# Teachings around Self-care and Medicine Gathering in Manitoulin Island, Ontario: Rebuilding Capacity Begins with Youth

**L. Barwin**
**E. Crighton**
**M. Shawande**
**L. Veronis**

## Abstract

Aboriginal community leaders and health researchers in Canada have recently looked to self-determination, self-governance, and capacity building as solutions to reducing the gap in health disparities particularly among youth. Yet little research has investigated how the promotion of autonomy and self-determination through self-care could directly contribute to improved health and well-being. This paper examines how traditional workshops offered by an Aboriginal health centre on Manitoulin Island contribute to individual and community health via self-care, and in turn to the rebuilding of capacity. We investigated how traditional teachings may support individual, community, and environmental health for youth in two Anishnabe communities using a variety of community-based participatory qualitative methods. Results show the need to approach traditional teachings, health programs, and research from an Aboriginal world view, and that more frequent workshops are required to empower both youth and adults to practice and share traditional knowledge. Furthermore, a continuum exists in which the interest in language, culture, and tradition increases with age. Capacity can therefore be rebuilt over time within communities promoting autonomy and self-determination through self-care. Findings can be expected to further inform the traditional programming in participating communities and to enhance our understanding of the role traditional medicine, as one element of self-care, plays in determining health.

**Keywords**: Aboriginal health, traditional medicine, self-care, capacity (re)building, Indigenous world view, decolonizing methodology, self-determination

This article is dedicated to our colleague and friend Marjory Shawande who passed into the spirit world on April 2nd, 2013. Marjory was a nurse, teacher, facilitator, manager, forward thinker, researcher, traditional Anishnabe woman, healer, mother, grandmother, mentor, and a friend. She will continue to inspire and influence those whose lives she touched.

## Introduction

> Our vision for improved health revolves around a First Nations controlled and sustainable health system that builds effective capacity and asserts First Nations jurisdiction in health, aligned with a holistic and culturally appropriate approach.... The role of research in further informing First Nations' united efforts to improve the health and well-being of our peoples cannot be underestimated. (Phil Fontaine, former Grand Chief of the Assembly of First Nations, 2005, p. S6).

Aboriginal health research in Canada has reached a critical turning point in recent years. With dismal health conditions in many First Nations, Inuit, and Métis[1] communities now well documented (Adelson, 2005; Loppie Reading and Wien, 2009; Waldram et al., 2006), there has been a push by government, academia, and communities themselves to better understand what factors contribute to health disparities. As suggested above by former Assembly of First Nations leader Phil Fontaine, one of the significant findings that has come from the existing research is that self-determination and capacity may be among the most important determinants contributing to good health in Aboriginal peoples (Healey and Meadows, 2008; Minore and Katt, 2007; Loppie Reading and Wien, 2009; Smith et al., 2008).

Recent research has shown how self-determination and capacity-building affects population health in Aboriginal communities (Healey and Meadows,

1 First Nations, Métis, and Inuit, descendants of the original inhabitants of North America, comprise three separate peoples with unique heritages, languages, cultural practices, and spiritual beliefs. The Canadian Constitution collectively recognizes these distinct groups as Aboriginal People (Indian and Northern Affairs Canada, 2010)

2008; Maar and Shawande, 2010; Minore and Katt, 2007; Mottola et al., 2011), but the practicing of traditional medicine as a form of self-care and its subsequent impact on community health is not well understood. Our research attempts to fill this gap by exploring how traditional medicine workshops offered by an Aboriginal Health Centre on Manitoulin Island, Ontario, contribute to self-care and to the rebuilding of capacity in two First Nations communities. Based on the findings of this collaborative research, we argue that the practice of traditional medicine, as one aspect of self-care, represents a significant element of self-determination and ultimately can contribute to the health and well-being of Aboriginal populations. Below, we first provide some background by reviewing significant issues in Aboriginal health and specifically establishing links between traditional medicine and self-care, capacity rebuilding and self-determination, before returning to our methodology and case study.

## Background

Aboriginal populations are among the unhealthiest in Canada, facing life expectancies 5–7 years below the Canadian average, rates of diabetes 3–5 times the national average, and rates of youth suicide 5–6 times higher than in non-Aboriginal youth (Adelson, 2005; Ontario Aboriginal Diabetes, 2011; Health Canada, 2009). According to the Royal Commission Report on Aboriginal Peoples (RCAP, 1996, Vol. 3, p. 119), the term health "crisis" is no exaggeration. Since the Aboriginal population in Canada is growing twice as fast as the rest of the population and the mean age is approximately 10 years younger than the national average (Ball, 2005; Kirmayer et al., 2003), it is crucial to understand the underlying causes of ill-health among Aboriginal youth. While detailed data are lacking, it appears that the Anishnabek[2] of Manitoulin Island face many of the same health issues as other Aboriginal peoples. Health workers have observed ongoing problems of substance abuse, mental illness and high rates of suicide particularly among youth. In this region, rates of youth drug and alcohol abuse are significantly higher than the national average (Sudbury and District Health Unit, 2007).

Determining the underlying factors that contribute to poor health and ways to promote good health among the Anishnabek of Manitoulin Island has been the subject of numerous research projects in recent years (Jacklin and Kinoshameg, 2008, Jacklin, 2009; Maar et al., 2005; Maar et al., 2007; Maar et al., 2009; Maar and Shawande, 2010; Manitowabi and Shawande, 2011; Manitowabi, 2009; Wilson, 2000). Jacklin (2009) concluded that varying colonial histories in Wikwemikong Unceded Indian Reserve on the eastern side of Manitoulin, have resulted in an "inter-play" of health determinants and a diverse set of health care needs between neighbouring communities. Manitowabi and Shawande (2011), reviewing traditional programming on the Island, determined that a holistic approach to health, integrating traditional medicine in a contemporary context, is required to address illness stemming from historical disempowerment due to colonialism and the legacy of residential schools. Maar and Shawande (2010) assessed traditional mental health services for First Nations on Manitoulin Island determining that successful integration, benefiting both client and provider, is possible in a clinical setting. This research concluded that

> further investigation of integrative approaches to traditional programming at the Noojmowin Teg Health Centre (NTHC) on Manitoulin Island was required to improve [the] understanding of client experiences with this integrated approach and the impact on wholistic health and well-being. (Maar and Shawande, 2010, p. 18)

Our study stems from this recommendation, building on this body of research by focusing on the role of traditional medicine as a form of self-care using community-based culturally relevant methods.

## Aboriginal Determinants of Health

It is widely accepted that health is determined by more than just physiological factors such as genetic predisposition (Evans and Stoddart, 1990; Lalonde, 1974, Loppie Reading and Wien, 2009). Socioeconomic determinants such as income, social status and support, education, employment, gender, and culture are now universally understood as contributing to a more holistic definition of health and have thus become the focus of public health agendas (Public Health, 2011). Poor health among First Nations youth and adults has been linked to social determinants including education, housing, infrastructure, employment, social capital, and economic status (Adelson, 2005; Dyck, 2009; NAHO, 2008). Many of these factors are believed to relate to issues around structure, community breakdown, and the loss of control associated with colonial histories and residential schools experiences[3] (Adelson, 2005; Czyzewski, 2011; Jacklin and Kinoshameg, 2008; Richmond and Ross, 2009). Disempowerment itself is viewed as an influential social determinant of health. Thus, the struggle for self-determination and control may be the underlying cause of poor health in many Aboriginal communities in Canada and internationally (Kirmayer et al., 2003; Mignone and O'Neil, 2005; Obomsawin, 2007; Waldram et al., 2006). These broad social determinants are relevant in all populations, although there may be some determinants such as discreet culture and traditions, connection to the land, self-care and self-determination, agency, and language that are particularly important to Aboriginal people in Canada.

### Self-care and Traditional Healing

In the context of Aboriginal determinants of health, the concept of self-care is particularly significant. In the following excerpt from the Royal Commission on Aboriginal Peoples' (RCAP) section on Health and Healing, the need for Aboriginal people to determine their own path to health and well-being has been recognized as well as the fact that traditional medicine may represent a type of self-care.

> The values of traditional medicine encourage self-care and personal responsibility for health and well-being. This contribution is particularly important at a time when Aboriginal people are emphasizing the need to find their own solutions for persistent personal and social problems. (RCAP, 1996, Volume 3, p. 351)

In clinical terms, self-care typically refers to personal health maintenance through activities such as eating well, self-medicating, practicing good hygiene, avoiding health hazards such as smoking, preventing ill health, and taking care of minor ailments or long term conditions after discharge from secondary and tertiary health care (Gantz, 1990; Kemper et al., 1992; Kickbusch, 1989). Self-care in the context of traditional services offered at Noojmowin Teg Health Centre includes life skills such as traditional medicine gathering. There are physical, emotional, and spiritual benefits associated with being out in the natural environment gathering medicine as well as with the positive health benefits of having control over one's life choices (Noojmowin Teg, 2011).

Over fifteen years after the publication of the RCAP (1996), the "personal and social problems" referred to above and the related negative health consequences are still prevalent in many First Nations communities. Self-determination has been touted as the solution to these problems, but the realization of this goal and all it entails is complex. The loss of traditional medicines through colonization led to disempowerment and its subsequent influences on the well-being of Aboriginal people (Maar and Shawande, 2010; Robbins and Dewar, 2011). The reintegration of traditional medicines as a form of self-care must be included in discussions around Aboriginal determinants of health.

The Commission describes 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' bio-medicine. When Aboriginal Peoples in Canada talk about traditional

2 Anishnabek is the plural form of Anishnabe meaning "First Peoples" (Wilson, 2003). Anishnabek/Anishnabe or Ojibwe refers to the larger First Nations group to which all seven First Nations communities on Manitoulin Island belong. Anishnabe has numerous variations in spelling including Anishnawbe and Annishnabe. Anishinaabemowin, also known as Ojibway, refers to the traditional language spoken.

3 Over 130 Indian residential schools were established by Christian organizations across Canada with a total of over 150,000 First Nations, Inuit, and Métis students attending until the closing of the last residential school in the mid-1990s. It is believed that the implications of taking Aboriginal young people away from their families and communities for residential school students themselves, their parents, and subsequently their children, are far-reaching and still being felt today in terms of mental, spiritual, cultural, and social health. There are many survivors of residential schools living on Manitoulin Island today, some of whom have been involved with programs supported by the Indian Residential School Cultural Support Funding to help heal from the lasting effects of assimilation and displacement (Noojmowin Teg, 2011). Some participants in our research informed us that although they did not attend a residential school, many attended day schools that had a similar agenda and were similarly harmful.

> healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counseling and the accumulated wisdom of elders. (RCAP, 1996, Volume 3, p. 348)

Despite the historical and continued practice of traditional healing, traditional medicine has only recently been integrated into clinical settings in conjunction with conventional medicine in these communities (Maar et al., 2009; NAHO, 2008; Waldram et al., 2006; Wilson and Young, 2008). Initiatives to integrate tradition have gained momentum in part as a reaction to loss of traditional knowledge and loss of culture after European colonization (Adelson, 2005; Richmond et al., 2005; Waldram et al., 2006). Despite the strength of these colonizing forces, many Aboriginal groups in Canada have demonstrated their resilience by preserving or reinventing aspects of traditional culture over time. Bridging the disconnect between western and traditional medicine systems may allow for a more integrative model of health care, a model that is increasingly being implemented in Aboriginal Health Access Centres throughout Ontario and other provinces.

> Recuperating these traditions therefore reconnects contemporary Aboriginal peoples to their historical traditions and mobilizes rituals and practices that may promote community solidarity. (Kirmayer et al., 2003, p. S16)

There is, however, some unease over the notion of integration. Proponents of traditional practices are skeptical that this approach to medicine is validated by mainstream practitioners (Maar and Shawande, 2010; RCAP, 1996; Robbins and Dewar, 2011). Some Aboriginal academics feel that the two systems could never be fully integrated as they are fundamentally at odds philosophically (Alfred and Corntassel, 2005). Thus, reincorporating traditional practices directly into communities (as opposed to being an aspect of health care programming) may result in increased self-care, capacity rebuilding, and the subsequent health benefits associated with communities regaining control over their own health. At the same time, modern medical technologies are also available to provide necessary clinical care when indicated, allowing individuals access to "the best of both worlds." Traditional medicine may therefore be one element of self-care which contributes to broader determinants of health in communities including capacity rebuilding and self-determination.

## Capacity Rebuilding and Self-determination

Capacity building is defined by the National Aboriginal Health Organization (NAHO) as

> increasing the ability of individuals, communities and nations to learn and to do. Capacity building in health planning can involve developing and applying governance models, making informed decisions, strategic planning, identifying and setting priorities, evaluating, managing human and fiscal resources, and assuming responsibility for success and failure of health programs and interventions. (NAHO, 2007)[4]

Taiaiake Alfred dislikes the term "capacity building" as he believes it puts the blame on First Nations people rather than on the behaviour of the state. Therefore building capacity does not address the "underlying colonial causes of unhealthy and destructive behaviours in First Nations communities" (Alfred, 2009, p. 45).

The fact that communities have the capacity to heal themselves is not disputed, but understanding how best to tap into this capacity is less straightforward. It has been argued that the primary determinant of a healthy community is "the capacity of a community to govern itself, to have some measure of self-determination or autonomy" (Richmond et al., 2005, p. 358). Communities have actively fought for their right to self-determination since the 1970s. Self-governance is a key component of self-determination. However, some Aboriginal scholars feel the current approach to self-determination is ineffective and must be approached from an Indigenous consciousness and not structured according to current colonial models mired in bureaucracy. Rather than searching for ways to "fit" Aboriginal ways of knowing into the existing frameworks, the organizing of self-determining and self-governing Aboriginal communities should be built from the bottom up

4 We use the term capacity rebuilding since capacity already exists in the communities and traditional workshops are only a conduit to rebuilding capacity lost through years of trauma.



with an Aboriginal world view as part of the fundamental foundation (Alfred, 2009; Brant Castellano, 1993). Self-government is often equated with the injection of money into First Nations communities to settle longstanding land claims or to provide social assistance where suffering is believed to be the result of disempowerment, particularly through the legacy of residential schools. While it is crucial for the Canadian government to address the legacy of colonization, it is evident that money in itself will not heal the damage done to communities. Financial security contributes to the path to health through self-determination, but a community is autonomous only when First Nations themselves are in control of that money, making choices to spend it in ways that best address their specific community's needs. As two Aboriginal scholars write:

> We do not need to wait for the colonizer to provide us with money or to validate our vision of a free future; we only need to start to use *our* philosophies to make decisions and to use *our* laws and institutions to govern ourselves. (Alfred and Corntassel, 2005, p. 614, emphasis in original)

Taiaiake Alfred (2009) believes that when Aboriginal people depend on handouts from the colonizer and the laws, structures, and organizations of supposedly self-governing communities are controlled by national governments, the healing of Aboriginal peoples will never commence. Loss of land, loss of autonomy, political, cultural, economic, and social disenfranchisement are in part responsible for health disparities and widespread illness in Aboriginal communities (Adelson, 2005). If control is one of the most critical factors affecting health (Riecken et al., 2006), it follows that autonomy and control via self-determination will improve the health status of these populations. Minore and Katt (2007) suggest that self-determination in itself will not alter social factors such as poverty, poor housing, and lifestyle choices that affect Aboriginal health arguing that addressing specific cultural needs could improve Aboriginal health in Canada.

Addressing culture in Aboriginal health has expanded beyond token elements such as smudging,[5] offering tobacco, or prayer before meetings. Aboriginal scholars are calling for the incorporation of an Aboriginal world view in every aspect of life, including communications, negotiations, research, law, governance, and health (Alfred, 2009; Brant Castellano, 1993; Kovach, 2009; Martin-Hill, 2009; Obomsawin, 2007; Wilson, 2008; Zolner, 2003). Self-determination and self-government must also be framed from an Aboriginal world view to truly be effective. Approaching problems from this paradigm may be the key to reestablishing healthy communities. One important aspect of an Indigenous world view is the vital physical and spiritual relationship to the land.

## Aboriginal Relationships to the Land

Well-being in Aboriginal communities has been associated with close ties to the land. Physical health relates to environmental health via interconnectedness and interdependency; people rely on the land for food, medicine, and shelter and it is the responsibility of people to look after Mother Earth (Davidson-Hunt and O'Flaherty, 2007; Grim, 2001; Hay, 1998; Richmond et al., 2005; Richmond and Ross, 2009; Wilson, 2000; Wilson, 2003). Aboriginal scholar Stan Wilson (2001, p. 91) describes why he is obligated to protect the natural environment: "Because the life surrounding me is part of me through my ancestors, I must consider and care for all its constituents." This inherent connection to the land means that loss of land through appropriation, treaties, and environmental devastation could have a far-reaching impact on the maintenance and transmission of traditional knowledge and practices and subsequently on health and well-being in many communities (Alfred, 2009; Grim, 2001; Richmond and Ross, 2009; Wilson, 2000). The impact on youth in these communities should also not be minimized.

To ensure that the relationships to the land are maintained and protected, and traditional knowledge is passed on, Elders need to engage youth in traditional medicine teachings. The role that

5. Smudging refers to a ceremony in which a combination of sacred traditional plants typically cedar, sage, tobacco, and sweetgrass are burned. It is used as part of many Aboriginal ceremonies to open dialogue or cleanse a space or for purification. The smoke from the burning plants is usually brushed over oneself, inviting health into a person's life (Anishnawbe Health, 2011).

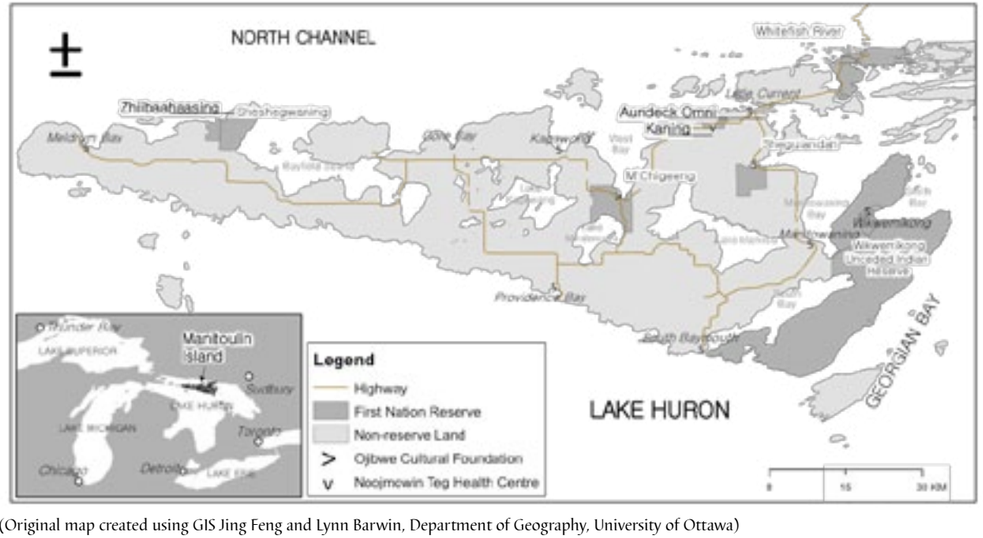
youth play in community health is important as they are a conduit for the transmission of traditional knowledge and continuity of culture, representing hope for the future of Aboriginal people in Canada (Robbins and Dewar, 2011). Jessica Ball's work (2005) looking at early childhood care in three First Nations in British Columbia stresses the vital place of children in Aboriginal culture and the importance of nurturing their role in the future of a community. The Elders' role of passing down knowledge to younger generations is critical to cultural continuity and a vital part of the extended family social structure of many Aboriginal communities. Fostering the relationship between Elders and youth is imperative for supporting healthy First Nations communities. For example, in one study, pregnant women who consulted with Elders were less likely to smoke and use alcohol and were more likely to attend prenatal classes and breastfeed (Andersson and Ledogar, 2008). Our research acknowledges this important relationship; many workshops offered by Noojmowin Teg Health Centre are conducted by Elders and geared toward youth. One of the themes we investigated was how medicine teachings were brought home and shared with family to determine if the capacity for self-care through traditional medicine use could be reestablished among the youth in the communities.

Building on major themes identified in this background, the specific objectives of this research are to: (1) understand how traditional medicine workshops offered through Noojmowin Teg contribute to capacity rebuilding through self-care among youth in two First Nations communities of Manitoulin Island; (2) investigate how learning about medicines retrieved from the land contributes to a greater awareness of local habitat and subsequent interest in protecting the environment; (3) examine the role of language, tradition, and culture as determinants of health in First Nations communities, particularly for youth; and, (4) evaluate best methodological practices for local community-based health research.

## Methodology

Self-determination may lead to improved health in Aboriginal communities and efforts should be made to promote community control of research about health to achieve a better understanding of health inequities. Recognizing the need for Aboriginal people to control and conduct research using culturally relevant methods, our research was guided

**Figure 1. Map of Manitoulin Island, Ontario, Including Location of Seven First Nations Communities.**




(Original map created using GIS Jing Feng and Lynn Barwin, Department of Geography, University of Ottawa)



by a community-based decolonizing methodology (Denzin et al., 2008; Fletcher, 2003; Kovach, 2009; Lavallée, 2009; Smith, 1999). Barwin (2012) provides a detailed discussion on incorporating place-specific culture, language, and history into the choice of methods, whenever possible, for the best understanding of local knowledge.

This research was conducted in two communities on Manitoulin Island (Figure 1) between July and September 2010. Manitoulin Island, located at the northern tip of Lake Huron, Ontario, is home to over 12,000 year-round inhabitants, nearly half of whom are First Nations (Manitoulin Tourism, 2010) of primarily Ojibway, Pottawatomi and Odawa, and Anishnawbek of Manitou Minissing descent. Colonial contact history included forced migration, the legacy of residential schools, social inequity, and the marked health disparities which resulted. The two communities are located on opposite sides of Manitoulin, one more geographically remote with less than 100 members, and the other located on one of the Island's major throughways with over 600 members. The health centre offers traditional services to all seven First Nations on the island.

The participation of these communities was based on their interest in traditional medicine programs and their longstanding relationship with project collaborator and Traditional Coordinator of Noojmowin Teg, Marjory Shawande, through whom entrance into the communities was made possible. Guided by OCAP (Ownerships, Control, Access, Possession) principles[6] (NAHO, 2007), a culturally appropriate research protocol was followed and ethics approval was received from both the University of Ottawa's Research Ethics Review Board and the Manitoulin Anishnabek Research Review Committee.

In the first stage of the project, we conducted three workshops in the two communities with a total of 15 participants (8 youth ranging from 4–17 years old, and 7 adults) who were selected via convenience sampling. Sessions included traditional plant medicine teachings by Marjory Shawande, an "art voice" session[7] with Art Facilitator Mark Seabrook, and were followed by a focus group. The format of the research workshop was based on a "healing through art" program that has been offered at Noojmowin Teg to address the lasting and intergenerational damage resulting from Indian residential schools. The art facilitator from this program agreed to assist us in our data collection by doing a "gathering of information" session utilizing art as responses to research questions. We posed four questions to participants in the art component based on major themes including herbal knowledge, self-care, sharing, and the environment; participants were asked to draw four separate pictures based on these questions and were later asked to elaborate on their pictures during focus groups.

The choice to use workshops as an information-gathering tool reflected a knowledge translation approach already being used at Noojmowin Teg. Conventional mentor-apprentice relationships for passing on traditional knowledge are less prevalent in the contemporary context and traditional medicine workshops have been an effective alternative for sharing. Conducting research via focus groups in a more casual workshop setting was an efficient way to address many participants simultaneously and also had the potential to foster a degree of comfort in numbers, particularly helpful with children (Darbyshire et al., 2005). As well, the use of art and circle sharing as a way to relate ideas is more culturally appropriate in Indigenous research and a familiar means for participants to share experiences (Lavallee, 2009). While protocols congruent with a true "sharing circle" were not used in the end, sharing in a group setting appeared to promote comfort among the participants.

In the second stage of the project, we conducted eight in-depth, open-ended interviews with key informants from the band councils and health centres.

6 OCAP (Ownership, Control, Access, and Possession) guidelines published by the National Aboriginal Health Organization (NAHO) have become the gold standard to guarantee health research is conducted collaboratively and respectfully and that First Nations communities have access and intellectual property rights to any information which comes out of research projects (NAHO, 2007).

7 See Barwin (2012) for a detailed explanation of the art voice method; we found art voice, a variation on photovoice, to be an ideal method to use with youth and adults on Manitoulin Island given its rich history and contemporary culture of art. Given the complexity and abstract nature of some of the ideas being discussed, the importance to the research of engaging youth, combined with the rich history and contemporary cultural importance of art to the Manitoulin Anishnabek, art voice was seen as an appropriate research method (Barwin, 2012).

Participants were recruited via purposive sampling aimed at gaining insight from particular community experts. In addition to questions about traditional workshops, key informants were asked what they thought about non-Aboriginal researchers coming into their communities and what methods they considered more culturally relevant.

Interviews and focus groups were digitally recorded with permission and transcribed verbatim, then deductively coded according to themes and analyzed in NVivo 8 (QSR International Pty Ltd.,Version 8, 2008). As well, over 50 art voice pieces were scanned and inputted into NVivo and systematically coded according to general and specific themes which emerged throughout the research. Focus groups were recorded and transcribed verbatim and analyzed similarly. To protect the identity of focus group participants and key informants, pseudonyms are used in the data presentation. Since research questions were determined in collaboration with Noojmowin Teg's traditional coordinator, major themes such as self-care, sharing knowledge, and the environment were predetermined. A number of new themes emerged upon analysis including language, the impact of residential schools, and Aboriginal world views. Attempts were made at all stages of the project to get feedback from both communities and from representatives of the health centre. Final results were presented to the Noojmowin Teg Traditional Advisory Committee, the members of which offered suggestions and were generally comfortable that results accurately reflected the situation in their communities.[8]

Interpretation of art voice results can be informed by the art therapy literature (Edwards, 2004; Ferrara, 2004). Art therapy works in part because the act of creating the art is therapeutic and further healing can occur when patients discuss their art pieces with therapists (Ferrara, 2004). As the research participants draw the "answer" to research questions, they think further on their feelings. Given the opportunity to explain their drawing, a deeper level of understanding can be gleaned. Art is useful for therapy and for research because patients can translate the psychological expressions through their bodies using art (Koch and Fuchs, 2011). These ideas are in line with some Aboriginal spiritual world views which propose that objects can be infused with the spirit of those that created them and therefore, that artistic works can reflect symbolic meaning beyond words (Lavallée, 2009).

Art voice as a research tool may be informed by literature on Arts-Based Research (ABR), a diverse and evolving methodology that uses various forms of artistic expression including poetry, creative writing, photography, painting, theatre, film, dance, music, etc. to collect data or perform analysis (Canhmann-Taylor, 2008; Leavy, 2009). ABR is practiced today in education research and beyond, and includes new methods such as poetry-based research where data collected is transformed into original poetry, and ethnodrama, where ethnography and theatre are combined (Leavy, 2009). Our research supports these bodies of work by concurring that place of research can play a significant role in the choices of methods and subsequently in research results. In the case of Manitoulin Island, using art as a tool for qualitative inquiry was supported by its cultural and historical context.

## Results and Discussion

In this section we present the key themes identified through analysis in this project. These are organized starting with practical results about the usefulness of the workshops and moving towards the value of self-care and ultimately to understandings of Aboriginal world views. The results and recommendations developed are of particular relevance to the traditional workshops in the local context of programming at Noojmowin Teg but may apply to Aboriginal health access centres elsewhere. Themes related to self-care and capacity rebuilding, the Aboriginal world view, and the value of language are not specific to communities on Manitoulin Island and may reflect values shared in many different Aboriginal communities. Results reveal a continuum in which age plays a role: young participants engage in traditional teachings in a superficial way, learning how to use common medicines; adult workshop participants showed that they are starting to think about sharing knowledge with their children and how traditional knowledge connects them to the land and to the Creator.

8 An overview of the project was presented in February 2012 at the MAARC research conference in Whitefish River First Nation, ON.



### The Need for Repetition of Traditional Workshops to Foster Confidence and Interest among Youth

Participants in this project were unanimously in support of continued traditional medicine workshop programming at Noojmowin Teg Health Centre. Many had requested and attended workshops in the past for different youth programs or cultural outreach activities and understood their value in the transmission of Anishnabe culture. Participants also felt that frequent repetition of teachings is necessary. More regular workshops would help them remember to use medicines, which ones to use, and, in turn, would foster confidence so they could bring this knowledge into their communities as demonstrated by the following account:

> If I don't hear it in a couple weeks, I'll forget how to say it so then, you know a month later … he'll [say], 'oh, did you pick that — whatever-it-maybe'? — and I'll [say] … ya, ya … and I'll get it — just like that. (Martha, key informant)

Martha's comment suggests that it is important to have regular workshops in order to remember the teachings. Similarly, a focus group participant, Tanya, also expresses the need for repetition of workshops in the following quote where she proposes the creation of a book to help her remember the teachings:

> It's almost something that you have to be at all the time because you forget and then when I sit with Marjory I'm reminded about 'oh ya, that's what that's used for' and I almost need like a book where it's all written down so I know what it's used for … because I forget what to use it for. (Tanya, adult workshop participant)

Interview participants also felt that adults need to take a more active role in facilitating their children's participation in workshops. Some key informants believed that because youth are so vulnerable, they must be given guidance in their search to understand their culture and tradition. Yet one key informant said that often it is the parents who prevent their children from attending programs. While this participant did not elaborate as to why this may be the case, possible explanations may include complacency or indifference, workshop burnout, scheduling issues, or they simply have different priorities in terms of the importance of tradition or culture relative to other activities in which their children could be participating. If parents were encouraged to get more involved with promoting teachings, recruitment might be more effective. This opinion is expressed plainly in the following statement:

> And it's adults too that need to be involved — the parents have to be involved — when something's going on, the parents have to go — take their children and go to … them workshops. (Alison, key informant)

As this quote suggests, it is not enough for parents to send their children to traditional programs, they need to be involved themselves. According to the Regional Health Survey (RHS), First Nations youths' understanding of culture comes predominantly from their immediate and extended family, and therefore it is essential that this instructional role be encouraged (First Nations Information, 2012). A study based in rural northern British Columbia, which looked at integrative service models in three First Nations communities, found that parental involvement is beneficial for both youth and adults; parents who bring their children to programs that promote wellness for youth tend to make use of programs geared towards adult healing and well-being (Ball, 2005). We suggest that traditional medicine workshops can contribute to the transmission of Anishnabe culture (and language) and can even play a significant role in reinforcing its maintenance among families and members of different age groups.

Some key informants in our project felt that youth are eager to learn but instruction must be framed the right way, initiated by them rather than being forced. Adelson and Lipinski (2008) in their report on the "Community Youth Initiative Project" in a Mi'kmaq community in New Brunswick learned that if they did not emphasize the "healing" part of their project, youth were more likely to want to participate. Similarly, we found that youth may have negative associations with programs framed around poor health and the need for healing. Focusing on

positive terms such as "leadership" and "initiative" may more effectively engage young people in health care programming and research, as well as fostering confidence in their ability to make use of traditional practices.

## Sharing the Knowledge

An important theme emerged concerning sharing practices among users of traditional medicine workshops. For our participants, the most frequent sharing of teachings occurred between family members as a result of the level of comfort in families, especially with children. Passing traditional knowledge on to their children is natural for many adults as indicated by Mike's art voice answer to questions about sharing:

> I just kept it to myself because I'm ... learning so I don't really know enough about anything yet to really say anything to anyone ... so I keep it to myself. But I mean if my daughter wants to know what's going on, I tell her what I'm doing so she helps me but ... she's [young] so she's just getting the hang of it.... (Mike, adult focus group participant)

Mike is only willing to share teachings with his daughter at this stage of learning. This speaks to a discomfort sharing knowledge with others outside the family circle and may reflect part of Anishnabe culture where sharing traditional knowledge occurs with family members who might become future knowledge carriers. The need for more frequent workshops to increase the comfort level with sharing knowledge is thus reinforced. Below Tanya discusses her feelings about sharing:

> I'm not doing enough to try to share my knowledge — maybe it's just a comfort level with it.... I am passing on some of what I know but I know that there's lots more to learn so I'm trying to just be comfortable with a few plants — so I know a little about them — and I've noticed that when I attend Marjory's workshops I'm always learning something but it helps me because then I start to look up more, try to find more information about the plants and so that I can learn more. (Tanya, adult focus group participant)

Maar and Shawande (2010) determined that traditional teachings should be part of a process of "life-long learning" and it is natural that children will process the teachings differently from adults. According to these authors:

> Communities, families and individuals vary in their comfort level and understanding of traditional healing. It is therefore also seen as important to offer a variety of ongoing learning opportunities geared towards community members as well as Aboriginal and non-Aboriginal health care providers. (Maar and Shawande, 2010, p. 22)

This life-long learning can come from many sources. Traditional workshops offer Anishnabek the opportunity to be empowered by sharing what they have learned with others.

It is fitting that in the Noojmowin Teg traditional health program, patients are known as "relatives" reflecting the idea that in Anishnabe tradition, the healer-patient exchange is a two-way interaction where both are equally valued. In this way, "relatives" are not considered passive recipients of medicine but are rather directly involved in their own healing regime (Maar and Shawande, 2010; Manitowabi, 2009).

## From Youth into Adulthood

Many workshops at Noojmowin Teg are specifically geared towards youth to promote an understanding of traditional medicines early on. Another important theme that emerged through analysis was that a transition occurs from youth to adulthood regarding an interest in culture, tradition, and language. Key informants and adult focus group participants were committed to raising awareness about incorporating an Indigenous perspective into all aspects of community life. Alfred and Corntassel (2005, p. 612) explain that transcending colonialism starts with individuals and radiates out to the "family, clan, community, and into all the broader relationships that form an Indigenous existence." The continuum beginning with the young person at the level of the individual and moving through the family, community, society, planet, and eventually to the cosmos or the spiritual, was a pattern also noted through responses to research questions. Child and youth participants on the other hand tended to have more literal interpretations of research questions as demonstrated by their answers to the art voice and focus group questions about the value of traditional medicines:



> [T]hey help me heal, heal quicker and stop the swelling and it's better to use it than having to go to the doctor and all that.... I drew some pictures like cedar and sweetgrass and all that.... (Gemma, 11-year-old focus group participant)

Gemma remembers some of the common medicines from workshops and recognizes their value as an alternative to going to the doctor. Though she is still young, this knowledge may help form the foundation of her medicine toolkit. As she attends more workshops and information is repeated, she may develop a greater interest in using and sharing these medicines. We observed a transition between childhood and adulthood regarding an interest in traditional medicines and the desire to share the knowledge and pass it on. Upon reaching adulthood, especially once they became parents, some participants were more interested in defining and channeling cultural and spiritual identity. Mandy expresses how she experienced this transition:

> I've always learned — ever since I was a kid I've attended ceremonies and different ... fasts and stuff like this recently ... since ... I'm a little older in my life — I've found to use it more — like when I was a teenager ... I knew it was there but I never used it so today I use it every day, and practice with my children. (Mandy, adult focus group participant)

Mandy's renewed interest in traditional medicine is supported by national statistics which indicate that over 75% of First Nations adults claimed that traditional spirituality was important in their daily lives and over 80% indicated that cultural events were important (First Nations Information, 2012).

Some adults were aware of the teachings when they were young but were involved in behaviours that prevented them from being interested in this knowledge. More recently they have come to understand the importance of these traditions:

> I know there's a lot of youth struggling with drugs and alcohol addictions and ... when I was a youth, I knew it was there but it was my choice, I didn't want nothing to do with it because I was too involved with the drugs and alcohol and that ... and once I cleaned up, my life has changed. (Jane, adult focus group participant)

It is typical for teenagers to question their identity or to rebel. Kirmayer et al. (2003) propose that the lack of interest in tradition, such as reflected Jane's comments, may be related to the difficulties Aboriginal youth experience in negotiating their role in contemporary society. Connecting with their Anishnabe identity may have become more difficult since European contact because "[a]dolescence and young adulthood have become prolonged periods with ambiguous demarcation and social status" (Kirmayer et al., 2003, p. S20). Prior to contact, youth participated in activities associated with healing, had more responsibilities and were consequently more valued in the community. They learned skills essential for survival including traditional medicines from their parents and Elders (Kirmayer et al., 2003; Marlowe and Parlee, 1998). This changing role may in part be a result of the active suppression of culture via residential schools, but Kirmayer (2012) suggests that changes in the degree of "local rootedness," resulting from globalization, may also have a strong impact on parenting practices and subsequently on the role of Aboriginal youth in modern society. Youth participants in our study live in a contemporary context in which their role in society is not always clear, and this may account for why young people experience difficulty finding meaning and interest in culture. One key informant reflected that picking plants for medicinal use was:

> ... the responsibility of kids; we'd pick the medicine when they taught us where to go pick and that's how I remember the medicine — and then later on I learned that's why they had us actually picking — we were pure — so no contaminants are in the medicine. (Pat, key informant)

Pat explains how young people had an important role in communities in the past. Kirmayer et al. (2003) suggest that disempowerment could be one explanation for increasing health problems including mental illness and high rates of suicide among youth in some Aboriginal communities.

> [M]ental health programs orientated toward empowerment aim to restore positive youth men-

> tal health and a strong sense of cultural identity by giving youth an active role in designing and implementing programs that meet their needs. (Kirmayer et al., 2003, p. S21)

Adult participants felt strongly about the need to practice and maintain culture and tradition and to pass it on to young people. At the same time, recognizing that all cultures change over time, one must find innovative ways to integrate culture in a changing world and consult with young people on how best to do so.

## The Transmission of Culture and Language

While traditional medicine workshops can help to transmit culture to younger generations, our findings also revealed a broader link between Aboriginal health and the maintenance of culture and tradition. Whereas youth participants are only starting to think about their traditions and culture, adults who participated in our research felt that it was important for community members to have a strong sense of Anishnabe identity. When asked to discuss the value of culture and tradition in her community, one of our key informants, Tina, responded:

> One of the big issues that I see in the communities is about a sense of identity and having cultural identity of who you are and that's part of this thing we're talking about is knowing who you are as a Nishnabe person and, I think, if you can have some understanding of where you fit and knowing where you come from, knowing some type of stream, knowing so that you can walk down the street and be proud of who you are and not be ashamed of being a Nishnabe person. (Tina, key informant)

Through interviews and focus groups, the value of language to culture and the transmission of knowledge was repeatedly emphasized. Participants in our study believed that language is essential in their community and should be conserved. One key informant summarized these ideas persuasively as follows:

> We all know the statistics on how many languages are dying on a daily basis out there and how many we're gonna be left with in a ... short period of time ... language needs to be priority. It's not enough to be grounded, to have cultural knowledge and historical knowledge, it has to be connected and rooted in the language also ... to say you're a distinct Indigenous group ... is only a relevant statement when it's ... rooted in the language.... You don't really have a culture unless you have language.... Someone had approached an Elder in a country and said 'what makes you Indigenous?' ... and they don't refer to their culture, they don't refer to their drums or their dance style or their food or any of that, they refer to the language, it's my language that makes me distinct as an Indigenous person — so it's rooted in that. (Steve, key informant)

The issue regarding the role of language in the maintenance of culture and in turn to well-being is still debated in academia. One argument proposes that preservation of language further isolates communities from the mainstream, decreasing socioeconomic status (SES) and health through a type of "ghettoization" (McIvor et al., 2009; O'Sullivan, 2003). The other perspective is that "Aboriginal language use promotes identification with and pride in Aboriginal ethnic identity, which in turn improves SES in Aboriginal communities" (O'Sullivan, 2003, p. 136). The latter view was more prevalent among participants in our study. They reported that a true connection to the culture, the history, and its traditions may only be fully experienced in the Anishinaabemowin language.

The view that promoting Anishinaabemowin language and culture in communities directly leads to spiritual and emotional health is not unique to our key informants. In her research with Anishnabek on Manitoulin Island, Wilson (2000) found a common belief that language gave people a direct connection to the Creator, Mother Earth, and to the spirits. According to her participants, "if an individual cannot speak the language they are lacking a significant part of their Anishnabe identity" (Wilson, 2000, p. 135).

Building on the value of language in the maintenance of culture, other key informants in our study indicated that traditional knowledge had to be passed down in the Anishinaabemowin language to be fully internalized and that it is critical to learn the teachings and the names of medicines in the language:



> It has a different meaning when you speak the language and then you're in another ... part of ... who you are when you speak your language, it's totally different ... the meaning comes in clearer. (Serena, key informant)

Serena proposes that communicating culture and tradition in the language[9] goes beyond preserving it, tapping into a different world view or realm. Thus, having ceremonies or learning about traditional medicines and conducting workshops at least in part in the language may allow a deeper understanding:

> You know, the ceremonies, you have to talk in your language to them spirits — that's what they hear, that's what they understand ... because if you don't know the language, how can you participate in the ceremonies? (Alison, key informant)

In a paper on Native American cosmology, John Grim (2001) explains how language connects Aboriginal people directly to a greater spiritual entity. The use of the language and particular sounds can evoke the sacred; particular songs and rhythms "can act as a mystical trope for activating a range of bioregional, spiritual, and mythical images" (Grim, 2001, p. 129). In many Aboriginal communities, the oral tradition, in which language and culture are passed on through storytelling, may have allowed for the preservation of these profound connections via language. Grim suggests

> such mystical experiences are first of all prepared for, and conditioned by, lifelong participation in a particular spoken language that bears sacred power through its vocabulary, structure, and categories of thought, and serves as a vehicle for a large body of orally transmitted traditions. (2001, p. 131)

Looking at language this way can only be interpreted from an Indigenous framework as Western scientific approaches to knowledge do not take sacred or spiritual forces into account.

The issue of language was widely discussed among our participants. Although many of our key informants do not speak the language, most of them said that they want to be able to do so, and all believe that learning the language should be a priority in their communities. Anishnabe children on the island have the opportunity to learn Anishinaabemowin at public schools but respondents felt that instruction was inadequate to learn how to speak fluently. Furthermore, there was some debate regarding who should be instructed in the language. Some participants believe that it is up to the individual to learn the language and forcing children may be ineffective. One key informant suggested that maybe the wrong people are being targeted for language instruction since older youth and adults are more committed to learning the language while children are less interested or are too busy:

> Well I can tell you right now, I don't see ... kids up 'til 17 trying to learn the language cuz they got so much other stuff going on. It's a person that's in their 20's, 30's.... So are we targeting the wrong people? Probably. (Eric, key informant)

Although there was some debate as to when the language should be introduced to young Anishnabek and how to do so in a way that is relevant to them, our findings suggest that language is considered critical to the continuity of culture. Most participants in our study believe that loss of language contributes directly to the loss of culture and tradition and is responsible for negatively affecting well-being in many First Nations communities. In this context, traditional medicine workshops can support Aboriginal well-being in two ways: directly through the gathering and use of medicinal plants, and indirectly by transmitting and maintaining culture and tradition.

## Relationships with the Land

Traditional medicine gathering can also play an important role in transmitting and maintaining culture and tradition by reinforcing the relationship to the land. Indigenous understandings of the land and environment and how they relate to health and healing may only be fully understood within the context of an Indigenous world view. When asked what they learned from past herbal teachings, participants frequently responded that "medicine is everywhere." Most focus group participants were impressed that

9 The use of the (common) term "the language" is intentional here since that is how Anishnabek tend to refer to Anishinaabemowin (Ojibway).

medicine grows all around them as represented by the following art voice drawing and explanation:

> In my backyard there's all kinds of stuff growing right there that I just was walking on all the time and I didn't realize that it was all good stuff — so [in the drawing] I put 'medicine growing here, there, everywhere'.... (Mike, adult focus group participant)

In our study, we were interested in uncovering whether the process of learning about the omnipresence of medicines in their immediate environment might naturally lead to a desire to protect it. Although there was some recognition of the traditional value of the land, some participants suggested the existence of a tension between an Aboriginal and a Western perspective on environmentalism. Whereas the former considers cyclical patterns in nature, holism, spirituality, and validates traditional knowledge, in contrast, the latter more typically revolves around individual choices that help limit human impacts on the planet (e.g., recycling, driving less). We found that more teachings about and greater use of medicines from the local environment may contribute to a desire to protect the land. For example, there was a commitment to keeping the Earth green and concern about litter and pollution, especially among children. This was expressed through their drawings and verbal responses during focus groups. One child, in response to the question "How does gathering medicine make you think of protecting and being in harmony with Mother Earth?" said:

**Figure 2. Mike's Art Voice Answer to the Question "What have You Learned from Past Herbal Teachings?"**


> I drew a scene on top that shows all cleanness with no garbage and I drew, sort of a happy face sun and the bottom one there's another scene of almost the same thing except the sun is bad and there's garbage everywhere. (Cindy, child focus group participant)

Cindy expresses the connection to the Earth in simple terms but intuitively recognizes the reciprocal relationship between people and the environment. Madison, an adult respondent, refers to the spiritual connection between caring for the planet and the Creator:

> Mother Earth is a big place and so, I just do what I can where I am and so ... if there's garbage laying around there ... I can pick it up and get rid of it to take care of Mother Earth and I do that ... because you'd be there all day picking up all the garbage on the railroad track ... you can't get it all, but you can at least do something about where you are right in the immediate area ... so that's a ... return of the favour ... to the Almighty. (Madison, adult participant)

The quotations by Cindy and Madison illustrate answers to the question about Mother Earth in terms of garbage and preventing littering, which reflect the influence of a Western perspective to the environment. One key informant explained that a Western approach to environmentalism, which includes ways of dealing with waste and recycling, tends to be more prevalent today in many First Nations communities. He feels that true environmental health can only come from the resurgence of an Indigenous world view.

> The larger global issues that everybody sees on television, they want to do something to help out that movement but unfortunately it's not coming from a traditional perspective and I believe there would be more people involved in it in First Nations, or globally, if they had an Indigenous perspective of how important the environment is in terms of that family connection ... being Mother Earth, connecting it in terms of her being our mother and seeing it from that light. (Steve, key informant)



More frequent traditional teachings which take place out on the land may not only reinforce awareness of and connections to the Earth, but actually do so from an Aboriginal viewpoint. Steve's concerns about the need to approach environmental issues from a traditional perspective have been expressed often by Aboriginal scholars who feel that only when the fundamental connection with the Earth is recognized, rather than attempts to tame and control it, will society be on the right course to repairing the global environmental crisis (Augustine, 1997; Cajete, 1994). Validating the direct relationship between the health of the planet and the health of those who inhabit it is part of an Indigenous knowledge paradigm (Augustine, 1997; Cajete, 1994). Kirmayer et al. (2003) suggest that taking part in traditional activities on the land may not only lead to better individual health by healing specific ailments but could "have healing value both for troubled individuals and whole communities" (2003, p. S16) in terms of their inherent relationship to the Earth. Alfred (2009) believes that a move away from individualistic approaches to health and a return to cultural practices that are land-based contributes to spiritual, physical, and psychological health at the level of the community. As people rebuild the capacity to use medicines from their local environment for their self-care, to in turn care for the earth as an aspect of this self-care, they are contributing to the bigger goal of achieving self-determination.

## From Self-care to Self-determination and Capacity Rebuilding

Our findings also suggest that traditional medicine teachings/workshops/gathering may contribute to self-determination and rebuilding capacity. We argue that traditional medicine gathering is an important element of self-care. Through traditional medicine teachings, community members reconnect with traditional knowledge and Indigenous ways of knowing and thus in turn they are beginning to redefine their identity, determining for themselves their own course of action in terms of health and well-being. To this extent, traditional medicine gathering corresponds to a holistic view of self-care, which includes looking after oneself physically, spiritually, and emotionally. In the following quote we see that this participant has thought about ways that the use of the medicines connects her to community, to the creator, and fosters a sense of self-care:

> I have a ... smudge bowl with all the medicines, tobacco, cedar, sweetgrass, and sage. I use that every morning — or try to use it every morning to purify my mind, my eyes, my nose, my mouth, so I can see good things, speak good things, be kind to other people, everything I touch not to take without asking ... so that's how I use my medicines for self-care. (Sarah, adult focus group participant)

Sarah has made the choice to use traditional medicine almost daily as a way of caring for herself. Although it was not the purpose of our study to record details about which medicines were used for what purpose or how frequently, we learned through participants' comments that plant medicines exist in their daily lives and that they are aware of the option to gather and make use of them. The opportunity to learn about traditional medicines regularly may recreate daily use practices. The choice to participate in plant gathering and use, and the associated sense of agency and control it may bring, could in itself act as a determinant of good health and, in turn, contribute to self-determination in Aboriginal communities, leading to further improved Aboriginal health. Smith et al. (2008) stress that control over healthcare in Aboriginal communities is crucial to the reduction of health inequities. It is not enough to claim that health programs are governed by Aboriginal people, when the Canadian government maintains ultimate control from the outside. A progression towards self-care for preventive and chronic health issues in communities thwarts the government's ability to dictate and control healthcare expenditures. There is a growing movement calling for a complete overhaul and reframing of power structures (Alfred and Corntassel, 2005).

Manitowabi's report, *Assessing the Institutionalization of Traditional Aboriginal Medicine*, asserts that "Anishinabek have the innate ability to promote and provide healing for Anishinabe relatives" (2009, p. 2) and that traditional knowledge can be rediscovered in communities. Traditional healers should be available to community members through a government-funded health centre, and capacity rebuilt to encourage knowledge keepers from inside communities, thus contributing to self-determination associated with self-care. We argue that traditional medicine gathering and workshops can provide an important entry point for individuals and communities, and at a smaller, more practical scale, to initiate the process of this more significant overhaul.

## Incorporating an Aboriginal World View

Finally, one aspect of reframing power is allowing the incorporation of an Aboriginal perspective or world view. The status quo is not healing communities, and key informants in our study felt that an Aboriginal world view is needed in self-governance models, in research, and in health care. Health and the environment need to be viewed through an Indigenous lens, recognizing that this may mean adopting an approach that does not conform to mainstream biomedical models of health. Most of our key informants felt that the integration of traditional teachings into daily life can only be realized within the context of an Indigenous perspective or world view. Some of the participants understood at an elemental level what constitutes this world view. Martha, an adult focus group participant, said:

> So I have a picture of what everybody knows to be a medicine wheel ... this is ... protecting my mental, spiritual, physical, and emotional being of ME ... using it all — and trying to find that balance and to live in harmony with all those different elements that sit in those directions — and of course, I'm in the middle of the universe. (Martha, adult focus group participant)

The medicine wheel symbol is an integral part of Anishnabe culture, representing well-being through the balance between emotional, physical, spiritual, and mental health; total health is part of a circular journey on which a person travels throughout their life (Brascoupé and Waters, 2009; Hunter et al., 2006; Wilson, 2000). Others among our participants also used drawings of the medicine wheel to answer research questions, which can be interpreted as their way of expressing an Aboriginal perspective of the world.

Medicine wheel symbolism is an example of Indigenous ways of knowing. Indigenous knowledge is believed to be transmitted and received in a different way than Western knowledge including through cosmological forces that cannot be quantified. Lynn Lavallée (2009) explains that traditional knowledge can transcend generations through what has been called "blood memory" and can thus be tapped into when rebuilding capacity in a community. "Knowledge acquired through revelation, such as dreams, visions, and intuition, is sometimes regarded as spiritual knowledge, which is understood as coming from the spirit world and ancestors" (G. Atone and V. Harper, personal communication in Lavallée, 2009, p. 22). Also called "cellular memory," these inexplicable connections some feel to their ancestors when they hear their Indigenous language or feel the vibration of a drum beat, are thought to originate from "the molecular structure of our being" (Wilson, 1995). This "awakening of knowledge" (Pat, key informant) comes from that cosmological place and is awaiting rediscovery.

One key informant explained that unlike Western perceptions of knowledge, in an Indigenous world view knowledge is less commonly seen as an individual pursuit; it is not seen as being owned but rather belongs to the cosmos. Researchers can be interpreters of this knowledge (Wilson, 2008) and traditional healers in communities are knowledge carriers. According to Maar and Shawande:

> [W]estern-based knowledge frameworks are still generally inadequate to engage with and make sense of the wholistic aspects of traditional healing. In addition, Western-trained researchers often have difficulties collaborating across different knowledge systems such as traditional Aboriginal healing. (2010, p. 3)

Based on these authors' experiences working with the NTHC, it could be argued that there may be benefits to approaching health and health care from an Indigenous paradigm. Nevertheless, it is important to point out that there is no single Indigenous world view and that world views may vary from one Aboriginal community to another. This is important when it comes to service delivery, for example. In their research, Maar and Shawande (2010) found that offering traditional services does not necessarily mean that care will be culturally competent. Healers must be not only committed to seeing the world from an Indigenous perspective, but must do so while being sensitive to a community's particular understanding and local knowledge (Jacklin and Kinoshameg, 2008; Maar and Shawande, 2010).

In this line of thought, some of our participants commented that providing traditional services in a token way does not incorporate this Aboriginal world view which is required for a truly integrated model. Our key informants added to this argument by articulating the need for health care administrators to really believe that traditional methods are valid and legitimate and not just incorporate them as a token call out to culture:

> [The] traditional program should be the biggest program in that building. The nursing and everything else is great — but, if it's going to be ... a *Native* ... healing centre, then *Native* medicine, *Native* culture should be the top, [the] biggest thing in that building ... and not just a token. (Eric, key informant; emphasis added)

Maar and Shawande (2010) explain that part of this tokenism stems from a lack of resources to support the centre's traditional program. There is money for acute, clinical, and primary care, but traditional services are chronically underfunded. Another issue is that some community members may not adhere to the integrative model practiced by many Aboriginal Health Centres. They do not trust that non-Aboriginal caregivers believe in the traditions so they are uncomfortable requesting traditional services. Cultural sensitivity is then only token and not a true integration of an Aboriginal world view (Maar and Shawande, 2010). The following key informant reflected similar ideas:

> I've been involved in different projects over the years and I've seen a lot of times when people put in proposals for money and they stick in this ... cultural stuff — it's almost like as if it's just to access the money and then once the program is there, where's the cultural stuff? Or they'll be one token thing like a smudging or whatever and there's the cultural content. (Tara, key informant)

Tara expressed frustration that integration of traditional practices amounts only to lip service and fears that health funding is being misdirected. In British Columbia, the Health Integration Planning Committee (HIPP) discussed issues around harmonization of traditional medicine in the clinical setting in one First Nations community. In this case, they proposed that Indigenous knowledge can complement mainstream scientific knowledge, but the "placement of Indigenous knowledge in a secondary position" (Anderson et al., 2011, p. 44) must be avoided. These findings support the importance of funding traditional programming that is controlled by First Nations and reframed from an Aboriginal paradigm; otherwise the insertion of the words "tradition" and "culture" is only token.

## Conclusion

This paper discusses the results of collaborative health research conducted with two Aboriginal communities on Manitoulin Island, Ontario. By answering questions about traditional health workshops, self-care, sharing knowledge, and the environment, participants communicated better ways to approach traditional workshops in the future to rebuild capacity in their communities. The gradual implementation of these themes into traditional programming could improve health and well-being through self-care. It is felt that through this process of empowerment healthy individuals and communities can be reestablished.

Since self-determination, capacity, and control are seen to be crucial to individual and community well-being, the results of this project may offer practical value to the communities involved by furthering the understanding that a continuum exists between childhood and adulthood in terms of interest in, confidence about, and willingness to share traditional teachings. The likelihood that youth will use traditional teachings for their self-care and to share this knowledge comes with increased capacity and confidence. One way to rebuild this capacity may

be to offer more frequent workshops in a manner and location that engages young people. To help ensure their success, traditional medicine workshops for youth should: offer opportunities to grow in a way that is seamless and unforced; integrate activities that build self-esteem and confidence; and, engage participants in a relevant way, keeping in mind that culture and traditions evolve. We also learned that workshops should include as much Anishinaabemowin language as possible, offering teachings from a world view that is specific and relevant to Anishnabe on Manitoulin Island.

There are numerous questions that remain unanswered and practical or cultural barriers which may have prevented us from answering them. Our research sheds light on how existing medicine workshops at Noojmowin Teg influence youth and adults in two Anishnabe communities and might be helpful for the planning and implementation of programming in the future. While better participation in our workshops may have yielded stronger results on the significance of self-care, our findings confirm that there is need for more traditional workshops.

More research is also needed to further examine the relationship between traditional medicine and the environment. Particularly relevant would be to examine this with a focus on youth given the significance of their role as the recipients of traditional knowledge in these communities.

Furthermore, our findings suggest that a gender sensitive approach could help to understand how health determinants might be gender-specific and how Aboriginal men and women experience them differently. Women have higher rates of employment, higher levels of education, more interest in health and self-care, and suicide rates are lower (Adelson, 2005). Finally, more detailed comparative research between different Aboriginal communities may help to shed light on how health determinants may vary geographically and on the role of local knowledge and experiences.

To conclude, this process of rebuilding capacity begins at the level of the family with young people playing a central role. It is through youth that the value of self-care must be stressed to create the foundation for a healthy future and community. We close with the insightful words of Dr. Raymond Obomsawin who is a leading specialist on Aboriginal traditional medicine and health research. Obomaswin eloquently sums the value of self-care and its potential to contribute to self-determination for the future health of Indigenous peoples in this country:

> Surely a positive restitution of sound health among Canada's first peoples will not be accomplished through pouring more resources into the multiplication of medical schools, hospitals, clinics, and expanded government sponsorship of palliative disease care services. The solution will not be in trying to patch up the present system....The solution will ... come in educating and encouraging the people in the sacred principles of how to maintain their health, thus preventing the onslaught of both infectious and degenerative diseases. This education will need to focus on improved nutrition, regular moderate exercise, the importance of positive mental-spiritual attitudes, balanced and purposeful living, and stress reduction. Indeed the greatest breakthrough in Aboriginal health and health care is to be found in the certain knowledge that human beings can be healthy, and can be responsible for directing their own lives, and maintaining their own health. (Obomsawin, 2007, p. 95).

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**Lynn Barwin** is a research consultant, with a particular interest in traditional Aboriginal medicine, harmonized and complementary medicine, decolonizing methodologies, and alternative research paradigms. Her Master's thesis was the result of a collaboration with Noojmowin Teg Health Centre on Manitoulin Island and traditional coordinator Marjory Shawande and examined capacity rebuilding and self-care through traditional medicine workshops for youth. Lynn has a background in plant biology and herbal medicine and is currently part of a community-based research project for the Aboriginal Healing Foundation looking at traditional health and healing.
lbarw051@uottawa.ca

**Marjory Shawande** was a member of the Wikwemikong Unceded Indian Reserve on Manitoulin Island, Ontario, Canada. She was the coordinator of the Traditional Aboriginal Medicine Program at the Noojmowin Teg Health Centre and a member of the Manitoulin Anishinabek Research Review Committee, an Aboriginal research ethics board on Manitoulin Island. Over the past 40 years Shawande worked in the social and health fields. Marjory passed away on April 2nd, 2013. She is greatly missed.

**Eric Crighton** is a health geographer and an Associate Professor in the Department of Geography at the University of Ottawa where he focuses his teaching and research on environmental determinants of heath, environmental risk perceptions and behaviours, psychosocial impacts of environmental and infectious disease hazards, and environmental health equity. Eric's recent projects include a study examining environmental risk perceptions among new mothers, patterns and determinants of asthma and COPD in Ontario, and prevalence and determinants of chronic respiratory diseases among Canada's First Nations and Métis.
Eric.Crighton@uottawa.ca

**Luisa Veronis** is a social geographer concerned with questions of social and spatial inequality, the experiences of marginalized groups, and social justice in the city. Her research and teaching interests address issues of identity and community formation, struggles for citizenship and equal rights, governance and the nonprofit sector. More specifically, her work examines processes of inclusion/exclusion in and through space and the everyday experiences of belonging of immigrants and minority groups using an intersectionality approach. Luisa is currently involved in a range of collaborative and interdisciplinary projects examining the everyday experiences of minority groups in the transborder city of Ottawa-Gatineau, the influences of environmental factors on international migration to Canada, and the consumption and production of multicultural media.
lveronis@uottawa.ca