beating all the odds and overcoming all of the obstacles to fulfill his final wish, he illustrated to me how powerful the mind can be.

Both of my Grandmothers in their own unique way, were representative of strong Aboriginal women. I was thirteen when my Grandmother on my mother's side died suddenly in a car accident. I can recall that she was a strong willed housewife who took great pride in "running a tight ship". I and most of my cousins spent our summers under

her care at the small family farm. She somehow managed to not only attend to her daily chores and look after several grandchildren; she ensured that everyone was treated equally in the process. She taught us how to be responsible and empathetic towards others. However, it was not until much later in my life when I realized the most valuable lesson she taught me was that a good parent always has their child's best interest at heart and sets a good example for them to follow.

When I was eleven years old my Grandmother on my father's side passed away. During the second half of her life she developed multiple health problems and took a variety of Western medications to help her maintain her health. In the years leading up to her death I can remember her becoming very resentful of Western biomedicine because she was not satisfied with their explanations and no matter how many pills they prescribed, her health only declined. However, the memories that I cherish the most with her were when she would prepare some tea and we would have in depth discussions on a variety of topics. She taught me the value of learning from my mistakes and how important it is for those around you to know how much they mean to you because life can be unpredictable. I am forever indebted to my Grandparents for giving me this knowledge. Through their teachings I have learned how to be a respectful and honourable Aboriginal person.

### **Being Aboriginal and Conducting "Insider" Research**

There are a number of challenges that must be overcome in order to carry out any research project. The most challenging aspect of this research, in this context, was negotiating how being an Aboriginal person would impact and influence the research. I

instinctively knew from the outset that my Aboriginal background would have its advantages and disadvantages.

North American Aboriginal people are among the most studied people in the world (Smith 1999). All well intended anthropological research aside, as a result of misinterpretation and misrepresentation, research is very difficult to carry out within Aboriginal communities (Smith 1999). The traditional values of hospitality and generosity that enabled anthropologists to gain access to Aboriginal communities in the past have been replaced by feelings of suspicion and resistance. Aboriginal people no longer feel obligated to be hospitable and generous to outsiders who wish to conduct research within their communities (Bentz 1997:20). Aboriginal people are exercising more control over representation and carefully scrutinize the purpose and intent of the proposed research (Biolsi and Zimmerman 1997).

According to Deloria, overall, anthropology does not cause direct harm to Aboriginal people (although there are exceptions) but rather anthropological research is done on issues that do very little to improve the livelihood of Aboriginal people (Deloria in Biolsi and Zimmerman 1997:15). Historically, due to European intellectual structure and self interest, the discourse in anthropology does not make sense to Aboriginal people nor are research questions necessarily those which interest Aboriginal people (Biolsi and Zimmerman 1997:15). However, it is important to mention that applied anthropologists are striving to eradicate this trend by means of applied collaborative research (Warry 1990). The time has come for Aboriginal people to “seize anthropology for their own

uses” (Biolsi and Zimmerman 1997:18) and “contest the right of European and American scholars to tell the truth” about Aboriginal people (Sewell Jr. 1999:37).

“Native” anthropologists or those doing “insider” research face a number of challenges that a non-Native researcher may not. Bentz explains that one of the most highly regarded doctrines of anthropology is that “the outsider can be more objective than the insider in studying culture” (1997:128). This is a very interesting claim considering that anthropologists during colonial times often trained “chief informants” to collect data in an anthropological fashion (Narayan 1993:672). Franz Boas, a proponent of historical particularism and founder of American anthropology, argued that data collected by a trained native would have “the immeasurable advantage of trustworthiness, authentically revealing precisely the elusive thoughts and sentiments of the native” (Boas in Narayan 1993:672). As insightful as this may seem, advocates of insider research are met with criticism.

As I mentioned earlier, Bentz points out that there are those who believe that an outsider’s observations are more objective than those by an insider. According to Bentz, the implication is that research by Native anthropologists is perceived to be not as valuable because it is believed that Native anthropologists do not have to meet all of the training requirements because they study their own ethnic group (1997). Deloria echoes the same sentiment in that he has observed an attitude toward Aboriginal scholars that they cannot be trusted to be objective or analytical (1997). Narayan refers to Jacques Maquet who argued that decolonization (in Africa) exposed “anthropology’s claim to objectivity as entwined with power relations in which one group could claim to represent

another” (1993:679). Much the same can be said for anthropology’s historical representation of Aboriginal people in Canada.

For over thirty years Native scholars have been taking a critical stance on published academic scholarship. Native anthropologists are now working within their home communities in an effort to decolonize Western anthropology “through more reflexive modes of representation and critique” (Jacobs-Huey 2002:792). However, Nelson illustrates a very important point in that Native anthropologists are rarely considered “insiders” by face value alone (Nelson in Jacobs-Huey 2002:792). Native anthropologists, the same as non-Native anthropologists (even more so in some instances), must negotiate their identity and legitimacy in order to work in their chosen communities (Narayan 1993). Deloria and Bentz emphasize this point by saying that an anthropologist should not take the hospitality of Aboriginal people for granted. An anthropologist will not gain access to Aboriginal communities based on academic merit alone, they are judged on who they are as a person first and then appreciation for their work is based heavily on the integrity of the work (Deloria 1997, Bentz 1997). Should the community detect “a moral flaw in your personality” their appreciation for and cooperation with your research will decline rapidly. However, the same fate can be had by Native anthropologists who introduce themselves at meetings as “I’m an Indian, but I’m also an anthro” (Deloria 1997:219). A personal introduction like this gives the community the perception that the Native anthropologist places anthropological endeavors before the concerns of the community, thus situating themselves in a position of suspicion that, although they may be a member of the community, they may not be

able to overcome. Non-Aboriginal people do not hold the same sense of identity as Aboriginal people. When an Aboriginal person inquires about the positionality of another Aboriginal person what they want to know is *where* you come from and *who* your relatives are whereas non-Aboriginal people are concerned with *who* you are and *what* you do. Weber-Pillwax explains this as establishing “connections” with people. The approach here is not based on getting to know someone by their personality but rather through their connections in the community. In other words, each person gets a sense of familiarity with the other by whom they are related to and where they come from (2001:170). The critical underlying difference is that Aboriginal people do not place the high status on material belongings and career choice that non-Aboriginal people do. Aboriginal people place a high value on the non-material aspects of life, there is a great deal of emphasis on the integrity and honesty of an individual; your credentials do not speak for you, only you can (Deloria 1997, Bentz 1997).

In addition to morals and personal integrity, Jacobs-Huey addresses the issue of language and its importance for Native scholars in establishing legitimacy in the field. Prior to entering the field, all researchers need to have some degree of proficiency in the indigenous language of the people they wish to research. The ability to communicate and understand the language is critical in building a rapport with the research participants. However, for a Native anthropologist proficiency in the language can be a double-edged sword. A Native anthropologist working in their home community would have a distinct advantage when it comes to “communicative competence- the ability to appropriately use and interpret speech varieties and discourse styles within home speech communities”

(Duranti 1994; Hymes 1972; Clifford 1992 in Jacobs-Huey 2002:799). This entails not only having the ability to understand and speak the language but also being aware of the unwritten cultural rules of discourse within Aboriginal communities. African Americans, Chicanos, and other ethnic groups have a form of slang and discourse styles that identify them as members of a particular community or region, much the same can be said of Aboriginal people. Also of importance is proper cultural etiquette when for example, it comes to addressing elders or other prominent members of the community. However, if a Native anthropologist is less than proficient in their own indigenous language and is not cognizant of the previously mentioned discourse styles, it could have a negative impact on their negotiation of cultural legitimacy and trust which would severely impede research efforts (Jacobs-Huey 2002).

On a positive note, proficiency in the indigenous language and discourse style of a particular community could greatly benefit the Native anthropologist in that it illustrates their “cultural authenticity” and legitimizes them as both a researcher and a member of the community. Therefore, language can be thought of as a form of “symbolic capital” and the ability of the Native anthropologist to communicate confidently in a particular discourse style would enhance their ability to establish a rapport with the research participants (Jacobs-Huey 2002; Morgan 1994; Bourdieu 1991 in Jacobs-Huey 2002:794-795).

In addition to language, Narayan explains that being a Native anthropologist also allows her to share “an unspoken emotional understanding” with her research participants (Narayan 1993:674). Deloria explains that as part of their education, anthropologists are



required to master the fundamentals of another culture. However, he argues that studying and mastering the fundamentals of another culture do not mean that the scholar “emotionally understands that culture” and this is often overlooked by non-Native anthropologists (Deloria 1997:218). However, as insightful as emotional understanding may be, Aguilar notes “even the most experienced of ‘native’ anthropologists cannot know everything about his or her own society” (Aguilar 1981 in Narayan 1993:678). Being a Native anthropologist and doing insider research often illustrates to the researcher how limited their knowledge of their home communities actually is (Narayan 1993).

As I mentioned earlier, I instinctively knew from the beginning of this research project that my Aboriginal background would have its advantages and disadvantages. My background would enable me to interact more easily with the more subtle aspects of Aboriginal culture. I knew that my experiences (both positive and negative) of growing up on the reserve and then later migrating to an urban setting would help the clients to establish a sense of connectedness with me that would provide a sense of reassurance that I would be able to “understand” their stories on a deeper emotional level. However, this could prove to be a major disadvantage if the client is more comfortable disclosing personal details to a non-Native rather than with someone whom they are culturally affiliated. My experience growing up in a religiously diverse household would provide me with the knowledge of proper personal conduct in relation to community elders and healers, knowledge of the sacred and what is/is not publishable, and traditional etiquette as it pertains to ceremonies and cultural beliefs. Although my limited proficiency in the

Mohawk and Cayuga language would be an asset, in this particular context with clients and healers from such diverse backgrounds it would not be a crucial or limiting factor. What would be essential is my familiarity with the Aboriginal discourse style of the English language as it pertains to slang, indirectness, metaphors, and silence.

### **The Legacy of Anthropology and Colonialism**

*“Aboriginal researchers who tackle any facet of Indigenous study accordingly must have a critical analysis of colonialism and of research methodology as an instrument of colonization... The knowledge set that is expected of an Aboriginal researcher far exceeds what has been expected of non-Aboriginal researchers in Aboriginal contexts. We, as Aboriginal researchers, have had to be masters of both our own worldviews and Euro-Western worldviews” (Absolon and Willett 2004:15).*

The history of anthropological study of Aboriginal people has often been associated with colonialism. “Colonialism historically made Indians available for anthropology” (Medicine quoted in Biolsi and Zimmerman 1997:12). Biolsi and Zimmerman explain that anthropologists used the army, the Bureau of Indian Affairs, and missionaries as guides to enter into a world where Aboriginal people were being forced onto reservations and stripped of their autonomy, thus making them geographically bounded and readily accessible for anthropological study (1997). Lewis Henry Morgan, a contributing founder of anthropology, was known as a classical cultural evolutionist and proposed that Aboriginal people were not as morally and technologically sophisticated as Europeans, therefore they could not be thought of as equal to Europeans (Barrett 1996). Morgan concluded that Aboriginal people needed to be “civilized” (Biolsi and Zimmerman 1997:13). Absolon and Willett argue that the anthropological studies of the “other” in the 1700’s were voyeuristic in nature and reflected the “values, beliefs,

attitudes and agendas of the colonists” (2004:7). The colonizers also regarded the written word “as the most valid representation of fact” and Aboriginal oral history was misinterpreted, misrepresented, and was regarded as nothing more than Aboriginal folklore. Therefore the written word became the measuring stick of historical accuracy and it was left to the discretion of those with the ability to write to construct the Aboriginal image. Often this constructed image was based on colonial beliefs rather than fact (Voyageur 2000, Deloria 1998, hooks 1992, Mihesuah 1998 in Absolon and Willett 2004). However, not all anthropological research at the time was written from the colonial point of view. Many researchers regarded themselves as “merely curious observers and as objective, benevolent record keepers of history” (Absolon and Willett 2004:9). Most anthropologists were not directly involved in the colonization of Aboriginal people although their research did benefit as a result of colonialism. In some situations, anthropologists who were sympathetic to the plight of the Aboriginal people at the time, such as James Mooney who did a study of the Ghost Dance, had their research deliberately misinterpreted by funding agencies and governments in an effort to “provide practical information for the colonial regulation of Indian people... and to figure out how to avoid further unrest among the colonized” (Biolsi and Zimmerman 1997:13). The underlying problem with anthropology is that it is a “Western” construct. It developed out of “deep questions Westerners ask about themselves and their encounters with peoples they have colonized and liquidated... It is a set of questions asked and answered by an ‘interested party’ in a global and highly unequal encounter” (Biolsi and Zimmerman 1997:14). Today, the discipline of anthropology is undergoing a restructuring from

within. The majority of anthropologists think and act much differently than they did in the past. Now the discipline has among its ranks scholars from diverse ethnic backgrounds, including Aboriginal people, who bring a different set of loyalties and accountabilities (Biolsi and Zimmerman 1997).

### **Ethics and the Dilemma of Tobacco**

The ethical considerations for this project were structured in part on guidelines provided by the McMaster University Research Ethics Board and the Royal Commission on Aboriginal Peoples (RCAP 1996 Vol.5). The McMaster University Research Ethics application process requires that I provide a detailed outline of the rationale, methodology, risks, benefits, consent, and terms of confidentiality of the proposed research project. The Royal Commission on Aboriginal Peoples ethical guidelines state that in addition to the stipulations mentioned above I also must acknowledge and respect the culturally appropriate protocol when interacting with Aboriginal communities and community members. The Commission also recommends that I recognize and respect Aboriginal perspectives on knowledge and culture (RCAP 1996 Vol.5).

In addition to using a combination of the above guidelines I also wanted to conduct my research in a culturally appropriate manner that would be respectful to everyone at Anishnawbe Health Toronto, specifically, the healers and elders. Therefore in my ethics application I included as part of my research methodology that when invited to, I would engage in participant observation of healing ceremonies and when deemed culturally appropriate, I would give an offering of tobacco to healers and elders in exchange for their participation. A month after submitting my application to the

McMaster University Research Ethics Board I received notice that my project had not been approved. Aside from revisions to information letters and consent forms, the ethics board also wanted to know about the process of consent for me to be present at a healing ceremony and the criteria for judging when it is culturally appropriate to offer tobacco to an elder or healer. More specifically, a member of the board was concerned about the idea giving a product to people that is known to be detrimental to health. I was quite surprised that this would be such a contentious issue but I have come to realize that a lack of indigenous awareness is common in university and research settings.

Michell explains that the practice of offering tobacco is a cultural protocol that has existed among many Aboriginal people centuries before European contact. It was only after contact that this practice was suppressed through colonialism and educational institutions (Michell 1999). The Europeans however, quickly appropriated tobacco as a commodity and this led to the export of tobacco around the world resulting in the loss of recognition as a “sacred entity” (Cajete; 2000:136; Michell 1999:6; Goodman 1994:14). Within Aboriginal societies tobacco was used in a variety of ways and still is considered a medicinal plant. Some of the medicinal applications include, pain reliever, hunger and thirst depressant, anti-inflammatory, and coagulate (Cohen 2003; Michell 1999; Goodman 1994). In addition to its medicinal applications tobacco is a vital part of Aboriginal ceremony and spirituality. As Cohen explains, “Tobacco is the sacred herb of prayer” and is used as a gratuity to the spirits in exchange for their help and protection (2003:267). It is also used as a means of establishing a “ceremonial dialogue” with the spirits and or the Creator (Cajete 1994:110 in Michell 1999:4). It is believed that the

smoke from the tobacco carries the words of your prayers to the Creator (Cohen 2003, Michell 1999, Waldram 1997). Although all species of tobacco are considered sacred, among the nine species of tobacco found in North America, the wild variety known as *Nicotiana rustica* is considered to be the staple in ceremonial use (Cohen 2003).

The offering of tobacco is the culturally appropriate protocol to follow when seeking help or knowledge from an elder or a healer (Cohen 2003; Maina 2003; Michell 1999, Waldram 1997). The Cree believe that when you seek counsel from someone and they give you some form of knowledge that you are disrupting their balance because you have literally taken something from that person. Therefore it is imperative that you restore this balance through an offering of tobacco. By offering tobacco in exchange for information I was acknowledging the ethic of reciprocity which is based on “mutual respect and cultural sensitivity”. When I offered tobacco to an elder or healer I was asking for their approval to participate in the research on an equal and respectable level. They will accept the offer only if they feel they can be of some help. “There is no element of coercion involved... the value of respect inherent in the act prohibits the researcher from gathering and using the knowledge inappropriately and without reverence” (Michell 1999:5-6). Having incorporated the above explanations into my response to the McMaster University Ethics Board, I received approval to conduct my research on June 8<sup>th</sup> 2004.

### **Methodology**

Six months prior to beginning my fieldwork for this project I began a series of negotiations to obtain permission to conduct my research at Anishnawbe Health Toronto.

Negotiations began with a phone call to the Executive Director to introduce myself and explain my idea for a proposed research project at the center. I was then invited to a Traditional Healer's Conference in Orillia Ontario on January 17<sup>th</sup> 2004 where I had the opportunity to meet all of the healers from Anishnawbe Health Toronto. The topic on this particular day of the conference was whether or not the center should be involved with or conduct research in the areas of traditional healing and medicine. I approached my attendance at this conference as an opportunity for me to hear the ideas and concerns the healers had about this type of research at the center. I also thought of my attendance as an opportunity for the healers to inquire about "who" I was and the integrity of my research (Deloria 1997). After my valuable experience at the conference, I was invited to Anishnawbe Health Toronto to meet with the Executive Director on February 20<sup>th</sup> 2004 to discuss my research project in greater detail. At this meeting I explained how the idea for my research project evolved from my undergraduate experience and how what I learned at the conference would now be incorporated. We also negotiated my research methodology and my commitment to doing long term research at the center.

While waiting to receive permission from the McMaster University Ethics Board, I made two trips to Anishnawbe Health Toronto in mid May and early June 2004, to meet with the Executive Director and other staff members to discuss my proposed research. At the first meeting in May I was introduced to other key staff members by the executive director and asked to explain my research idea, how it had evolved since my attendance at the conference, and my initial meeting at the center with the Executive Director. I also explained and answered questions about my research methodology, the time frame for the

research, and what the project would entail for each of them in terms of time and personal commitment. Again, I approached this meeting as an opportunity for the staff to inquire about “who” I was and the integrity of my research (Deloria 1997).

My second trip to the center in the first week of June 2004 was of my own accord to explain the delay of the start of the research due to the concerns of the McMaster University Research Ethics Board. I also used this trip as an opportunity to negotiate some office space for the client interviews. While I was at the center I also had an informal meeting with the receptionist and we negotiated the terms of distribution of the intake questionnaire.

After receiving permission from McMaster University Ethics Board to begin my research, I began making the daily trip to Toronto using the GO Transit services from Hamilton. I utilized this mode of transportation for two reasons, it was more economical than using my own vehicle, but more importantly it enabled me to gain a perspective of Toronto from a client’s point of view. I felt that it would provide me with a better understanding of urban Aboriginal life in Toronto if I took the time to walk from the Toronto GO bus station to Anishnawbe Health Toronto. During my daily twenty minute walk I had a chance to observe the “atmosphere” of the downtown core. I observed the “fast pace” and general demeanour of people I encountered on the street. I also made note of any Aboriginal people I encountered with specific reference to whether they were homeless and/or used the services at the center. I also made some general observations of the neighborhoods surrounding the center in an effort to familiarize myself with what resources besides the center were available to an urban Aboriginal person. I also made an



effort to be at the center as often as possible, including days when I had no appointments for interviews. I took this opportunity to either further observe the street life or sit in the waiting area at the center to observe the interactions between the clients and the staff.

I utilized both qualitative and quantitative methods in conducting this research. The research methodology for this project consisted of a number of qualitative methods including intake questionnaires<sup>1</sup>, open-ended ethnographic style interviews and participant observation. From June to September 2004 sixty intake questionnaires were distributed at the center of which forty two were completed and returned<sup>2</sup>, thirty six respondents were female and six were male. They ranged from twenty six to eighty years of age.<sup>3</sup> In total, thirty one clients agreed to a personal interview, however, due to scheduling conflicts and time constraints only twelve clients were interviewed. Of the twelve clients interviewed, eleven were female and one was male.<sup>4</sup> The participant observation component consisted of assisting a healer in a healing ceremony and consulting two healers as a client. On one occasion when I had completed my interviews for the day I was approached by the Oshkabewis<sup>5</sup> and asked if I would assist a healer for the afternoon while the Oshkabewis attended to some errands. My part in the healing ceremonies consisted of smudging<sup>6</sup> the clients and playing the drum for the healer. This provided me with the opportunity to witness a healing ceremony within the context of the

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<sup>1</sup> See Appendix A

<sup>2</sup> See Appendix B for summary of client demographic data.

<sup>3</sup> Although persons perceived to be younger than twenty six years of age were observed at the center none were willing to fill out a questionnaire nor participate in a personal interview.

<sup>4</sup> I spoke to the traditional counselors about this matter and they reported that it may simply be a matter of the women feeling more comfortable being interviewed.

<sup>5</sup> In Chapter three on page 52 I provide a definition of this term and explain the duties of the Oshkabewis at the center.

<sup>6</sup> Smudging is the act of wafting the smoke derived from sweet grass over the body.

center. The second aspect of my participant observation involved consulting two healers on separate occasions as a client. The purpose of the appointment was not to consult the healers to treat a specific ailment, but rather for them to conduct a general inquiry into my spiritual well-being. The provided me with the opportunity to experience an appointment from a client's perspective and to gain a deeper understanding to the client healer relationship.

The history of anthropological discourse on Aboriginal peoples in North America is mired in the power struggles between the colonial enterprise and the Aboriginal resistance to the expansion. Recently, anthropology has been involved in a renaissance of sorts in that "Native" anthropologists are increasing in numbers and are re-examining the anthropological discourse on Aboriginal peoples. However, this is not to imply that Native anthropologists and their research are exempt from critical examination among their own people. The scars of misinterpretation and misrepresentation by previous anthropological endeavors run deep as any insightful Native anthropologist can relate. As a researcher entering the field to conduct research among my own people I acknowledge the aforementioned grievances and believe that I can contribute positively to the modern anthropological discourse on Aboriginal people. As an "insider" I believe that my experiences of growing up on a reserve and then migrating to the city will enable me to establish a rapport with the participants in this research project.

## **Chapter Two: Aboriginal Identity Deconstructed**

*“I don’t know what an Indian is...(but)... Some people are clearly Indian, and some are clearly not” (Malcolm Margolin cited by Fost 1991 in Peroff 1997:487).*

*“How I loathe the term ‘Indian’... ‘Indian’ is used to sell things – souvenirs, cigars, cigarettes, gasoline, cars... ‘Indian’ is a figment of the white man’s imagination” (Lenore Keeshig cited by Ronald Wright 1990 in Yellow Bird 1999).*

In general, there is no simple answer to the question of what constitutes an identity. An identity is constructed from multiple fragments that are intersected in a fluid and dynamic array (Weaver 2001). Identity is contingent upon a number of multilayered aspects such as gender, religion, education, socioeconomic status, ethnicity and geographic region. An identity may be a conscious construction or derived from the influence of either the recognition or misrecognition of a shared set of characteristics or ancestry analogous to a specific group or ideology. The development of an identity is a lifelong process influenced by individual preferences or group dynamics mired in the polemics of inclusion and exclusion in the search for meaning (Weaver 2001, Lobo 1998).

Aboriginal identity and the ensuing issues are multifaceted and extremely complex. It is a topic laced with emotions that incites visceral reactions when doubted or questioned (Lobo 1998). Aboriginal identity is highly politicized and steeped in contrasted interpretations of modern and historical collective experiences. In Canada and the United States, laws have been established which serve to distort and negate traditional Aboriginal methods of self-identification (Lawrence 2004). The lack of agreement on a

concise definition of an Aboriginal identity makes generalizations impossible and analysis extremely difficult (Mihesuah 1998). With very little consensus on what constitutes an Aboriginal identity, methods of measurement, and recognition of embodiment, any examination of Aboriginal identity often leads to “a Pandora’s box of possibilities” (Weaver 2001:240). For example, one of the most contentious issues on this subject is the issue of proper terminology (Yellow Bird 1999). Is it proper to use the term “Indians, American Indians, Natives, Native Americans, indigenous people, or First Nations people?” Is it acceptable to use a tribal affiliation such as “Sioux or Lakota, Navajo or Dine, Chippewa, Ojibway or Anishnawbe?” Additionally, is it justifiable to use categories such as “race, ethnicity, cultural identity, tribal identity, acculturation, enculturation, bicultural identity, multicultural identity, or some other form of identity?” (Weaver 2001:240). Furthermore, as a result of mixed ethnic marriage, assimilative policies, or acculturation, Aboriginal people may self-identify as “full blood, traditional, mixed blood, cross blood, half-breed, progressive, enrolled, unenrolled, re-Indianized, multi-heritage, bicultural, post-Indian” or upon self-reflection individuals may identify themselves as “secure, confused, reborn, marginal or lost” (Mihesuah 1998:194).

Given the vast complexity of Aboriginal identity, it would be an enormous endeavor to examine all aspects of Aboriginal identity, therefore, only those aspects of Aboriginal identity that pertain to this project will be discussed in detail<sup>7</sup>. However, the following discussions will address Aboriginal identity in a broad North American context

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<sup>7</sup> For example, I will not outline the chronological history and content of government policies, however, any other information such as Indian status will be briefly outlined as necessary for an understanding of the material presented.

rather than specifically a Canadian or American experience, although examples from the literature will be used that examine identity issues from both sides of the border. The motivation behind this approach is twofold. Firstly, the research participants for this project are representative of First Nations in Canada as well as the United States. Secondly, regardless of the entwined colonization histories between Canada and the United States, each country has developed and maintained different approaches to regulating Aboriginal identity (Lawrence 2004). Aboriginal identity in Canada is primarily a byproduct of policies implemented by Britain. The United States was a settler colony that rebelled against Britain thereby preventing the American government from developing political control over Aboriginal identity until the process of Manifest Destiny<sup>8</sup> (Lawrence 2004). The United States began with settler violence and warfare which eventually resulted in government policy and legislation. The primary thrust of this approach was to displace whole communities from their territory in the hope that this would result in the dissolution of tribal sovereignty thereby avoiding the development and implementation of legislation. In contrast, Canada developed colonial control by means of a settler state empowered by British imperialism (Lawrence 2004). This approach enabled Canada to create a status system through the Indian Act which excluded “half breeds” and created a patriarchal system within Aboriginal communities which served to alienate people from their home community thereby further delaying development of policies of removal (Lawrence 2004). However, policies such as Enfranchisement were developed and had disastrous effects on Aboriginal identity.

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<sup>8</sup> Manifest Destiny refers to the military “pacification” of many tribes in the western United States (Lawrence 2004).

Enfranchisement is explained as the creation of a “Canadian citizen of Aboriginal heritage who has relinquished his collective ties to his Native community and any claims to Aboriginal rights” (Lawrence 2004:31). Aboriginal people were often enfranchised for receiving a University education, enlisting in the military or for having jobs that required them to be away from the reserve for a substantial length of time.

The notable differences in the history of settlement and colonization illustrate the lack of conceptual continuity regarding Aboriginal identity between the Canada and the United States (Lawrence 2004). Therefore it becomes essential to examine Aboriginal identity through a broad lens, to not only understand Aboriginal experiences with the formation of identity on both sides of the border, but to also compare and contrast the two experiences. This approach it will provide a deeper understanding of the complex issues surrounding Aboriginal identity.

### **The Historical Conceptualization of Aboriginal Identity**

Prior to European contact, Aboriginal people had no definitive concept of Aboriginal identity, they simply defined themselves as distinct from one another or other groups based on either the recognition of similarities or differences (Weaver 2001, Applegate Krouse 1999, Alfred 1999). Superficially, the only readily identifiable distinction among Aboriginal groups in North America would have been obvious differences in the languages and culture of each group (Applegate Krouse 1999, Alfred 1999). Historically, it was common for marriage to occur among members belonging to the same Nation as well as members belonging to different Nations, for example, the

Ojibwa with the Cree (Applegate Krouse 1999, Churchill 1999).<sup>9</sup> Consequently, depending on whether the group was constructed along matrilineal or patrilineal lines, the spouse and any subsequent generations would be recognized as members of that group. Additionally, there are instances of groups merging with one another, individuals and or groups being adopted by another group and occasionally one group being absorbed by another group such as the Huron and Susquahannock nations by the Mohawk (Churchill 1999). Therefore, as the examples above illustrate, tribal affiliation was not solely based on blood descent but was also contingent on a variety of cultural beliefs and practices used to integrate individuals into existing kinship networks (Applegate Krouse 1999, Mihesuah 1998).

### **Adoption and Naturalization**

Within a few hundred years after the initial contact with Europeans many groups such as the English, French, Swedish, Scottish, Irish, and Dutch had either been adopted by, married into or, through the process of naturalization, became recognized as members of various nations. One of the most interesting phenomena documented unfolded during times of war between prisoners and their Aboriginal captors. There are many examples

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<sup>9</sup> The initial submission of this chapter included Ward Churchill as a primary reference on issues related to Aboriginal identity. Since that time, it has come to my attention that there is currently substantial controversy surrounding the academic integrity of his work and the acceptance of his views among both Aboriginal scholars and communities. As an academic and an Aboriginal person, I recognize the importance of maintaining integrity and transparency in my work and in my relationships with those who are directly or indirectly represented through my work. Therefore, I recognize the significance of the controversy surrounding Churchill. In principle, however, issues of intermarriage, absorption, adoption, and naturalization cannot be ignored in discussions of Aboriginal identity and there is at least merit to the content of some arguments made by Churchill in this domain as similar arguments have been put forth by other scholars. Consequently, wherever possible I have revised this chapter to include these independent sources. Any remaining reference to Churchill in this chapter should be interpreted simply as a statement that his point(s) is relevant to the focal issue(s) and should not be interpreted as any form of endorsement of Churchill's more general writing.

from various nations throughout the literature of Aboriginal groups adopting prisoners of war. In the 1770's "several hundred English prisoners of all ages and both genders taken by the Indians had been adopted by them rather than being put to death" (Croghan and Johnson in Churchill 1999:41). Due to their humane treatment as prisoners of war, many of the captives who were released either refused to leave or, after rejoining their own people, elected to go back and live among the Aboriginal people. Benjamin Franklin stated that:

*"When white persons of either sex have been taken prisoners young by the Indians, and lived a while among them, tho' ransomed by their friends and treated with all imaginable tenderness to prevail with them to stay among the English, yet in a short time they become disgusted with our manner of life, and the care and pains that are necessary to support it, and take the first good opportunity of escaping again into the woods from thence there is no reclaiming them" (as cited in Churchill 1999:42).*

In some instances captives who were reluctant to return were re-incarcerated to prevent them from returning to live among their captors (Churchill 1999).

Aboriginal people fostered and strengthened bonds in and among different groups through intermarriage and adoption thereby reducing the possibility of hostility between them (Applegate Krouse 1999). In many instances, prisoners of war were adopted by their captors in place of a member lost in previous warfare (Applegate Krouse 1999). One of the most well known examples is that of Mary Jemison. Mary was born in 1742 to parents of European American descent. In 1758 during the French and Indian War Mary was taken from her Pennsylvania home and held captive by the Shawnee nation. She was eventually given to the Seneca nation and was subsequently adopted by a Seneca family. In time, she came to identify herself as a member of the Seneca nation, married, and had



several children. Mary spent the rest of her life among the Seneca people until she died in 1833 (Applegate Krouse 1999, Wyss 1999). Mary is reported to have described her adoption experience as “I was ever considered and treated by them as a real sister, the same as though I had been born of their mother” (Applegate Krouse 1999:82). Today, Mary Jemison is still considered to be an ancestor of the Seneca nation by many members (Applegate Krouse 1999). A more contemporary example is that of Nancy Oestreich Lurie, an anthropologist who was not only adopted by Mitchell Redcloud in 1944 but also received a Winnebago name and clan (Applegate Krouse 1999). Frideres explains that this approach to identity is subjective and fluid, originating from an “intrinsic self definition” of Aboriginality (2001:18). Furthermore, there are no means available to objectively measure an Aboriginal identity, thereby placing the onus of validating an Aboriginal identity in the control of a particular Aboriginal group. Restated this simply means that if “others define you as an Aboriginal person and you agree, then you are Aboriginal...the identity of the individual lies in his/her conceptualization of self” (Frideres 2001:18).

### **Mixed Blood**

In most cases of adoption (i.e. Mary Jemison), the adoptee eventually marries within the adopting nation and as a result of the union any subsequent children are often referred to as “mixed bloods” (Applegate Krouse 1999). Traditionally, the concept of “mixed blood” was not recognized among most Aboriginal groups, you were either acknowledged as a member of the group or not. The distinction and imposition of being mixed blood was first introduced in the Americas by Europeans (Applegate Krouse

1999). Membership into Aboriginal groups was achieved through a number of cultural practices that enabled an individual to be incorporated into kinship networks and eventually being recognized as a member of a particular society (Applegate Krouse 1999). In some contemporary descriptions the term “multi-heritage” is used instead of mixed blood; the term refers to individuals who recognize that they are constituted of more than one “race” but whose primary reference group is Aboriginal (Mihesuah 1998:195). Other descriptions of mixed blood or multi-heritage may not necessarily give primacy to a specific Aboriginal group and may present a more balanced description inclusive of other groups such as European American, African American, Asian American, or Hispanic American (Applegate Krouse 1999). The latter definition is often used by an individual whose physical features and or cultural traditions situate them in a liminal state as being a part of each group and yet not fully integrated into either group. This stands in contrast to the term “Full Blood” which is used to describe an individual who has clearly defined biological and cultural affiliations with a particular Aboriginal group (Applegate Krouse 1999).

By the year 1830, it has also been estimated that half of the Aboriginal population east of the Mississippi River not only intermarried and interbred with one another but also intermixed with those of African and European descent with no indication that these practices were either threatening or un-natural (Churchill 1999). For example, African Americans brought to North America as chattel slaves and those who escaped are reported as not only being welcomed by the Aboriginal groups they encountered but also

being fully integrated into the culture and subsequently marrying and conceiving children (Churchill 1999).

Multi-heritage or mixed bloods have been recognized as both heroes and villains of legendary status among various Aboriginal nations. Historically, mixed bloods were expected to be the driving force behind the conquest of Aboriginal Nations by causing dissension within the Nations thereby weakening the resistance to the colonizing powers (Applegate Krouse 1999). However, while it is true that the colonizers (especially the United States) sought to exploit mixed bloods for this reason; in some instances it was quite the opposite. History is full of stories of mixed bloods that not only defended the Aboriginal cause but in some instances, were on the opposite side of those who were at the time considered to be “full blood”. For example, in the 1830’s during the removal crisis among the Cherokee, both mixed blood and full bloods held positions on either side of the controversy. Chief John Ross, who is reported as being only one-eighth Cherokee, commanded the opposition to removal, while Major Ridge, a full blood, signed the treaty that ultimately led to the Cherokee nation being removed from their traditional homelands (Applegate Krouse 1999).

There are also other historical accounts of mixed bloods that were considered heroes and great leaders among their people. One of the most prominent examples is of two brothers from the Cheyenne nation:

*“Among the Cheyenne were the brothers George, Robert, and Charlie Bent, sons of William Bent, a noted white trader, and his Cheyenne wife. While each struggled for their people’s rights in his own way – George, for instance, fought briefly against the white invaders and testified on three separate occasions against perpetrators of the Colorado militia’s infamous 1864 massacre of noncombatant Cheyenne’s and Arapahos at*

*Sand Creek – Charlie is the better example... Accepted into the Cheyenne elite Crazy Dog Society (or Dog Soldiers), he acquired an almost legendary status because of his courage in physically defending his homeland. Ultimately, Charlie Bent gave his all, dying an agonizing, lingering death in 1868 of wounds suffered during a skirmish with Pawnees fighting for the United States” (Churchill 1999:44).*

Other examples of those who chose to embrace their Aboriginal heritage and made substantial contributions to their nations include Quanah Parker the son of a Comanche father and Cynthia Ann Parker a former white captive. As a young man Quanah became recognized as a warrior and over time became the principal chief of the Comanche. Sequoyah, the son of a Scots-Irish trader and a Cherokee mother is credited with developing Cherokee as a written language. Joseph LaFlesche son of an Omaha woman and a French trader eventually became principal chief of the Omaha's in the 1800's (Applegate Krouse 1999). It is also important to note here that it was not always a prerequisite that one be of Aboriginal descent in order to hold a position of importance in Aboriginal society such as in the example of Jim Beckwourth who was unquestionably of African descent. Beckwourth was adopted by the Crow in the 1820's and later married a Crow woman by the name of Still Water. During his time with the Crow, Beckwourth became recognized as a naturalized leader and eventually became a headman among the Crow. After the death of his second wife he moved away from the Crow but remained unwavering in the fight for Aboriginal rights and in 1866 returned to die “among the people who had accepted him as a naturalized leader” (Churchill 1999:45). It is both an accurate and fair observation that the degree of loyalty and patriotism regarding Aboriginal interests has nothing to do with an individual's genetics. Mixed blood's and those with absolutely no Aboriginal ancestry have their place in history as being some of

the most courageous leaders and staunch defenders of Aboriginal interests before and during the nineteenth century (Churchill 1999).

As European Americans increased their presence in the Americas they exploited those of mixed blood descent and used them for their personal gain as interpreters and liaisons in the push for the assimilation of Aboriginal people into European society. European Americans perceived mixed blood's as "being more receptive to the norms and values of white society" (Applegate Krouse 1999:75). Thomas Jefferson embraced and advocated the intermingling of Aboriginals and Europeans as a way of "civilizing" them (Applegate Krouse 1999:75). In 1803, Jefferson proposed a "calculated policy" which would be geared towards answering the "Indian Question" by diluting Aboriginal genetics into a larger European gene pool as opposed to the outright extermination of Aboriginal people. Jefferson explained that:

*"In truth, the ultimate point of rest and happiness for them is to let our settlements and theirs meet and blend together, to intermix, and become one people. Incorporating themselves with us as citizens of the United States, this is what the natural progress of things will, of course, bring on, and it will be better to promote than retard it" (Jefferson in Churchill 1999:46).*

Lewis Henry Morgan, the founding father of American Anthropology also advocated the intermixing of Aboriginal people with Europeans. Morgan believed that the blending of Aboriginal blood with European blood would not only serve to "toughen" the European gene pool but it would also silently eradicate the Aboriginal population in the process (Morgan in Churchill 1999:47, Applegate Krouse 1999). However, the same could not be said for the intermingling of Aboriginal people and other races, for example, intermixing with those of African descent. While the issue of "blood quantum" was never

the only factor used to determine citizenship among Aboriginal groups following a traditional cultural model, scholars in the United States were developing a system composed of “objective” criterion that would subdivide the human species into “races” thereby creating a supposed “natural hierarchy” (Churchill 1999:45). The theory of a natural hierarchy was used to justify black chattel slavery and to perpetuate America’s “Manifest Destiny” or the perceived inherent right to expand from coast to coast unimpeded, especially by Aboriginal people. The racial classification system was implemented in relation to black slaves as a means of assessing their relative worth based on the amount of “Negroid blood” an individual was classified as possessing. This led to the establishment of the “one-drop” rule, which is explained as “people with ‘one drop’ of African ‘blood’ in their veins are classifiable as black (Wade 2004). Eventually, as notions of racism increased exacerbating the negative connotations associated with being genetically linked to African descent, “Indian-Black” individuals attempted to avoid the racism against Blacks by disassociating themselves from their African lineage and instead, identified themselves by means of their Aboriginal ancestry (Mihsuah 1998).

### **Cultural Identity**

*“Aboriginal cultural identity is not a single element. It is a complex of features that together shape how a person thinks about herself or himself as an Aboriginal person... It is a contemporary feeling about oneself, a state of emotional, and spiritual being, rooted in Aboriginal experiences... a state of being that involves being wanted, being comfortable, being a part of something bigger than oneself” it involves traditional values, language, spirituality and ties to ancestral homelands (RCAP 1996, Vol. 4).*

A cultural identity is a facet of identity that links an individual to a specific cultural or ethnic group such as a Nation (Berry 1999). A cultural identity is not derived from a biological foundation; it is derived from an internalization of the cultural beliefs and values of a particular society (Mihesuah 1998). Cultural identity is based on a set of shared characteristics unique to a specific group of people that not only serve to unify and integrate individuals into a particular society but provide them with a sense of direction and meaning in their lives (Green in Mihesuah 1998). In addition, a cultural identity provides an individual with a “sense of attachment” in that in addition to knowledge of membership to a particular group, there is an emotional significance attached to the membership (Berry 1999:3). In some instances the emotional significance is directly related to a shared sense of cultural history juxtaposed to mainstream society. Although there are many diverse Aboriginal cultures in Canada and the United States, they all share a commonality in their cultural history in that they have all experienced some form of colonialism. Many Aboriginal groups faced colonial discrimination against their Native languages, culture, and spirituality which disrupted their traditional way of life (Alfred 1999, Berry 1999). Prior to European contact, there was no distinction to be made between a cultural and mainstream identity. In contemporary times, a cultural identity is described as a “lived experience” which embodies an adherence to Aboriginal cultural beliefs and values (Lone-Knapp 2000:635). It may also be described as exemplifying a sense of “Peoplehood” meaning that there is a sense of culturally distinct commonality among those who speak the same language, occupy common ancestral homelands, and share a common worldview (Straus and Valentino 1998:105 Weaver 2001).

A cultural identity is unique in that it is primarily confirmed by others who share the same identity through their acknowledgment of them as a member of the same group (Mihesuah 1998). Additionally, cultural identity is also strongly linked to an affiliation with ancestral homelands; therefore, Aboriginal people will often self-identify through reserve or a specific community (Weaver 2001). This trend was observed among the clients, traditional healers and traditional counselors at Anishnawbe Health. When asked to introduce themselves and state where they were originally from, five out of twelve clients identified as being from a specific reserve whereas four out of twelve identified themselves only as a member of a specific nation. Among the traditional healers, in addition to identifying themselves by spirit name and clan, five out of six identified themselves as members of a specific nation and one out of the six identified himself by reserve affiliation only. As for the traditional counselors all three interviewed for this project identified themselves by nation, clan and reserve. Weaver and Deloria (see Chapter one) note that Aboriginal identification with a geographical area stands in contrast to members of the dominant society who tend to identify themselves by their chosen profession (Weaver 2001, Deloria 1997).

Aboriginal people who live their lives adhering to traditional beliefs and values may be referred to as “culturally Indian” (Mihesuah 1998:195). Throughout the course of this research project rather than referring to themselves as “culturally Indian” respondents often referred to themselves in a more spiritual milieu as walking the “red road” (Mihesuah 1998). One client explains how she came live her life according to traditional beliefs and values:



*“Well I was raised in the Anglican Church and I went so far as to become an altar girl. And then after my stepfather died I became an atheist. I lost all belief. Then I had a very spiritual moment with an Inuit elder that had one of those big hand drums. For the first time I felt my spirit inside of me and that made me question all of my beliefs. And from there I’ve started learning more and more about walking on the red road and what it means to be a red road walker and I’m as traditional as you can be in this modern world.”*

The client also mentions the term “traditional” which is frequently used by Aboriginal people that self-identify as living a lifestyle that embodies traditional beliefs and values (Lone-Knapp 2000). The term “traditional” in this context refers to an Aboriginal person who adheres to their culture by speaking their Native language, engaging in religious ceremonies and living among their people (Mihesuah 1998). Although this definition is useful, it does not address the mental and moral components of adhering to a traditional lifestyle. Fixico explains that “Indian people who are close to their tribal traditions and native values, they think within a native reality consisting of a physical and metaphysical world. Full bloods and people raised in the traditional ways of their peoples see things in this combined manner” (2003:1-2). A more comprehensive explanation of the morality of the traditional lifestyle is offered by a Crow medicine man and Sun Dance chief Thomas Yellowtail:

*“The traditional American Indian is an individual who has self-esteem in his sacred way of life, a person who is trying to follow the straight path in everything. He tries to do things right and not be greedy. He doesn’t try to invent things in order to possess them; he is not that way. He is a person who is willing to help others. He will want enough to live on, but that is all the Indian cares for. He shares whatever he has been given with his fellow man and does not try to get ahead of the others. He knows the meaning of poverty and of gratitude. He also knows about religion; he knew long before the white man came and brought all kinds of religions. Indians are*

*ready to help others and do not require much of anything” (Fitzgerald 1991:7-8).*

Black Elk, the famous holy man of the Oglala Sioux elaborates on the more spiritual aspect of being a traditional Indian:

*“We should understand well that all things are the work of the Great Spirit. We should know that He is within all things: the trees, the grasses, the rivers, the mountains, and all the four legged animals, and the winged peoples; and even more important, we should understand that He is also above all these things and peoples. When we do understand all this deeply in our hearts, then we will fear, and love, and know the Great Spirit, and then we will be and act and live as He intends” (Fitzgerald 1991:11).*

Weaver explains that the development of a cultural identity involves “a lifelong learning process of cultural awareness and understanding” (2001:244). On the spiritual aspect of a traditional lifestyle Thomas Yellowtail explains that “spiritual matters are difficult to explain because you must live with them in order to fully understand them. I have lived with these all my life, and I am still learning” (Fitzgerald 1991:10).

### **The Urban Aboriginal**

*“Although the term ‘urban Indian’ is widely used by both Indians and non-Indians, it is a misnomer which does not adequately express the situation; the Indian community is rather composed of Indians in an urban area. More than any other group within the city, Indians perceive they are in a foreign land. The city is an alien place, and screaming hostility to the Indian way of life, and demands of the individual to totally disavow his heritage to become a truly urban citizen” (Fixico 2000:29).*

As the above quote by Fixico implies, the term “Urban” used as a prefix to Aboriginal does not designate a specific type of Aboriginal person but rather is used to describe a collective experience that most Aboriginal people today have had (Straus and Valentino1998). Nearly half of the Aboriginal population in Canada, and two-thirds of

the Aboriginal population in the United States lives in major metropolitan areas (RCAP 1996 Vol. 4, Fixico 2000). Aboriginal people migrate to these metropolitan areas in search of better employment opportunities, to pursue post secondary education, or to escape intimate violence and political factionalism (Applegate Krouse 1999, Proulx 2003). The 1996 RCAP report estimated that 320, 000 or about 45 percent of the Aboriginal population in Canada lives in urban areas. The report also speculated that by the year 2016 the numbers of Aboriginal people living in urban areas will approach 455,000 (RCAP 1996, Vol. 4).

Yet despite the size of the urban Aboriginal population, it is a population that goes relatively unnoticed. Some scholars attribute the invisibility of the population to a series of stereotypes maintaining that the majority of Aboriginal people live on reserves, in rural areas or that an Aboriginal person in an urban environment is somehow not genuinely Aboriginal (RCAP 1996 Vol. 4, Lobo 1998). Alternatively, the unfriendly fast paced atmosphere of city life provides the ideal environment for an individual to blend in and disappear into the background if they so chose (Fixico 2000). Additionally, urban Aboriginal populations do not congregate in clearly bounded “ethnic” neighborhoods; they tend to be unevenly dispersed over a wide geographical area with very little indication of an Aboriginal community in most cities (Strauss and Valentino 1998: 103). However, some scholars have noted that there is a tendency for some urban Aboriginal populations to cluster (albeit not significantly) around urban Aboriginal organizations and corresponding areas of significance although this clustering tends to be quite susceptible to periodic changes in population density (Lobo 1998).

In the 1970's Bob Thomas, a member of the Cherokee nation, from the University of Arizona voiced his concern that Aboriginal people were in danger of becoming what he termed "ethnic Indians" especially in an interethnic urban environment. Thomas was concerned that urban Aboriginal people would succumb to what he described as "detrribalization" because Aboriginal people within an urban context consciously created a "common culture" and "common identity" (Straus and Valentino 1998:103, 106). Thomas feared that the creation of a pan-Indian culture and community would undermine specific tribal cultural identities and eradicate any hope of self-determination (Straus and Valentino 1998). In contrast, Lobo maintains that Aboriginal identity that is based on criteria established through tribal/reserve affiliation is structured by "federally imposed criteria" whereas identity in urban Indian communities is more fluid and "agreed upon through informal consensus" (1998:98). Urban Aboriginal people embrace this approach because they understand the social boundaries of Aboriginal communities as well as the internal dynamics of membership within the community. They also understand that these boundaries and dynamics are fluid and are subject to renegotiation. This approach stands in contrast to external federally imposed criteria because it originates from within the community (Lobo 1998).

Therefore urban Aboriginal identity is often composed of four main elements: ancestry, appearance, cultural knowledge and community participation (Lobo 1998, Mihesuah 1998, Applegate Krouse 1999, RCAP 1996 Vol. 4). Ancestry is established via bloodlines through an extended family of Aboriginal descent (Alfred 1999, Lobo1998). The ability to identify oneself as a descendant of Aboriginal ancestry provides an

individual with the means to enter and establish their place within an Aboriginal community (Applegate Krouse 1999).

The element of appearance is strictly relegated to the phenotypic traits associated with Aboriginal people such as eye, hair and skin color (Lobo 1998, Mihesuah 1998). Mihesuah explains that “the color of one’s hair, eyes, and skin are the barometers used to measure how ‘Indian’ one is and either limits or broadens one’s choice of ethnicity” (1998:211). However, as discussed earlier this may not hinder one’s acceptance into an Aboriginal community depending on their proficiency in the other three elements. Applegate Krouse explains that cultural knowledge such as “mastery of tribal language, participation in ritual activities, and adherence to traditional values all strengthen community membership” (1999:78). In addition, the person should also demonstrate knowledge of those Aboriginal values and social conduct that are adhered to within the urban Aboriginal community (Lobo 1998). The element of community participation is also tied in with the element of cultural knowledge. Active participation in community activities such as social gatherings and ceremonies not only serves to establish cultural competence, it helps to solidify and maintain an individual’s membership in the urban Aboriginal community (Lobo 1998).

Historically, Aboriginal people self-identified based on obvious differences between their languages and cultures. Each specific cultural group had their own cultural stipulations for membership such as blood lines, naturalization, absorption or adoption. It was not until after European contact that mixed heritage or mixed blood and membership based on blood quantum came to be internalized by Aboriginal populations. As a result of

colonialism, federal and state policy, Aboriginal culture, spirituality and language were profoundly affected by the oppressive practices put in place thereby further problematizing the concept of Aboriginal identity. Aboriginal people have also moved off reserves to major metropolitan areas. Within the city limits Aboriginal populations do not reside within clearly bounded ethnic neighborhoods. Instead, the urban Aboriginal population tends to be scattered over a wide geographical area, however, some clustering of the urban Aboriginal population tends to occur in and around urban Aboriginal organizations. Thus the establishment of Aboriginal identity within these urban Aboriginal organizations tends to be more fluid in nature and reflect the historical concept of Aboriginal identity.

### **Chapter Three: Medicine, Healing, Healers and Counselors**

*“What we understand as sickness begins in our spirit. It then affects the mind, then the emotions, and finally the body” (Circle of Care pamphlet 2005 Anishnawbe Health Toronto).*

*“Traditional healing is the restoring of balance to the mind, body, spirit and emotions. There needs to be harmony and balance in us just as there is in all of Creation. When that harmony and balance is lacking, sickness ensues” (Anishnawbe Health Toronto 2000b).*

*“Like all peoples, Aboriginal North Americans had complex and diverse medical and healing traditions to deal with the health problems which affected them. These traditions not only predated European contact, they also developed and adapted to the environmental, economic, and political changes wrought by Europeans” (Waldram et al 1995:97).*

#### **Traditional Medicine**

As the quotes above imply, the traditional Aboriginal approach to health and well-being not only includes a system of medicinal treatment for ailments and diseases but it is also intricately interwoven with Aboriginal philosophy and spirituality. All Aboriginal “medical” systems are based on the fundamental belief that the body and the mind are not separate entities. The Aboriginal perception of health and well-being emphasizes the need for a collective balance among mind, body, spirit, emotion, and environment (Cohen 2003, Waldram 2000, Warry 1998, Kinsley 1996, Waldram et al 1995). Therefore, illness is interpreted as deriving from a disruption or imbalance among these facets of Aboriginal beliefs and values. Thus, traditional healing and traditional medicines are utilized to restore this balance and improve health and well-being. However, in order to begin to comprehend the Aboriginal approach to health, it is important to note that the terms “traditional”, “medicine”, and “healing” hold different connotations for Aboriginal people than they do for Euro-Canadians.

In this context, the term “traditional” is often misinterpreted as only referring to antiquated Aboriginal approaches to health. To most Euro-Canadians, the term tradition or traditional indicates a lack of modernity and situates these health practices within a historical context as strictly a fixture of the pre-colonial period. It is essential to realize here that the term traditional was imposed on Aboriginal health systems by British colonizers in an effort to distinguish from health practices that were not their own and establish a hierarchical health system that was conducive to their needs (Martin-Hill 2003). However, scholars have argued that by labeling something as “traditional” it symbolically ascribes significance and value to it thereby providing a motivation to maintain, preserve, and encourage its continuation (Barfield 2001). Therefore, tradition, and traditional cultural practices have survived and evolved according to the particular cultural beliefs and cultural historical changes undergone by Aboriginal peoples since first contact (Proulx 2003, Warry 1998, Waldram et al 1995, Waldram 1990). Presently, it seems that Aboriginal people have adapted the term “traditional” and use it as an approximate translation to describe specific cultural beliefs and practices indigenous to their people.

In congruence with the previous discussion of the term “traditional” the term “medicine” is even more problematic. As I indicated earlier, traditional Aboriginal approaches to health were not viewed favourably by those from non-Aboriginal backgrounds. Early accounts of traditional healing came from fur traders, missionaries, government officials and anthropologists. At this time “inquisitive outsiders” were allowed to witness and document traditional healing and traditional medical practices



(Waldram et al 1995:97). However, many of the authors of these early documents portrayed traditional healing and traditional medicine as primitive, fraudulent, harmful, and based on superstition<sup>10</sup> (Waldram et al 1995). The Canadian government utilized these erroneous interpretations to justify and implement assimilative policies on the Aboriginal population in Canada<sup>11</sup> and as a result, traditional healing and traditional medicine went underground to ensure their survival and maintain cultural integrity. In time these policies ceased to be active and “a degree of cautious openness” (Waldram et al 1995:98) is beginning to emerge surrounding traditional healing and traditional medicine. However, the lingering effects of early documentation and government policy still pose specific challenges to traditional approaches to health.

One of the greatest challenges that Aboriginal people continue to face is reinterpreting all of the misinterpreted Aboriginal concepts that were subsequently translated into English such as “traditional medicine”. The issue in this instance stems from the narrow definitions of the English words “traditional” and “medicine”. Both of these words are deeply embedded within a Eurocentric paradigm and laced with “English-language biases” (Waldram 2000:607). Combining these words into the term “traditional medicine” does not do justice to the complexity surrounding the Aboriginal understanding of the term. Medicine, as it is understood within the biomedical paradigm, is a drug, or the art of disease prevention and cure (Hahn 1995). More important to this discussion is the notion that medicine “prevents and cures, studies and treats, not persons, nor their bodies, but the diseases of bodies” (Hahn 1995:133).

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<sup>10</sup> For background information see Ranford 1998 and Waldram et al 1995.

<sup>11</sup> See Ranford 1998.

From an Aboriginal perspective, the term “medicine” is understood to encompass much more than “drugs or the practice of healing” (Waldram et al 1995:100). In contrast, traditional medicine embodies a holistic system that “transcends the compartmentalized boundaries of biomedicine that separate medical and spiritual practice” (Warry 1998:112). In addition to a holistic approach, traditional medicine is a reflection of the diversity and interconnectedness within Indigenous knowledge (Martin-Hill 2003). In an effort to understand and appreciate the vast area of knowledge, beliefs and values imbued within traditional medicine some scholars have hinged their definitions on religious affiliations. In some instances traditional medicine is strongly associated with a belief in the supernatural or it is explained as contingent upon supernatural power with a complete disassociation from herbal remedies (Lyon 1996:168). Other scholars believe that it is impossible to comprehend traditional medicine and traditional healing unless it is situated within religious dogma (Hultkrantz 1992). Some scholars have recognized the inherent deception of these approaches and have employed a more culturally inclusive approach (Waldram 2000). Scholars such as Waldram explain that the traditional medical system is based on a “rational” comprehension of the universe and the place in which human beings occupy within it. Thus, “rationality” must be understood within a culturally specific context and any particular cultures rationality is not necessarily applicable to another culture (Waldram et al 1995). Therefore, if the biomedical system is viewed as having evolved from a specific cultural perspective it will have its own rationale for the causes of disease and illness just like any other culturally specific medical system would

(Waldram 2000). Such an approach was taken by the World Health Organization when it defined traditional medicine as

*“the sum total 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 or treatment of physical and mental illness” (in Martin-Hill 2003:3).*

Although the World Health Organization is to be commended on its efforts to recognize the diversity among Indigenous peoples and create a “catch all” definition of traditional medicine, it still fails to illustrate the distinct body of knowledge and healing practices used by Aboriginal people. In contrast, the Report of the Royal Commission on Aboriginal Peoples defines traditional healing 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’ biomedicine”. Included in these practices are “ 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, Appendix 3A).*

Embedded within this definition is the effort to place traditional healing within the proper context and distinguish it from the biomedical system. Again, the danger here is the same as in the previous discussion concerning traditional medicine. The implication is that traditional healing will be stigmatized as only having historical significance with no application to contemporary Aboriginal health issues. This is simply not true, traditional healing practices have been subjected to the same cultural and historical changes as traditional medicine and have also been adapted and evolved to reflect these changes (Warry 1998, Waldram et al 1995, Waldram 1990).

In addition to the concerns of linguistic barriers impeding a complete understanding of traditional medicine and traditional healing, it is also imperative to unpack and discuss the foundation of traditional Aboriginal medical systems, Indigenous knowledge. Throughout my discussion of traditional medicine and healing, themes of interconnectedness and holism have emerged and Indigenous knowledge is no exception. However, there are three important factors that must be considered with any analysis of Indigenous knowledge. First, Indigenous knowledge is not analogous to the Western notion of “culture” nor is it amenable to being analyzed using Western definitions of culture (Battiste and Henderson 2000). Second, Indigenous knowledge is not a homogeneous concept across all Aboriginal nations, nor is it perpetually homeostatic among individuals within those nations (Battiste and Henderson 2000). Third, Indigenous knowledge cannot be understood as a bounded entity apart from other forms of knowledge (Martin-Hill 2003).

Hence, any discussion of Indigenous knowledge must address the specific traits of Indigenous knowledge that serve to make it distinctive from Western knowledge paradigms. Thus, recognizing this distinction, The Royal Commission on Aboriginal Peoples defines Indigenous knowledge as,

*“a cumulative body of knowledge and beliefs, handed down through generations by cultural transmission, about the relationship of living beings (including humans) with one another and their environment” (RCAP 1996 Vol. 4).*

Here again it can be argued that while this definition eludes to the inherent differences between Indigenous and Western approaches to knowledge the generalized nature of the definition does little to illustrate the distinctive qualities specific to

Indigenous knowledge. A good illustration of the point can be seen in the definition offered in the Report on the Protection of the Heritage of Indigenous Peoples which states that Indigenous knowledge is,

*“a complete knowledge system with its own concepts of epistemology, philosophy, and scientific and logical validity” that can “only be fully learned or understood by means of the pedagogy traditionally employed by these peoples themselves, including apprenticeship, ceremonies and practice” (as cited in Battiste and Henderson 2000: 41).*

Thus, it can be discerned from this definition that Indigenous knowledge originates from multiple sources all of which are interconnected and overlap with spirituality and a traditional lifestyle. Indigenous knowledge epistemologies embody a logic that is relational, qualitative, interactive, symbiotic, and inclusive of contextual processes (Magorah Maruyama in Battiste and Henderson 2000). It is a body of knowledge that perpetuates Aboriginal values and beliefs, as well as providing a cognitive framework for maintaining homeostasis “in a world that is subject to flux” (Sefa Dei et al. 2000, Battiste and Henderson 2000:42). Indigenous knowledge is most often “said to be personal, oral, experiential, holistic, and conveyed in narrative or metaphorical language” (Castellano 2000:25). It is knowledge devoid of universality; however, there are threads of commonality that reflect similar comprehension of ecological systems and how they interact and influence everyday life (Castellano 2000, Battiste and Henderson 2000). Although it is knowledge that is passed on from one generation to the next, it is inherently dynamic and collaborative, adapting to cultural and historical changes to retain efficacy (Sefa Dei et al 2000, Castellano 2000). It is knowledge that is intuitive and empirical, personal and collective, spiritual and

pragmatic. Indigenous knowledge is “at once values, process and content” (Simpson 2001:143).

Many scholars agree that given the amount of diversity in the languages and heritages of Aboriginal people in North America developing comprehensive and all inclusive definitions of traditional healing, traditional medicine, and traditional knowledge is impossible. As I have illustrated, this is due in part to problems with translation. Some scholars describe this as a transference issue between English which is a noun-centered language and Aboriginal languages which are verb-centered (Battiste and Henderson 2000). Other issues concern the interconnectedness, contextual specificity, and the acutely personal internalization of Indigenous knowledge that defy any attempts at compartmentalized definitions. Therefore, it has been suggested that perhaps the best approach is to utilize the definitions used by Aboriginal people themselves that are contextually specific (Battiste and Henderson 2000). Hence, any definition of traditional healing, traditional medicine, or traditional knowledge needs to be situated within the personal and contextual sphere of reference pertaining to specific times and locations. For the purposes and intent of this study I will use the definitions put forth and adhered to by Anishnawbe Health Toronto. Therefore, traditional healing, traditional medicine and traditional knowledge can be articulated as follows:

*“Traditional Healers and Elders say that the Great Spirit works through everyone, so that everyone has the ability to heal...Everything that was put here is healing – the trees, the earth, the animals and the water...Our healing ways are referred to as Traditional Healing. This way of healing is holistic, based on an understanding of the interconnectedness of all life and the importance of balance and harmony in Creation” (Anishnawbe Health Toronto 2000b).*

## **Traditional Healers**

As I elaborated on in the previous section, the definition of traditional healing by the Report of the Royal Commission on Aboriginal Peoples illustrates that traditional healing is multifaceted and inclusive of herbal remedies, counseling and ceremony. Although there are many ways that traditional healing practices are distinct from biomedical practices, there is an underlying common factor in that they both incorporate a variety of practitioners who often specialize in certain areas of health promotion or maintenance. This is reflected in the model of health care used at Anishnawbe Health Toronto where an individual is able to choose among traditional healers, elders, medicine people or traditional counselors.

Early accounts of traditional healers portrayed them as “charlatans”, “conjurers”, “jugglers”, “sorcerers”, “witch doctors”, and “magicians” who deceived their “superstitious followers” with “tricks” and “sight-of-hand” performances (Ranford 1998, Waldram et al 1995, Hultkrantz 1992). However, a critical reading of these early accounts often reveals indirect acknowledgement that the healers not only possessed practical knowledge of physiology but they were also proficient in the pharmaceutical qualities of various roots and herbs (Waldram et al 1995). Some early accounts include examples of individuals who were quite skilled in the area of bone setting. Stone explains that the care of the wounds and subsequent bone realignment and splints were not only equal to, but on occasion superior to non-Aboriginal approaches to fractures (Stone 1935 in Waldram et al 1995). Other accounts include a serious illness that affected the French explorer Jacques Cartier’s crew in 1595. On his second voyage up the Saint Lawrence

River, Cartier's three ships became embedded in snow and ice at the site of what is known today as Montreal. For five months Cartier and his men survived on rations of food stored on board the ships. Twenty five of his one hundred and ten member crew died of scurvy while the rest became gravely ill with no hope of recovery. Fortunately for Cartier he had maintained good relations with the Aboriginal population in the area since his first exploration. While visiting a Huron village Cartier noticed that the Chief, Domagaia, seemed to be suffering from the same affliction as his crew. When Cartier met Domagaia ten days later the Chief appeared to have made a full recovery. When Cartier queried the Chief about his cure Domagaia replied that his remedy consisted of a tea made from the leaves of a white spruce tree. Domagaia offered to help Cartier and his crew by asking two female healers to instruct them in the preparation and use of the tea. Within a week Cartier and his men made a full recovery (Cohen 2003).

There are numerous accounts of fur traders, settlers, and missionaries turning to Aboriginal healers in times of need and they also reported positive results (Waldram et al 1995). In addition to these documented events Vogel states that sixty to seventy percent of the drugs used in modern medicine originated from plants used by Native Americans for their healing qualities (Vogel 1970 in Cohen 2003). Thus, a majority of the literature on this subject reports that Aboriginal people had/have extensive knowledge of the pharmaceutical qualities of plants indigenous to North America.

According to Hultkrantz traditional healers can essentially be divided into three categories: herbalists, medicine men, and shamans (1992). An herbalist is described as a "noninspirational" man or a woman who has gained their knowledge through experience



and tradition. Their area of expertise is with simple wounds, aches, and bone conditions. They are sometimes mistakenly labeled as medicine men or women but “they do not share the medicine man’s inspirational equipment” instead they rely on herbal mixtures and “magic formulas” (Hultkrantz 1992:18). A medicine man is described as a “doctor” who has the “supernatural” authority and instruction to make people healthy (Hultkrantz 1992:18). The term medicine man is often perceived as being interchangeable with the term “shaman” (Lyon 1996). The term shaman is derived from the Siberian Tungus word “saman” which means “to know in an ecstatic manner” (Shirokogoroff 1935 in Barfield 1997:424). The distinction here being that a shaman has the ability to achieve a state of “ecstasy” or deep trance whereby they “journey” or undergo a “spirit flight” or “summon the spirits” to give counsel (Waldram et al 1995, Hultkrantz 1992).

While Hultkrantz prefers to divide traditional healers into bounded categories the bulk of the literature on traditional healers tends to encapsulate them under the utilitarian term of “medicine man”. While this term may be generally accepted among Aboriginal people it is still problematic in that it fails to articulate distinctions among different types of healers, their areas of specialization, how they became healers, and does not recognize women as healers (Waldram et al 1995). The term also fails to recognize cultural and contextual distinctions among healers from different groups (Waldram et al 1995 Hultkrantz 1992). Furthermore, within the literature there is a tendency to ignore Aboriginal conceptions of the natural causations of disease and illness and instead the focus is overwhelmingly either on the supernatural causes of disease or the degree to which they invoke supernatural powers to aid in healing (Waldram et al 1995). While

traditional healers acknowledge that Aboriginal spirituality is an integral aspect of traditional healing, they also assert that their botanical expertise and communication skills are integral to their healing capabilities. Additionally, the literature is often ambiguous when it comes to illustrating how the boundaries of these three major categories are often blurred as each healer adjusts their approach to each individual based on their particular needs for a specific place at a specific time (Waldrum 2000).

Aside from the obvious cognitive misconceptions derived from a poor choice of descriptions such as “supernatural” and “magic” these definitions simply fail to convey a true understanding of the different types of healers and their specialties. For example, Kinsley explains that an herbalist is not only a specialist in botany but that they are also knowledgeable in conducting ceremonies for plant medicines and observing the proper protocol when gathering and preparing plant medicines (1996). In her descriptions of specialized fields of practice within traditional medicine Aboriginal scholar Dawn Martin-Hill offers some insight into the various areas of specialty as well as illustrating threads of interconnection among them. In addition to Kinsley’s description, Martin-Hill describes an “herbalist” as someone who not only has botanical and pharmacological knowledge of plants and fauna but who also works closely with other traditional healers by sharing herbal remedies. Also, certain herbalists are recognized as specialists in that they may become known as having particularly effective medicine for certain diseases and illnesses (2003). A “spiritualist” is someone who is respected for their knowledge of Aboriginal spirituality and their area of expertise is the spiritual health of individuals. Most often a spiritualist recommends individual or family lifestyle changes in accordance

with benevolent spirits. Additionally, a spiritualist may also act as a counselor, mentor or teacher (Martin-Hill 2003). A “diagnosis specialist” is someone who is a communicator or “seer” through ceremony who enlists the help of spirits to discern a diagnosis and appropriate conduit to help an individual restore their health and well-being. Often the proper measures are in the form of specific remedies or an appropriate ceremony for a particular ailment (Martin-Hill 2003). A “medicine man” or “medicine woman” is someone who may embody all of the aforementioned qualities and in some cases more. In some instances they are recognized as a medicine man or medicine woman because they have done an apprenticeship with a respected medicine man or woman or they have inherited their position from a family member. They often own sacred items such as medicine bundles or pipes and do their healing through ceremonies and prayer. They also may be responsible for conducting community ceremonies such as Shaking Tent, Sun Dance and Sweat Lodge (Martin-Hill 2003). However, if someone is designated as a “healer” he or she may do their healing using all of the aforementioned approaches possibly having the ability to heal someone spiritually, emotionally or physically. They may also heal using other techniques such as touch or energy work. They also may not engage in ceremony or ritual (Martin-Hill 2003).

At Anishnawbe Health Toronto, practitioners of traditional medicine are generally referred to as healers, medicine people, or elders although these are not clearly bounded categories and as the previous discussion illustrated they may use a variety of techniques

to do their healing. Within the context of Anishnawbe Health Toronto the term healer<sup>12</sup> is used to refer to someone who has a “gift” or ability to heal someone either physically, emotionally, spiritually or have the ability to heal all of these individual aspects (Anishnawbe Health Toronto 2000a).

At the time of this study, Anishnawbe Health Toronto employed nine traditional healers. Six healers worked one week of each month while the other three came in only a few times each year. Unfortunately, due to the short duration of this study, I was only able to interview six “full time” healers. Of the six healers I interviewed, three were female and three were male. They all came from various Aboriginal communities and used a variety of healing methods however; each had their own area of expertise. The setting at Anishnawbe Health is unique in that it is somewhat of a clinical setting with doctor’s examination rooms, a reception area and a waiting area. Healers see individuals between 9 a.m. and 5p.m. Monday to Friday preferably by hourly appointment but they will see walk-ins and emergencies as needed. All appointments are booked in advance by phone or in person through the “Oshkabewis”. The Oshkabewis is the liaison between the healers and the clients and is responsible for booking appointments, co-coordinating ceremonies such as Shake Tent and Sweat Lodge, scheduling fasting retreats, and the picking of traditional medicines. Most weeks there are two healers present at the center and they occupy two separate rooms that are designated for them, one upstairs and one

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<sup>12</sup> One of the most contentious debates regarding Aboriginal healers involves a lack of consensus among Aboriginal community members as to who should be considered a legitimate healer (Waldram 1997). As I illustrated in the previous section, not only are there several types of healers but there are also a number of culturally and contextually specific ways in which an individual can become a healer. For the intent and purpose of this research project, anyone introduced to me as a “healer” was defined as such by Anishnawbe Health Toronto and not by my personal definition.

downstairs. When a client arrives they report to reception and wait for the Oshkabewis to escort them in to see the healer. It is considered proper and respectful protocol to offer a healer a gift of tobacco when asking for their help and their subsequent acceptance of the tobacco means that the healer can, and agrees to help (Michell 1999, Waldram 1997). Anishnawbe Health Toronto strongly advocates this practice and prior to meeting with the healer each client is asked if they have tobacco to offer to the healer, if not, then they are provided with a “tobacco tie” at reception. Once the exchange of tobacco has taken place, sometimes after the client has explained their reasons for consulting a healer, the appointment is ready to begin. Each appointment is witnessed and documented either by the Oshkabewis or another person on staff and at the conclusion of the appointment the client is given a photocopy of the report with the original stored on file at the center.

In accordance with the protocol at the center, I booked each of my interviews in advance with the healers through the Oshkabewis. When it came time for my appointments the Oshkabewis went in and met with the healer to explain who I was and that I was conducting research for my MA thesis. If the healer agreed to the interview I was led to the room by the Oshkabewis and introduced to the healer. After the introductions the Oshkabewis left and I would explain the purpose and intent of my research. If the healer was still in agreement with the interview then I gave them my gift of tobacco and began the interview.

As a way to initiate the interview and discern the individual characteristics of the healers, I began each interview by asking the healer to introduce themselves and explain how or why they became a healer. As I explained in the previous chapter, the healers not

only identified themselves by spirit name and clan, five out of the six identified themselves as members of a specific nation and one out of the six identified by reserve affiliation only. However, each healer had their own personal story as to how or why they became a healer and although there were some common elements each story was unique. Some of the healers stated that they were destined to be a healer while others reported that they were informed by other healers that they had the gift of healing.

One healer responded that she knew prior to her birth that she was destined to become a “medicine person” and her family was informed that it was foreseen by elders in the community that their next child was going to be a medicine person. In her words she explains her experience:

*“When I was first asked by the spirits to come into this world, I made the decision to come. When that happened the Creator made me see the four stages in life, as a child, as a youth, as an adult, and as an elder. He made me look at all the things I am going to go through in life. Some of the things that I went through were very good times, some of them were hard times, some of them were a dysfunctional way of life and some of them were the healing aspect of my life... After I seen that way of life I was told to look down on earth and see who I am going to choose as a parent ... who is going to be my Grandfather... what kind of people they would be... My father and Grandfather were great medicine people, so I choose them... and they were told by the elders that they were going to have another child and this child was going to come as a medicine person.”*

Pete Keshane responded that he had visions predicting that he was to become a healer. He also suspected that his gift of healing may be hereditary. He recounts his experience as:

*“How I became a healer... that is kind of a hard one for me to answer. The more I think about it ... going back into my childhood ... I was destined to be a healer. At a young age I can remember visioning things... seeing things that at the time didn't make sense but as I went ... as I seen these dreams unfolding ... yeah I remember that dream... that is what we were doing ... and I guess my Grandfather, uncles, were all healers... and*

*their fathers and grandfathers were all healers as well. So it is kind of hereditary I guess.”*

Although the origin of the experience between these two healers is somewhat different, there is the underlying factor that they both seem to have inherited at least some of their healing capacity (Martin-Hill 2003, Kinsley 1996).

Another female healers experience is quite different. She responded that she had no inclination to be a healer at all until she became quite ill later in life, although she does come from a family line of healers. Ultimately she credits her happiness to listening to her spirit and embracing the healer within.

*“I come from a line of healers... before me; my Grandmother’s brother was the village medicine man. I had no intentions of becoming a medicine person; I was a Mohawk language teacher and a high school principal. That is what I was doing when I got very sick; I got sick in the sixth month of my pregnancy with my last child... I was completely and totally bedridden for three years. I was in and out of hospitals and I was diagnosed with all kinds of stuff. In the end, there was no diagnosis, ‘course twenty years later I also know that most people who are medicine people go through something like this that alters their lives forever and I am a classic case of going on a shamanistic journey. A couple of things happened during that time; I needed to redirect my life in a different way... At some point during this illness I decided that I wanted to live for myself... I wanted to live and I wanted to be happy in my life and I was going to do everything I needed to do to make myself happy. It wasn’t enough for me to think it or even speak it out loud I had to scrape my bottom of off that bed which I had been in for three years and get on with my life and that was a real challenge because all my muscles had atrophied by this point and it took me about another two or three years to build up my muscle strength and stamina to be able to continue on with my life. But during this time I managed to see medicine people, I spent a great deal of time in sweat lodges out in B. C. I spent some time with the Blackfoot people and saw healing happen in various ways... and it was while I spent time with the Blackfoot that I began to understand my illness and why I got so sick, ‘course today I understand that in order for us to live a happy life we need to be a whole person... and I was not a whole person simply because I was not being who I was, I was not being the healer that I needed to be. One of the things that happened then... in order*

*for anyone to become a healer we need to learn how to love, I'm not talking romance here, I'm talking compassion, love for your fellow man. And it was only when I had declared that I wanted to live and I wanted to be happy I was king of declaring my love for myself. That opened the door for compassion to enter... for me to be able to fulfill what I needed to be... I got to be who I got to be, I've learned this, that I have to be what my spirit tells me to be, because if I listen to my spirit I will be content and happy."*

This particular healer's experience is unique in that it took a debilitating illness to initiate her desire to become a healer. In the literature this is often associated with shamanism (Kinsley 1996) and although she defines her ordeal as a shamanistic journey later in the interview she pointed out that she does not enter into an altered state of consciousness like a shaman does (Harner 1988) but rather moves into a different frame of mind.

The experiences of the remaining two healers were similar in that other healers they had met perceived them as having healing gifts. Both indicated that they did not have any previous inclination to become healers nor did they indicate that they came from a family line of healers. Although this makes them distinct from the other healers in this sense it is not entirely uncommon for other healers to be able to sense when an individual has the capacity to become a healer (Kinsley 1996).

When queried on the issue of specialization in regards to treating specific diseases or illnesses, all of the healers were inclined to respond that they do not necessarily consider themselves as specialists in diagnosing and treating any specific ailment. However, when queried on their particular approach to healing then they were more distinct in their responses. Three out of the six healers prepared and distributed herbal remedies while one did so only in certain circumstances. The remaining two healers worked with the individual's spirit and energy.



While the healers tended to defer from declaring themselves as specialists in a given area, they did report that they refer clients to other healers based on their knowledge and experience in dealing with certain problems or afflictions. One of the male healers was known especially for his “blood cleaning medicines” and his ability to work with diabetes. He described what he does as follows:

*“Well I guess the only reason I got involved with this is people started sending sick people over to the house, I used to work with my Grandmother... most of it is just general stuff like herbology... if somebody is sick with diabetes we give them something to clean the blood and then their sugar gets normal. Quite simple actually, we don't break down diseases like other people because everything is related. That's the approach we take, clean the body first and then work from there. What worked years ago still works today... that's it basically; years ago people just started sending people over... nothing magical. It's just like a car; if it's not running properly you change the oil first and if other things need fixing then you look into it. A lot of us we network... like if a person needs counseling then we refer them to get counseling. And if other people need other help with other problems then other people step in and take care of it. It's quite complex actually if you look at it. Not every body specializes in one thing, most of the time what I do is just give out the blood cleaners, blood work is pretty good because it flushes out the problems. There is no such thing as a magical formula, each person is different, and if you study the herbs and each person's body then everybody ends up with a different formula.”*

While this particular healer tended to focus more on the individual, and the individual healing properties of the plants, he did stress the importance of the spirituality inherent in the plants. Therefore it is important to recognize the interrelationship between ecology and spirituality. Without the proper ceremonial protocol and acknowledgement of the spirituality of the plants, the healing properties of the medicine may be greatly diminished or simply not work at all (Battiste and Henderson 2000, Waldram et al 1995). The other two healers who worked with plant medicines differed in that they incorporated

much more ceremonial and ritualistic aspects to their particular approach to healing. This is not to imply that one approach is more efficacious than the other. Rather, healers assume culturally specific approaches and adopt specific techniques that reflect their personal style (Martin-Hill 2003, Hultkrantz 1992). The other two healers however had very different approaches to healing. One healer explained that she practices what she termed as “primary care.” According to her, the spirit is the primary being in the body, and she looks after that primary being. In other words, she heals a person’s spirit or tells them how to heal the spirit. She explains her approach as follows:

*“It’s not enough to just expand your mind; you need to expand your heart to be able to heal yourself through forgiveness. So, what I practice here... it’s not about plants, it’s not about germs and viruses, it’s not about sore this or sore that, I’m looking at the source of our illness and that comes from the deepest part of ourselves... that’s where the illness lies. So, I do what I call primary care because the spirit is the primary being within this body and I take care of that primary being, it becomes primary medicine. That’s what I do... I don’t have a teacher, I have never been taught by anyone... I guess I am what is called a natural. I can’t think of anyone teaching me but I’ve had a lot of teachers (She gained knowledge and insight from the spirits who visited her when she was ill) When I began the actual hands on healing... I just did what I felt I needed to do and it was exactly the right thing I needed to do. And so up to this day I work that way... I look at people’s energies... I get into a person’s space... and I know... there is no voice that is telling me, there is no pictures, there’s no grand pictures... nothing, it’s just... I know what is going on. And from there we sit down and I explain this is what I see, this is how this got that way and this is what is happening and if this isn’t taken care of this is where it’s going to lead. So from there if there is a physical ailment I’ll do a hands on healing immediately, but most of the healing is done by the individual themselves. Every single person has the same ability that I do, they have only forgotten so I remind people what they need to remember and they do their own healing from there. I don’t do surgery, if I feel that you need to go and see a medical doctor to take care of a medical condition on your body then that’s what I’m going to do.”*

Healer Marjory Noganosh explains that what she does is unique in that it is not what would be considered a typical Aboriginal approach to healing. She describes it as a form of energy therapy. She offers this explanation:

*“The kind of work I do is hands on energy therapy. My training is not a Native tradition ‘cause there is no school for hands on energy therapy as such... so I did a two year course in Shiatsu therapy and then I did years of different kinds of training and hands on energy work. It would be very hard to find anyone who works in this particular way... it just sort of developed over the years into what it is now... it’s sort of drawing on what I’ve learned in the past using a little bit of everything... I don’t think of myself as a healer but more of a worker.”*

Marjory described her approach as very passive in that she does not manipulate a person’s energy. Instead she explained that she merely watches the spirits do the work, in some instances she has a dialogue with the spirits and she will either ask for their help or direct them to where they are needed. She also mentioned that she does not “pull out sickness” unless it is under the direction of the spirits otherwise it is the spirits that remove the illness.

Marjory explained that her ability to locate a mass of blocked energy is done primarily through pain in her hands. According to her, the pain signifies that she has passed her hands over a mass of energy that has to be removed. In some instances she is able to feel the pain in her body in the same area that the client feels the pain. This form of pain acts as a guide in that it informs her which aspect of the client to treat next.

When I asked Marjory if she specialized in a particular area she said that she is particularly good at tuning into emotional or spiritual blocks that she herself has experienced. This in turn enables her to have a productive dialogue with the client because she is able to relate her personal experience on the subject. Marjory also

explained that she is able to see these internal struggles even if the client has not personally identified them.

### **Traditional Counselors and Elders**

The traditional approach to Aboriginal health and well-being emphasizes a collective balance among mind, body, spirit, emotion and environment (Cohen 2003, Waldram 2000, Warry 1998, Kinsley 1996, Waldram et al 1995). Although healers are perfectly capable of addressing all of these areas, in the urban context they are faced with severe time constraints. Increased demand for access to the healers severely restricts their ability to devote enough time to each client to properly address all of these areas. In addition to physical ailments, many of the clients who use the traditional healing services at the center are also dealing with various forms of past and present abuse. Therefore, in an effort to meet the demands of the clientele Anishnawbe Health Toronto offers traditional counseling services in conjunction with the traditional healing program. The traditional counseling services offer a dual approach to the spiritual, mental, and emotional health of the clientele. The traditional counselors utilize a combination of traditional and western counseling approaches (Circle of Care pamphlet, Anishnawbe Health Toronto 2005). Like the traditional healers, the counselors are unique in that they have individualistic styles and approaches to the clientele. The individuality of the counselors offers the client the ability to choose a counselor that is more compatible with their particular personality thereby enhancing the counseling experience.

At the time of this study, Anishnawbe Health Toronto employed three traditional counselors. One counselor worked at the center full time while the other two worked part

time, one worked one week out of every month while the other worked one week every other month. In accordance with the protocol at the center, I was required to follow the same approach with the traditional counselors as I did with the traditional healers. I booked each of my interviews in advance through the Oshkabewis. When it came time for my appointments the Oshkabewis went in and met with the counselor to explain who I was and that I was conducting research for my MA thesis. If the counselor agreed to the interview I was led to the room by the Oshkabewis and introduced. After the introductions the Oshkabewis left and I would explain the purpose and intent of my research. If the counselor was still in agreement with the interview I gave them my gift of tobacco and began the interview. As a lead in to the interview and as a means to tease out the individual characteristics of each counselor I began these interviews the same way I did for the traditional healers. I asked each counselor to introduce themselves and explain how they became a traditional counselor at the center. The first interview was with the full time counselor at the center.

This particular counselor began working at Anishnawbe Health Toronto on September 21st 1992 as a co-coordinator of the Traditional healers program at Anishnawbe Health Toronto. As for the Traditional Counselors, she has been there the longest. Prior to working at Anishnawbe Health Toronto she helped to implement traditional healing programs in men's prisons. She also did the same type of work at the women's prison in Kingston Ontario. She explained that traditional counseling is something that you can learn. She started out in 1976 on the east coast in a Native youth program and this program also used the services of a community elder. She learned

everything through experience and feels that she is very fortunate to have met many healers and elders from all over North America working in the prison system. She also reported that she is the only expert witness on aspects of traditional healing in the country.

When asked to explain what she does at Anishnawbe Health she responded:

*“I think of myself as someone who is a tour guide... that I share knowledge with people who don't have knowledge and people share knowledge with me knowledge that I don't know. I help people to journey through the finding of themselves so that they can balance themselves and live a life of wellness, understanding that there is a process to that and it just doesn't happen. Every day it is something new with a new challenge and new obstacles so it empowers people to be able to face the world with the tools and the skills that they need to come from within themselves to make the decisions and choices that are right for them. So, do we ever get to the end of that challenge and road? No, and that's what basically makes the difference between traditional counseling and Western therapy, we never get to the end of that. Our whole lives we are running into obstacles and... so the spiritual aspect and emotional aspect are tied together whereas in Western therapy it is the emotional and mental wellness that they talk about. The spiritual component is left to the priest or the minister. The big difference is that it's not here.”*

She clarified that clients may reach an endpoint in dealing with specific issues, but that she may see them outside formal counseling sessions at a sweat lodge or some other function. Therefore she refers to what she does as an “ongoing maintenance program.” She also stated that she is not a physical healer, although physical healing may occur because when you heal the spirit and emotions then the physical issue may go away. Spiritual and emotional pain may be manifested in physical pain. She also believes that healing never stops and that everyone is in a perpetual state of healing.

Another traditional counselor could not recall how long she had worked at Anishnawbe Health Toronto but she came to work there based on the recommendation of

another employee. When asked to explain what a Traditional counselor does she explained that:

*“Traditional counselors are people that have gone through a lot of experiences and they work from their experiences. We are not University people; it is just from experience that we do the healing and teachings. The teachings for me come from the sacred Creation. The animals, the birds, they all have their own way, each one is different. Even the insects, the plants and the trees... that is where I get my teachings. I look at them and see how they work... how they go through the cycles. Each elder, they have their own gift. There are no two that do the same kind of work.”*

She clarified that she helps people by healing their spirit and the mind. She does this by conducting a personal healing ceremony for the client. This helps the client to release their problems. Similar to the aforementioned counselor she perceives herself as more of a guide by helping clients deal with sexual, physical and mental abuse issues. For example, if a client has been sexually abused she described it as plaguing their mind and therefore they cannot move on with their life. It (the abuse) creates a barrier that the client must tear down. When the clients heal their mind and spirit they get a better perspective on life and then they can move on.

Prior to the interview, I learned that the traditional counselors conducted what are called “teaching circles.” When I asked her to explain to me what these are she responded:

*“It’s giving everybody a chance to say what’s on their mind... we pass the feather to each person and whomever holds that feather has the right to speak and no one can interrupt that person... it gets passed around until everyone has a chance to speak. They in introduce themselves... if they have a spirit name they say it... where they come from originally... what their clan is... We begin with an opening prayer and we smudge every body and we smudge the place... and I give a teaching... on whatever comes to my mind to talk about. The teachings are mostly about how to*

*look after yourself spiritually... how to look after the well-being of the spirit... all the teachings come from the sacred creation.”*

When I queried her on what she meant by teachings from the sacred creation she replied that the ancestors (Aboriginal) lived closer to nature and that they were outside in nature more often than we are now. She explained that now we live in apartments and houses whereas the ancestors were outside in and amongst nature all the time. In this context they were able to observe nature and the interactions in the ecological system. She stated that “all of these things were there before the Europeans came and the Bible was introduced. All of these teachings were already there. Whatever is in the Bible they knew already. That is what guided them through life.”

The third counselor I interviewed is distinct from the other two in that she works primarily works through her singing and songs. When I inquired about the particular circumstances that would necessitate a client to seek out her services she responded that sometimes people are referred to her by the other healers. She explained that often people don't realize that you can do healing through singing and the drum. According to her it is the vibration of the voice and the drum that heals. She explained that she helps to heal a person's spirit through her songs. She believes that the reason why her songs help people is because it forms a connection between her spirit and their spirit. This connection of the spirits is at a very deep personal level. In her words, “it gets into the soul of a person.” In addition, she explains that “when songs can affect us that is our spirit hearing what it needs to hear”. However, she also explained that not everyone who comes to see her needs to hear a specific song, she is also there for people to “unload on” if that is what they need to do. In this way she helps them by relating her own life experiences to their



situation thereby offering them possible solutions and guidelines to help them initiate and maintain their healing journey. Therefore, what makes this individual distinct from the other aforementioned counselors is she utilizes a more passive approach to the clients whereby she is less inclined to direct a clients healing journey than she is to assume the role of a companion on their healing journey.

This discussion of traditional healers and counselors has illustrated that, although there are threads of commonality and interconnectedness among them, they are all very different in their approach to health and well-being. Each has their own particular style and form of “medicine” they use according to their particular cultural beliefs and values. This in turn benefits the clients because they are then better able to select a healer or counselor more conducive to their personality and specific health needs.

Finally, as per the definition of traditional healing provided by the Report of the Royal Commission on Aboriginal Peoples, traditional healing, traditional medicine, and traditional counseling are all derived from the “accumulated wisdom of elders” (RCAP 1996 Vol.3). Therefore, there is no clear definition of who is and is not an elder. Although age is a factor, it is not the only quality exhibited by an elder. Hence, the infrastructure of Anishnawbe Health Toronto may arbitrarily create divisions among healers and counselors but both can be considered to be elders in their own right.

Historically, the Aboriginal approach to health and well-being was contingent upon a collective balance among mind, body, spirit, emotion, and the environment. Any disruption to this balance manifested itself through illness and disease. Traditional healing and traditional medicines are used to restore and maintain an equilibrium thereby

leading to enhanced health and well-being. However, early documentation and subsequent government policy have had a negative impact on traditional Aboriginal approaches to health.

One of the greatest contemporary challenges that Aboriginal people are forced to contend with is the misinterpretation and misrepresentation of their traditional healing practices within the literature. The lack of proper interpretation and representation is often attributed to linguistic and conceptual barriers. Linguistic barriers are best described as transference issues between English, a noun-centered language and Aboriginal languages which are verb-centered languages. Conceptual barriers are attributed to the lack of understanding Indigenous knowledge, traditional medicine, and traditional healing as being defined within culturally and contextually specific paradigms.

Traditional practitioners and their healing practices are equally misunderstood and misrepresented within the literature. Much the same as Indigenous knowledge, traditional medicine, and traditional healing, traditional practitioners are best defined within culturally and contextually specific paradigms. At the time of this research project, Anishnawbe Health Toronto employed nine traditional healers and three traditional counselors. Although they all helped the clients to maintain or enhance their health and well-being, each practitioner had their own distinct approach and philosophy.

## **Chapter Four: Reclaiming Aboriginality**

*“When we refer to living a good life, we are talking about our way of life, a healthy life. The Aboriginal way of life promotes good health throughout life’s journey. Through the Traditional Healers, Elders and Medicine People, our songs, dances, stories, prayers and ceremonies, we are introduced to many dimensions of healing, growth and development ... As we pursue our Aboriginal way of life, to live in balance and harmony with all of creation, we reclaim who we are – our Aboriginality. Our sacred path becomes one of healing; reconnecting us to the wisdom and traditions of the past and the generations of the future ... Healing and teaching are synonymous. The true healing path is one of self-healing” (Circle of Care pamphlet, Anishnawbe Health Toronto 2005).*

*“Indianness means different things to different people. And, of course, at the most elementary level, Indianness is something only experienced by people who are Indians. It is how Indians think about themselves and is internal, intangible, and metaphysical” (Peroff 1997:487).*

As previously discussed in Chapter two, in general, identities are composed of a complex matrix of multiple aspects of humanity including but not restricted to gender, religion, education, socioeconomic status, ethnicity and geographic region. An identity is a conscious construction and is influenced by the acknowledgement or non-acknowledgement of a set of shared characteristics with an individual, group or ideology. Additionally, the acquirement or formation of an identity is a lifelong dynamic process steeped in the powers of inclusion and exclusion in the search for meaning (Weaver 2001, Lobo 1998).

Identity issues that pertain specifically to Aboriginal people are multifaceted, multilayered, culturally determined, highly political, and deeply personal. Prior to European contact, Aboriginal identity was primarily based on similarities or differences between cultural practices and languages (Applegate Krouse 1999, Alfred 1999). There is also a long standing history of intermarriage, adoption, and groups merging with one

another (Applegate Krouse 1999, Churchill 1999). Traditionally, Aboriginal identity was not solely based on biological ancestral heritage; it also included a variety of cultural beliefs and practices used to integrate individuals into established Nations or kinship systems (Applegate Krouse 1999, Mihesuah 1999).

As the quote at the beginning of this chapter indicates, one of the tenets of Anishnawbe Health Toronto is that the enhancement or maintenance of health and well-being is achieved through reaffirming or reclaiming Aboriginality or specifically, an Aboriginal identity. The means of establishing Aboriginality is multilayered, deeply rooted in cultural values, beliefs, traditional medicine, spirituality, and ceremony (Circle of Care pamphlet, Anishnawbe Health Toronto 2005). And while all are considered to constitute a lifelong process, there is a definite starting point which for the clientele, may begin at Anishnawbe Health Toronto.

While Anishnawbe Health Toronto is considered a community health care center, it is unique in that it offers a multi-disciplinary approach to health care which is specifically intended for Aboriginal clientele. In addition to offering access to traditional healing, medicine people, and biomedical services, the center also offers the clientele the opportunity to establish or reaffirm their Aboriginal identity according to Aboriginal cultural beliefs and values. While advocating establishing Aboriginal identity according to the traditional belief and value system, the traditional counselors at Anishnawbe Health are forced into a rather precarious position in that they must insist on the ability to trace ancestral ties either through matrilineal or patrilineal lines to a specific nation. This is due in part to the urban location of the center. Because it is intended to provide services

strictly for the Aboriginal population certain measures have to be put in place to ensure that the rest of the population does not monopolize and exhaust the services at the center. Secondly, although Anishnawbe Health Toronto has grown and continues to grow since its inception, it is still not large enough to handle the demands of a large volume of clientele, therefore restrictions must be put in place to ensure that for those whom the center has been designed to provide services for have the best possible chance of being able to access those services. The full time counselor at the center provided an example of the approach she uses with someone who “walks in” to the center for the first time:

*“When a person comes through the door they usually get referred to me because I’ve been here the longest... so they come through the door knowing nothing... we’ll we go through the intake process (initially the person is required to fill out a form listing all of their personal information) talk a bit about their ancestry, how much they know about it, where it comes from, what makes them think that they’re Native... we have a lot of people who come through the door that think they are Native but they’re not sure where they come from... we don’t judge that but we would like to know a bit about their history... I need to know if someone is telling the truth...”*

While this example is indicative of the formal processes such as the intake form and initial interview, it also illustrates one of the challenges that this particular counselor faces in these instances because in her words, “it’s now cool to be an Indian.”<sup>13</sup> Therefore, in lieu of more concrete evidence of Aboriginal ancestry this counselor must rely on her years of personal experience to judge an individual’s claim of Aboriginality. However, it is important to note that the above example is not representative of the experience of the majority of the clientele I interviewed; nine out of the twelve clients responded that they became aware of Anishnawbe Health Toronto through friends and

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<sup>13</sup> See also Weaver 2001, Applegate Krouse 1999, and Mihesuah 1998.

acquaintances who were either clients at the center or worked at other Native centers in the area made them aware of what the center had to offer.

Upon having established an Aboriginal foundation, clients are free to utilize all of the services at Anishnawbe Health Toronto. Through the personal interviews and informal conversations with the clientele it seems that most are inclined to explore all of their options and have consultations with all of the healers and counselors. As I mentioned in Chapter three, Anishnawbe Health Toronto is unique in that it offers access to a number of healers and counselors thereby enabling a client the ability to choose a healer and or a counselor that is compatible with their individual experiences and personality. This was clearly illustrated in a personal interview with a twenty nine year old female client who felt the need to be personally compatible with any traditional healer that she was going to consult.

When the client initially accessed the services at Anishnawbe Health Toronto she was not familiar with the distinctions among the traditional healers as to their areas of expertise and their personal approach to the clients. She recounted how she originally came to the center to consult a healer who is known to treat a specific stomach ailment which she was suffering from. Although the treatment was successful, she felt that she needed to consult a different healer because she was unable to form a personal bond with the first healer. She felt that overall she would benefit by consulting a healer with whom she could achieve a personal rapport with. In her own words she explains her decision:

*“... I felt a lot better, my stomach and digestion was a lot better... but I don't know... something about him, I just didn't click with him... there's something about certain people that you just don't click with... So I went to see (a different healer) and his rapport is totally different, he's a lot more*

*jokey and laid back and likes to tell you stories... and I'm the kind of person who loves to listen to stories and learn from those kinds of things so I thought this is more my kind of guy so... I would go to see him and he would throw in so many teachings and stories and we really just clicked... so ever since I have just seen him and we've got this kind of rapport now when every time I go to see him he understands where I'm coming from."*

As this client's testimony implies, in addition to establishing compatibility between their personalities, she also felt a personal connection with this healer's particular style or approach to healing. While this client appreciated a more laid back and jovial approach other clients expressed that they were having different needs being met through the different stylistic approaches of other practitioners at the center. One such example is that of a thirty nine year old female client who responded that she prefers to selectively have certain healers address particular aspects of her health needs. She explained that she is at the center three to four times a month to consult three healers and one traditional counselor. One healer in particular is addressing her physical health while the other two healers provide spiritual and emotional health support. While it would seem that she has all of the fundamentals of her health being addressed, she explained that the traditional counselor is able to fill a void that the other three cannot. In her words:

*"Well... it's more of a nurturing. She's my grandma... like... not blood grandma but... she's my grandma. She tells me stories... she gives me teachings... she nurtures me when I need to be held ... she gives me what I never had."*

In this particular circumstance the client has placed the traditional counselor in a "grandmotherly" role because she provides her with the nurturing aspect of her healing process. In my interview with this particular counselor I was able to query her on her particular approach with the clients. As I mentioned in

chapter three she described what she does as helping people to heal their spirit and their mind. She helps clients deal with sexual, physical and mental abuse issues by what she claims as being a guide to assist clients in confronting and dealing with their abuse issues. This is primarily done through forgiveness; the clients work on forgiving themselves and others and by doing so they release the negativity which affects their overall health and well-being. She explained that she encourages her clients to come back and see her on a regular basis. Her reasoning was that:

*“when a person goes through a healing, whatever they release or whatever they let go it’s like they leave a space... like they leave a hole... there’s a hole there where that came out of... and it’s like it’s raw... and so they need to fill that... they need to put something back in there... and usually it’s love... and the gifts of, honesty, respect, truth, compassion, humility, knowledge. So that opens the door for them to be able to accept those things, to practice and earn those gifts. You have to love yourself for who you are before you can give that love.”*

When I inquired about what she meant by “they need to put something back in there” she responded that she asks the clients to see her on a regular basis to receive traditional teachings because without the teachings the client is not actively working on earning the gifts described above. She described the teachings as providing a base and without them “there is no foundation; we have to build that foundation in order to stand up and start walking”. She clarified this point by providing an example of the type of traditional teaching she would use in this instance. After a few moments of reflection she explained that:

*“So that is why I ask them to come back and get teachings... it is important that they fill those holes... it’s like the tree...when the leaves fall from the trees... and that represents when we release our problems... but that leaves*



*a space where the leaf was... so it leaves a space for the new bud... whether it's a flower or a leaf, in the spring it's beautiful... so when those leaves fall on the ground they rot and provide nourishment for the tree, so whatever we release... we nourish ourselves from that ... so we have to stand and be well rooted like the tree."*

Therefore, traditional teachings provide the clients with the means to address their personal issues outside of the center by drawing on their own personal accumulation of Indigenous knowledge, thereby further developing their cultural sense of Aboriginality.

While these examples provide some insight into the personal dynamics and interconnectedness among the healers, counselors, and clientele it is important to note that the particular experiences of the two previously mentioned clients is not entirely representative of all clientele experiences at the center.

Through the personal interviews and informal conversations, I learned that not only does each client have their own particular healing experience at the center; they are also at various stages of the healing process. As I mentioned earlier, the center not only provides access to healing for physical ailments but there are also provisions for healing of the mind and spirit. In some instances the healers and counselors reported that they had to deal with issues resulting from the emotional repercussions of various forms of trauma and abuse. As a testimony to the honesty among the healers and counselors, they all reported that they had no problem referring clients to another healer or counselor who may be better suited to address a particular client's needs. This seemed to be particularly evident in cases of abuse and especially among those who were in the initial stages of the healing process. From the information gathered through the interviews it seems that for these clients in particular the initial stages of the healing process can be quite

challenging. When I asked the full time counselor whether she utilized the same approach as the previously mentioned counselor with regards to “filling the holes with traditional teachings” she responded:

*“Yeah, that’s exactly the same philosophy, that’s why I say I’m a tour guide... although, the one thing that I will do is I will push it, and that comes from my work in the prison. Because people have become complacent or they become a martyr... you know what I mean, they want help but I’m a little tougher than (the previously mentioned counselor), and people will tell you that but I work with a lot of guys so they need to be challenged, so... when you’ve been living with that hatred for so long and all of a sudden you get rid of it then there is an empty gap in you and we say that we fill that with love... and we learn to live with our hatred because it’s our motivation and so it takes a lot of work to change one’s motivation from hatred to love... I’m always straight up and honest with the people that I work with... and so people say that I’m the kind of person who doesn’t take any crap either, I just put it out there, I’m straight up... for me I can only be honest, I can only see what I see and say what I say...I have hope in everything, I see light where everyone else sees dark. I never give up on anybody...once you start to give up on somebody...they’ve already given up on themselves...I just don’t understand the concept of giving up on somebody...you just don’t give up.”*

While this particular counselor fundamentally adheres to the same philosophy that part of the healing process involves traditional teachings or the transmission of Indigenous knowledge, her area of expertise is dealing with rather acute cases of abuse and trauma. As I mentioned earlier, in these particular circumstances her expertise are often utilized in the initial stages of the healing process.

The third counselor I interviewed described her approach to counseling as primarily helping to heal a person’s spirit through singing and the drum. Her experience was not dissimilar from other counselors at the center in that she reported often seeing clients who were struggling to deal with issues resulting from various forms of abuse.

She explained that when a client does not need to hear a specific song she is there for them to “unload on” and express their frustrations and hardships. She described this as clients needing to “throw it away” and be able to purge their emotional baggage. She believes in having her clients see her on a regular basis and like the other counselors strives to form a close bond with her clients. She also reported that she primarily works with women although she does have experience working with men in the prison system. She explained that she is able to connect with the clients by relating her own life experiences and facilitating women’s teaching circles and sweat lodge ceremonies.

This particular counselor raised a very interesting point when I asked her about the affects of city life on overall health and well-being. She reported that many people leave home (i.e. the reserve) for a variety of reasons (such as fleeing from abusive situations) and they migrate to a big city like Toronto to “get lost”. When I queried her on what she meant by this she explained that in a big city no one knows who you are or anything about you, it is a place where you can run away from your problems. Alternatively, she also explained that people may leave “home” to avoid being ridiculed for embracing their cultural beliefs and values. On this particular aspect I was able to personally identify with what she suggested and we talked at length about this conundrum. Through our combined retrospection it seems that this phenomenon primarily occurs in communities where part of the population adheres to some form of Christianity and the rest of the population adheres to a traditional Aboriginal belief system. Although in some communities both are able to co-exist without incident, there are cases where either Christian followers simply outnumber the traditionalists or as in

my own personal experience, the division occurs within the family<sup>14</sup>. In either scenario it seems that this factionalism is a result of the internalization of colonial legacy (Weaver 2001, Applegate Krouse 1999) and results in instances where an individual feels that they have no choice but to leave the reserve. This particular counselor further explained that when these individuals migrate to the city it provides them with the sense of being anonymous thereby granting them the freedom to seek out and embrace their culture. She proposes that Anishnawbe Health Toronto provides a comfortable space in which an individual can learn about their culture without having to deal with pressure from family or peers. Individuals who come to the center will often begin accumulating Indigenous knowledge in private one on one consultation with counselors such as herself or in conjunction with a particular healer or healers.

While having the freedom to select a traditional counselor or traditional healer that is best suited to a client's personality and specific needs is a unique and positive aspect of Anishnawbe Health Toronto, undoubtedly the ability to maintain or develop a cultural identity is one of the most integral aspects to overall health and well-being that the center has to offer. In addition to establishing Aboriginal ancestry and personal compatibility with a particular counselor and or healer, clients often begin their healing journey and firmly establish a foundation for the development of their Aboriginality by receiving their spirit name and colors. According to the information gathered at Anishnawbe Health Toronto, because everything on earth has a name and a colour (in the context of Aboriginal values and beliefs) it is important for all Aboriginal people to

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<sup>14</sup> See also Berry 1999 and Mihesuah 1998).

receive their “spirit” or “Indian” name and colours at some point during their lifetime, preferably soon after they are born. A spirit name provides a vital link for communication with the spirit world and this in turn is used in the healing ceremonies. A persons colours represent their inherent powers and offers them guidance throughout life. An example of this would be the spirit name “Bringer of the First Light” which is associated with early morning and often the colours that appear at dawn are purple and yellow, therefore, this individuals colours would be purple and yellow (Anishnawbe Health Toronto 2000c). A common belief among Aboriginal people is that each person has a spirit name prior to birth and when they are born that name remains in the spiritual realm until a naming ceremony is held and your name is given back to you. Therefore, it is vital to use your spirit name in healing ceremonies because it is the only name that the spirits know you by and when the spirits hear a persons spirit name it enables them to see everything about a person’s life, past, present, and future; thus, the spirits are able to inform the healer of what needs to be done to restore an individuals health. Therefore, for those Aboriginal people who adhere to traditional beliefs and values having a spirit name is integral to overall health and well-being because it identifies you as an Aboriginal person in both this world and the spiritual world (Anishnawbe Health Toronto 2000c).

The importance of having a spirit name and colours also resonated with the clients interviewed for this project. Of the twelve clients interviewed, eight reported having a spirit name and colours, six received their names and colours at the center while two reported getting their spirit name elsewhere. Two clients indicated that they will be getting their spirit names and colours in the future and two others reported that they were

not interested in getting a name and colours at all. In one particular interview a 29 year old female client reflected on how her experience with establishing an Aboriginal identity was affected by her receiving a spirit name at the center:

*“I was introduced to this health center... I believe in 2001, when I came to get my spirit name... It was a really powerful experience, I didn't expect the name to affect me the way it did... they told me my name, clan and colours and I was really blown away... since then I have been coming for counseling, traditional medicine, shaking tent ceremonies, full moon ceremonies, drumming... oh, there is so many programs here... it has impacted my life a lot.”*

As this example illustrates, the establishment of a spirit name can have a profound affect on an individual. Not only has it led to her accumulating Indigenous knowledge which has helped her to develop a cultural identity but she reported that it has also improved her overall health and well-being.

In the course of an interview with healer Marjory Noganosh, our discussion touched on issues of identity and how the establishment of a spirit name may have a calming affect on a client emotionally. She elaborated on this further by stating that:

*“it even more than a calming... it's like it's a transformational thing for people... so it is very important that they get their names and clans... it's crucial... their name, their clan, their colours, it's very, very important because it also gives you a sense of your connection to everything else.”*

The concept of connections is particularly important to the establishment of an Aboriginal cultural identity among the clients. Among the twelve clients interviewed for this project nine reported that they had no exposure to Aboriginal culture and beliefs prior to coming to the center, three reported that they had limited exposure to Aboriginal culture and ten reported that they were receiving some form of traditional teachings either through a group activity or individually with a counselor and or a healer. Although some

form of Aboriginal ancestral link needs to be demonstrated in order to access the services at the center thereby confirming Aboriginality genetically, the receiving of a spirit name and colours seems to have a profound affect on the clients self-perception of their Aboriginality. Unlike the federal definition of Aboriginality<sup>15</sup>, receiving a spirit name and colours resonates on a deep emotional and spiritual level with clients. In some respects the receiving of a spirit name lends an aura of authenticity to an individual's sense of Aboriginality. The term "authenticity" in this instance is used with the utmost respect in that I am using the term in an effort to differentiate between the clients perception of a mainstream identity which includes an English name and a federally defined concept of an "Indian," and an Aboriginal cultural identity which consists of criteria that is culturally specific to Aboriginal people. Therefore, the implication here is that by receiving a spirit name the individual becomes firmly grounded in Aboriginal culture by being able to conceptualize the interconnectedness in Aboriginal culture and spirituality and also claim an eternal link with the spirits world.

While the receiving of a spirit name is an integral aspect of a culturally defined Aboriginal identity, for the clientele at Anishnawbe Health Toronto it often marks the beginning of their healing journey including the development of a cultural identity. As I discussed in chapter two, Aboriginal cultural identity cannot be reduced to a single component nor is it constituted from a biological basis. Instead it is derived and developed from the cultural values and beliefs adhered to by a particular society (Mihesuah 1998, RCAP 1996 Vol. 4). A cultural identity solidifies the unification and

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<sup>15</sup> For example, registry on a band list which entitles the registrant to possess a certificate of Indian Status thereby recognizing the registrant as an Indian according to the Indian Act, Chapter 27.

integration of individuals into a distinct way of life that provides meaning and purpose to their existence (Green in Mihesuah 1998). In some Aboriginal contexts this is described as “Peoplehood” referring to the shared sense of relationships among those who identify with a common notion of ancestry, traditions, homelands, language, beliefs, and values (Weaver 2001, Straus and Valentino 1998). Most importantly, cultural or “ethnic” identity as it is sometimes described is a “lived experience” (Lone-Knapp 2000) and is derived from the sustained interaction with others who share the same identity and worldview.

For the clientele at Anishnawbe Health Toronto the process of developing a cultural identity is contingent upon the traditional teachings offered by the traditional counselors and healers. As I described earlier in this chapter and in chapter two, traditional teachings are predicated upon Aboriginal epistemology, philosophy, and logic which can only be understood within the context of an Aboriginal worldview and spirituality (Battiste and Henderson 2000). The traditional teachings are the primary source of transmission of Indigenous knowledge which encompasses traditional medicine, healing, spirituality, and lifestyle. In my earlier discussions I described how the counselors and healers at the center embrace the philosophy that as a client progresses in their healing journey they need to receive teachings as a means to regain their self respect, self esteem, and manage their overall health. Traditional teachings not only provide cultural awareness but also provide a sense of belonging to a community or an extended family with non-judgmental support. In addition, they provide a sense of



structure for the clients to either recalibrate their lives or to better cope with the stress and strain of everyday life.

As perhaps an unforeseen consequence of the services offered at the center and what it represents, the majority of the clientele at Anishnawbe Health Toronto perceive the center as representative of an Aboriginal community unto itself. In addition, the center has also been perceived as somewhat of a representation of ancestral homelands for many of the clients.

A common theme in much of the literature on the subject of urban Aboriginal people is that much of the population is unnoticed due to the absence of a readily identifiable bounded ethnic neighbourhood (Proulx 2003, Fixico 2000, Straus and Valentino 1998). Urban Aboriginal people tend to be non-congregational and fluid in their residency in and out of urban settings (Lobo 1998). Furthermore, the urban Aboriginal community is not bounded territorially but is based rather on a “network of relatedness” (Lobo 1998:94) where membership is highly situational and based on universal commonalities.

Over the course of the personal interviews with the clients I was able to discern that eleven of the clients were from the greater Toronto area while one was from a small community in northern Ontario. Of the twelve clients interviewed, four were originally from reserves in Ontario. In each interview I asked the clients to articulate as best they could what they valued most about having access to a center like Anishnawbe Health Toronto. The follow are some examples of the responses I received:

*“...every time I’m here at Anishnawbe Health Toronto and involved in a ceremony, it feels like home.”*

*“myself and my family will be with somebody who understands our heritage...”*

*“a First Nations person can come here and immediately be understood, even if the person they are talking to doesn’t know where they come from... because there is an understanding and a knowledge of what we come from, what we went through, ... what our ancestors had to go through so we could be here... there is an inherent understanding of that... and because of that a Aboriginal person doesn’t have to grapple with a whole bunch of barriers just to get served... to get what they need for their well-being... even the way they talk is sometimes misunderstood. Here they understand what they are saying.”*

*“they make me feel like I belong... it’s family like.”*

*“I’m in my own environment...I’m at home... it’s not sterile, it’s warm and inviting.”*

As a means of comparison and in an effort to understand whether or not the client’s personal opinions coincide with those of the healers and counselors I posed the same question to them. The following are examples of the responses I received:

*“For us to come into an urban place like this I think that is the greatest gift that you can ever give to the Creator and the spirits... because no matter where you are we are not only healing people from the city, we are healing people coming in from other communities and reserves... so for us to come in and do this work I think is most honorable, we feel so gifted, I feel very gifted as a medicine woman, to come into this place... to have the door open for people to come in, and for us to help them, I think it’s the greatest gift you can ever give to another person and to be able to teach you culture and to be able to teach the gifts that you have and to share that with other people so that in turn they can make a choice in how to heal themselves... for me that is the greatest gift I can see...”*

*“You have access to your culture and your traditions where you have no access anywhere else as deep as you can go here. You have a choice. You can go to mass, go to confession, join the choir, become an altar boy and then become a priest or however that works. Here you have the opportunity to get your health care as well as do all of that. You can see your healer, you can be part of your culture, you can be part of the women’s drum group,*

*you can be part of a community that's trying to find themselves. You've got people who are exactly like you, so it's a place where you can find anything you need. It's a multipurpose, multidisciplinary place... everything is here."*

*"Well there is so much out there that a person can get into. Sometimes we do not make the right choices... when a person goes through the healing ceremony for their spirit that opens the door for them to have a better understanding about life and about what choices to make. They can survive here... survive living in both worlds. They don't have to pitch up a tipi but they have a different way of looking at things. So the healing of their spirit is like the spirit coming home... so the spirit helps that person to make good choices... it guides them... so you can survive in a big city. So it's like that nice flower that grows in the swamp... it's an orchid and it's very beautiful... I wondered how such a beautiful flower can grow in a place like this... but it's like people... you can live in a section where it is run down and there is a lot of crime and a person can survive there. They don't have to be in with what ever anybody else does... so they can survive."*

In an effort to obtain a perspective from someone outside of the culture but close enough to offer some valuable insight, I interviewed the biomedical practitioners at the center. Anishnawbe Health Toronto is truly unique in that there are a variety of Western biomedical services to choose from. These services include: physicians, nurses, a psychiatrist, chiropractors, naturopaths, a chiropodist, and massage therapists. At the time of this study there were plans to include a dentist as well. Unfortunately, due to time constraints and scheduling conflicts I was forced to be selective as to who I interviewed. In an effort to gain as much information as possible that was relevant to this study, I decided to interview the physicians and nurses at the center. In total I interviewed two physicians and four nurses, two registered nurses and two registered nurses extended class. All of the above had a variety of experience working within Aboriginal populations prior to being employed at Anishnawbe Health Toronto. In the interview I asked them the

same question as the healers, counselors, and clients. The following are some examples of the responses:

*“... especially with Aboriginal people in Canada and colonization... kind of a sense of loss of culture so on and so forth... I think that being able to reconnect with their culture... and the living culture, because it lives here... I think that’s important for health... I think that having access to a number of different modalities of healing affects people’s health positively because they can pick and choose, they are not limited. They can get what each individual thinks is holistic... I think that is important to health because I think that people need control over health care and control over what they feel they need and they want... and that is part of feeling healthy, feeling that you are affective in making decisions. Because, I find that so many people that come in feel totally disempowered, they don’t ask you any questions about what you are doing, they don’t really make any decisions they just do exactly what you tell or suggest to them to do... and I don’t think that is healthy... I think that when you are dealing with people who are marginalized... you know there are barriers to accessing health care... you know time, money and so on, those are barriers. So if someone can come in here and see a psychiatrist, a doctor, a nurse, a massage therapist et cetera in an afternoon... that’s great. I think that impacts people’s health in a better way.”*

*“I think it helps them tremendously because this is a place where they can access traditional healers, and learn about their culture and tradition... and to me, that kind of background and work is really essential to health and well-being... so I think knowing who you are is helpful to your health and well-being... I think that it’s important to have a starting point to say this is who I am and what my culture and tradition is... without that from a spiritual perspective I think you have no starting point to go on and live a healthy spiritual life, so it is really important.”*

In an effort to be brief and concise I selected the above examples for their explicitness and articulation. However, the themes and commonalities present here were pervasive throughout all of the interviews. The notion of Anishnawbe Health Toronto as constituting a community unto itself is understandable given the diversity of the services provided. The diversity and number of services available create, in essence, a community within a community. Therefore clients have very little need to go anywhere else for their

health care needs. Additionally, presence of Aboriginal staff makes for a less threatening or intimidating environment and helps to create a sense of community.

The theme of representation of ancestral homelands, however, was most predominant among the clients. Many clients formally and informally commented on how the atmosphere and cultural motifs at Anishnawbe Health Toronto made them feel “at home”. In addition to visual cues clients most often commented on the lingering smells in the air, specifically sage and sweet grass. Some clients also mentioned that being able to faintly hear the drum used in healing ceremonies was particularly endearing. Given that these aspects of the health care setting are rare to non-existent elsewhere in the city, it becomes perfectly understandable why Anishnawbe Health Toronto is held in such high regard by the clientele.

### **Conclusions**

Since its inception, Anishnawbe Health Toronto has continued to grow and the demand for the services among the urban Aboriginal population has continued to increase exponentially. The city of Toronto has a population of approximately 2.4 million people with an estimated Aboriginal population of 70,000 (Lawrence 2004). From April of 2005 to February of 2006, 3100 urban Aboriginal people have used some aspect of the traditional services at the center and 2000 have had personal appointments with a traditional healer (Joe Hester, personal communication March 2006).

As a caveat to the enhancement or maintenance of health and well-being, Anishnawbe Health Toronto advocates the development or reconnection to an Aboriginal cultural identity or Aboriginality. The reconnection or establishment of identity is

primarily achieved through the formation and internalization of personal and cultural connections to the various facets of Aboriginality. These connections, or the internalization of interconnectedness, are achieved in an intricately interwoven fashion with, and through, the traditional healers, traditional counselors, traditional healing, traditional medicine, and traditional teachings or accumulation of Indigenous knowledge available at Anishnawbe Health Toronto.

In the initial phase of the development or enhancement of an Aboriginal identity, the clientele often utilize an exploratory approach in an effort to establish a personal cohesiveness in and among the services and traditional practitioners at the center. The achievement of a personal cohesiveness is contingent upon several interrelated aspects which in turn lead to a sense of interconnectedness thereby leading to a strengthened or established Aboriginal cultural identity. The majority of clients interviewed for this project either received a spirit name and colours at the center or had a spirit name and colours prior to coming to the center. In addition to establishing ancestral links to Aboriginality, the receiving of a spirit name and colours was the second most important aspect to firmly establishing an Aboriginal foundation upon which to build an Aboriginal cultural identity. In accordance with Aboriginal cultural beliefs and values the majority of clients strongly believed that having a spirit name and colours was essential to not only establishing a connection, but also made them a part of Aboriginal spirituality.

The third most important aspect to the formation of an Aboriginal identity for the clients was the development of a traditional Aboriginal worldview through the traditional teachings offered by the healers and counselors. In most cases traditional teachings are

given in conjunction with traditional healing ceremonies as a means to explain why a client is ill and what the client needs to do in order to maintain their health and well-being. As I illustrated earlier, the teachings, otherwise known as a form of Indigenous knowledge, are presented in narrative or metaphorical language and are intended to provide a cognitive framework for the client to maintain homeostasis within their every day lives (Castellano 2000, Sefa Dei et al 2000, Battiste and Henderson 2000). As a result of the cumulative affect of Indigenous knowledge, many clients reported improvement in dealing with daily stress and an increased ability to recognize what aspect of their lives was out of balance and in need of attention.

While the aspects of ancestral descent, spirit name and colours, and accumulation of Indigenous knowledge are the main contributing factors to establishing a solid foundation for an Aboriginal cultural identity, exposure to other more subtle aspects of Aboriginal culture within the center also serve to enhance the experience of the client thereby reinforcing all other aspects of their cultural identity. Earlier I mentioned how clients often referred to Anishnawbe Health as a “home away from home”. Interestingly, these sentimental feelings towards the center were reported by clients who had some exposure to ancestral homelands and by those who had no exposure to a home reserve. The factors reported as inciting these feelings were most often associated with sight, smell, music, emotional and cultural understanding. The cultural motif and recognition of a shared ethnic background with most people encountered at the center both serve as visual reinforcements that a client is in a distinctly Aboriginal institution. It was also very interesting when clients reported that the center “smells like home”. This was obviously

linked to the distinct smell of smoke derived from sage and sweet grass used to cleanse the center periodically and in healing ceremonies. In addition to sights and smells, clients also reported that being able to periodically hear the faint sounds of a drum being used in a healing ceremony provided a sense of calm most often associated with their ancestral homelands.

As important as these aspects are to some clients, emotional and cultural understanding was most often cited as being the most important factor. As I detailed in the previous section, clients often begin their healing journey by establishing a personal connection or rapport with a particular healer and or counselor at the center. The basis for this particular type of understanding is rooted in a shared sense of cultural history and real life experiences as an Aboriginal person. In the majority of my conversations with the clients the healers and counselors at the center were perceived as role models based on the similarity of their life experiences.

My analysis, based as it is on participant observation, informal conversations and personal interviews, suggests Anishnawbe Health Toronto not only advocates a multidisciplinary approach to urban Aboriginal health but also serves as a repository for Aboriginal cultural identity and in essence, represents an Aboriginal community within an urban environment. However, urban centers like Friendship Centers and Anishnawbe Health are often accused of promulgating and perpetuating a pan-Indian identity among their clientele. Bob Thomas, a member of the Cherokee Nation, from the University of Arizona proclaimed that Aboriginal people were in danger of becoming what he termed as “ethnic Indians” due to the lack of “tribal” knowledge or “connection” within an urban



environment (Straus and Valentino 1998). Thomas was concerned that Aboriginal people would fall victim to what he called “detrribalization” through the creation and perpetuation of commonalities in relation to culture and identity. While Thomas was correct in that within an urban environment Aboriginal people do become “disconnected,” Anishnawbe Health serves as a means for an individual to “reconnect” to a specific Aboriginal cultural identity and ancestral homelands. This is done initially by establishing links to ancestral descent by having the means to research specific cultural aspects at the center. The full time counselor at the center explains that “if a Dene person comes here in search of their roots then we go out and search for what Dene traditions are”. However, given the enormity and cultural diversity of the urban Aboriginal population in Toronto, it is not always possible for an individual to utilize healing and counseling services derived from their specific nation. In recognition of this possibility the healers and counselors at times will rely on similarities in and among different nations when working with the clients. The aforementioned counselor explains:

*“there are definite differences between each nation but after digging deeper and learning more about each one’s culture and language there were similarities that we could base things on that could work because you’ve got to do what you’ve got to do based on where your at, So we may not always have a Dene healer here but the principles and values of the one’s that are here are almost the same”.*

A traditional healer explains that:

*“I spent a great deal of time in sweat lodges out in British Columbia, I spent some time with the Blackfoot people and ... saw healing happen in various ways... but I also understood something in that in my travels from one end of this continent to the other I realized that, as Onkwehonwe... my belief systems and the belief systems of other people on this continent are the same, our rituals may have been a little bit different but basically our belief systems were all the same.”*

Therefore, due to the potential lack of resources and in an effort to provide access to traditional healers and counselors Anishnawbe Health utilizes the philosophy that the spirits and medicines do not discriminate from one nation to another. This is *not* meant to imply that there is a universal belief system adhered to by all Aboriginal people but rather that there are enough similarities that members of different nations are able to understand each others healing practices on a philosophical level.

The services at Anishnawbe Health are intended to enhance or maintain the health and well-being of Aboriginal people by providing access to traditional healing within a multi-disciplinary health care model (Circle of Care pamphlet, Anishnawbe Health Toronto 2005). Overwhelmingly the clientele reported that having access to a center such as this went beyond the treatment of physical ailments and spirituality. For the clients' Anishnawbe Health represents a place where they can be assured of being understood at a cultural, historical and emotional level. The center also provides a space in which they feel free and secure to embrace and learn about various aspects of what it means to be an Aboriginal person. Finally, Anishnawbe Health is a place where an individual can learn that the accumulation of Indigenous knowledge is a lifelong dynamic process intricately interwoven with traditional medicine, traditional healing, spirituality and lifestyle, all of which contribute to enhancing overall health by developing an Aboriginal cultural identity.

## Appendix A: Client Intake Questionnaire

### Urban Aboriginal Health Questionnaire

Please answer the following questions to the best of your knowledge.

- 1- Did you come to the Health Center to see a traditional healer?  Yes or  No
- 2- If you are here to see a traditional healer today, what will you be seeing the traditional healer for?  
 to treat a physical illness  to provide herbal medicine  to provide spiritual counseling  
 Other, please specify \_\_\_\_\_
- 3- Are you an Aboriginal person?  Yes or  No  
If **yes**, then please specify \_\_\_\_\_
- 4- Do you understand or speak an Aboriginal language?  Yes  No  
If **yes**, please specify \_\_\_\_\_
- 5- Before your visit today, have you ever seen/consulted an Aboriginal healer?  Yes  No  
If **yes**, when? \_\_\_\_\_
- 6- Do you consider yourself to be a religious or spiritual person?  Yes  No
- 7- How do you maintain your religious/spiritual well-being?  Attend church  Sweat lodge  
 Prayer  Talk with elders  Other, please specify \_\_\_\_\_
- 8- Other than a traditional healer, in the past 12 months, have you seen or talked to any of the following health professionals?  Family doctor  Nurse practitioner  Psychologist  other mental health worker
- 9- In general, compared to other Aboriginal people, how would you rate your health?  
 Very good  Good  About the same  Poor  Very poor
- 10- Are you taking any medication, such as,  herbal remedies  prescription drugs  over the counter non-prescription drugs
- 11- Sex  male or  female
- 12- Date of Birth day/month/year \_\_\_/\_\_\_/19\_\_\_

*...please turn to the next page*

**Thank you for completing the questionnaire. This research project also has a second phase that will take place over the next few months. In this second phase, I would like to conduct personal interviews at Anishnawbe Health Toronto with some of the participants who responded to this questionnaire. These interviews will focus topics similar to those of the questionnaire you just completed, including traditional medicine and healing ceremonies and how they contribute to health and well being of Aboriginal people in an urban setting. Please choose one of the three options below, regarding this second phase of the study.**

- Yes, I would be interested in participating in a personal interview. Please contact me to set up an appointment. My name is \_\_\_\_\_ and the telephone number where I can be reached is (\_\_\_\_\_)\_\_\_\_\_.
  
- I would like to learn more information about these personal interviews before I decide if I would like to participate.
  - Please contact me to answer my questions about these interviews. My name is \_\_\_\_\_ and the telephone number where I can be reached is (\_\_\_\_\_)\_\_\_\_\_.
  
  - I will call the researcher (Jairus Skye) at (905) 869-1968 to ask whatever questions I may have about these interviews.
  
- No, I am not interested in participating in a personal interview.

## Appendix B: Summary of Client Demographic Data

<p><i>This table summarizes the Anishnawbe client population on key demographic variables. All data was self-reported and obtained through the client intake questionnaire reproduced in Appendix A. A total of 60 questionnaires were distributed, and 42 were completed and returned.</i></p>	
<b>Gender</b>	<p>Female: 86% Male: 14%</p>
<b>Reason for current visit to traditional healer (non-exclusive response categories)</b>	<p>Treatment of Physical Illness: 36% Provision of Herbal Medicine: 36% Provision of Spiritual Counseling: 81%</p>
<b>Proficiency in a Native language (fluid or partial)</b>	<p>Yes: 26% No: 74%</p>
<b>Health status (relative to other Aboriginal people)</b>	<p>Very good: 36% Good: 48% About the same: 9% Poor: 5% Very poor: 0% Did not report: 2%</p>
<b>Age</b>	<p>Minimum: 24 yrs Maximum: 80 yrs Average: 42 yrs</p>
<b>Aboriginal status</b>	<p>Yes: 100%</p>
<b>Nation</b>	<p>60% reported an affiliation with a specific Nation  40% did not identify themselves as a member of a specific Nation  (Ojibway was the most frequently reported Nation; others included Lakota, Mohawk, Chippewa, Blackfoot, Metis, Cree, OjiCree, Pottawaadmi, and Mi' kmaq)</p>

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