



Aboriginal Women And Traditional Healing

An Issue Paper

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“We had our own medicines before the Europeans arrived. My mother and grandmother knew all the medicines.”

- Beatrice, Plains Cree woman in her seventies, quoted in *Sharing Our Stories on Promoting Health and Community Healing*, by Connie Deiter and Linda Ottway, (Winnipeg: Prairie Women’s Health Centre of Excellence, 2001).

Aboriginal Women and Traditional Healing

First Nations, Inuit, and Métis women know that returning to traditional healing can mean real healing for ourselves, our families and our communities.¹ Some health care providers recognize this² and some health programs include traditional healing.³ (The Alternative Healing Program at Akwesasne is one such program.) The medicine of Aboriginal communities is becoming more and more important; however, much more still needs to be done.

Traditional healing treats your mind, body, and spirit. Thus, it is wholistic. This is very different from western medicine which focuses on parts of the body and separates the body from the mind. Traditional healing aims to restore balance. Ceremony and the power of faith and belief are important parts of traditional healing. At its best, traditional healing is a way of living, a way of approaching life.

The ways of traditional healing are as diverse as Aboriginal cultures, but there are many things in common. One is the belief that healing takes time and that it can be intense. Another common belief is that the relationship between the healer and the person is important. Aboriginal people also believe that ceremonies offer guidance and begin healing or help it along. Medicines come from the natural environment or from our Mother, the Earth. Healers are recognized by their communities and have learned not by going to school, but from other healers and Elders.

All these things shape the practices associated with traditional healing. One such practice has to do with rest. In some First Nations, men rested before a hunt. Women rested during menstruation. Another practice is smudging, through which Aboriginal people purify our minds and physical surroundings.

It is difficult to 'translate' Aboriginal healing concepts because they are so different from western health concepts. For example, Aboriginal ideas about illness prevention are very different from predominant Canadian ideas.

A Legacy of Outdated Thinking

For many years, health care providers and health researchers considered traditional healing to be outdated and of little use. Policies and programs were — and still are — shaped by this view. Worse, many Aboriginal people themselves came to believe that traditional healing was second rate.

Traditional healing declined because of the colonial process. Before the European invasion, Aboriginal people were healthy. There were as many as 90 to 112 million Aboriginal people in North America then; today only a small fraction of this number remains.⁴

¹ Claudette Dumont-Smith, *Aboriginal Children Who Witness and Live with Violence. Ending the Cycle of Violence: Community Responses to Children of Battered Women*, Einat Peled, ed. (Thousand Oaks, CA: Sage, 1995), pp. 275-283; Lois Edge, *Presentation to the Canadian Medical Association AGM, Winnipeg*. (Ottawa: Métis Centre, National Aboriginal Health Organization, Aug. 16-20, 2003).

² Martina Marie Whelshula, *Healing Through Decolonization: A Study in the Deconstruction of the Western Scientific Paradigm and the Process of Retribalizing among Native Americans*, 2000 Dissertation, California Institute of Integral Studies; Roxanne Struthers, *The Lived Experience of Ojibwe and Cree Healers*, 1999 Dissertation, University of Minnesota.

³ Marvin Kahn, Linda Lejero, Francisco Marion et al., "An Indian Community Mental Health Service on the Tohono O'odham (Papago) Indian Reservation Seventeen Years Later," *American Journal of Community Psychology*, 16 (3) (June, 1988): 369-379.

⁴ Connie Deiter and Linda Ottway, *Sharing Our Stories on Promoting Health and Community Healing* (Winnipeg: Prairie Women's Health Centre of Excellence, 2001). [hereafter "Deiter and Ottway"]

After the invasion, Aboriginal people were not allowed to practise their culture, including ceremonies and traditional healing. They lost the land where healing plants came from. Aboriginal people were forced to abandon practices that connected them with the laws of nature. They often ended up in poverty, which is recognized as the main cause of poor health.⁵ Traditional cures could not work against the new diseases, including smallpox and tuberculosis. Women healers lost respect as Aboriginal people were pressured to live in male-dominated nuclear families.

The decline of traditional medicine has been devastating for Aboriginal people, especially women. Meanwhile, western health care has failed to improve Aboriginal health. Many Aboriginal women feel their communities are not healthy.⁶ Aboriginal women say that many health services are not culturally-appropriate; these services were designed without the input of Aboriginal women.⁷ The result is that Aboriginal women have lower life expectancies than other Canadians. In addition, health problems, like the diabetes epidemic, make their lives very difficult.⁸

We recognize that traditional healing cannot cure every disease, just as western health care cannot. But centuries of experience have shown that many Aboriginal medicines are safe and effective.⁹

The Use of Traditional Healing Among Aboriginal Women Today

Because of the decline of traditional healing, many Aboriginal people say they do not know as much about traditional healing as they wish.¹⁰ However, the majority use traditional healing in one form or another.¹¹ And, many feel that returning to traditional healing practices would improve their health.¹² A majority of Métis people would use traditional healing more often if it was available through their local health centre or covered by the health care system.¹³

Despite the obstacles, traditional healing remains important to Aboriginal people. There is not enough research about the role of women in traditional healing. And, most research doesn't divide information by gender. It is clear, however, that there is a deeply felt desire to incorporate more traditional healing into our lives.

⁵ World Health Organization, *The Jakarta Declaration on Health Promotion into the 21st Century*, 1997, cited in Angeline Dee Letendre, "Aboriginal Traditional Medicine: Where Does It Fit?," *Crossing Boundaries -- An Interdisciplinary Journal*, 1, 2 (Spring, 2002).

⁶ Deiter and Ottway.

⁷ Madeleine Dion Stout, Gregory D. Kipling and Roberta Stout, *Aboriginal Women's Health Research Synthesis Project*, (Ottawa: Centres for Excellence for Women's Health Research Synthesis Group, Health Canada, May 2001.)

⁸ Letendre, R Jock, J. Paul and V. Toulouse, *National Native Alcohol and Drug Abuse Program: Overview* (Ottawa: Ministry of Supply and Services, 1998).

⁹ Women's Association for Natural Medicine Therapy, *Recognising Herstory and Valuing Women's Knowledge*, online: www.wigsat.org/ofan/acitivites/wainimate.html (Accessed May 23, 2007).

¹⁰ First Nations Centre, *Public Opinion Poll on Aboriginal Health and Health Care in Canada -- Summary of Findings* (Ottawa: National Aboriginal Health Organization, 2003).

¹¹ *Ibid.*

¹² Lois Edge, *Presentation to the Canadian Medical Association AGM, Winnipeg* (Ottawa: Métis Centre, National Aboriginal Health Organization, Aug. 16-20, 2003.)

¹³ *Ibid.*

As long as traditional healing remains on the margins of western health care, Aboriginal women will not be as healthy as they could be. Because Aboriginal women have not taken part in designing the system, health care is often culturally inappropriate and sometimes ineffective.¹⁴

What is Needed to Support and Promote Traditional Healing?

Researchers and Aboriginal women have identified ideas which will assist Aboriginal women, as well as other health care providers, to use traditional healing and improve our health. Our recommendations include:

1. Recognize the diversity and value of traditional healing;
2. Acknowledge the loss of traditional healing and its results: poor health for Aboriginal people, especially women;
3. Understand the destruction of Aboriginal women's roles, especially in traditional healing;
4. Promote the revitalization of traditional healing;
5. Provide support and recognition to traditional healers, especially women;
6. Through research and learning, develop a deeper understanding of traditional healing, especially female roles and icons;
7. Conduct research that is specific to First Nations, Inuit, and Métis women healers and healing;
8. Understand and communicate that it is disrespectful and hurtful when traditional healing is misused, especially by non-Aboriginal people;
9. Respect the intellectual property of traditional healers and their medicines;
10. Research how traditional healing can be effectively combined with other health services;
11. Focus research enquiry on and identify how Aboriginal women may better access traditional healing;
12. Research and publicize programs that work, whether these are traditional healing alone or a combination of traditional healing and western medicine;
13. Provide opportunities for Aboriginal women to help develop traditional healing policies and programs;
14. Encourage meaningful dialogue between Aboriginal healers and non-Aboriginal health care providers;
15. Emphasize the importance of cultural sensitivity in health services;
16. Provide stable, sufficient funding for NWAC and its Provincial/Territorial Member Associations (PTMAs) to conduct research on the subject of Aboriginal women and traditional healing;
17. Commit to making immediate, substantial improvements to the social, economic and political conditions within which Aboriginal women and their families live; and,
18. Commit to engaging Aboriginal women in the development and delivery of women-specific health and traditional healing action plans, including that all such plans and resulting policies and programs will include a culturally relevant gender-based analysis.

¹⁴ Madeleine Dion Stout, Gregory D. Kipling and Roberta Stout, *Aboriginal Women's Health Research Synthesis Project*; A. Cass, A. Lowell, M. Christie, et al., *Sharing the True Stories: Improving Communications Between Aboriginal Patients And Healthcare Workers*. Medical Journal of Australia, 176, 10 (2002): 466-470.