

# Creating and Sustaining Positive Paths to Health by Restoring Traditional-Based Indigenous Health-Education Practices

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*This article presents some textual and graphic reflections on the epistemological links between health and education and the potential egalitarian influence of applications on policy and practice in dominant institutions toward the well-being of all. The reflections arise from an intense examination of the stories and processes of a research project with a group of 22 people who are traditional-based Indigenous health practitioners or their facilitators, or clients. The focus of the project was to examine how the access and provision of traditional-based health services could be enhanced in Vancouver by and for Indigenous people. By an extension of Indigenous wholistic principles and with consideration of the role that traditional knowledge-holders play in the health of Indigenous peoples, it becomes apparent that traditional-based health and education practices are so intertwined that they can be considered inextricable. From this understanding, a responsibility arises to ensure the well-being of Indigenous (and other) people by promoting epistemological pluralism and by restoring traditional-based principles and practices in the mainstream.*

## *Focus*

Indigenous people have demonstrated a way of knowing and relating that must be regained and adapted to a contemporary setting—not only for the benefits of those cultures themselves, but for all humankind. Learning and becoming whole are, at every level of expression, intimately intertwined. (Cajete, 1994, pp. 79, 180)

Like many people, I like to pragmatize (make practical) my understanding of the world so that I can make decisions for action. In this article, I summarize and pragmatize some of my reflections on research with a group of traditional-based health-education practitioners (healers, medicine people, and traditional knowledge-holders), their facilitators and clients in Vancouver. The focus of the research was to create a collective story about how to enhance the access to, and provision of, traditional-based health services by and for Indigenous peoples in Vancouver (see Figure 1). For me the findings of this research provide deep insight into the inextricable intertwining of Indigenous health and education.

## *Semantics*

Countless terms are used to identify Indigenous peoples as groups with commonalities, and many more by which we call ourselves. I like the term *Indigenous* when referring to myself and to others because of its association with place, and thereby its ability to connect people around fundamental

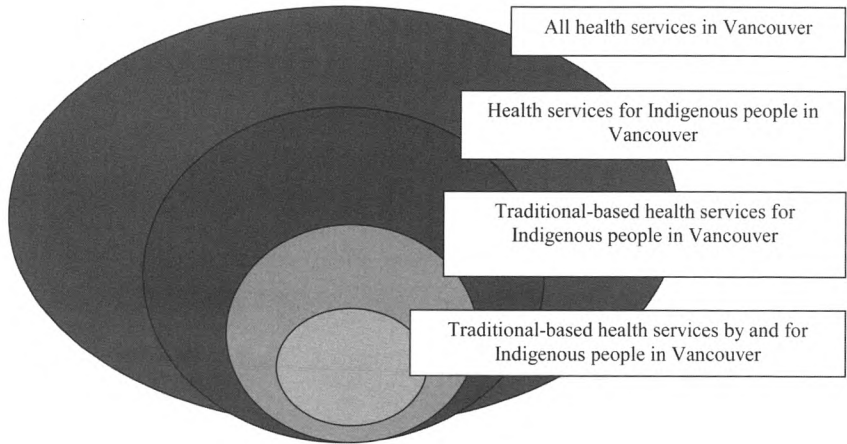


Figure 1. Relationships between general and specific health services.

issues and values; it seems much more concrete than *ab* (away from) *original*, much less ambiguous than *Native* (born in), and much more respectful than the pejorative use of *Indian*. We are undeniably Indigenous people by our connections to long-term ancestries in specific lands, with specific cultures, world views, and traditions.

For me the phrase *Indigenous education* is complex and deserves much examination. First, education in its broadest sense includes all those processes that are designed to maintain, or that naturally maintain, a healthy societal status quo: everyone living in relative harmony with each other, their environment, and other beings. More commonly, *Indigenous education* is used to refer to provincially standardized systems of education (curricula + programs) that are delivered to Indigenous peoples. Although there are some exceptions, most band-run schools or other K-12 First Nations education programs are constrained to deliver provincially packaged curricula under strict guidelines. The following is a quote from the Select Standing Committee on Education (2001) as published in *Hansard*.

We can either keep trying to stuff them [Aboriginal people] into our system and make them fit and succeed in our system as it's currently devised, or we can take a bit of a note and say: "Well, it hasn't worked so far, so maybe our system needs to change to fit what their strengths are.

Although many are satisfied with the status quo, many are also speculating that public demand for more choice in schooling has created a state of crisis, a state of nonconfidence, in British Columbia and elsewhere (Owens, 2003; Mercer, 1998). More recently, people are questioning not only who is delivering the curricula to whom, but also from whose world view the curricula and processes are being created.

They still teach them, that what we do is wrong, and evil. That would be like telling an Italian guy "you speak Italian, it's wrong, it's evil." But they still do that, so I tell them, "nah, nah, we're special; that's why there are so few of us." (Oldhands, in Marsden, 2005, p. 69)

In a country where assimilation is supposed to be in the past and where legislated Aboriginal rights and title to land, resources, and self-determination are decades old, these questions are not only ethical and just, but urgent and past due.

### *Epistemologies*

Epistemology n. theory of method or grounds of knowledge; a. epistemological [Gk *episteme* knowledge]. (Allen, 1985, p. 246)

I like to differentiate between traditional-based Indigenous world views and other world views by reflecting on how connected or derived they are from specific contexts (see Figure 2). For me traditional-based Indigenous world views (as differentiated from nontraditional-based) are those dynamic systems of beliefs and values that have arisen from long-term, intimate relationships between and within specific lands, waters, and beings. Because of these intimate relationships, traditional-based Indigenous world views commonly embrace beliefs about, and values of, wholism (spiritual, physical, mental, and emotional), balance, interconnection, interdependence, and thereby respectful and responsible relationships (Archibald, 1997; Kawagley, 1995; Weenie, 1998). Because of the complexities involved, discussions of Indigenous education are generally focused on these common values, and from there general applications to curriculum delivery processes are made.

Considering the history of Indigenous education in Canada (Barman, Hebert, & McCaskill, 1986), such advances should be held up as indicators of the great sociopolitical accomplishments and continuing influence of our Indigenous predecessors and allies.

### *Restoring*

Another step that needs to be taken and that has driven my research is to move beyond the preservation of Indigenous artefacts and practices, to move proactively to distinguishing between world views (in the creation of culturally sensitive practice) toward restoring Indigenous traditions in protected contexts.

The restoring of wellbeing spiritually, emotionally, physically and materially has involved social workers and health workers in a range of initiatives, some of which have been incorporated into mainstream programs. Restoring is a project which is conceived as a holistic approach to problem solving. It is holistic in terms of the emotional, spiritual and physical nexus and also in terms of the individual and collective, the political and cultural. Restorative programs are based on a model of healing rather than of punishing. Health programs addressing basic health issues have begun to seek ways to connect with indigenous communities through appropriate public health policy and practice models. (Smith, 1999, p. 155)

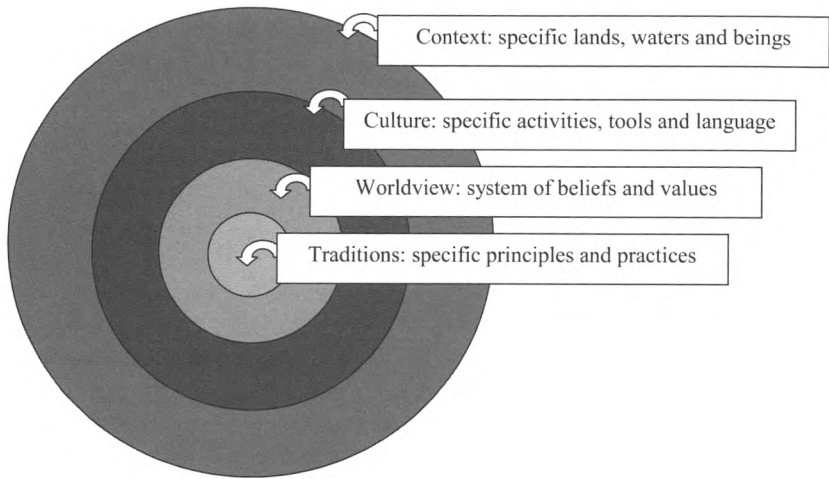


Figure 2. Relationships between terms and concepts.

Space for multiple world views (and more specifically Indigenous world views) must be asserted, supported, and created in the mainstream domains of health and education (see Figure 3). That is, restoring traditional-based Indigenous principles and practices for health education would assist in the creation and maintenance of a healthier, more just, and more egalitarian societal status quo.

J: So one of the things that I would like to see come out of this interview and your research and things, is just having the ability to reach the policy makers and have the understanding that we can meet our own needs. It's a right to be supported. We're not asking for permission to do this work, or we're not going to apologize for being where we are at. They have a responsibility to change, to help, to help create an enlightened community, a community, a society that evolves. (Marsden, 2005, p. 61)

An immediate assertion might be, "We can't go back to the way we were." We do not have to. Traditional-based Indigenous health education principles and practices are those traditions arising from Indigenous world views that educate—remind, model, teach, exercise, and reinforce—us to live in relative harmony with each other, our environment, and other beings. The restoration of Indigenous traditions in contemporary contexts is a logically sound, health-enhancing, sustainable, and responsible recommendation (Marsden, 2005).

#### *Practice*

In a relatively homogeneous community (language, culture, religious practice, history, context), traditional-based health education principles and practices can be restored on a larger scale by integrating them into dominant educational and health systems. For example, we can incorporate traditions like rites of passage (birth, puberty, childbirth, death),

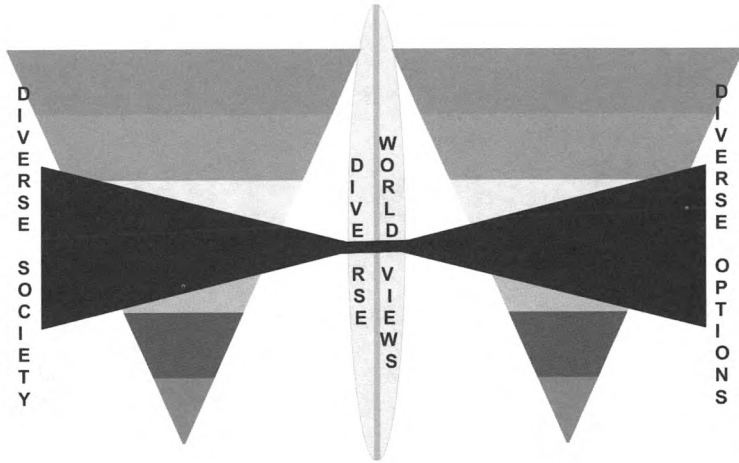


Figure 3. Influence of world view on societal options.

storytelling, ritual, feasting, and ceremony (naming, healing, grieving) to remind us of who we are as spiritually connected, physically interdependent, and globally responsible beings. How we do this in an international setting like Vancouver is tricky, but not impossible. Figure 4 is a visual example of restoring coming-of-age ceremonies in diverse urban settings.

In an egalitarian society there are always choices and creative environments for self-determination. Traditional-based health education practices—linked to considerations of respectful and protective protocols—can be offered as options among a range of health and educational services and identified as critical in the creation of an inclusive, pluralistic society.

“Medical pluralism” refers to the practice of utilizing the medical services of more than one medical system. ...medical pluralism allows the patient to retain both control and the cultural context of healing. (Waldram, 1990, p. 29)

According to research participants, traditional-based health education practices can be initiated by creating space for such activities, by creating opportunities for information exchange, and by facilitating long-term practitioner-client relationships; the following list is a summary of these recommendations (Marsden, 2005).

- Establishment of a cooperative, self-screening practitioner council for the development of guidelines, ethics, protocols, and standards of practice, and for the training of new practitioners;
- Establishment of a cooperatively managed fund of contributions to meet the living, practice, and professional development needs of practitioners and apprentices;
- Creation of appropriate, multiple, and cooperatively used and maintained spaces for traditional-based health practices;



Figure 4. March 10, 2005, Coming-of-age ceremony. Photo courtesy of Amelia McComber.

- Creation, collection, and dissemination of public documents, workshops, courses, conferences, and gatherings for the enhancement of traditional-based health services, and reduction of barriers due to ignorance or racism;
- Creation of positions for advocacy and public liaison between traditional-based health practitioners, other health professionals, Indigenous peoples, and the general public;
- Promotion of a cohesive and inclusive governance framework for off-reserve Indigenous peoples in Vancouver in alignment with local land-based First Nations.

These relationships can be facilitated directly or indirectly toward a *best fit* by considering ancestry, history, sex, prior knowledge, personality, and potential commitment (Marsden, 2005). Except perhaps in medical emergencies, considerations of ailments or conditions are secondary to the establishment of healing relationships, which are the active ingredient in wholistic, lifestyle-oriented, traditional-based Indigenous health education practices. Healing relationships have qualities like wisdom, love, respect, bravery, honesty, humility, and truth. In this context, the teachings about living a good (healthy and fulfilling) life can flourish.

### *Health Educators' Roles*

Historically, Indigenous health educators were the Elders, the Aunts, the Uncles, and occasionally people who had specialized knowledge, which is appropriate if the emphasis is on the message rather than on the transmitter of that knowledge. Anyone who shares traditional knowledge about who we are, about how to live a good life, or about how to be a good person could be considered a health educator *at that moment*, and the gifts imparted could be considered *good medicine*. Those who specialize in sharing or applying such knowledge could be considered *medicine people*.

Identifying someone as a *healer or medicine man or woman* in the English language is something of a social blunder in many Indigenous circles, because the focus on the individual role does not give recognition to where the healing knowledge or abilities came from, to the communal, participatory, and intergenerational contexts for teaching and healing, or to the long-term nature of learning and healing relationships. In urban areas where people may come and go in their lives, it may be more difficult to establish such long-term learning and healing relationships. Sometimes there are no Elders, Aunts, Uncles, or medicine people to visit. In such cases, people take risks and are willing to find surrogates: friends, strangers, or associates who are known to fill the same medicine-sharing roles.

I find that the very first connection with an Aboriginal healer or someone else who connects to ceremony [is important]. I know that there's a few people downtown who will come to me, and ask me about sweet grass, or sage or tobacco. And it's from that first connection, when they're scattered, when they're starting to feel anxious, or scared, or fearful at something that's going on with them. It's like "okay breathe, sit." And it's that first encounter. (Marsden, 2005, p. 141)

Although traditional-based Indigenous health educators—historical or contemporary—may play key roles in the facilitation of health for individuals, it is the surrounding complex of relationships that ensures, empowers, and maintains the efficacy of the practices. In a relatively homogeneous community, this complex would include close and extended family, friends, and important associates. In an urban context where family may not be as available, close friends and important associates may fill the roles as surrogate family. In the end, this complex group of health educators, family, friends, and associates becomes an enduring web not only for the support of one person, but also for the well-being of everyone in that community.

### *Unifying Belief*

spiritual, 1 a. of or concerned with the spirit; religious, divine, inspired. 3 spirituality, n.; spiritually, adv. (Allen, 1985, p. 725)

The key to a world of healthy sharing and healthy living reiterated by many is the importance of spirit and spiritual ways of being, knowing, and

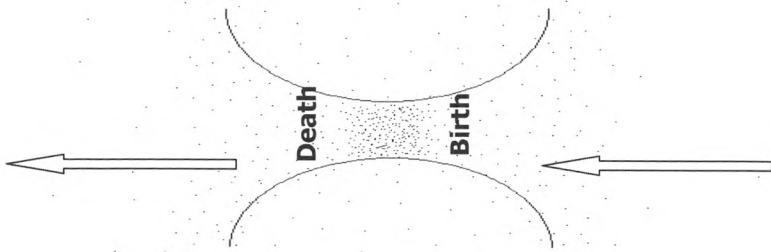


Figure 5. *Process of life: from Spirit, through physical manifestation, to Spirit.*

doing. Much ignored, maligned, and closeted in the public practices of a Westernized world, spirit is the unifying belief behind who we are as human beings (see Figure 5). We are spiritual beings on a physical, mental, and emotional journey. This is not news to most Indigenous people or to most non-Indigenous people on a private level. What may be revolutionary is the idea of restoring the centrality of spirit to our public institutions and public practices.

In all forms of traditional healing, religion and shared cultural values and beliefs are at the core of preventive and curative health practices. Religion is critical to an understanding of the spiritual dimension of health, which in turn is pivotal to the maintenance of the psychosocial dimension of health. (Airhihenbuwa, 1995, pp. 48, 50)

If we know who we are, that all life is connected through spirit, and if we learn how to live good lives, then by extension we will act responsibly toward the creation of harmonious and sustainable (healthy) relationships in this world.

#### *Common Ground*

Although North American history has not been the most honorable in the past few hundred years, there are rumors and prophecies that the time and timing for positive change is about now. People in cutting-edge science, policy, and philosophy—quantum mechanics, ecological and systems theory, post-positivist critical realism, social determinants of health, socially responsible business, New Ageism—are walking in the footsteps of people applying traditional-based Indigenous theories and methodologies (world views and traditions). Recent ground-breaking discoveries, particularly in the field of psycho-neuroimmunology, lend credence to the insights of Eastern and traditional medicine. Complex biochemical links among body, mind, emotions, and spirit, for example, can now be demonstrated



(INAC, 1996). Bohm (1983) comes surprisingly close to traditional-based health teachings in his discussion of wholes and relatedness: "So, whatever part, element, or aspect we may abstract in thought, this still enfolds the whole and is therefore intrinsically related to the totality from which it has been abstracted" (p. 172).

As Airhihenbuwa (1995) warns, it is no surprise or secret that the academic world is turning a serious eye toward traditional-based Indigenous knowledge as templates or paths to wisdom (or profit).

Instead of receiving proper and due recognition for the areas in which they are known to be efficient and effective, healers are encouraged to surrender their herbal lore for the advancement of science ... there is a lack of systematic protection of ownership of orally transmitted information, which is a vital form of intellectual and creative property in traditional medicine.... traditional healers ought to organize themselves and seek professional status, in order not only to survive but to get their share of government support. (pp. 56, 58, 60)

Although there are still pirates, there has never been such common ground between Indigenous and non-Indigenous peoples, nor as much potential for radical, positive educational change for the health of Indigenous and all peoples.

#### *Hindsight*

Restoring balance by restoring the place of spiritually based traditions in our public institutions is logical and necessary: locally, regionally, and globally. Memories might arise of a time of dark ages when religious oppression reigned. Scientific reasoning is said to have broken the hold of religious dogma over people's lives. The research findings referenced in this project do not suggest that we return to the dark ages, but that we expand science beyond reductionism and machine analogies, beyond essentialism and cultural relativity to critical understandings of reality, through the deep examination and restoration of health-enhancing, sustainable epistemologies, from Indigenous self-determining perspectives. Cook-Lynn (1998) exposes the agenda of such work in the following statement.

The essential nature of intellectual work and critical reflection for American Indians is to challenge the politics of dispossession inherent in public policy toward Indian nationhood. (p. 131)

Traditional-based Indigenous ways of life were, and still are, based on such epistemologies. It is time for courageous health educators and allies to take the lead, to promote and restore contemporary forms of traditional-based Indigenous health-education practices away from reductionistic thinking and toward more inclusive and wholistic forms of health education practice.

### *Last Words*

The aim of education for health is to raise the level of public consciousness sufficiently that people not only accept the responsibility for their personal health, but are sufficiently aware of the range of factors affecting personal health that they can, and know how to, do something about them. (Laura & Heaney, 1990, p. 198)

The ideas in this article may sound idealistic, but they have practical value and practical application. People have been finding new ways to apply traditional-based teachings in their lives at home and in the work place despite the constraints of the status quo—even in cities. At the inspiring center of such changes are ordinary people who find the courage to make their daily actions more congruent with their traditional-based Indigenous beliefs.

Positive health can be created and sustained more widely by restoring traditional-based Indigenous health education practices in mainstream society. Such practices can make the transition of society—from fragmentation to wholism—a little less daunting, especially for those who believe that wholistic culture is an uncharted frontier.

We are entering a historic period of transition from one dominant worldview to another and it is my belief that the new, emerging culture is going to be radically different. Therefore, those of you who are working in this fledgling holistic education movement are pioneers on a rough and uncharted frontier.... we will need many different tools, many different approaches in order to help make this transformation of culture happen. (Miller, 1999, p. 189)

Rather than providing a sudden cure for the many health and educational crises that have arisen over the years, traditional-based teachings and practices can provide individuals, families, and whole communities with more time-tested tools and approaches for resisting, becoming resilient to, preventing, and transforming unhealthy, fragmenting influences and situations. In this sense, the restoration and continuity of traditional-based Indigenous health education practices is a unique and valuable avenue for affecting the continuity of human beings in positive, proactive, and healthy ways.

The challenge to transform our lives was given by our birth into this fragmented world. Meeting this challenge requires making the choice to acquire, practice, share, and pass on the teachings and skills for making positive health a reality. One by one, and together, we are moving beyond our differences and disconnections to restore, create, and sustain more positive paths to health, inclusive of traditional-based Indigenous health and educational policies and programs. How about you?

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