

Review

Traditional Indigenous healing in Canada: A synopsis of current practices and the necessity of future research

Jonah W. Perlmutter¹, Felix Walker BA² and Marni C. Wiseman BSc, MD, FRCPC^{3*}

¹University of Winnipeg Department of Biochemistry

²Nisichawayasihk Cree Nation (NCN) Family and Community Wellness Centre

^{3*}Department of Medicine, University of Manitoba

SKINWISE DERMATOLOGY, 6-1170 Taylor Ave, Winnipeg, Manitoba R3M3Z4 Canada.

Accepted 03 June, 2022

Abstract

Inuit, Métis, and First Nations Peoples living in Canada experience, on average, disproportionately poorer health outcomes than non-Indigenous Canadians. The intergenerational consequences of residential schools, established with the purpose of forcefully assimilating Indigenous children into Euro-Canadian culture, are likely one factor behind this inequity. Education amongst clinicians regarding traditional Indigenous healing practices and its implementation in conjunction with Western medicine are integral to confronting this systematic injustice. Indigenous healers view life as a homeostatic, holistic balance between the spiritual, emotional, mental, and physical wellbeings. The holistic approach to healing consists of facilitating healing circles, sweat lodge ceremonies, and the use of traditional medicines amongst other practices. Implementation of traditional ceremonies in accordance with modern therapeutic interventions was found to improve health outcomes amongst Indigenous patients. Despite this, research regarding Indigenous healing practices is scarce and often ingrained with Eurocentric bias. In accordance with the Truth and Reconciliation Commission's call to action, it is integral that Indigenous theories and practices of health and wellness be further researched and better incorporated into the literature and clinical practice.

Key words: Traditional, Indigenous, healing, holistic, ceremonies, Canadian

INTRODUCTION

Currently, over 1.6 million people reside in Canada who identify as Inuit, Métis, or First Nations (Census, 2016). Within this population, the detrimental effects of colonization are still felt. This is largely due to Canadian legislation designed to systematically assimilate Indigenous cultures with Christian and European ways of

life (Wilk et al., 2017). In the mid 1880's, residential schools were created by the Canadian government which collaborated closely with the Catholic, Anglican, Presbyterian, Methodist and United Churches (MacDonald and Hudson, 2012). *The Indian Act* later made attendance mandatory for Indigenous children aged 7 to 15 (Charles and DeGagné, 2013). These schools operated for over a century and over 150 000 Indigenous children were displaced from their communities and separated from their families to attend them (MacDonald and Hudson, 2012). Residential school

staff would strip students of traditional cultural clothing and prohibit cultural practices or use of traditional language. Ojibwe elder and residential school survivor Woman Who Leaves Healing Tracks summarized the goal of residential schools as “institutionalized assimilation by stripping Aboriginal people of their language, culture and connection with family” (Partridge, 2010). Residential school survivors also report having experienced emotional, physical, and sexual abuse while in attendance of these schools (Charles and DeGagné, 2013).

The intergenerational traumas of residential schools on current Indigenous populations are well documented. Bombay et al. (2013) conducted a literature review which identified a consistent relationship between familial residential school attendance and various forms of psychological distress in addition to risk of future stressor exposure. Consequently, Wilk et al. (2017) identified a correlation between familial residential school attendance, poor mental health, and substance misuse during a scoping review. They also identified a positive correlation with chronic health conditions such as diabetes mellitus and obesity, which may be a psychological consequence associated with survivors experiencing the malnourishment prevalent in residential schools (Wilk et al., 2017; Mosby and Galloway, 2017). Kaspar (2014) concluded that negative overall health status was more likely amongst those with familial residential school attendance during their analysis of a national survey.

The literature also reports macro sociological consequences of residential schools on the generational inheritance of Indigenous cultures and traditions. Many Indigenous communities describe elders relaying oral history and teachings to subsequent generations (Lafrance and Collins, 2003). Residential schools prevented this process by displacing and alienating Indigenous children from their communities, leading to loss of culture (Lafrance and Collins, 2003). Due to the complex and dynamic nature of culture, whether it is feasible to quantify its loss using traditional statistical means is a matter of controversy (Taras et al., 2009). However, as legal restitution cases have demonstrated, survivor testimonies have verified the magnitude of this disruption of cultural transmission (Blackburn, 2012). One residential school survivor testified: “The enormity of the loss of both my culture and my connection with my family feels overwhelming and the effects irreversible. I lost my identity as a Native person.” (Blackburn, 2012). Another survivor testified: “Our community [were], fun loving, trusting people. But that trust was forever taken away when a lot of us had got hauled off to residential school.” (Burrage et al., 2021). Previous studies also suggest that fluency in traditional languages amongst a population contributes significantly to positive self-esteem, cultural identity, and cultural continuity (Bougie and Senécal,

2010). Fluency in traditional languages amongst Indigenous populations in Canada currently sits at 15%, down from the once majority-fluent population prior to the implementation of residential schools (Census, 2016; Habkirk and Forsyth, 2017).

In order to investigate the human rights abuses committed against Canada’s Indigenous population, the Truth and Reconciliation Commission of Canada (TRC) was founded in 2008 (Stanton, 2011). Upon its dissolution in 2015, several “calls to action,” or suggested goals of government legislation were published. Item 22 on this list indicates a need for clinicians to “recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders” (Truth and Reconciliation Commission of Canada, 2015). Given the TRC’s call to action and the loss of Indigenous culture, and the poor health outcomes of Indigenous populations due to the intergenerational trauma of residential schools and other attempts at forced assimilation, it is timely that research regarding Indigenous healthcare serves to forward truth and reconciliation. This article aims to specifically identify the ways in which Indigenous discoveries in health and wellness have translated into modern Indigenous medicinal practices and the holistic healing prevalent in Indigenous communities. A clear and concise summary of these practices may be useful in enabling clinicians to provide culturally sensitive and maximally effective healthcare to Indigenous patients. This article also aims to determine the status of the literature on Indigenous health and wellness, and whether future research is needed to strengthen the current understanding of it.

Indigenous Theories of Health: The Holistic Approach to Health and Wellness

The Indigenous approach to health and wellness, as symbolized by the medicine wheel, emphasizes the relationship between an individual’s unity with all of creation and their spiritual, emotional, mental, and physical health (Esther, 2011). The interconnectedness of life is also symbolized through the prevalence of other circular shapes in Indigenous culture, including circular dances, drums and tipis (Stevenson, 1999). The medicine wheel is divided into four quadrants which represent the relationship between the four grandfathers, geographical directions, winds, or a variety of other spiritual and natural phenomena (Roberts et al., 1998). The center of the wheel represents the balance necessary for the four quadrants to exist in stability; this embodies the holistic balance of health and wellness (Roberts et al., 1998).

Disease is viewed as a disruption of this balance, and healing can only be achieved by focusing on amelioration of malaise in all domains related to health (Struthers et al., 2004). Rejection of the view that disease involves merely

the sum of its biophysiological causes distinguishes Indigenous traditional healing from Western-centric healthcare (Roberts et al., 1998). For instance, Roberts et al. (2019) posits that intensive cognitive behavioral therapy is the recommended course of action for clinicians treating patients exposed to recent trauma. In contrast, the holistic approach integrates psychotherapy with community gatherings, ceremony and prayer, meetings with elders or healers, and time spent in nature (Stewart, 2013).

Keepers of Knowledge: Elders and Medicine People

Continuity of practices and traditions related to Indigenous healthcare is primarily achieved by oral teachings from elders and specialists of traditional healing (Struthers et al., 2004). Healers are identified as possessing innate talents from a young age and trained accordingly. Ojibwe medicine man Jimmy Jackson recalled: "They [elders] were the ones who taught me and they are the ones who helped so I could recognize when I had discovered my gift" (Struthers et al., 2004). Tobacco is traditionally offered to healers in return for knowledge related to health and wellness (Struthers et al., 2004). Healers, with guidance from the spirits of their ancestors, facilitate healing through traditional ceremonies, prayers, or by administering herbal medicines (Struthers et al., 2004). While specific means of treatment vary between patients and First Nations, several practices emerge as common to most approaches of holistic healthcare.

Traditional Healing Ceremonies

Talking circles, or healing circles, are traditional circular-shaped gatherings where a variety of topics are discussed, including the health, wellness, and issues of the community (Mehl-Madrona and Mainguy, 2014).

The ceremony begins with a prayer from an elder and a talking stick, or other sacred object is passed around the circle's constituents. The individual in possession of the sacred object is permitted to speak, while all others in attendance listen. This tradition encourages respect for the viewpoints of others and thoughtful speech (Mehl-Madrona and Mainguy, 2014). Instances of the successful clinical implementation of healing circles are well reported. Heilbron and Guttman (2007) determined that traditional healing circles were an effective tool for enabling clinicians to better guide clients confronting trauma associated with child sexual abuse. Healing circles have been used, in conjunction with individual therapeutic interventions, to effectively manage alcoholism and drug misuse (Mehl-Madrona and Mainguy, 2014; Vick Sr et al., 1998). Circles have also been used to confront past traumas and facilitate adolescent prevention and intervention programs (Mehl-Madrona and Mainguy, 2014).

Sweat lodge ceremonies (SLCs) are also commonly conducted and viewed as a cleansing process, where participants are reborn and healed from ailments (Garrett et al., 2008). A sweat lodge is constructed from naturally sourced materials including wood and bark in a semi-spherical shape.

The shape is symbolic of the journey of spiritual development and aging. (Garrett et al., 2011). Stones are heated and placed in the middle of the lodge where ceremony participants sit in a circular shape around the stones. Water and natural medicines are poured on the stones, giving rise to steam while several rounds of prayers and songs are conducted to facilitate healing (Garrett et al., 2011).

Traditional Indigenous healers view regular SLC attendance as integral to maintain the holistic balance of health (Garrett et al., 2008). Schiff and Moore (2006) identified increases in the mental well-being amongst those who participated in SLCs during an experimental study which administered surveys to participants. Gossage et al. (2003) identified decreases in violent behaviour, disease morbidity, and an increase in feelings of familial support amongst inmates who participated in SLCs during a 3-year long cohort study. During a qualitative study, Marsh et al. (2018) identified SLCs as a mechanism to effectively contribute to recovery from substance use disorders and intergenerational trauma.

While many other ceremonies are prevalent in contemporary Indigenous holistic healing, including sun dance ceremonies and coming-of-age ceremonies, integrated into many ceremonies is the use of natural medicines (Struthers et al., 2004). These medicines can be chewed, inhaled, or applied topically. Natural medicines have been used by the Indigenous Peoples to treat dermatological conditions long prior to European colonization. Perlmutter et al., (2021) reports that the pruritis, xerosis, and edema associated with atopic dermatitis (AD) were treated with saffrole extracted from sassafras tree (*Sassafras albidum*) bark. Fungal dermatophytes were reported to be treated with lichens and the salicylic acid prevalent in willow tree bark (Perlmutter et al., 2021). Syphilitic cutaneous chancre was managed using tea containing the leaves of guaiac tree (*Guaiacum officinale*) and sassafras tree (*Sassafras officinale*) which induce diaphoretic and laxative effects (Perlmutter et al., 2021). Spruce tree resin is commonly applied to cuts to prevent infection and administered orally to alleviate sinusitis (France and Rodriguez, 2019). Muskrat root is administered in tea or applied topically to alleviate symptoms associated with infection, including headache and muscle aches (France and Rodriguez, 2019).

The Current State of Research

While traditional, holistic healing contributes to positive

clinical outcomes and knowledge continuity amongst Indigenous peoples, research on the subject remains scarce. During a scoping review, Redvers and Blondin (2020) identified 126 articles regarding general Indigenous medicine, 30 articles regarding traditional healing ceremonies, 14 articles regarding traditional medicines, 18 articles documenting a traditional healer's perspective, and 61 articles regarding integration of Western and traditional healthcare. Additionally, the majority of articles written prior to 2000 were written from non-Indigenous and Western-centric perspectives, introducing bias into outcomes (Redvers and Blondin, 2020).

Amongst these articles, many authors take generalized research approaches regarding Indigenous healthcare. In reality, methods of healing vary greatly between First Nations (Redvers and Blondin, 2020; Struthers et. al, 2004).

Considering the current status of the literature regarding Indigenous healthcare, it is recommended that future research be conducted in a post-colonial context, with collaboration with Indigenous healers and elders. The wisdom and knowledge of healers is immense, and the product of thousands of years of oral history and tradition (Day et al., 2014). It is crucial that future research be conducted in a culturally sensitive context. The oral histories and cultural practices recalled by elders must be approached with utmost respect. Consideration also must be given to the possibility that some Indigenous communities may not desire to have oral teachings published in the literature (Redvers and Blondin, 2020).

CONCLUSION

Due to the intergenerational consequences of Canadian legislation and residential school implementation, Indigenous Peoples in Canada disproportionately experience increased disease morbidity and incidence of psychological disorders.

It was also discovered that macro sociological consequences of these oppressive government policies led to a disruption of cultural continuity and loss of oral teachings regarding traditional healing practices. The Indigenous holistic approach to health was discussed as manifested in traditional ceremonies and the use of natural medicines by traditional healers. Implementation of traditional practices into a clinical setting were recounted, and the associated physiological and psychological benefits derived.

In accordance with the TRC's call to action, future research must be conducted in a culturally sensitive method to maximize the quality of healthcare and ensure continuity of tradition amongst Indigenous Peoples in Canada.

Conflict Interest: No potential competing interest was

reported by the authors

Funding source: No funding to declare
No prior presentations

REFERENCES

1. Blackburn C (2012). Culture Loss and Crumbling Skulls: The Problematic of Injury in Residential School Litigation. *Polit Leg Anthropol Rev.* 35(2): 289-307.
2. Bombay A, Matheson K, Anisman H (2013). The intergenerational effects of Indian Residential Schools: Implications for the concept of historical trauma. *Transcult. Psychiatry* 51: 320-338.
3. Bougie E, Senécal S (2010). Registered Indian Children's School Success and Intergenerational Effects of Residential Schooling in Canada. *Int. Indig. Policy J.* 1(1).
4. Burrage RL, Momper SL, Gone JP (2021). Beyond trauma: Decolonizing understandings of loss and healing in the Indian residential school system of Canada. *J Soc Issues:* 1-26.
5. Canadian Census (2016).
6. Charles G, DeGagné M (2013). Student-to-Student Abuse in the Indian Residential Schools in Canada: Setting the Stage for Further Understanding. *Child Youth Serv.* 34: 343-359.
7. Day D, Silva DK, Monroe AO (2014). The wisdom of indigenous healers. *Creat. Nurs.* 20(1): 37.
8. Esther L (2011). From Tradition to Evidence: Decolonization of the Evidence-based Practice System. *J Psychoactive Drugs* 43: 319-324.
9. France H, Rodriguez C (2019). Traditional chinese medicine in Canada: An indigenous perspective. *J Chinese Med Cult* 2(1): 1.
10. Garrett MT, Torres-Rivera E, Brubaker M, Portman TAA, Brotherton D, West-Olatunji C, Conwill W, Grayshield L (2011). Crying for a Vision: The Native American Sweat Lodge Ceremony as Therapeutic Intervention. *J Couns Dev* 89(3): 318-325.
11. Garrett MT, Garrett JT, Brotherton D (2001). Inner Circle/Outer Circle: A Group Technique Based on Native American Healing Circles. *J. Spec. Group Work* 26(1): 17-30.
12. Gossage JP, Barton L, Foster L, Etsitty L, Lone Tree C, Leonard C, May PA (2003). Sweat lodge ceremonies for jail-based treatment. *J Psychoactive Drugs* 35: 33-42.
13. Habkirk EJ, Forsyth J (2017). Introduction: Reflections on health and the body at Canadian Indian residential schools. *Br. J. Can. Stud.* 30(2): 143-145.
14. Heilbron CL, Guttman J (2007). Traditional Healing Methods with First Nations Women in Group Counselling. *Can. J. Couns.* 34(1).
15. Kaspar V (2014) The Lifetime Effect of Residential School Attendance on Indigenous Health Status. *Am. J. Public Health* 104(11): 2184-90.

16. Lafrance J, Collins D (2003). Residential schools and Aboriginal parenting: Voice of parents.
17. MacDonald DB, Hudson G (2012). The Genocide Question and Indian Residential Schools in Canada. *Can J Polit Sci.* 45: 427-449.
18. Marsh, TN; Marsh, DC; Ozawagosh, J; Ozawagosh, F (2018). The Sweat Lodge Ceremony: A Healing Intervention for Intergenerational Trauma and Substance Use. *Int. Indig. Policy J.* 9(2).
19. Mehl-Madrona L, Mainguy B (2014). Introducing Healing Circles and Talking Circles into Primary Care. *Perm J* 18(2): 4-9.
20. Mosby I, Galloway T (2017). "Hunger was never absent": How residential school diets shaped current patterns of diabetes among Indigenous peoples in Canada. *Can. Med. Assoc. J.* 189: E1043-E1045.
21. Partridge C (2010). Residential Schools: The Intergenerational Impacts on Aboriginal Peoples. *Native Social Work Journal* 7: 33-62.
22. Perlmutter JW, Cogan RC, Wiseman MW (2021). Treatment of Atopic Dermatitis, Dermatophytes, and Syphilis by Indigenous Peoples Prior to 1850. *J Cutan Med Surg.*: 12034754211058403.
23. Redvers N, Blondin B (2020). Traditional Indigenous medicine in North America: A scoping review. *PLoS One*: e0237531.
24. Roberts NP, Kitchiner NJ, Kenardy J, Lewis CE, Bisson JI (2019). Early psychological intervention following recent trauma: A systematic review and meta-analysis. *Eur. J. Psychotraumatol.* 10(1).
25. Roberts RL, Harper R, Tuttle-Eagle Bull D; Heidemann-Provost LM (1998). The Native American Medicine Wheel and Individual Psychology: Common Themes. *J. Individ. Psychol.* 54(1): 135.
26. Schiff JW, Moore K (2006). The Impact of the Sweat Lodge Ceremony on Dimensions of Well-Being. *Am Indian Alsk Native Ment Health Res* 13(3): 48-69.
27. Stanton K (2011). Canada's Truth and Reconciliation Commission: Settling the Past? *Int. Indig. Policy J.* 2(3).
28. Stevenson J (1999). The Circle of Healing. *Native Social Work Journal* 2: 8-21.
29. Stewart SL (2013). Promoting Indigenous mental health: Cultural perspectives on healing from Native counsellors in Canada. *Int J Health Promot Educ.* 46(2): 49-56.
30. Struthers R, Eschiti VS, Patchell B (2004). Traditional indigenous healing: Part I. *Compl Ther Nurs Midwifery* 10(3): 141-149.
31. Taras V, Rowney J, Steel P (2009). Half a century of measuring culture: Review of approaches, challenges, and limitations based on the analysis of 121 instruments for quantifying culture. *J. Int. Manag.* 15(4): 357-373.
32. Truth and Reconciliation Commission of Canada (2015). Truth and Reconciliation Commission of Canada: Calls to Action.
33. Vick Sr RD, Smith LM, Herrera CIR (1998). The healing circle: An alternative path to alcoholism recovery. *Couns Values* 42(2): 133-141.
34. Wilk P, Maltby A, Cooke M (2017). Residential schools and the effects on Indigenous health and well-being in Canada—a scoping review. *Public Health Rev.* 38: 1-23.