

Circletalk: If We Don't Know Where We Come From, We Don't Know Where We're Going

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The People of Miawpukek First Nation, a Mi'kmaq band living at Conne River on the south shore of Newfoundland, are in many ways a microcosm of the North American Indigenous experience. Their band history is unique because of their remote location, proximity to the earliest European encounters, and their connection to the 10,000-year history of the Mi'kmaq of the northeastern seaboard. But the effects of government and church policy are universal to Indigenous peoples: loss of spiritual identity, loss of language, loss of an understanding of a world other than their internalized colonization—with vestiges of their traditional past.

The decimation of the Mi'kmaq—by disease, by being hunted down, demonized, and marginalized after the arrival of Europeans—enabled the colonization of their way of being in the world. Virtually all Mi'kmaq were inculcated with Roman Catholic dogma from the early Seventeenth Century. By the Nineteenth Century, the state and particularly the Roman Catholic and Anglican churches colluded to assimilate all of Canada's Indigenous peoples. There have been many travesties committed, but suffice it to say that the result has been that many Aboriginal people do not want anything to do with their traditional spiritual roots—and it is not necessarily an easy path for those who are seeking to reassert their Native identity or reclaim traditions from their or a pan-Indian past. For example, some face the possibility of family censure, while others may be encouraged by family participation in various ceremonies.

Anastasia Shkilnyk spent time with the Ojibwa at Grassy Narrows in northwestern Ontario after they had been relocated from their traditional lands to a reserve. She shows the people to be “truly broken” as Kai Erikson wrote in the preface of her book. He states that the most important factor in building up a “tremendous rage and frustration” was that the new reserve is laid out in such a way as to “disturb the ancient relationship between the Ojibwa and the rest of nature, for people now feel separated from the land and the water and creatures of the forest, with which they have always felt a special kinship. They are, in a very real sense, removed from their natural habitat.”

At Conne River, the two realities experienced by Aboriginal peoples are exemplified by the annual St. Anne's Day and the Powwow festivities. The decline of community participation in the Patron Saint celebrations could be a manifestation of a more secularized society, as exemplified by decreasing church attendance generally. The St. Anne's Day celebration does bring families together, in that the morning mass celebrated with a priest is well attended as is the lunch for sale in the Great Hall. The afternoon of games in the park has scattered involvement in a variety of sports activities for both kids and adults, and devoted attention to getting drunk, an activity that continues throughout the evening dance for adults.

The well-attended Annual Powwow is a weekend for celebrating traditional culture through drumming, dancing and singing, sweat lodges and a sacred fire kept burning for several days and nights. There is a lot of community involvement in preparing the site, in

procuring and preparing traditional foods for the free daily feasts, and in the give-away presentations honoring and acknowledging community participation throughout the year. These and other gatherings and celebrations that offer glimpses of spiritual traditions and philosophy are already touching virtually every family.

People have begun to see and feel the difference in their lives resulting from these two major summer events. It is the ongoing exposure to the feeling of both individual and community strength gained through participating in such activities as powwow dances, sweat lodges and sacred ceremonies, that has begun to provide strong roots for gaining an understanding of, and pride in, their cultural and spiritual heritage. The powwow and St. Anne's Day are a stark juxtaposition of two realities—a traditional way of being in the world and the paradigm of colonization.

The ban on alcohol at the powwow is appreciated by some in the community—especially where the effects of alcoholism have been or are being felt in the family through tragedy, death, and abuse. Many who have adopted a traditional component into their lives have explained in various sacred settings that they came to understand and accept that their past use of alcohol was the underlying cause of tragedy, including the death of children, in their lives. They have experienced the ability to heal from what one man called “the wobbly road” through the sweat lodge and other ceremonies, but mainly through the support of their community.

A holistic approach to health is based on principles of balance, integration and sustainability that are similar to basic principles underlying Native spirituality. As Waldram, Herring and Young wrote in 1995, “The linkage of healing and spirituality with cultural identity, is evident in [the] various healing initiatives developed by Aboriginal people as the historic process of deculturation and despiritualization are reversed, as part of a broad movement towards the ‘healing’ of the Aboriginal population” (p. 226). Psychiatrist Wolfgang Jilek wrote more than twenty years ago about the revival of West Coast Salish Spirit dancing and its positive effects on young people who were at risk of alcoholism, drug addiction, suicide, or violent death. He also concludes that traditional practices are an asset in Indigenous health care.

The understandings about traditions and spirituality gained from my research at Conne River led me to work with a family from an Ontario Reserve that has suffered from six generations of violence stemming from alcohol abuse. This special Team worked to develop protocols to help the mother cope with the special needs of her children and herself, and for the children to develop skills and ways of being in the world that worked for them. After a few months of integrating traditional practices such as sweat lodges and healing circles, there was obvious improvement in the lives of the children and their mother. Then the funding for appropriate care ran out and the children were allocated to whatever care and support was available—or none at all.

After that the 12-year-old made several suicide attempts, and disclosed that she had been engaging in sexual behavior during time spent in hospital. After all the limited community resources were utilized to no avail, the mother had to give custody to the Family and Child Services in order to access a treatment home for the child. The 10-year-old was re-sexualized in the foster home to which she was sent. I mention all this as an example of how thoroughly the system continues to fail this family—and, of course, many others—and how irrelevant, disrespectful, and paternalistic attitudes are maintained by many government and

agency policies. We had enough experience during our time of working with the family to know that all areas of life need to be addressed—wellness, lifestyle, traditional foods and healthy eating, medicine plants, and traditional survival skills—as were utilized by the Team.

Even though the children did not have a lot of experience with traditional practices, there was an inner resonance that had profound effects on their subsequent behaviors. One problem the Team encountered was that it was not a simple matter to find traditionalists or Elders in this community who were competent with their own traditions. The result was that because the Elders did not have adequate spiritual knowledge or experience, they were not able to separate their own needs from those of the family members. As a result, there were severe repercussions on family and team members that required us to backtrack, pick up the pieces, and start again.

The lack of understanding of First Nations health care needs is also exemplified by some Canadian government agency health policies. For example, the 1986 Ottawa Charter for Health Promotion is concerned with building healthy public policy, creating supportive environments, strengthening community action, and developing personal skills. The attempts to expand the knowledge base and the domain of preventive health practices and theory, although a good effort, provide no connection between health care, wellness and sustainability, and, as such, do not speak to the needs of Canada's Indigenous peoples.

The Ottawa Charter is a document generated for use within the general population, so it is somewhat understandable that there is no consideration of Aboriginal peoples per se.. However, it is unconscionable that Health Canada's First Nations & Inuit Health Branch (FNIHB) does not seem to consider the special needs of First Nations and Inuit peoples they are supposedly there to serve. We know that traditional understandings and ways of being in the world can provide the basis for healing, but through its crisis intervention program, only Western medicine and treatments are permitted by FNIHB guidelines.

A list of about two dozen services *not* allowed in this emergency-based program includes:

- no emergency counseling services for alcohol, drug or solvent abuse problems
- no parenting and/or life skills training
- no communications skills training
- nothing the agency considers experimental therapy (sweat lodges)
- no self-esteem development and or/personal growth therapy
- no sex therapy
- no vocational or educational counseling

The only treatments that are funded are those that have failed generations of Native peoples. They are trapped in the worst for their families and there seems little comprehension or concern at the policy level from the agencies to the provinces or the feds. The special considerations necessary for the healing and health of Aboriginal peoples are not generally understood or acknowledged by most research funders, granting organizations, and policy makers.

There are, of course, notable exceptions. In Canada the Social Sciences and Humanities Research Council (SSHRC) is developing Aboriginal research as a priority area in an overhaul of its strategic research programming. The results of its initial dialogue with Aboriginal peoples, researchers, and academics have provided background information on desirable considerations and innovations for funding research, and for developing healing modalities in

Indigenous communities. The policy paper “consistently confirmed that a paradigm shift is well underway in the way Aboriginal research is understood” (McNaughton and Rock 2003:15).

The synthesis paper arising out of the cross-Canada dialogue expresses the shift in terms of a concerted move away from Canada’s colonial legacy, and calls for funding for “decolonizing research that is situated within an emerging Aboriginal paradigm” (McNaughton and Rock 2003:15). I have included this example because it shows political consciousness at the policy level and can possibly be construed as the beginning of a deeper understanding of the unique opportunities and skills that need to be developed in order for Aboriginal peoples to heal and function holistically at the personal and community levels. Hopefully, this will encourage other agencies to rethink their guidelines for First Nations research protocols and funding.

Traditional and spiritual/sacred healing practices do not generally fit funding agency guidelines and this is a barrier to realizing adequate support for Indigenous healing and wellness practices. Band-aid solutions don’t stop and certainly don’t heal multi-generational dysfunctions and abuse inherited from government and church cultural annihilation and genocide policies. Traditional spirituality based on an understanding of and relationship with the land is proving to be a necessary focus for healing Aboriginal individuals and their communities. This awareness could provide the basis for future programs and effective healing modalities.

References

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