

**Understanding Resilience Through Revitalizing
Traditional Ways of Healing in a Kanien'kehá:ka
Community**

Morgan Kahenttonni Phillips

A Thesis

In

The Department of
Social and Cultural Anthropology

Presented in Partial Fulfillment of the Requirements
For the Degree of Master of Arts at
Concordia University
Montreal, Quebec, Canada

August 2010

© Morgan Kahenttonni Phillips, 2010

Signature Page

Final examining committee :

Mark Watson

Maximilian Forte

David Newhouse

Abstract

Understanding Resilience Through Revitalizing Traditional Ways of Healing in a Kanien'kehá:ka Community

Morgan Kahentonni Phillips

Despite colonization attempts at assimilation, the Kanien'kehá:ka at Kahnawake have been able to keep an extraordinary amount of culture and its teachings relatively intact. Recent discourse on Aboriginal resilience research has clearly shown that despite challenges and adversity, traditional methods of healing have persevered. Revitalization efforts of language, culture and traditional teachings are growing stronger and are contributing to the betterment of Indigenous communities. Contemporary research involving Indigenous mental health largely includes resilience, resurgence and the renewal of Indigenous traditional healing practices that *combine* both Indigenous healing methods with mainstream society's psychological approaches offering more treatment choices amongst Canada's Indigenous populations. There are challenges though. My thesis focuses on understandings of resilience through the revitalization of traditional ways of healing within Kahnawake's public health and social services organizations. This qualitative research offers an insider's anthropological view on Indigenous perspectives of healing and wellness practices around existing public health services, and that of traditional healers themselves. As an Indigenous researcher, I offer my own perspectives of healing through the sharing of my healing journey. While it has been suggested that integrating traditional ways of healing with mainstream Western approaches creates

better choice, it must be said that the two systems can be most effective if they are recognized as parallel systems complementing each other.

Acknowledgements

Niá:wen Takaia'tíshon ne wa'tkwanonhwerá:ton (I give thanks, greetings and acknowledgement to the Creator) for helping me reach my goals.

I offer my sincere acknowledgement and gratitude to all Kahnawakehró:non who participated in this research and who offered their time, knowledge, and encouragement to me during my graduate studies.

I offer acknowledgement and gratitude to friends and family who have guided me through this research journey, especially Nadine E. Montour (Post-Secondary Education Counsellor, Kahnawake Education Centre), Manon Tremblay (Concordia Centre for Native Education), Mike Loft, Bonnie Jane Maracle, and my fellow classmates.

Niawen'kó:wa (big thank you) to my supervisor Mark Watson for your patience, expertise and encouragement, as well as Maximilian Forte and David Newhouse, my academic committee, for your support. I offer you acknowledgment and gratitude as well.

Niawen'kó:wa (big thank you) to the Network for Aboriginal Mental Health Research for funding for this research and to the team for providing me with both written and human resources support at the Jewish General Hospital's Culture and Mental Health Research Unit. A special *niá:wen* (thank you) to Dr. Stéphane Dandeneau, Colette Isaac, and Dr. Laurence Kirmayer.

Dedication

I dedicate this study Tehoseratie. Although you are only seven years old, I recognize your many talents that I will help you to refine as you grow. Whatever life path you will choose, you will have my love and support. È:so konorónhkwa Tehoseratie.

I believe that we've [Haudenosaunee] been resilient for a number of reasons, most important of which has been our ability to keep an extraordinary amount of our culture and its teachings relatively intact. Another key ingredient has been the degree to which we've been able to maintain our languages which allow us to think in non-European ways about any issue giving us the flexibility to see, conceive and imagine many more possibilities than English and French allow.

- Mike Myers, Seneca Elder/Scholar;
personal e-mail correspondence, December, 2008

Table of Contents

List of Figures	x
1. INTRODUCTION	1
Situating my Self.....	3
Situating the Research	5
Overview of the Study	6
2. UNDERSTANDING THE ROOTS OF DISTRESS	10
Introduction	10
Historical Context of Indigenous Healing and Research	11
Contemporary Approaches to Healing	13
3. METHODOLOGY	18
Introduction	18
Towards an Indigenous Research Paradigm.....	19
The Research Process, Methods and Ethics in Kahnawake	21
Philosophical Foundations as Methods.....	24
Seven Generations Philosophy.....	25
The Creation Story of the Haudenosaunee	26
The Kaianere'ko:wa (The Great Law of Peace).....	29
<i>Kashwéntha</i> -- The Two Row Wampum Treaty	31
4. THE NARRATIVES: PART ONE	33
Introduction	33
Kahnawake Health Organizations	35
The Kateri Memorial Hospital Centre (KMHC)	35
KMHC Administrators.....	37
The Physicians.....	47
5. THE NARRATIVES: PART TWO	56
Kahnawake Shakotii'a'takéhnhas Community Services (KSCS)	56
KSCS Administrators	57
The KSCS Family & Wellness Center	64
6. THE NARRATIVES: PART THREE	69
Introduction	69
Community Elder (Male)	70
Community Elder (Female)	73
A Personal Healing Journey	77
Spiritual Retrieval.....	79
The Sweatlodge Ceremony: A Personal Account	81
We Are Our Own Healers.....	83
7. RECONSIDERING TRADITION, CULTURE AND HEALING	87
Introduction	87
Themes	87
Resilience.....	87
Community	89

Self Determination.....	91
Integrating Traditional Healing	93
Main Research Findings	95
Suggestions	96
Disseminating the Findings	97
Personal Reflections	98
Conclusion	100
References.....	104
Appendices.....	109
Appendix I: Cycle of Ceremonies of the Haudenosaunee	110
Appendix II: Interview Protocol	111
Appendix III: Consent Form	115
Appendix IV: Copy of contract to conduct research in Kahnawake	117

List of Figures

- Figure 1 Portrait of the Creation Story, the fall of Sky Woman and the beginning of the earth. This painting is by Ernie Smith, a Seneca artist
- Figure 2 Hiawatha Wampum Belt
- Figure 3 Kashwéntha (Two Row) Wampum Treaty Belt

1. INTRODUCTION

“If your spirit is well, you are well.”

- Inuit elder, Ruby Arn’aaq

National Aboriginal Health Organization conference (NAHO)

Ottawa, November 24, 2009

The 2009 National Aboriginal Health Organization (NAHO) conference entitled *Our People, Our Health* brought together Indigenous¹ peoples, frontline workers, government departments, professional and para-professional associations as well as academic institutions from all over the country. The gathering explored recent innovations and existing or emerging trends in population health research as they relate to reducing health disparities among First Nations, Inuit and Métis. During one morning’s opening thanksgiving address, Inuit Elder Ruby Arn’aaq announced to the assembled audience of some 700 people: “If our spirits are well, we are well.” From an Indigenous perspective, spirituality is fundamental to the maintenance of a healthy balanced mind,

¹ A note about terminology and capitalization: throughout this dissertation, I use the word Indigenous (with a capital ‘I’) to refer to what is also known in my language as *Onkwehónwe*, meaning original or real people. I capitalize the word Indigenous because in my worldview it is considered a proper noun. Although I reside on the Canadian side of the U.S./Canadian border that has cut through my traditional homelands (as is the case in many other Indigenous nations of Canada), I do not consider myself a Canadian citizen, but a citizen of the Haudenosaunee. As such, I prefer not to use the term Aboriginal when referring to Indians living in Canada. However, I periodically use the term Aboriginal when referring to a specific Canadian context, such as in reference to Aboriginal rights (see Kovach 2009:20-22). When I use the term Indian, it applies to the term that the Canadian government uses when referring to its original peoples, as defined in the Indian Act. Throughout this dissertation, the term Elder is capitalized. In an Indigenous worldview, we hold our Elders to a high esteem. Being an Elder does not simply entail reaching a certain age, as there are individuals who may be in their 30s, 40s, and 50s who are considered an Elder because of their wisdom and the respect that they have for themselves, the collective and the natural world. Being kind and respectful to our Elders is part of our being. When referring to a traditional ceremony such as the Sweatlodge, it is also capitalized.

body and spirit and serves as the link to our ancestral past and the natural world. On a personal and collective level, our stories are our historical narrative (Atleo 2004: xi). “Cellular memory⁴ is within us, it’s in your heart and body; ceremonies awaken those memories (Elder/Scholar Stanley Wilson, University of Alberta²).”

Since the arrival of settlers and newcomers to Turtle Island³, Indigenous lives of this continent have been drastically altered, including that of the Iroquois, or Haudenosaunee⁴ people of the Six Nations Iroquois Confederacy⁵ as many of our spirits are not well. The focus of this dissertation is on the mental health and wellness among my people, specifically among the Kanien’kehá:ka⁶ at Kahnawake -- meaning by or on the rapids -- one of eight communities of the Kanien’kehá:ka nation.

Aboriginal people officially represent 3.8% or 1.17 million people in this country. The non-urban population is distributed across 615 bands, 2,284 reserves and 52 Inuit Communities (Kirmayer et al. 2009). According to Statistics Canada (2008) more than half of Aboriginal people live in urban centres. Canada’s Aboriginal population is substantially younger than the general Canadian population being under the age of 24, compared to 40 for the non-Aboriginal population (Kirmayer et al 2009:5). Canada’s Aboriginal population is markedly diverse with many social cultural and environmental differences between different nations with over 55 language groups. “This diversity

² Stanley Wilson is a scholar/Elder of the Opaskwayak Cree Nation and author of *Gwitch’in Native Elders: Not just knowledge but a way of looking at the world* (1996). I had the opportunity to listen to him speak at an Indigenous Mental Health conference at UBC in June, 2010.

³ The first peoples of this continent refer to North America as Turtle Island. Known to the Haudenosaunee people, within the Creation Story North America was originally a giant mud turtle.

⁴ The English translation of Haudenosaunee is people of the Longhouse, or people building a Longhouse which refers to the type of homes we lived in.

⁵ The Haudenosaunee, or Six Nations Iroquois Confederacy is made up of the Kanien’kehá:ka/Mohawk, Oneida, Onondaga, Cayuga, Seneca and Tuscarora Nations.

⁶ The English translation of *Kanien’kehá:ka* is People of the Flint and is used throughout this text in place of the term Mohawk, meaning Man-Eaters in Huron.

makes lumping groups together under generic terms like “Aboriginal” or “indigenous” misleading (Waldram 2009). Although there are many different Indigenous nations within Canada with different cultures, languages, lifestyles and political issues, it can be said that all Indigenous nations share the common legacy of colonization and a shared sense of unity in terms of political fronts, land claims, and language and cultural revitalization.

If researchers -- and there are many research interests in Indigenous mental health -- are interested in understanding and improving health disparities and social problems among Canada’s Aboriginal population, I urge them to understand both the course of illness and suffering, as well as sources of resilience and healing. From an Indigenous perspective, quantifying the social and psychological ills of our people is not forward thinking as it perpetuates an organized system of dominance over the Other.

Sources of resilience can be found in the revitalization of ancient ways of healing, therefore Indigenous people must be allowed to create suitable systems of health based on existing local knowledge systems. Based on a case study of mental health provision in the Six Nations Grand River Territory in Ontario, Cornelia Wieman (2009) – Canada’s first female Aboriginal psychiatrist – has argued that Aboriginal peoples should be supported in the development of their own services that foster culturally appropriate and effective supports and services. Counselling practices are of course not new to Aboriginal people as Indigenous people have always viewed healing as part of our cultural teachings.

Situating my Self

I have lived all of my life in Kahnawake. My community is located on the south shore of the St. Lawrence river, 15 kilometres south of Montreal. My parents are the late

Rita Louise Jacobs and Oliver Peter Phillips and I am part of the Wolf Clan family, a family name which has been passed on to me matrilineally. I am a mother and a grandmother. I am fortunate to have been raised within the Longhouse⁷ where I have acquired much of my traditional teachings and knowledge. My interest in conducting health and mental health research at home has developed and evolved over the last several years beginning with my first experience as a voluntary Community Advisory Board (CAB) member of the Kahnawake Schools Diabetes Prevention Project (KSDPP) (see <http://www.ksdpp.org/>) in 1994. Because of KSDPP's effort to build research capacity within the community, I later became employed as a community-based researcher that eventually prompted me to seek a university degree because I was inspired by witnessing how a community can be transformed through research, capacity building, prevention and intervention activities that contribute to the health and well-being of our communities. Anthropology and community-based participatory research has given me the opportunity to share and transmit knowledge back to my community, as well as to the academy, from an Indigenous perspective.

More recently, after being involved in several other community-based participatory research projects, attending Indigenous mental health conferences, and reading several books by Indigenous scholars on Indigenous research methodologies and paradigms (Tuhiwai-Smith 1999, Kovach 2009, Wilson 2008), a transformation in the way I viewed research began. Being an Indigenous researcher, I began to fully understand the stigma attached to the term 'research' within Indigenous communities and how "the term 'research' is inextricably linked with European colonialism (Tuhiwai-

⁷ The term Longhouse refers to a structure or building, which is the spiritual and political institution of the Haudenosaunee people of contemporary times; it also refers to a dwelling that housed large clan families; it also refers to a person who strives to live a traditional way of life.

Smith 1999:1).” As Tuhiwai-Smith writes, research “is probably one of the dirtiest words in the Indigenous world’s vocabulary (1999:1).” Recent discourse on Indigenous research paradigms has empowered community-based researchers of all backgrounds, including myself, to see to it that community-based research is conducted ethically, in accordance with local laws and customs, and to ensure that the research somehow benefits the community. In this, I situate this research in terms of postcolonial engagement and decolonization within mental health issues (Fanon 1967).

Situating the Research

The Kanien’kehá:ka at Kahnawake are the descendants of an ancient people with a rich, vibrant, and unique heritage. Kahnawake was named in 1716 when the community of a few hundred settled along the St. Lawrence River, adjacent to the often referred to “virtually impassable” Lachine rapids. The Kanien’kehá:ka at Kahnawake are historically known for their skills as fur trappers and traders during the late 1700s (Blanchard 1980:284) when they were voyageurs for the Northwest and Hudson’s Bay Companies (Beauvais 1985: 6). Beginning in the 1850s, when the construction of railways were underway, the men of Kahnawake entered into the high steel construction ironworking trade, a daring occupation that they were skilled at (Blanchard 1980:336-343). Around that same time many Kahnawake men and women travelled abroad and contributed to the tourism industry in Canada, the U.S. and Europe. Other occupations that the Kanien’kehá:ka excelled at is lumbermen and river pilots who transported people across the treacherous Lachine rapids.

Originally over 50,000 acres, Kahnawake’s land base has gradually depleted through land cessions by the Jesuits, the Department of Indian Affairs and major utility

companies, including the construction of the St. Lawrence Seaway in the late 1950s (Phillips 2000:1) when 1262 acres was expropriated to build a canal. Further land loss has been due to the construction of the Mercier Bridge, a rail bridge, railways, two major highways that cut through Kahnawake, and Hydro Quebec power lines. The current population at Kahnawake is 7,389 (on reserve) with approximately 1200 households, and 2066 (off reserve). With an estimated population of 8,000 in 2010, the community's land base is now approximately 13,000 acres.

During the last few decades, Kahnawake has been in the midst of transformation. Given the history of the community, unravelling perspectives of resilience takes into consideration important factors that shape its social makeup. Up until the 1970s, traditional (cultural) ways of healing were discouraged and discredited not only by Eurocentric employees working in the community, but often by community members themselves as a result of assimilation and colonial efforts afforded by the state. In spite of this however, traditional ways of healing have not only been maintained, but are now being revitalized and welcomed into the community's public health organizations.

Overview of the Study

Indigenous peoples of North America have begun to revitalize traditions openly without fear of persecution (Martin-Hill 2003:6). This study is aimed at examining factors and processes that promote resilience through the revitalization of Haudenosaunee healing practices in the Kanien'kehá:ka community of Kahnawake through the narratives of community members who are associated with healing and wellness. As a client of one of its public health service organizations, I offer an account of my own healing journey as

a way to share understandings of Indigenous healing and wellness in a contemporary context.

Like many other Indigenous nations, throughout Haudenosaunee territory, the Haudenosaunee People of the Longhouse⁸ have kept much of their value and belief systems relatively intact (Myers 2009)⁹ despite attempts at assimilation. Within the community of Kahnawake there always remained a core group of people who maintained the traditional teachings and adhered to the *Kaianere'ko:wa*, or The Great Law of Peace (see Chapter 3) by carrying out a cycle of prescribed cycle of ceremonies (see Appendix) that acknowledge and honour the natural spirit world. Further, many of those who chose a religious faith over their own traditional ways, continued to make and use traditional medicines, hold ceremonies within their own homes, and regularly visit local medicine people for consultations and healing.

Aboriginal counselling approaches are in the midst of quick change and development (McCormick 2009). Such is the case within Kahnawake. Health and mental health services in Kahnawake are governed by Kahnawake's Health and Social Services Commission, Onkwata'karitáhtshera¹⁰. Out of the nine major public service

⁸ The Haudenosaunee (Iroquois Confederacy) People of the Longhouse refers to citizens of the Kanien'kehá:ka/Mohawks, Oneidas, Onondagas, Cayugas, Senecas and Tuscarora nations who still practice their traditions and laws. The Confederacy was created over 1,000 years ago and is governed by the *Kaianere'kó:wa*, or The Great Law of Peace. The *Kaianere'kó:wa* is based on a strong cosmological knowledge system connecting humans with the natural world. Decision-making is based on a democratic system that builds consensus within a matrilineal society. Predating European contact and influence, the People of the Longhouse once lived in long and narrow bark covered structures that contained one large extended clan family. A village comprised of several longhouses. Political and social alliances between villages were forged and maintained. Today, although we no longer live in these structures, the Longhouse remains the political and spiritual institution of our people and services as a gathering place for spiritual, social and political functions in each Haudenosaunee community.

⁹ Personal e-mail correspondence.

¹⁰ The English translation of the phrase onkwata'karitáhtshera is 'for all people to be concerned in the area of good health.'

organizations¹¹ within the community, two are health related, they are the Kateri Memorial Hospital Centre and Kahnawake Shakotiiia'takéhnhas Community Services. Established by the Jesuits in 1905, The Kateri Memorial Hospital Centre remains one of the few Indigenous communities in Canada to have its own hospital. Some of its services include inpatient nursing (24 hours/long term), outpatient clinic, pharmacy, dental clinic and rehabilitation services¹². Mandated by Onkwata'karitáhtshera, and led by a Language and Cultural Coordinator, the hospital added a cultural component to its services in 2000. The Cultural Coordinator is responsible for incorporating language and culture into its programs and services. This year (2010), the hospital will break ground for a new addition to the building. The new addition will house an X-ray department and a traditional medicine clinic. In 1999, the Healing & Wellness Lodge was founded and became a part of Kahnawake's Shakotiiia'takéhnhas Community Services. Recently renamed the Family & Wellness Center, it has now added a parenting component to complement the already existing traditional healing services for the people of Kahnawake. The Family & Wellness Center provides a variety of support to heal the individual person using cultural teachings from a Haudenosaunee perspective.

Now that I have introduced myself, my topic of research, my community and the type of framework that I have situated this thesis upon, I now turn to outlining how the this thesis has been organized. The remainder of this thesis is divided into six chapters.

Although this thesis focuses on healing and wellness, in chapter two, I felt it necessary to

¹¹ The nine major public service organizations within Kahnawake are: The Mohawk Council of Kahnawake, The Kahnawake Education Centre, Tewatohnhi'saktha/Kahnawake Economic Development Commission, The Kahnawake Fire Brigade and Ambulance Service, The Kahnawake Youth Centre, Step by Step Child and Family Centre, Kanien'kehá:ka Onkwawén:na Raotitíókhwa Cultural Centre, The Kateri Memorial Hospital Centre and Kahnawake Shakotiiia'takéhnhas Community Services.

¹² For a complete listing of services provided by the Kateri Memorial Hospital Centre in Kahnawake see <http://www.kmhc.ca/>

provide a brief background on some of the challenges that Indigenous people have faced (and continue to face), as well as some of the causes and social origins of distress that many Indigenous people feel are often ignored. It then outlines some positive approaches to healing in a contemporary context. Chapter three addresses the methodology. It first introduces the Indigenous research paradigm; explains the research process in Kahnawake; and describes important philosophies of the Haudenosaunee that informs this research. Chapter four begins with a brief historical background of the Kahnawake. It then outlines the community's healing strategies and introduces one of its public health service organizations, the Kateri Memorial Hospital Centre. The remainder of the chapter represents the narratives of individuals who were interviewed from the hospital centre. Chapter five introduces Kahnawake's Shakotia'takéhnhas Community Services organization and the Family and Wellness Center that the author is a client of. The chapter is a continuation of narratives representing staff who are currently employed there and one community member who has since retired. Chapter six begins with the narratives of community Elders then leads into a personal account of the author's personal healing journey. The concluding chapter attempts to bring the outcome of the findings, the discourse of resilience and Indigenous mental health, and the community's perspectives, to the forefront by discussing the implications of this study's results and future research.

2. UNDERSTANDING THE ROOTS OF DISTRESS

Introduction

Through colonization and forced assimilation policies designed and imposed upon by the newcomers to Turtle Island, perhaps the most change that has affected Indigenous peoples is the state of our health and well being. Besides colonization and absorption into a global economy with little regard for their autonomy and well-being (Kirmayer 2009: 3), Kirmayer and others call attention to profound transformations that have been linked to high rates of depression, alcoholism, violence, and suicide in many communities, with the most dramatic impact being on youth (Waldram, Herring, and Young 1995; Kirmayer et al 2009:3). Indigenous peoples of Canada (and the U.S.) want to move forward and heal from what history has prescribed to us. Although current governments are beginning to acknowledge and take some of the responsibility for what past legislation has done to its original peoples, such as the implementation of residential and boarding schools designed to eradicate our languages and traditions – one example being the acknowledgement, public apology and settlement agreements currently in progress¹³ – I argue that, if the focus of research *with* (not *on* or *about*) Indigenous peoples is redirected toward healing, repairing, restoring, and capacity building -- rather than on the disparities among Indigenous peoples -- problems will get solved and policy makers will be in a better position identify solutions that are suitable to contemporary times.

¹³ See the Aboriginal Healing Foundations *From Truth to Reconciliation: Transforming the Legacy of Residential Schools* and The Indian Residential Schools Settlement Agreement's Common Experience Payment and healing: A Qualitative Study Exploring Impacts on Recipients (2010)

Historical Context of Indigenous Healing and Research

In the concluding chapter of the recently released book, *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada* (2009), editors Kirmayer and Valaskakis point out specific unresolved empirical questions in the areas of individual and community healing and state that recognizing loss from historical trauma is a step in the process of healing. But recognition must take place on a broader scale as Aboriginal peoples often encounter wilful ignorance and disbelief from others. Current conditions in the area of mental health may be related to historical causes, however, the origins of the symptoms may be contemporary issues (2009:453-454). In order for contemporary healing practices to be successful, Aboriginal peoples must be able to tell their stories and provide their own perspectives about healing strategies.

In terms of the mental health and well being of Canada's Indigenous peoples, there are many problems affecting their everyday lives such as mental disorders, anxiety and depression, suicide, and severe mental disorders like schizophrenia or manic-depressive illness. Social problems include interpersonal violence, child abuse, alcohol and drug abuse/dependence, gambling and antisocial behaviour (Kirmayer et al 2009:14). Social stigma associated with research and mental disorders only adds to many of the problems facing indigenous peoples. Dara Culhane (2009:166) explains:

Researchers and advocates working in the field of Aboriginal health point out that endless repetition of statistics about illness, disease, violence, and dysfunctional communities and of "horror stories" about painful personal experiences of trauma misrepresents the diversity and complexity of Aboriginal experience by excluding those who survive through extraordinary strength and resilience.

In one of a series of publications published by the Aboriginal Healing Foundation (2008), Waldram, Fiske, and others discuss different models of healing and examine what

mix of traditional Aboriginal and Western psychotherapeutic techniques were employed in different Aboriginal communities in Canada. Researchers were asked to address the question of best practices that emerged from their analysis (2008:5). In this context, best practices means lessons learned. They found that there is no singular model of best practice for psychotherapeutic treatment of Aboriginal people; rather, there are locally derived models that seem effective for the clients involved, and that flexibility and eclecticism are key factors when creating effective Aboriginal treatment models that must not be “pigeonholed through the imposition of dominant psychotherapeutic understandings of best practices (2008:5)”. It is important to note that effective treatment programs must be able to accommodate a wide variety of Aboriginal people including those who are in the process of reclaiming their own cultural teachings, and even those who have no desire to do so. As McCormick (2009) suggests, successful counselling approaches are those that are culturally-based within local tradition, thus mental health workers and counsellors, Indigenous or non-Indigenous, should have some understandings of local traditions if they wish to meet Native clients’ needs.

Only by understanding others can we hope to understand ourselves (Loft 2007:10). While calls for integration have most commonly been voiced by the Western mental health system and its practitioners (Beaulieu 2010; Duran 2006; Johnson 2006; Moodley & West 2005), perspectives and experiences of Indigenous healers and Elders are absent from the dialogue (Beaulieu 2010). Perspectives from Indigenous people, who are users of mental health services, are largely absent from this dialogue as well. There is an ongoing revitalization of traditional ways of healing and an increase of use of Indigenous approaches to healing (Beaulieu 2010; Martin-Hill 2003). An aim of this

research is to contribute to that growing body of literature through examining Indigenous healing strategies in a contemporary context and by demonstrating how these strategies are being implemented.

Contemporary Approaches to Healing

There are a number of contemporary issues surrounding the mental health of Canada's Indigenous people as work is being done to ensure the survival of our communities. Firstly, we know that physical and mental health problems existed among various Indigenous peoples prior to contact with European peoples (Beaulieu 2010; Waldram, Herring & Young 2007). While health problems did exist, they were far less numerous than the reported health problems of Indigenous peoples today (Beaulieu 2010; Kirmayer, Simpson & Cargo 2003). However, for centuries Indigenous peoples had specific healing systems and practices in place to address and heal from diverse health issues (Beaulieu, 2010; Waldram et al. 2007). According to McCormick (2009), many counselling approaches and practices now include collaborative efforts that *combine* both Indigenous healing methods with mainstream psychological approaches offering more treatment choices amongst Canada's Indigenous populations. Duran (2006) refers to combining treatment as Hybrid Psychotherapy, where two or more ways of knowing can exist harmoniously with one another. There are challenges though to combining traditional and Western approaches, some of those include the willingness of healers and practitioners to collaborate; the 'mixing' of biomedicine with natural medicines; differences in epistemological and conceptual understandings of mental health and healing; exploitation with the disclosure of sacred knowledge and ceremonies; and administrative and bureaucratic issues.

Traditional medicine and healing are difficult concepts to define and are defined differently within the localized geographical context of a given community or nation (Martin-Hill 2009:26). The term “traditional medicine”, as defined by WHO (World Health Organization)

[i]s the sum total of knowledge, skills, and practices based on the theories, beliefs and experiences Indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement of treatment of physical and mental illness (Martin-Hill 2009; WHO 2001).

The Report of the Royal Commission on Aboriginal Peoples (1996) defines 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 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, counselling and the accumulated wisdom of elders (Martin-Hill 2009; RCAP 1996, Vol. 3:348).

The term ‘healer’ is used interchangeably since traditional teachings are considered “healing for the mind (Martin-Hill 2009).” In Martin-Hill’s recent (November 2009) article, *Traditional Medicine and Restoration of Wellness Strategies*, in the *Journal of Aboriginal Health*, she points out through a literature review of Indigenous knowledge, that the wellness of an Aboriginal community “can only be adequately measured from within an Indigenous knowledge framework (2009:27)” and that there are emerging discourses that explain and define traditional thought as a part of Indigenous knowledge. She cites Marlene Brant-Castellano’s article in Dei, Hall and Rosenberg’s (2000) *Indigenous Knowledge’s Global Contexts*, that states Indigenous knowledge has a multiplicity of sources including:

- *Traditional* – passed on through generations through oral stories, histories and interaction with the environment.
- *Empirical* – observations made over time and incorporated into ecological knowledge.
- *Spiritual* – revelation understood through dreams, visions or even as divine messengers.

Martin-Hill also suggests that language is a key factor in the regaining of traditional knowledge. When Indigenous people are taught the dominant language she states, it is often taught from a colonizing framework which subtracts from and displaces Indigenous knowledge implying an inferiority of their language and culture which inhibits pride, self-esteem and empowerment. These are all important factors in understanding some of the roots of distress among Indigenous peoples, specifically for individuals contemplating employment in an Indigenous health setting.

More Indigenous people are seeking the help of traditional elders, medicine people, seers and spiritual healers in our communities. As Sue and Sue (1999) contend, “renewed interest in indigenous methods of healing has been fuelled by both the postmodern movement in psychology and changing demographics in the United States. In the former, the importance of understanding alternative realities, cultural relativism, spirituality and a holistic perspective has challenged Euro-American Science (1999:187)”. They point out that Asian, Latin American and African immigrants have exposed health professionals to a host of different belief systems, some radically different from the Euro-American worldview which have important implications to counsellors and therapists in the understandings of Indigenous healing. While many Indigenous peoples no longer accept traditional worldviews, many are in the process of restoring and revitalizing ancient healing practices that harmonize the body, mind and spirit.

The World Health Organization has declared that one of its roles is to support the integration of traditional medicine into national health care systems (Papadakis 2008: 2) and although anthropological and sociological research shows that there are more historical and political challenges for implementing this task in an urban setting (Martin-Hill 2003), it is happening at the community level as more communities take control over their own health care systems. It is an exciting time to write about Aboriginal counselling approaches, “as this ancient yet new profession is experiencing a period of rapid growth and development” (McCormick 2009:337), specifically on being able to identify what works and what doesn’t. While many Indigenous clients still prefer to seek out traditional healers/seers, others will opt for treatment via mainstream psychological therapies. The third option of seeking help, that is to see a therapist/healer/seer that is able to use and combine aspects of both teachings in a contemporary way (2009:337), is also on the rise.

The importance of traditional healing practices for Aboriginal people has created interest in traditional ceremonies, including Sweatlodges, which are increasingly integrated into programs serving Aboriginal people.

“Through individual and community-based initiatives as well s larger political and cultural processes, Aboriginal peoples in Canada are involved in healing their traditions, repairing the ruptures and discontinuities in the transmission of traditional knowledge and values, and asserting their collective identity and power (Kirmayer et al. 2009:440).”

In *History of Medicine: A Scandalously Short Introduction*, Duffin (1999) offers her perspectives on current issues in health care within mainstream society. She points out the importance of studying the political, social, economic and cultural environment within Canada’s health system which if applied to the field of mental health can affect policy change within different levels of government. One of the areas overlooked by

administrative health services is the structure itself. Accepting models that do not originate in Indigenous communities does not always work.

This chapter provides a brief background on some of the challenges that Indigenous people have faced (and continue to face), as well as some of the causes and social origins of distress that many Indigenous people feel are often ignored. It then outlines some positive approaches to healing in a contemporary context. Exploring pathways to resilience among Canada's Indigenous peoples involves focusing on overcoming the historical burden of colonization to repair their social fabric, and to assert pride in their culture (Tousignant and Sioui 2009:43).

3. METHODOLOGY

Introduction

Indigenous researchers have a dual responsibility of satisfying both the academy and their communities as the ‘field’ is also their home (Ives et al 2007:16). Although Indigenous academics enjoy special epistemic privileges and for the most part can conduct investigations amongst their own people without too much difficulty, it isn’t always the case. Like most Indigenous communities, the community of Kahnawake is still very weary of the prying eyes of researchers, local and non-local. In addition, because many communities have their own research protocols in place, researchers must carefully map out a well advanced ethics approval plan that includes the university, the community and/or the research institute. At the community level this normally requires extra time and effort on behalf of the researcher. Within an Indigenous research framework, ethics is about relationships (Kovach 2009, Wilson 2008) therefore as an ‘insider’, my guiding principles are respect, relevance, reciprocity, and responsibility (see Four Rs of Aboriginal Health in Kirkness and Barnhart 2001).

For this study, I have listened to the stories of selected Kahnawakehró:non¹⁴ who are directly involved with healing and wellness in Kahnawake either through being employed at a public service health organization, or by being a traditional spiritual advisor not employed by a public organization. Through ethnographic interviews, the participants have shared perspectives of their personal experiences of working with

¹⁴ The English translation of *Kahnawakehró:non* is those who live in Kahnawake.

people in Kahnawake in the field of health and wellness. My personal knowledge of research from past experiences as well as my knowledge from Indigenous scholars such as Maggie Kovach 2009, Shawn Wilson 2008, Linda Tuhiwai-Smith 1999, to name a few, have fostered my use of a natural method of research, ethnography. Seeking knowledge in my own community, my research *process* – that is, methodology and method—needed to be respectful, enabling and credible (Kurszewski 2000:23).

This qualitative study involved preparation, learning, understanding, analysis, and accounting as the process developed. Guided by a written interview protocol (see Appendix), I chose narrative inquiry to be the most natural and appropriate method of research. Narrative inquiry fit with this research as traditionally, Indigenous societies have been oral societies. As Tuhiwai-Smith (1999) emphasizes: “The story and the story teller both serve to connect the past with the future, one generation with the other, the land with the people and the people with the story (1999:145).”

Towards an Indigenous Research Paradigm

Aside from using ethnography, narrative inquiry, grounded theory, thematic analysis, and other methodologies, Indigenous researchers are developing their own research paradigms and tools that are more culturally sensitive to their own respective nations. This ensures that outcomes of research make a difference in their own communities. For Wilson (2008), Indigenous scholar and author of *Research Is Ceremony*, it was important for him to partake in developing an Indigenous research paradigm “because it allows the development of Indigenous theory and methods of practice (2008:19).” The same can be said about psychological approaches and how they are applied to Indigenous people. For example, Eduardo Duran (1995), who received his

doctoral training in behavioural psychology, soon became aware that behavioural approaches normally prescribed from a mainstream society perspective failed to work when it came to his own people (Apache/Pueblo). His book, *Native American Postcolonial Psychology* has become an important discussion of problems encountered by many Native American Indians who suffer from intergenerational trauma and internalized oppression. The intent of developing and exercising Indigenous methods and ways of being that are more relevant to our many diverse nations is not to cast aside or disregard other practices, but to ensure that as Indigenous researchers, we are contributing to the shift away from methods that perpetuate a system of dominance over us by providing statistic upon statistic of what is wrong with us.

There are many Indigenous scholars who have led the way for contemporary Indigenous researchers such as myself. The works of Taiaiake Alfred (2005), Michael Loft (2007), Cora Weber-Pillwax (1999), Gregory Cajete (1994), for example, exemplify how traditional teachings, beliefs, values and customs can inform our research by guiding us through our work. We are beginning to articulate our own research paradigms and demand that research conducted in our communities follow appropriate codes of conduct and honours our systems of knowledge and worldviews (Wilson 2008:8). “An important aspect of this emerging style of research is that Indigenous peoples themselves decide exactly which areas are to be studied (2008:15).” For Wilson (2008), another important aspect is that we are reclaiming the term Indigenous itself by using a capital “I”. As Wilson, an Opaskwayak Cree from Northern Manitoba (2008:13) explains:

“These beliefs include the way that we view reality (ontology), how we think about or know this reality (epistemology), our ethics and morals (axiology) and how we go about gaining more knowledge about reality (methodology).”

For Wilson then, an Indigenous research paradigm is made up of an Indigenous ontology, epistemology, axiology and methodology which reflect an Indigenous worldview.

Research by and for Indigenous peoples is a ceremony about building and maintaining relationships throughout the research process. Just like the purpose of a ceremony, research allows scholars to build strong relationships or bridge the distance between the cosmos and us. Research then brings us to a raised level of conscious and insight into our world.

The Research Process, Methods and Ethics in Kahnawake

For this research, the American Anthropological Association's Code of Ethics, Canada's Tri-Council Statement on Research Involving Human Subjects, the Canadian Institutes of Health Guidelines Research Involving Aboriginal People, and Onkwata'karitáhtshera Health & Social Services Research Council (OHSSRC) (Kahnawake's Regulations for Research) are all documents that I had to consider. After the research proposal was approved by the university, it then had to be approved by OHSSRC before any interviews were allowed to take place. The process took approximately two months as the Research Council had many questions, and asked me to broaden the research to include both of Kahnawake's public health organizations. Other guidelines being used by researchers (and local research councils) in Indigenous communities are the OCAP principles of research (Ownership, Control, Access and Possession). These guidelines ensure that communities have equal say and authority on all research projects that they approve within their communities.

The spring and early summer of 2009 was spent completing the research proposal and having the research approved both at Concordia University and with Kahnawake's

Health & Social Services Research Council. Because I underestimated the extra amount of time it takes for research proposals to be reviewed and approved in my own community, the fieldwork did not start until mid-July of 2009. During the summer of 2009 general information from Kahnawake's two main health organizations, Kahnawake Shakotii'a'taknhnas Community Services and the Kateri Memorial Hospital Centre, was gathered both from public documents, and online websites. I then interviewed¹⁵ present and past administrators finding out as much background history as I could about the organization, and when and how traditional services came to be incorporated into their services.

The following individuals were interviewed:

Kahnawake Shakotii'a'taknhnas Community Services (KSCS):

1. Retired Executive Director (was employed there for 30 years)
2. Current Executive Director
3. Shakotihsnie:nehs (Traditional Helper – Family & Wellness Center)

Kateri Memorial Hospital Centre (KMHC):

1. Director of Operations
2. Director of Operational Services
3. Language & Cultural Coordinator

Physicians:

1. Mohawk female physician (KMHC)
2. Non-Mohawk male physician (KMHC)

Local Elders/Medicine People:

1. Female Elder (attended a public lecture on healing)
2. Male Elder

Interviewees were informed that my main focus was to understand resilience through revitalization of traditional ways of healing. All participants were given a small gift of appreciation. They were told that my aim was to gather their perspectives of how they felt about healing and wellness, specifically relating to the integration, and

¹⁵ See Appendix for Interview Protocol and Questionnaire Guide.

revitalization of traditional healing approaches in Kahnawake. All participants signed a consent form and were informed that they could withdraw from the study at any time. Prior to final submission of this thesis, all participants were given the opportunity to review the draft to ensure that their narratives were a true reflection of their thoughts. After defending this thesis, the final version will be distributed to all participants. All interviews began with the open-ended question:

Can you tell me a little bit about your background and how you came to be here in this job today? (How did you come to be a health administrator, health practitioner, physician, traditional/spiritual helper/adviser?)

Overall, all of the interviews ran smoothly although it was a bit difficult tracking down the physicians, especially since (I was told), there is a current shortage of physicians at the Kateri Memorial Hospital Centre and across Canada. Once the interviews were transcribed, I used a narrative analysis approach and coded interviews for thematic content.

Participant observation included documenting an account of my personal healing journey. Since the fall of 2008 I have been a client at the Family and Wellness Center where I regularly meet with a Spiritual Helper. In October of 2009 I attended a public lecture at the Family & Wellness Center given by an Elder/Medicine Woman, entitled: Healthy Mind in a Healthy Body. I digitally taped the lecture, transcribed it and analysed it for thematic content. Participant observation was not limited to what I have mentioned above as I am an active member within my community and acknowledge that every day is a chance to learn something new.

The purpose of this thesis is to examine the narratives and experiences of community members within the health field in order to identify and document some of

the key factors and influences that contribute to the resilience and well being of the community. This thesis focuses on the following objectives:

- To identify ‘success’ factors that influence health and well being in the community of Kahnawake;
- To draw some implications for public service health administrators looking to improve upon their services;
- To develop a process for disseminating the information about what community members have said.

Finally, one of the current issues faced by Indigenous scholars of today is the obstacle of having to justify the use of Indigenous methodologies in our research. Wilson (2008:30) tells the story of his own experience as he advanced to candidature presentation. One panel member, he states, insisted that no Indigenous people be allowed to serve as examiners as they would be too biased. I have ensured that at least one panel member on my supervising committee is an Indigenous person.

Philosophical Foundations as Methods

While the theoretical framework of this research centres around well-being, resilience and revitalization of traditional ways of healing, the foundation of my existence is built upon the traditional knowledge and teachings of my people in which I try to embody within my life and my research. It is not possible to continue this thesis without discussing how I draw on my own philosophies and attempt to show how the resiliency of this knowledge system has sustained our ability and willingness to reconnect, reclaim, and reinvent new ways of maintaining well-being through the Seven Generations philosophy, the Creation Story, the *Kaianere'kó:wa* (The Great Law of Peace), and The

Two Row Wampum Treaty. These foundations have been recurrent themes that have arisen throughout this research journey.

Defining resilience from an Iroquoian perspective means fostering engagement in action and fostering a sense of connection to hope. In a move towards unpacking resilience within the lives of community members in the area of mental health, wellness and traditional ways of healing, Haudenosaunee models of resilience can be found, I argue, in the following metaphors that are based on traditional ways of being. In an effort to continue the decolonizing movement, integrating Indigenous knowledge into our own health strategies helps us to consider how we might extend our traditional practices towards our own healing.

Seven Generations Philosophy

At a recent lecture series on Aboriginal resilience hosted by NAMHR, Seneca¹⁶ Elder and scholar Mike Myers, presented a lecture entitled Planning for the Seventh Generation. As Haudenosaunee peoples, he explains, one of our main philosophical foundations is an ongoing caring, not just for current generations, but for future ones as we work to heal our communities and recover from the long term effects of what Brave Heart (1998) calls intergenerational trauma. Brave Heart, whose work has become internationally recognized in the area of advanced psychotherapy, argues that intergenerational trauma is a result of historical unresolved grief among Indigenous people of North America by outlining the historical legacy of war, genocide, residential and boarding schools, and calls for more healing strategies that integrate modern

¹⁶ The Seneca Nation is one of six nations within the Haudenosaunee Confederacy, also known as Keepers of the Western Door. The Seneca People are also known as the People of the Great Hill.

traditional approaches to healing at the individual, family and community level. After realizing the powerful impacts of historical trauma within herself and her people, she became interested in literature on the Jewish Holocaust and saw similarities in how grief is passed down from generation to generation. Weiman (2009:416) further explains that the Seven Generations philosophy is a forward thinking cultural outlook well known among the Haudenosaunee:

Among traditional Iroquoian peoples, there is a firmly rooted commitment to and deference toward what is called the “Seven Generations” prophecy. The central tenet of this prophecy is a clear-minded understanding of how one’s actions, attitudes, behaviours, and, in particular, decision in this generation will affect not just the next generation but our descendants for generations to come (Weiman 2009:416).

The Creation Story of the Haudenosaunee

In Myers’ lecture on Aboriginal resilience, culture and language revitalization, he emphasizes that for the Haudenosaunee peoples – and for many other indigenous societies – cultural congruence begins with the Creation Story. It is the essence that develops a worldview, identity and existence. Understanding creation helps us to understand our role in society, and our connection to the people and all living things we were born to. Re-establishing this deep connection is part of our healing. As Herrick (1995:xi) points out in *Iroquois Medical Botany*,

[O]nce the differences between the Western or European and Iroquoian views of the things and events of the universe are understood...It is seen that any culturally imposed, European concepts necessarily become altered as they are used in relation to a perception of the universe that is quite unlike that of the Westerner.

Scholars such as Alfred (2005:164-165) are calling for the reconnection to our own culturally inherent foundations. He explains:

The psychological process involved in transcending colonialism is one of growth: expansion of one's self-conception, of one's view of the world, and of the opportunities for a fulfilling life...In practical terms, we transcend colonialism and begin to live again as *Onkwehónwe* [original people] when we start to embody the values of our cultures in our actions and start to shed the main traits of a colonized person: thinking of ourselves before others and projecting our imaginary fears and harmful attitudes onto situations and relationships...Disconnection from heritage is the real cultural and physical disempowerment of a person (2005:165).

The Creation Story, which has been passed down orally through countless generations contains what we call the original teachings, as Porter (2008:41) explains, “before they were boxed into religions¹⁷.” For Porter, Kanien'kehá:ka knowledge keeper, teacher and Elder, religions are not necessarily spiritual. He believes that universally all humankind originally came from the same *truth*. There are specific historical and symbolic accounts that speak directly to healing. Like other North American Indigenous peoples, the Haudenosaunee have traditionally adhered to certain beliefs and values that are different from those held in modern-day urban-industrial societies. In Herrick's synopsis of the Iroquois Creation Story, he considers that creation stories are especially relevant to a discussion of traditional medical practices and he provides an in-depth description of how the Iroquois have traditionally used plants as medicines. When orally recited, the Iroquois Creation Story can take as long as two full days to tell but I will attempt to summarize it here in order to show its significance and association with mental health, wellness and harmony in mind, body and spirit. For many Indigenous people who no longer remember this basic foundational knowledge I argue, its absence creates a rupture or disconnect in the overall well being of our people.

¹⁷ In Tom Porter's book *Iroquois Teachings*, 'they' refers to his belief that all people of the world having a Creation Story that bound humankind together. Creation Stories for Porter are referred to as original truths that were not “boxed into religions” yet (2008:41).

In the Sky World, where humanlike spiritual beings lived, was a giant tree, the Tree of Life. Before humans came to exist upon this earth plain, Sky Woman, who was one of the humanlike spiritual beings, falls down through a hole in the sky from the now uprooted tree (see figure 1). She was pregnant. There was no land yet, only water and water animals. She is caught by water birds and gently placed on the back of a giant mud turtle. The turtle grew until it became what is known within the Indigenous worldview as Turtle Island, or North America. Sky Woman gives birth to a girl who matures and also becomes pregnant eventually giving birth to twin boys:



Figure 1: The fall of Sky Woman (Haudenosaunee Creation Story)

Tharonhiawá:kon the Right Handed Twin, who created and regulated all that was good and beneficial on earth including ‘good’ medicine and who controls the day; and, *Skawiskara* the Left Handed Twin, who made all the mischievous and destructive things in the world including ‘bad’ medicine and who controls the night. They are not referred

to as good and evil, but the left handed twin was the prankster. The mother dies at birth and is buried; this is when we began to call earth our Mother. From the dirt of Mother Earth, the first humans were made. When their grandmother died, she was thrown up into the sky and became our Grandmother moon. When the right handed twin dies, he became the ruler of the sky, or daylight; and his brother, the ruler of the night. Not long after, The Creator provided the first humans with the original instructions on how to conduct ourselves on earth. The original instructions specifically taught how to love, honour and care for one another, all living things including our Mother Earth, the mind, body and spirit. The original instructions also included the Thanksgiving Address which when recited is a continuous reminder of our relation to the cosmos -- meaning everything contained below, on or above the earth -- and our place within the universe.

“The Creator prescribed direct instructions for the purpose of beautifying it and making it more pleasing for the habitation of man (Blanchard 1980:15)” with the intent to see to it that our Mother, and everything under, on or above her, is to be taken care of for seven generations to come. Illness comes at a time when there is disharmony of the spirit, mind and body. We are orally told that disharmony amongst our people began when the newcomers to this continent attempted to break our ties to our cosmic family and replace our ‘original instructions’ with religion.

The Kaianere’ko:wa (The Great Law of Peace)

While some have estimated the exact date of the formation of the Haudenosaunee Six Nations Iroquois Confederacy, that was bound together with a democratic constitution called the the *Kaianere’kó:wa*, to be approximately 1090 (Mann 2005) oral history teaches that this historic event occurred at least between one and two thousand

years ago. We are told by the Elders that there was a dark time in our history when the Cycle of Ceremonies¹⁸ and the peaceful ways of life were almost lost (Porter 2008:272). It is said that throughout the traditional territory of the original Five Nations¹⁹ the people began to lose their spiritual knowledge. There was much turmoil that eventually caused the original Five Nations to war with each other and with their neighbours, the Abenaki, the Ojibwa, Algonquin and Mi'qmaq. There was no peace. At this time, they were brought together by two men, Deganawida (The Peacemaker) and Hiawatha, who spread peace throughout the warring nations and formed a powerful democratic covenant known as the *Kaianare'kó:wa*. When the Confederacy was formed, a wampum (Hiawatha belt) belt was made from quahog clam shell beads symbolizing the agreement of peace – still a powerful symbol of who we are today as a people:



Figure 2

It is said that during the formation of the Confederacy, also known as the League of Five Nations, there came a time when one of the two co-founders, Hiawatha, who had been stricken with grief following the murder of his wife and three daughters, was healed during a Condolence ceremony performed by Deganawida. Traditional knowledge keepers remind us today of this very important healing ceremony that is still performed

¹⁸ Our belief system follows a cyclical ceremonial calendar (see Appendix) based on the 13 moon phases throughout any given year. As Haudenosaunee it is our responsibility to maintain these ceremonies as we are orally taught that should these ceremonies cease, much harm will come to the people in the form of sickness, harm to the environment and dissolution in families.

¹⁹ The Tuscaroras became the Sixth Nation in approximately 1716 under the 'wing' of the Senecas, or the Keepers of the Western Door.

for specific reasons such as during the ‘installing’ of a traditional Chief, or when an individual or family is grieving.

Today, the Kanien’kehá:ka²⁰ Nation is made up of eight villages or communities that are spread across the eastern geographical traditional homelands of the Haudenosaunee. With an estimated current population of approximately 125,000, Haudenosaunee traditional homelands are currently spread throughout Quebec, Ontario and New York state but at one time “geographically dominated areas from Hudson Bay to the Carolinas, and from Atlantic to the Mississippi River (Herrick 1995:3).”

Kashwéntha -- The Two Row Wampum Treaty

To summarise, our philosophical foundations and distinct worldview include the Seventh Generation Philosophy (that guides is in making decisions based on caring for current and future generations that we will never see); The Creation Story (that explains our connection to the cosmos and what our duties and responsibilities are as human beings); The *Kaianere’kó:wa* (our constitution containing laws based on a matrilineal and democratic consensus building decision making process), and finally the Two Row Wampum Treaty belt (that instructs us on how to



Figure 3

Interrelate with other governments and nations). I include this as a guiding metaphor for how I conduct myself and my research. The Haudenosaunee are known for being wedged

²⁰ The seven other communities/villages of Kaniénkeh, meaning land of the Flint are: Kanesatake (Quebec), Tyendinega (Ontario), Wahta (Ontario), Ganienkeh (New York), Akwesasne (New York/Ontario/Quebec), Six Nations (Ontario), and Kanatsoharéke (New York).

between two colonial rivals – the British and the French – who were warring each other for control of North America. Prior to that in 1645 (Blanchard 1980:122), The Kanien'keha:ka and the Dutch came together and formed a treaty of peace and friendship, the Two Row Wampum Treaty. The Dutch and the Kanien'kehá:ka agreed to respect each other's national boundaries, unique cultures, political systems and beliefs (Blanchard 1980:125). The two rows on the wampum belt represented symbols of two vessels, a canoe representing the Kanien'kehá:ka, and a ship representing the Dutch. Each nation agreed not to board each other's ship, meaning they would not interfere with each other's affairs. This metaphor and others listed above are important for my research as I strive to utilize as many tools that have been passed down to me by my ancestors and fellow Indigenous scholars; I ask that respect be given to it.

As Indigenous academics, our hope is to convey the message that healing exists through revitalizing language and culture and that the sharing of our philosophies and methodologies will form a bridge between Indigenous students, traditional knowledge holders in our communities, and academic institutions.

4. THE NARRATIVES: PART ONE

Introduction

Despite historical challenges that Kahnawake has faced, the community as a whole has shown resiliency and an ability to adapt to the ever changing circumstances which form so much of its history. Contemporary challenges include the Oka Crisis of 1990, membership issues, land claims, the tobacco industry, and language and cultural revitalization – to name a few. Responses to more recent challenges have resulted in the strengthening of ties to its sister communities and Nations within the Confederacy, the control and maintenance of education, economic development and health services, which the community takes great pride in. Today, the administrative body for Kahnawake is the Mohawk Council of Kahnawake (MCK) which has one elected Grand Chief and eleven Council members, otherwise known as the Band Council. It has its own library, a Caisse Populaire financial institution, local newspaper, radio station, cable television network, and several hundred small businesses that support the local economy. The cigarette manufacturing and retail industry, for example, over the past 25 years has been a major source of revenue within the community employing over 1,200 community members. Those employed within the major organizations earn salaries having one of the highest annual incomes per family of any other Indigenous community in Canada (Alfred 1995: 2).

Kahnawake takes pride in its history of gaining control over its public health service organizations within the community. The Kateri Memorial Hospital Centre

(KMHC) and Kahnawake Shakotiiia'takénhnas Community Services (KSCS) are governed by Kahnawake's Health and Social Services Commission, Onkwata'karitáhtshera. Its mission statement states that it "is responsible for planning, maintaining and improving health and social services for the well being of all *Kahnawakehró:non*."

The Kanien'kehá:ka phrase for I am healthy is *wakata'karí:te*. I asked a community member to translate the phrase into English:

"...[K]eeping this thought in mind, *wakata'karí:te* shows the idea that something causes me to be healthy, or makes me healthy. In the verb, it doesn't say to *cause* or to *make* one be healthy, it is in the pronoun. So, it's just of the thought of being healthy, it's having something in your surroundings, mind or spirit that makes you healthy physically, and also spiritually." (personal e-mail correspondence, summer of 2007)

As a result of discouragement, discreditation, and discrimination, many traditional ceremonies were kept secret with the exception of ceremonies held at the Longhouse, even though there have been times, I have been told, when there were only a handful of people who would attend. Further, natural plant medicines were (and are still) made by individuals who were trained to do so. In turn, this was also kept secret from mainstream (Western) physicians to avoid discrimination. Because of the continued discrediting, discouragement and discrimination created and directed oftentimes towards those who continued to follow the 'original instructions' of the Peacemaker, namely the People of the Longhouse, divisions were created, not only between the different religious faiths, but between those that followed a religious faith and the People of the Longhouse. Today, although some political divisions do remain, many *Kahnawakehró:non* are returning to their traditional roots and are relearning and living the language and culture of the

Kanien'kehá:ka. Much of this can be attributed to significant historical events that have occurred in Kahnawake within recent decades, such as the takeover and control of our own health and educational services, the Oka Crisis of 1990, Kahnawake's Language Law²¹, and the community's drive and motivation to regain much of the traditional knowledge and teachings that has been forgotten.

Coupled with the community's overall vision to revitalize language and cultural programs, in recent years, traditional ways of healing have been introduced into Kahnawake's two major public health service organizations. Both KCSC and KMHC have been mandated by the community to carry out their objectives outlined by Onkwata'karitáhtshera in a Community Health Plan.

Kahnawake Health Organizations

The Kateri Memorial Hospital Centre (KMHC)

In the early part of the 20th century, health care for all First Nations of Canada was neglected by the federal government²². Few First Nations people in those days ever saw a doctor in their lifetime and were rarely accepted by hospitals, not because they didn't get sick, but because they could not afford a doctor²³. In Kahnawake, during extreme emergencies or epidemics, a doctor would be brought in by boat from Lachine or Montreal. There was no hospital and at the time, private practice was not subsidized by the government. Kahnawake is one of the few reserves in Canada that would build, own

²¹ Enacted in December, 1999 and amended in March, 2007, the Kahnawake Language Law declares the importance of reviving, restoring and perpetuating the language of the Kanien'kehá:ka. See complete document at <http://www.kahnawake.com/council/docs/LanguageLaw.pdf>

²² Source: Kateri Memorial Hospital Centre Tehsakotitsén:tha 1905-2005, Our History Through the eyes of Kahnawakehró:non (those who live in Kahnawake) by Lori Nioieren Jacobs.

²³ Ibid.

and operate a hospital. Initiated by the Jesuits, the Kateri Memorial Hospital Centre's²⁴ doors opened in September 1905 as a charitable hospital. After a long history of negotiations between the Mohawks at Kahnawake and both federal and provincial governments, a historic Nation-to-Nation hospital agreement was signed between the Quebec government²⁵ and the Mohawks of Kahnawake for the construction and operation of a new hospital in 1984. The historical agreement, signed on April 24th of that year, stipulated that “the Aboriginal Peoples of Québec constitute distinct nations, entitled to their own culture, language, traditional customs as well as having the right to determine, by themselves, the development of their own identity”; it also stipulated that funds would be provided by the Quebec government to build the new building and to provide an annual budget required for operating the new hospital centre. The new hospital opened its doors on September 21, 1986²⁶. More recently on May 8, 2009, the KMHC signed a Renovation and Expansion Project between the Mohawk Council of Kahnawake and the Quebec government which will implement a permanent Kanien'kehá:ka culture and language program that has now become a vibrant and integral part of its regular activities. Today, there are 200 employees including 14 non-Indigenous physicians and one Kanien'kehá:ka physician from Kahnawake. The hospital provides short term (10 beds), long term (33 beds), ambulatory (family medicine/others) and rehabilitation services (in/out/home patients). The KMHC is recognized as a model to other First Nations communities in its successful development of holistic services and programs that meet

²⁴ Originally named L'Hopital de Sacre Coeur

²⁵ René Levesque was premier of Quebec at the time of the signing of the agreement.

²⁶ Source: Kateri Memorial Hospital Centre Tehsakotitsén:tha 1905-2005, Our History Through the eyes of Kahnawakehehró:non (those who live in Kahnawake) by Lori Niioieren Jacobs.

the needs of patients by incorporating both contemporary medical practices and traditional Kanien'kehá:ka practices (see www.kmhc.ca).

The remainder of this chapter focuses on the presentation of the data; stories serve as the primary source. I begin with the staff of the KMHC, because it has a much longer history than any other public service organization in the community -- apart from the Mohawk Council of Kahnawake. Individuals relayed to me their stories very openly, with pride and with little hesitation. It was very uplifting to receive so much encouragement from all those that I interviewed.

KMHC Administrators

Hospital research protocol required that I conduct an introductory meeting with the Director of Professional Services. I met with her in July of 2009. Working at the KMHC since 1986 as a Family Physician, she was very helpful and suggested the people she felt would be appropriate to interview for this study. She even accompanied me to the office of the KMHC's Director of Operations and asked different staff members for information pamphlets and documentation that she felt would be useful for me. She was very much in tune with the hospital's strategic goal, which is to incorporate language and culture holistically into some of their programs and services. She explained that a sub-committee made up of community members was created and its members are committed to assisting in providing language and culture throughout the KMHC. Several staff from the hospital are members of a mental health team that meets on a weekly basis – some clients are referred to the Family and Wellness Center. She suggested that I speak with the Coordinator of the Culture and Language Program who, I was told, was the resident staff member who arranges monthly ceremonies, a yearly feast in honor of the deceased,

in-house traditional teachings for staff, as well as the hiring of traditional elders/healers/seers who regularly visit the hospital's patients and staff. One comment made by the Director of Professional Services was that the younger generation of staff and patients are more inclined to accept language and culture at the KMHC. According to her, the older staff and patients may still be hesitant to accept Mohawk traditional ways of healing. We also briefly discussed medical and legal obligations of physicians regarding the referral of patients to traditional medicine people stating that protocols concerning bridging the two worldviews (traditional and mainstream/Western health practices) still need to be examined. She said, "[W]e still have a long way to go but it is evident that traditional medicine people are becoming more and more part of our mental or medical health systems" in Kahnawake. Before concluding our meeting, she introduced me to the office of the Director of Operations, and together we explained the topic of my thesis research. We then scheduled an appointment for me to meet with her for a taped interview. At that time I told the Director of Operations that I wished to give something back to the hospital once the research was complete. She suggested that perhaps I could take a look at the KMHC's orientation package for new staff members and eventually update it. I agreed.

Director of Operations

A couple of months later, I met with *Kahnawakehró:non* Director of Operations who has been employed at the KMHC for 35 years. She stated that the intention to incorporate traditional medicine and healing practices at the hospital is not something new:

Through the years, traditional practices continued; traditional people who spent their last days in the hospital were given the opportunity to bring in a healer, to

burn tobacco and to have some drumming, if they wished. We've never lost these practices, nor our desire to offer them.

She explained that although some of our practices were continued in secrecy because of the influence of the Catholic Church and the government, it is something that was never lost, even though that may have been the perception outside of Kahnawake. This was very encouraging for her because she said, "it speaks so much to who we are, that we just never let those traditions go." Subsequently, traditional healing practices have now taken a more prominent position both in the community and at the hospital. As an organization, a pledge was made to preserve, promote Kanien'kehá:ka heritage, communal values, beliefs, customs, laws, and way of life into its operations. The pledge was made she said, "because we need to demonstrate our social responsibility in ensuring that our organizational practices honour our Kanien'kehá:ka ways or values."

When people come to work here, even our people, they need to know where they are. They need to know that they're welcomed into our Territory every day. Accordingly, they have to respect where they are, respect our ways. That's something this project, this program [Culture & Language Program] is meant to ensure in our hospital.

As part of the hospital's Culture and Language Program, opportunities are being provided for staff to learn more about traditional medicine and traditional ways. While some may not be sure of what to expect, others still see it as an opportunity to learn and relearn our ways. She continues:

We have staff who have strong beliefs, to them, this [being traditional] is not *them*. There are some who are Native and professional -- a nurse for example, who follows the western model of medicine and has difficulty embracing traditional practices. For me, the best way to get staff on-board is doing, actually making traditional practices happen. Then people will see that it's not a threat to their beliefs, it's not a threat to their practice of western medicine; it complements. It provides a balance and for me, Morgan, we need that as traditional people have to heal the spirit, as well as the body.

There are some non-Natives who are very supportive of incorporating traditional ways of being at the hospital – some even using the Kanien’kéha language as much as they can on a daily basis. The hospital has already integrated traditional practices into its programming. For instance, each morning the *Ohén:ton Karihwatékhwen* (Thanksgiving Address) is recited on the hospital’s P.A. system. For her, “it really situates me for the day when I hear the Thanksgiving.” It makes her feel grounded when all of nature is acknowledged first thing in the morning, “You come and you hear that and you’re thinking, the birds, the medicine, and the earth...you get a sense of where they are and the pride that we have for our hospital, our ways.” As well, there are monthly tobacco burnings, language classes, social singing practices, celebrations of festivals and a weekly newsletter to name a few activities.

I asked her how integrating Kanien’kehá:ka language and culture at the hospital came to be a strategic plan goal. She explained that approximately ten years ago, Onkwata’karitáhtshera, the body responsible to oversee Kanien’kehá:ka control of Kanien’kehá:ka health by planning, maintaining and improving health and social services for all Kahnwakehró:non issued the following position statement:

Onkwata’karitáhtshera acknowledges that traditional medicine is vibrant and alive amongst Kahnawakehró:non.

Kahnawakehró:non often do not share their practices for whatever reasons with their health practitioners. In some instances, this can be detrimental.

As this community’s one health agency, we encourage Kahnawakehró:non to speak openly with their health professionals concerning their traditional medicine practices. We also expect health professionals to reciprocate in an understanding, sensitive and respectful manner.

We also make a commitment to further develop our relationships based on education, mutual respect and understanding.

The hospital, a member of Onkwata'karitáhtshera, wished to act on this statement. On the topic of healing, the Director of Operations feels it is of utmost importance that we as a people heal from the effects of events of the past and that we reconnect to our roots: "As a people, we're different, let's celebrate that", she said.

As Indigenous people, we recognize that although we live much of our outwardly lives like Westerners, we have not lost the connection to our cultural roots, but having that connection to our ancestors, our Creation Story, our language, and our concern for the collective, propels us and motivates us to find a balance between both worldviews. Contrary to statements by Westerners that 'primitive' cultures are static, we understand that much has changed, but as she states, "we're resilient, we have not only survived, we have flourished."

As part of the hospital's expansion and renovation plan set to begin in 2011, new services will be added to its out-patients programs – medical imaging and a Traditional Medicine Unit. The traditional medicine component will most likely begin earlier as a pilot project where a traditional healer will be part of the staff and would work alongside mainstream practitioners. Other traditional services could include traditional pre-natal teaching for mothers and other types of holistic services that would complement the hospital's many services. The Director of Operations believes it can work as a parallel system to current programming. It is, as she puts it, about "offering clients a choice... traditional medicine was practiced amongst our people a lot longer than the western model, so our traditional practices can also take care of us, can make us well.

She noted that there has been an increase in the demand for traditional medicine over the past several years and she believes that some of this comes from within our education system: what our young people are now being taught in school with regards to the Kanien'kehá:ka language and culture as opposed to what the nuns taught and how the church-run schools, which for the most part, discouraged and discredited Indigenous ways of being. Schools are also helping to build a stronger community because more and more Kanien'kehá:ka teachers are obtaining degrees and returning to the community to teach: "I think we've come to realize all that we've lost and we're not prepared to lose anymore."

On a broader scale, traditional medicine and similar types of programs are increasing in other Native communities and can look to them for advice, such as in Six Nations and Akwesasne where successful programs are already underway. The Director of Operations was proud of the fact that the KMHC is an accredited organization that has been here for over a hundred years and felt that integrating a traditional medicine component would add even greater credibility to our traditional practices. It would also encourage students who are looking for a future career to know that there will be opportunities for them. What kept recurring in the interview was the theme of partnerships. Although a traditional medicine component would be added as a complement to the hospital, she felt it important to state that although the programs would work side by side one another, they would remain separate. She strongly believes that:

We have to stop paying traditional medicine lip service, it deserves more. We have to practice it...and again, only in doing it, can you get the full experience, the full appreciation...we're a determined people, we'll make it happen! And you

know, there may be challenges, there may be gaps, but what a perfect time to fix it, while you're doing it.

Language & Cultural Coordinator

In September of 2009, I interviewed the KMHC Language and Culture Coordinator. He has been employed as Rehabilitation Technician for the past 26 years and in 2006 he accepted the dual position at the hospital as Language and Culture Coordinator (Mondays and Fridays) while maintaining his Rehab Technician duties (Tuesdays, Wednesdays and Thursdays). The Language and Culture Coordinator position began as a pilot project after the Coordinator, who is a traditional person, saw this as an opportunity to formally integrate language and culture within the hospital. Prior to 2006 a small core group at the hospital met regularly discussing topics such as spirituality and the Creation Story – “we would even do some traditional singing”, he said. Because there are long term elderly patients that call the KMHC their home, oftentimes a priest would be called in and carry out a mass at the request of patients who were terminally ill. Faithkeepers²⁷ from the Longhouse would also be requested to conduct certain ceremonies for patients as well. Because much of the community during the past few decades have been returning to their own cultural inherent traditional ways, there has been an increase in requests for traditional ceremonies to be held at the hospital. As a result, feasts for the dead, tobacco burnings, and other forms of language and cultural activities such as planting traditional sustenance gardens (corn, beans, squash) are now part of everyday activities within the hospital. In 2006, after he had proposed a pilot project that would formally integrate language and culture programs into the hospital, he

²⁷ A Faithkeeper is the title of an official position within the Longhouse. Part of the Faithkeeper's duties and responsibilities are to ensure that certain ceremonies are carried out and that someone is made available to do so.

began to carry out his plan of incorporating spirituality amongst staff and long term patients. At the end of the year, the project became permanent and when the addition to the hospital is ready for operation within the next two years, culture and language, and traditional medicine programs will be housed there. The result of the Language and Culture Coordinator's position becoming permanent resonates from several different important events that have occurred within the community in recent decades such as the implementation of the Language Law, the Oka Crisis of 1990 and so on. Since 1999, Kahnawake's nine public service organizations have been gradually implementing more traditional components into their programs and services.

During the 2006 pilot project phase, he met with staff from each department within the hospital in attempt to bring awareness of the Haudenosaunee's history, the Creation Story, the formation of the Six Nations Iroquois Confederacy, the Great Law of Peace, traditional songs, medicines and ceremonies.

Not everybody was receptive, but the mind was there, it helped both Native and non-Native staff to see that there's so much more to us, where we come from and what we believe.

At the completion of the pilot project a report was presented to the hospital's board of directors and the two day position of Culture and Language Coordinator position was eventually offered to him. As noted by the Director of Professional Services, there is now a mental health team that regularly meets to discuss the Culture and Language program. One of the issues raised by the mental health team is the use of traditional natural medicines by long term elderly patients who live at the hospital. Because they do not always inform their physicians when using traditional medicines, it was felt by mental health team it could lead to problems because some traditional medicines do not 'work

together' with Western biomedicine. The Culture and Language Coordinator also works with other individuals in the community on learning about traditional medicines. Some individuals are from the other health organization, Community Services, while some are elders within the community of Kahnawake and our sister Kanien'kehá:ka community Akwesasne. Akwesasne is more advanced in the area of integrating traditional medicines into their health clinic which is called the Traditional Healing Centre. He, along with other community members are learning more about the efficacy, and other issues related to the use of traditional medicines within hospital and clinical settings. A concern by the Culture and Language Coordinator and others is that traditional knowledge of medicines could suffer further loss unless the knowledge is preserved and protected for future generations:

We're in learning mode. We're working the best we can. The problem is we're all getting older. We're still young enough but we need to get some younger people.

The Elderly patients at the hospital play an important role in the future of the culture and language program. "Because a lot of our patients are elders," he says, "the mind is that when we build our addition, we plan to have more of a home environment. Many of the elderly patients still remember and share their stories about how to plant sustenance gardens, how to pick medicines, and so on. They are very much aware that much of the sicknesses such as diabetes, heart disease and cancer are a result of a poor diet". He goes on:

A lot of people don't even grow corn anymore, they're eating stuff that's brought in: in cans, and chips...even up north, they're not hunting and fishing like they used to...they're not of that balance...everything that we need is in the natural world and we've lost a lot of the understanding of that. Even though many of our elders were raised Christian, they still had a traditional mind.

A good example was [Community Elder, whom I interviewed later on], he was Christian, he was raised on the farm. His mind is traditional, but he was Christian. So here, a lot of the elders are Christian, but when you sit with them and talk with them, they'll tell you stories about things that were done when they were young. Even medicines, traditional medicines. They had no doctors at one time, there are a few ladies here that are in their 90s, any medicine they ever got was picked. And that's all they had, but they were healthy.

This speaks to the resiliency of the people of Kahnawake because many have held on to traditional teachings in the face of adversity so that knowledge could be passed on to future generations. He believes that maintaining spirituality will take care of all of our needs. When asked about how he feels about integrating or incorporating the two world views together, he says that he respects what others do and is very open-minded but his job is also to promote our own ways. He believes that the two worldviews can work together on a parallel basis, side by side, which speaks to our philosophy of the Two Row Wampum Treaty that ensures that we live and exist side by side but each in "our own boat". He displays a very evident pride when he talks about how our community is embracing our cultural roots:

So, people in the community, and they may not know a hundred medicines, but they all have a piece of the puzzle, and they'd use it. So it's there, and it's in the minds. And I understand that more and more when I talk to the elders, when they talk about when they were young and the medicines that they used. And a lot of them used it. So it's always been there and now our community is saying maybe I won't have to hide anymore.

He relayed an example of how the Kanien'kehá:ka of Akwesasne have faced similar experiences of discrimination by Western physicians and expresses the need for more Indigenous nurses and doctors:

People would come in, and they'd see their doctor and they'd feel kind of embarrassed to walk downstairs to get their traditional medicine. So it was hard. But they're lucky, they have the two, they have a[n Indigenous] nurse. That's what we need, to get us more in tune with medications. They screen them. They

look at what they're taking from Western medicine, they can tell you what contradicts what.

I enquired as to what were some of the ways that healing and wellness could be strengthened at the KMHC and he stated that he would prefer to have a traditionally minded Indigenous nurse on staff that could work with the long term elderly patients. He believes that we still have to bridge the gap between a Western trained mind and traditional medicine. The example he provided was:

...when a doctor is trained, he's trained with one mind, idea. The medicine has to be tested for 5-10 years, it's got to be approved. It's documented, written in the journal, only then, well now you can take this. So when you're taking one of our medicines, they look at it, they don't know about it, it hasn't been tested. But we say it's been tested from the beginning of the world. It's not written in a journal.

He continues:

If we look at, it's all about everything that we were given to be healthy in this world. If we could get our people to start to go back to thinking and understanding that, then we would be healthier as a people. We're out of that mind. The Healing Lodge is like that, they're open to everything. We have to be open minded about these things. If we don't start to do it now, if we don't start to learn these things and pass it on it's going to die. And we can see it, it's dying every day dying when our elders pass, like our language. It's being buried in the earth. So for us it's a kind of responsibility for us to keep it alive, keep that knowledge.

The Physicians

Male Physician

I interviewed a family physician who has been employed at KMHC for 26 years, in his office in October of 2009. He came to work in Kahnawake as a family in the 1980s right after graduating from family medicine at the Jewish General Hospital in Montreal. At first, a locum, or a replacement for staff doctors on vacation in the summer, he soon became permanently employed at KMHC when an opening for a full-time position became available. "I stayed because I love this place," he states. During our interview, I

asked what healing meant for him. He was quick to respond that his exposure to Native health at the time he came to work in Kahnawake was zero, “we’re not taught anything in medical schools, I was taught here.” We discussed some of the health related challenges that he has seen in the community throughout his career in Kahnawake such as the high incidence of diabetes and its accompanying complications, and heart disease. Our discussion led to the topic of the psychological aspects of health. During his time in Kahnawake, he has seen an increase in general anxiety and other psychological problems such as burnout from stress, “I see much more than I used to.” What he has also seen an increase in is the community’s efforts, thanks to Dr. Macaulay and others who worked to create the Kahnawake Schools Diabetes Prevention Project in 1994, to manage and prevent diabetes. “Some of those 3rd generation [of patients that he has seen] have no diabetic complications” stating that 20-25 years ago it wasn’t easy for him to advise community members to eat healthier diets and exercise, “but now it’s different.” Naming it a cultural evolution, he recognizes and appreciates the community’s efforts to revitalize language and culture:

One thing I didn’t see before was nobody spoke Mohawk, except the elders who tried to teach me Mohawk. Twenty to twenty five years later, I see mothers with young children only talking Mohawk to their children. That’s a huge difference. I think it was just the cultural awareness that occurred in 25 years that I see every day now...It’s very gradual. First ten years I probably didn’t see as much, but that changed in the last 15 years. And in the last 5 years, and this is my personal feeling, it is changing at an accelerated rate. I feel it’s a positive thing, very positive...people, mothers, fathers are talking [the Kanien’kehá:ka language] more with their children.

Similarly, he feels, another type of ‘evolution’ has taken place within Kahnawake involving psychological assessments, diagnosis, available treatment, and an increase in both the demand and in services provided that now cater more openly, and proudly to those that have kept up traditional ways of being and for those who are wishing to

relearn. When he first arrived in Kahnawake, he learned that people still sought out spiritual advisors and that traditional ceremonies such as sweats were still being practiced. His perspective of the Sweatlodge is that it is a form of psychotherapy. Although his training taught him about pharmacological interventions, he refers his patients for psychological treatment if needed. He has no problem if patients choose to seek out a spiritual advisor. He says, “people here are very resourceful, they find their way...it’s essential that people be offered that choice”. He is very much aware that some of his patients use traditional herbal medicines: “I have nothing against it”, he states. “Thanks to [says the name of the Language and Cultural Coordinator], that’s being remedied in a big way for patients being admitted for chronic care”. The example that he used is dementia. Elderly patients with dementia lose their short term memory first, but the long term memory that remains with them contains their cultural ways. “And when you have that, there is much more quality life.”

He sees the importance of community members at Kahnawake learning their own ways, but also sees the gap within the mainstream education systems that does not include in its curricula any (or very little) education on Indigenous peoples:

And there’s a huge need to educate us. Now I run into people and colleagues downtown who say, where do you work? When I tell them I work in Kahnawake for the past 25 years they still ask me if there are teepees still on the reserve?

He encourages his patients to look to their own traditional ways for psychotherapy. Interestingly though, he was not aware that the Family and Wellness Center did in fact offer traditional healing services but stated that he wished he was able to tell his patients, and offer them that choice. He said that he understands the years of oppression that the

people of Kahnawake have endured (language, culture and religion) and supports the increase he has seen in the spirituality at the hospital,

[I]t's a wonderful spirituality that you have here...I find there's a definite spiritual strength of the Mohawk people, there's a core that always maintains that. I feel that if you could offer parallel psychological services that are traditionally based, that would be a huge asset to the community in terms of both physical and spiritual health.

He definitely sees healing and wellness through traditional teachings as a sign of resilience for the people of Kahnawake. I do believe that the people of Kahnawake will benefit from having both traditional healing services and mainstream psychological services readily available as a parallel service.

Female Physician (Kahnawakehró:non)

The other physician that I interviewed considers herself as a Kanien'kehá:ka traditional woman from Kahnawake. She recently completed her residency at the Jewish General Hospital and has been a practicing family physician in Kahnawake for approximately one year. She also is employed at the Anna Laberge Hospital in the neighbouring town of Chateauguay teaching residents, doing one shift in the emergency room, and delivering babies born to women from Kahnawake at the same hospital. Kahnawake does not have facilities to deliver babies at the Kateri Memorial Hospital Centre. Because of her hectic schedule, it took some time before I was able to meet with her. We met at my home in January of 2010, just before her Anna Laberge shift. She had some fascinating stories about her journey to become a doctor – it wasn't an easy one and in the process of going through medical school gave birth to three children, and now has a total of six children between her and her spouse. Her desire to be a doctor began at the age of ten and throughout her schooling has had plenty of support and reinforcement

from her mom, and from other physicians. She attended medical school in Vancouver, but had always planned to come back and work in Kahnawake. She explained that during her time in school studying Western medicine there was no time to learn about complimentary medicine such as herbal medicine, acupuncture, homeotherapy and so on. Early on she accepted that she was not going to be a ‘traditional’ medicine person stating that, “I’m going to have to leave it up to somebody else.” She has no problem with anyone using complementary therapies, such as traditional medicine “as long as you let me know what you’re taking.” Because she is from the community of Kahnawake and was raised as a traditional person, she is very aware that “a person’s not healthy if they’re spiritually and mentally unhealthy.” Further, she states that:

So I could give them as much medications as possible, but I also know that I’m not healing them. It really bothers me when someone comes in and says I want a pill for this or that.

If one of her patients tells her that they are not sleeping well and are starting to see spirits, she may refer them to a spiritual person who may have to conduct or renew a ceremony for that person. “I recognize that if the person is mentally or spiritually unhealthy, I can give them medications, but it’s not going to help them. So I very much encourage people to take charge of their health also.” For example, if a patient comes in to see her that is very sick, they are told they that have to take better care of their health through preventative efforts and through having a healthy mind and spirit, “and if you don’t take care of that, how do you expect to be healthy?” She goes on, “I really studied the body. I didn’t study the mental part and the spiritual part, but I know that if they’re not healthy, I couldn’t possibly make them healthy with my toolbox.”

We discussed her views on combining Western medicine with ‘traditional’ medicine and she basically stated that although she does respect and support ‘traditional’ medicine, because she has been trained in Western medicine, she does not teach it or administer it because “I don’t have the knowledge and background to be able to do it.”

She calls herself a very upfront and honest doctor:

I’ll tell you exactly what I’m thinking about and why. When I’m delivering a baby and I see something, I tell the mother, family, this is what I’m seeing and if you don’t correct it, this is going to happen. I tell them the path that could lead them to a caesarean section. Or if your diabetes is not under control, this is what I’m going to have to do, your baby could end up with brain damage. Down the road, if you don’t do this, these are the consequences. I spend a lot of time with my patients so that they understand. I’m a slow doctor. I’ve accepted the fact that I’m not one of those doctors that can see 40 people in a day ‘cuz I know that I’m not doing a good job and that I care too much. If you don’t do a good job at the beginning you’re going to end up spending more time with them later.

Similar to the view of the other physician that I interviewed, in response to defining health related challenges facing the community of Kahnawake, diabetes and its associated complications ranks high amongst the diseases in Kahnawake. She adds that the cigarette industry in the community will most likely see future effect on the community in different ways: “I expect that there’s going to be a dramatic increase in lung cancer because of all of the smoking and the cigarettes here, and the factories.” The tobacco industry has had a big impact on the community:

So we’re going through our own industrial revolution, so maybe in a few years we’re going to have people who haven’t had time to take care of their bodies...Single moms: they are working in cigarette factories, good money but at same time they are exhausted, their schedules are changing. So if they or their kids get sick, what will happen? And they’re not there because of choice. It’s very stressful. Many of these workers have no choice because they didn’t finish high school. Future: depression, exhaustion. Substance abuse, people go out and binge on the weekend just to relieve themselves. So they don’t exercise, making sure they’re eating properly and buying healthy food for their families.

Like the other physician, she also felt that the community's efforts to relearn and daily use the Kanien'kéha language and culture is an important factor involving health and wellness in Kahnawake.

I'm very happy to see at the Longhouse with the whole language and people can take a year off to learn the language...I think that that is amazing. Now you have people who have an appreciation for the language. I think that's the best thing that they did. Even if you're just using the language in your house...You become a completely different person because now you can think in Mohawk. How you feel about yourself and what you can do for yourself is huge. If you have the time to appreciate being Mohawk. If you can't do that, that's a huge part of yourself...Language is a huge, huge thing.

Although the male physician and I did not go too much into depth about his views on the historical relationship between mainstream society's clinical healing approaches, she did mention the historical relationship between the people of Kahnawake and the people of the neighbouring community, who are mostly French speaking Québécoise, and what she is currently experiencing as a physician at its hospital Anna Laberge. Although she can speak French, she is not one hundred percent fluent and because of that has experienced racism from some of the hospital's nurses. She is the first Kanien'kehá:ka physician to work at the Anna Laberge hospital in Chateauguay. She believes that it represents change for the better as relations between citizens of Kahnawake and Chateauguay have "not been good" since the Oka Crisis of 1990:

I've really gotten a good relationship with the others and they're really nice. But some of the doctors [say], I can't believe you had kids and you went to medical school, I can't believe you learned French, I can't believe you're from Kahnawake. Oh my God, they're supportive. They said it's so good that you're there because now we have a link to your reserve. We see so many Kahnawake people...It's hard for them to take care of us because they don't know us, it's a huge, there's a huge barrier, it's a cultural barrier. At the Jewish [General Hospital] they see so many other types of cultures, Jewish, Hatian, so you don't feel that because it's not there. Racism. It's amazing the type of collaboration that you get at the Jewish...But at Anna Laberge, it's French and everybody is white except for a few people and it's Mohawk...And for us, we hate Anna Laberge, and

we have a tendency to be very pessimistic. People say they'll never go there and I realize that a lot of it is cross-cultural problems, communications. We say they're just a bunch of racists, but I don't believe so.

My two concluding questions addressed views and perspectives on how she saw healing and wellness through traditional teachings as a strength or sign of resilience for the people of Kahnawake and perspectives on how wellness could be strengthened at the KMHC. Aside from her desire to see more Native physicians working in our hospitals and preparing them at a young age; and increasing the education of our language and culture, Native sovereignty and women's role in society was a statement that she wanted to put forth.

Sovereignty. There's been a focus of sovereignty to be very political, male oriented. Whereas the women's role has not been so much on the forefront. But recently with the language training, women have become a lot more empowered if they know the language and the customs. Although they did before, but it was always discussion about the territory and the men and the laws and all that stuff, the women weren't as important. I think that sovereignty has to come from both sides.

One of the ways, she feels, that we can achieve sovereignty is through Kanien'kehá:ka women delivering Kanien'kehá:ka babies. She is very proud of her aunt who lives and teaches mid-wifery in Akwesasne:

She told me this. Her name is [says her name]. That's my [relative]. She was like, the ultimate sovereignty is when we can deliver our own babies. Because really, that's the ultimate, when we can bring our own babies into this world. It doesn't matter where it is, it's who's doing it, who's putting their hands on that baby, saying words, etcetera. Which is why I think that by me delivering babies, it is a really powerful thing to be delivering babies from town [Kahnawake]...Right now I deliver, I think it's about fifty percent of our babies...I think that getting our own women involved in mid-wifery and delivering, with me supervising them, would be a good thing because it would be our own women doing this. With mid-wives, and teaching our women to do this again. All the pre-natal health and pre-conceptual care and all that stuff is going back into the hands of our people, the women.

She believes that we as *Onkwehónwe*, or Indigenous people, must learn our language and culture so that we can empower our young women to become mid-wives and doctors and provide that continuity of care, including pre-conceptual health. Once the women become empowered again, a lot of the abuses and lack of responsibility from some fathers will begin to change.

So we have to teach our men, when they're young. You go and you're gonna have sex, well you have to take the responsibility for whatever happens when you have sex. And if you get a woman pregnant, you need to stay with that woman, especially during that pregnancy so that baby's healthy and born of a woman who's of a good clean spirit. And so it comes from our women raising our children to be good men, and then they get someone pregnant, staying around until that baby is born. Helping out afterwards. But you need support all over to get that man. He just can't go off. And if you see that man, hey what are you doing here? Get home.

For her, it begins with the women, "we wouldn't put up with that before. But when you get further and further away from it, then things just fall and the men don't even have a responsibility anymore."

5. THE NARRATIVES: PART TWO

Kahnawake Shakotiiatákéhnhas Community Services (KSCS)

During the interviews it has been said that since the Oka Crisis of 1990, Kahnawake has been hard at work re-establishing its responsibilities about who we are as a nation; how we are continuing to work towards determining our own destiny and legacies that will be left for future generations in terms of health and well being; and how our programs are delivered to the community. KSCS delivers health and social services programs in a continuum of health care to all of Kahnawake. In addressing the needs of the people of Kahnawake, KSCS, along with the KMHC, carries out a Community Health Plan, mandated by the community, that provides mandatory and prevention services based on a Health Transfer Agreement with Health Canada with a combined yearly budget of over four million dollars. It's vision and mission statement reads:

Our Vision – to continue to strengthen our participation by working hand in hand with our community in renewal of Mohawk cultural values, Community has responsibility for its well-being and our role is to assist.

Mission Statement – Our goal, with the assistance of a team of caring people, is to encourage a healthier lifestyle through promotion, prevention and wellness and activities that strengthen pride, respect and responsibilities of self, family and the community as Mohawks of Kahnawake.

Services provided by KSCS:

- Community Health Representatives/Environmental Health Services (Water, Food, Public Buildings, Wastewater, etc.)
- Client Support Services (Youth Protection, Psychological services, etc.)
- Health Policy and Consultation
- Primary Health Promotion
- Addictions Services
- Communications, Health and Wellness

- Prevention Services (FASD Prevention, Family & Wellness Center, Traditional Healing Lodge, In-School Prevention, Anger Management, Parenting Education, Suicide Awareness, etc.)
- Brighter Future Programs
- Parent Services
- Healing & Wellness Services
- Assisted Living Services (Independent Living Center)
- Home & Community Care Services (Turtle Bay Elder's Lodge)
- Human Resources

As part of my fieldwork during the summer/fall of 2009, I had the opportunity of interviewing three individuals: The current KSCS Executive Director, a Traditional/Natural Helper (Shakotisnién:nens) at the Family & Wellness Center and a retired employee of six years who served as the former Executive Director of KSCS for approximately 30 years.

KSCS Administrators

Retired Administrator

I first begin with the former Executive Director, mainly because his historical background provided insight into how the Oka Crisis of 1990 was a pivotal point in the transformation of KSCS programs and services that had previously been based on European models:

The biggest catalyst, the change, was after the 1990 Crisis. Because we recognized, we, our staff, our psychologists, there's going to be a lot of after affects that are going to be taking place, PTSD, a lot of people are going to be exhibiting different kinds of mental health problems...sure enough, I would say we did see an increase in the mental health issues.

After 1990, he says "we started to say, what else is needed?" What was needed for the community was an integrated approach to providing services. In 1991 he had the opportunity to take part in a secondment in Ontario as Director of the Native community branch of the government of Ontario. While there, he learned how other Native

communities were very involved in delivering traditional services within their health services such as healing circles, medicine wheel and Sweatlodge ceremonies. When he returned to KSCS in Kahnawake a year later, he shared what he learned and got involved in establishing training programs for staff in the area of traditional services which would eventually evolve into providing traditional services to the community. In doing so, he says, “we felt that we wanted to align ourselves with traditional healers in the community.” Towards the end of the 1990s, funding was negotiated, a building and land within the outskirts of the community was purchased, and the Healing Lodge was founded. As part of the move towards integrated service delivery, social workers, drug and alcohol abuse counsellors began working with traditional healers, the majority of them being Kanien’kehá:ka. Today, as part of KSCS’s new client intake service, each morning representatives from different departments such as psychology, social work, youth protection, alcohol and drug abuse, and traditional helpers from the Family and Wellness Center discuss and create individual plans from the previous day’s intake. Of course the client also has a choice on whether he or she wants to receive a service from either a psychologist, at the Healing Lodge, or both. The client also has the choice of seeing a psychiatrist or psychologist outside of KSCS, and Kahnawake, as they are affiliated with most of the major hospitals in Montreal such as the Jewish General, Royal Victoria Hospital, and the Montreal General Hospital.

When asked what he thought were health related challenges within the community today, he was very concerned about the loss of traditional values, “whether you’re a traditional Haudenosaunee person, [or] whether you’re Catholic”:

That whole issues of values that went along with that spirituality, of practicing some kind of, that’s gone. I think a lot of people pay lip service to it...and that’s

being communicated to our children, our youth. So I'm concerned that with each subsequent generation that is being raised, we're losing more and more ground. All of the most negative parts of the dominant society, we're seeing it here.

It is for this reason that he felt the need to bring more awareness to a more integrated approach "because I saw so often that too many things were working in isolation of each other," he states. Of course it hasn't always been a smooth road as he has witnessed some resistance from staff, both Native and non-Native because "manners of practice were so ingrained from how they were trained on the outside, and what they observed on the outside." He remembers two former physicians (and others) at the KMHC who were much more open to the concept and idea of an integrated approach to mental health care in Kahnawake. He was proud to be part of the plan to "lay the ground work for a complete takeover" of our own health care systems in Kahnawake." He takes pride in how Kahnawake was able to negotiate with governments and Indian Affairs as, "we would have never been able to do this back in the 70s, even in the 80s, because our program was so rigid. Indian Affairs: this is what you're allowed to do and this how the money is going to be spent, and it's got to be within this little box." He goes on to say that it was done through "good administration" on behalf of the community.

Similar to what staff has said at the Kateri Memorial Hospital Centre, the negotiation with governments on funding is part of self determination and control of our own destiny. This is also part of the mandate of Onkwata'karitahtshera, to assert more control of how our services are delivered.

As a final question, I asked how he saw healing and wellness through traditional teachings as a strength or sign of resilience for the people of Kahnawake. He said that although we're "going back through a renaissance of our cultural language and

traditions,” he feels that “part of it to me is that it’s not as sincere as it should be.” He wishes for more sincerity and wants to see more effort put into prevention programs.

Finally we briefly discussed how we could strive to work towards a healthier community:

Well that’s the million dollar question, to have a totally healthy community. And maybe that’s not realistic to say that we’re going to have a truly, truly healthy community. And I don’t know if that even exists in the world, in any society. And maybe that’s life.

Like most of the people I interviewed, he wished me success and encouraged me to find a way to put my research “to good use back in the community.”

Executive Director

The current Executive Director of KSCS was interviewed in September of 2009. At the time of the interview she had already been working at KSCS for 21 years and became Executive Director when the former Executive Director retired. While many support and prevention service programs had already been in place, one of the areas still being developed was traditional services. During the time when traditional services began to develop and expand at KSCS, more and more staff began attending conferences within Canada and the U.S. that involved the creation of an umbrella project called Healing our Spirits Worldwide. What became clear to the KSCS Executive Director was that many other Indigenous people within North America kept parts of their traditional beliefs in place. During a Healing our Spirits Worldwide Conference, she was profoundly affected not only by how Indigenous cultures have maintained their traditions and culture, but that they still have religions.

So their traditions and cultures are their way of life, they still follow their ceremonies, they still follow their medicines, they still follow all of their traditional upbringing and their religions are separate. They’re Catholic, Protestants, you know, they’re separate, they don’t identify themselves. Like in Kahnawake, you’re either a traditional person, or you’re a Catholic, or Protestant,

or whatever you are. But you can't be a traditional person if you're Catholic if you have any kind of religion...But yet on the outside [other Indigenous communities], they're separate. You are who you are. Your tradition and your way of life makes you who you are. Your religion has nothing to do with that, it's a belief, whether you call him God, Jehovah, whatever. It's separate from how you *live* your life as a traditional person and how you treat yourself medically or spiritually or psychologically. It's all different.

For her, and others, this is an issue within the community that continues to repeat itself. She says that, "we can blame civilization and the religious powers that be out there for what happened to us, but the reality is that we've done it to ourselves." As others have also stated, since the Oka Crisis of 1990, community representatives had to come up a new healing strategy. "It was like conventional healing could do so much but yet there was a part that people really realized, a part of identity, I think, that they had lost. And that they wanted to get back that identity." As the retired Executive Director suggested, many staff wanted to learn more about traditional beliefs and medicines and things began to fall into place.

Similar to a statement made by retired Executive Director during our interview, the current Executive Director discussed a prevalent issue within health and social services in Kahnawake. That is, the mixing of traditional medicines with pharmaceutical medications. In the past, patients and clients refused to tell doctors if they were taking traditional medicines because it was discouraged and discredited. For example, the current Executive Director relayed a story to me about a family member becoming very ill.

My [family member] had become sick...and you're taking about the doctors at the hospital...we had a discussion at the [Onkwata'karitáhtshera] table and I said you know, I find it very difficult when people go to your doctors and they want to, they're trying traditional medicines, but they can't tell doctors about it. So technically what they're doing is they're overdosing on medication because they're taking natural as well as your pharmaceutical medications and I said that

doctors are not open to hear about what people do from a traditional aspect...they wouldn't tell doctors, because doctors would tell them they're stupid...I said no, no one in Kahnawake who takes traditional medicine will tell you about it because of how you talk to them. You make them sound like they're dumb, stupid and ignorant Natives. That's how you make them feel. So I know people who do traditional medicine but won't tell you. So they're doing detriment to themselves because maybe they're underdosing, overdosing.

Although more research needs to be done in this area, it can be said that this can be a detriment to the patient as they may be under or overdosing. More research needs to be done on how integrating the two types of medicines can or cannot work in harmony with each other. On a positive note, both KSCS and the Hospital have been making a genuine effort to learn more about traditional medicine and in fact have created a sub-committee that communicates to physicians the types of traditional medicines commonly used within Kahnawake. The hope is that more patients and clients will eventually become comfortable enough to share this information with service providers and their physicians. An important point made was that most pharmaceutical medicines originated from a plant or root base – most often learned from an Indigenous nation. The difference is that traditional medicines have not been refined, made synthetic and transformed into a pill. Moreover, the spiritual aspect that goes hand in hand with natural medicines does not exist within the realm of pharmaceuticals. “We had our own doctors,” she states. And not just physicians, we had specialists in all different health related areas.

In terms of health related challenges in the community, she echoes the retired Executive Director, “I don't think that this community is different from any other community.” She also states that focus should be placed on prevention. Organizations within the community such as the Kahnawake Schools Diabetes Prevention Project is a good example of how prevention and intervention programs can bring awareness about

such a serious disease that affects many Indigenous people worldwide, including Kahnawake. Cancer and mental issues have also been on the rise. Education is also important. In recent years, KSCS and the KMHC have found it important to educate non-Native staff coming to work in the community through cultural workshops so they can become more culturally sensitive to the needs of the people.

Since the opening of the Family and Wellness Center, there has been an increase in the demand for traditional services. The Family and Wellness Center has now incorporated a parenting component that offers support, guidance, resources information, workshops and activities designed to meet the needs of Kahnawake families. Going back to 1990, she says, “I think 1990 gave everybody this renewed sense of self and what it meant to be *Onkwehón:we*.” When asked how she saw healing and wellness through traditional teachings as a strength or sign of resilience, she wished that the community could come together more often, not solely during times of crisis:

And I think even through 1990, we as a community didn't necessarily agree with what was going on, there was a philosophy in the overall thing of what was happening that said that we as a people need to stand together. So we may not have agreed but we stood together on an issue. When that issue was gone or ended there was that desire to maintain that identity and that culture, and to move it forward...well when Kahnawake is hit with a crisis, we're all one...why can't we always be together otherwise?

Finally, our interview concluded with a brief discussion on what can be done to strengthen healing and wellness within Kahnawake. For her, it is important to ensure that barriers and divisions are not created amongst each other, to practice being more inclusionary, i.e.- we're all *Onkwehónwe* and have an entitlement to be considered a 'traditional' person, and to continue to strengthen our language and culture.

The KSCS Family & Wellness Center

Originally named the Healing Lodge, the Family & Wellness Center is one branch of its Prevention and Support Services and has its own facilities separate from KSCS's main building located on the outskirts of the community. Coordinated by a Team Coordinator, The Family & Wellness Center houses a traditional counselling (individual counselling, sweatlodge, fasting, herbal medicine practices and teachings, cultural teachings, spiritual retrieval) component as well as a parenting component (prenatal, parent activity group, parenting teens, parent/child interaction, individual parent support) within its service delivery programming. Their goal is: With the assistance of a team of caring people, to encourage a healthier lifestyle through promotion, prevention and wellness activities that strengthen pride, respect and responsibility of self, family and community as Mohawks of Kahnawake.

Shakotihsní:nenhs/Spiritual Helper

I interviewed one of four Traditional Counsellors employed full-time at the Family and Wellness Center in July of 2009. He has a university degree specializing in addictions training and family violence; a background in ironwork (high steel construction) and volunteer firefighting; and has also served in the United States military. He told me that while in school and away from the community for a number of years in Ottawa, he began to understand the affects that the community, and his family and friends 'back home' were experiencing from Roman Catholic Indian Day schools in Kahnawake, the Indian Agent, the presence of the RCMP and the Sûreté du Québec police and how the priests and nuns dominated the community and "treated us like prisoners at that time." Many of those affects were directly related to family violence. It was at this point

that he began seeking out his own healing. He believed that he had directly suffered from post traumatic stress disorder (PTSD) as a child. He, along with others, eventually established an urban residential program in Ottawa for Native, Inuit and Métis and began to integrate traditional wellness programs into their programming. In doing so, and in search of medicine people from different nations, he also began to seek knowledge about specific ceremonies that have been used for treating individuals with addictions. “The reply from the elders was ‘nothing’”, he states. The physical body, he was told, first had to be flushed of the chemicals and toxins before they can begin to work with the human being. He returned to Kahnawake in 2000, became employed with KSCS and was committed to working with teens by “looking at the human being in them and paying attention to what state their spirit was in.” He was directly involved with integrating these traditional teachings to some of the staff at KSCS and eventually the Healing and Wellness Lodge was founded.

He believes that today ‘Indianness’ is taught in a workshop style rather than as a part of everyday life which he was accustomed to. He is often presented with the perception that ‘Indianness’ is something new. He chooses not to use the term ‘went underground’ when speaking of our traditional ways of healing because from his perspective, healing ceremonies continued openly even though they were discouraged and discredited by the Roman Catholic church and Indian Affairs’ Indian Agent. Integrating traditional teachings into KSCS programming was easy for him as it represented a return to his childhood:

It just requires to reorganize a change in our approaches...[T]hat’s how we used to learn. We’d be alongside our grandfathers and grandmothers planting gardens and collecting berries and things like that, and stories would be told during that time, so it’s getting back to that.

Rather than learning traditional teachings in a ‘workshop’ setting, he says, “all we have to do is look in the mirror and question, ‘where am I from?’ and ‘what am I about?’” This is part of what helps us to reconnect with our ancestors.

He has his own style of counselling. “They [the client] become the teacher, and I become the student”, he says. The client is taught to work through their issues by teaching the spiritual helper about themselves. This is important for him when looking at the difference between clinical and traditional approaches to healing. The intake process at the Family and Wellness Center is one example as the process is much shorter and less bureaucratic. A client simply calls the receptionist, chooses one of the four traditional helpers/counsellors and makes an appointment. Counselling and treatment can begin even within the week. He believes that it is very important to have clinical education as well as experience when working with clients although, he warns, oftentimes clinicians often “get caught up in their title.”

The fact is there’s always got to be doctors, psychiatrists, so on and so forth, but there’s always got to be traditional people too and to understand an individual... Respectfully, I’d say people generally like to say hello, ‘I’m Dr. so and so’, or ‘hi, my name is Louie and I’m a clinical psychologist’, or ‘I’m a forensic psychologist’...but I just look at the human being.

General health related challenges he sees faced by the community include diabetes, cancer, complications that accompany these diseases, sexual abuse, violence, low self-esteem and depression. “In a nutshell their fire is low, because their spirit is left in the past when they were assaulted or traumatized.” One of the therapeutic interventions used at the Family and Wellness Center is Spiritual Retrieval – a ceremony that is done within the Sweatlodge that involves returning to a traumatic event in one’s life, oftentimes childhood, retrieving their own spirit and nurturing and healing it back to

wellness. Trauma from residential schools and participating in the major wars in both Canada and the U.S. has also had a traumatic impact on the people of Kahnawake, as well as how the churches “compartmentalized families” within Kahnawake by segregating boys from girls and pitting family against family, “that’s how they broke down our families...this was part of the assimilation process to break down our strong extended family units and families began to become compartmentalized”, he says. What is unique about the counselling programs at the Family and Wellness Center is that counselling sessions and treatment programs have no specific set time limit. For example, one session could last up to three hours instead of the normal 60-minute session visits to the psychologist or psychiatrist. Clients are encouraged to experience the healing at a pace which is comfortable to them. The mind and body is given time to adjust to behaviour and lifestyle changes that the client may be working to achieve.

I asked for his perspective on incorporating traditional teaching and spirituality into the health services at KSCS:

I think it’s a workable thing. I think it’s very important in the transition of returning back to the quality of what we’ve been doing prior to the introductory of synthetic medications.

So I think that it’s very important that the hospital here, that they have traditional practitioners who have experiences in working with the total human as well as the natural plants necessary to flush out this, that and the other thing in addition, and this cannot be separate, in addition to their personal healing from issues that was done to them.

He has seen an increase within the community in the demand for such traditional services both at the Family and Wellness Center and the Kateri Memorial Hospital, where as mentioned prior, a traditional component will soon be added there. He stressed the importance of knowing, and perhaps relearning, that embedded in each of us through our

traditional teachings, “we all are our own healers”. The spiritual helper’s role is to guide the client to listen more carefully to our physical bodies as well as our mind and spirit.

When asked how he saw healing and wellness through traditional teachings as a strength or sign of resilience for the people of Kahnawake. He said that we as human beings are all unique and many do not realize that when searching for healing, it is within each of us to heal ourselves through experiential learning and through relearning or revitalizing what we already have. Further, with regard to the historical relationship between mainstream society’s clinical healing approaches and that of traditional services that now exist within the health organizations of Kahnawake, he referred to *Kashwéntha* (The Two Row Wampum Theory) and told the story of an Indigenous scholar who after being formally trained as a clinical psychologist, returned to his own cultural roots and traditional healing practices as a practitioner. “Being educated in both worlds means that you have the best of both”, he says. For centuries, Indigenous peoples worldwide have had their own psychiatrists, psychologists, doctors, pharmacists and spiritual advisors. Relearning our own languages is an important part of this process because many of our teachings are contained within phrases that cannot always be translated to another, and if done so, it loses some of its meaning.

6. THE NARRATIVES: PART THREE

*We are our own healers;
We all come to this earth being healers one way or another.
(Community Elder, August, 2009)*

Introduction

Depending on social and economic factors, or the political climate in rural Indigenous life, each nation and community make their own choice to effectively move toward implementing effective healing strategies as part of each community's journey of healing. True there are many Indigenous nations that customarily borrow, exchange and share ceremonies with other nations, often due to historical circumstances they are faced with, and in many instances many of these ceremonies have been totally eradicated, the focus of this research remains on the willingness and resiliency within Indigenous peoples to move forward and to assert their cultural identity. Part of that, I argue, is being accomplished through integrating traditional healing practices into local program delivery services. Kahnawake has shown a readiness and commitment to improve its health and social services programs and do so with a mandate from the community and its own health and social services board, Onkwata'karitáhtshera. Since the Oka Crisis of 1990, efforts to revitalize ancient healing practices have excelled. Indigenous local and non-local medicine people now assist health and social services organizations in their programming although some still approach traditional healing within their homes, at the Longhouse, throughout Haudenosaunee territory and even within other Indigenous

nations. Still, there are others who seek and benefit from alternative sources of healing through religion and yoga.

Community Elder (Male)

In August of 2009 I interviewed a 68-year-old respected community Elder and Faithkeeper within the Longhouse at Kahnawake who is not employed by any community organization. He is also known as a traditional ‘seer’ and has been for more than half of his life. Sitting outside on a park bench beside the water, he first explains that the people gave him the title of community Elder. His wealth is not attached to any monetary gain but he is considered ‘rich’ because of his knowledge of the language, culture and natural medicines that he carries and is always willing to share, “no matter what nation or what color they may be”. He told me the story of how he came to be a traditional ‘seer’. When he was a very young boy, his grandmother, who was a medicine woman, chose to pass on her ‘gift’ of knowledge to him by taking him along with her when picking and preparing natural roots, barks and leaves for her clients – or those in need of spiritual, mental and physical healing. Although there are many different methods that spiritual people use, being spiritual is foremost and for him, this does not mean you are restricted to one faith. What it does mean is having respect and love for one another, the natural world and all that exists upon Mother Earth while being honest and carrying a ‘good mind’, or *kahnikonhri:io*. He was quick to proclaim that he is not a healer, nor does he identify other medicine people as healers as he believes that we are all our own healers, including the earth:

I don’t like to use the word healing, healer...[B]ut I always warn people, some claim I healed this person, I don’t believe that we could do that. It works through the individual. Because healing, in our language is called a broken skin. And

when you have a broken skin, you have an injury and nature had given us a natural healing, and it'll heal itself. So that's why I don't like to say that I'm a healer, or anybody should be a healer because it's only that they're given the gift, the knowledge.

His 'gift' was passed down to him from his grandmother. She taught him that even the earth has its own healer. Although everything and everyone has been provided with the ability to heal itself, there are times when help is needed to move the healing process forward. He explains:

And the earth has its own healing, the waters, the atmosphere, the trees, the plants, everything has its own healing. But for some reason, sometimes there's a breakdown in what nature provided. And if you have a broken skin and it doesn't heal, then you need to look for someone that has some knowledge of something, maybe some plants that they could make for you, or some kind of cream that they could make for you that will help you heal.

Of the many lessons provided by his grandmother, the lesson of respect, for him became the basis of his spirituality. He credits the Creator and his ancestors, as that is where he asks and receives spiritual help from. In order to help someone be well for example, he says, respect for the natural world goes along with acknowledging and maintaining a spiritual connection to the spirit world. Experiential learning has played a large part in the teachings of his grandmother:

Before you're going to take it out [medicine plant], you need to call that plant by their name that we give it -- our people gave it to them. And you explain to them: you know, I need you to help someone. And that person needs to also, you remember their name...[T]his is the person, that they're gonna need your help. Because you talk to this root, or whatever it is because you're gonna take its life. So you explain to them that it's not just for a no good reason that you're gonna take its life. It's for this person.

Having a spiritual connection with all of nature is what makes Indigenous peoples distinct. Indigenous peoples believe that although natural medicines found today in pharmacies and grocery stores have retained some of their healing effects, because they

have not been gathered and handled in a spiritual way, they have in fact have lost their spiritual healing power. He explains:

Teióthkonhnes is power. Or when you pick roots or bark or whatever it is, leaves, they put it on the shelf in some stores. It's still medicine, but it's lost its *ióthkonhnes* [power]. And *teióthkonhnes* is the one that made our people different. And they work the inner energy, and that's where it's different.

People from all over the world come to his home seeking spiritual healing and knowledge, and for both physical and mental wellness. Part of his 'gift' was also formed when he began to 'see', or predict things. He doesn't view himself as a fortune teller and does not recommend that people seek their future unless they have a specific problem or illness that they need assistance with. He reiterates the importance of being spiritual and says that only those who are spiritually close to the Creator have the power or gift to 'see' and help other people. That power is acquired through sacrifice, which he professes to have experienced throughout his life and warns that this power can also be used for 'bad', "but I believe strongly that if you have a good mind, you're gonna use the power for a good reason." Often labelled by Westerners as witchcraft he says, he does believe that people with these kind of spiritual gifts exist all over the world.

When called upon, he does assist Kahnawake's health and social services organizations and identifies community challenges to be alcohol and drug related -- mental illness, he feels, is a result of these challenges. "Having nothing to do" he says is often attributed to problems facing our young people.

Finally, when asked his perspective on revitalizing traditions as a strength or sign of resilience for the people of Kahnawake, he told stories of how the Protestants and Catholics were taught to hate one another and how people following these faiths were taught to hate our own traditional ways, including the Longhouse people, and those who

maintained our traditional teachings, language and ceremonies. He maintains an optimistic perspective though and says that we are very fortunate to have both traditional ways of healing as well as Western medicine. “We need to believe in our ways as *Onkwehónwe* people my dear,” he says.

I guess I’d just like to say, as I said before, I made a deal with the Creator that as long as I’m able, that I will always help the people to the best of my ability. And when I do work on people, I’m not just a medicine person or anything, I’m a friend, and when I meet somebody, I really, it’s just like my family and I love everybody from my heart.

Community Elder (Female)

As a participant observer, in October of 2009, I attended a public lecture called Healthy Mind in a Healthy Body, sponsored by the Kahnawake Schools Diabetes Prevention Project (KSDPP) and held at the Family and Wellness Center. Approximately 45 community members were in attendance. The lecturer, a sixty-eight year old community Elder spent many years as a high school language and culture educator and has been a practicing Medicine Woman for the past 25 years. She is well respected in the community and travels to other Indigenous communities to share and gain knowledge. In her lecture, she explained the spiritual cycle in relation to mental health and wellness, specifically related to culture of the Kanien’kehá:ka. She told us that what she would be telling us was not new, and would serve as a reminder of forgotten knowledge.

“*Skennen’kó:wa ken*, or are you at peace?”, she asked the listeners. For her, this is key to greeting each other with respect; she reminded us that our lives must evolve around this phrase. Our psychological and emotional health is dependent on that one phrase. She went on to explain three main elements of spiritual health that make up part of our identity taught to her by an Elder.

1. *Kahnikonri:io* (the good mind): From a spiritual perspective she was taught at a very young age that this means we all carry the Great Spirit within us when we first arrive on this earth. When you carry the Great Spirit in your good mind; “that is where the Great Spirit dwells,” despite challenges and obstacles faced in life, you can always go to that Great Spirit that lives in your mind. This was a profound teaching for her.
2. Experiential Learning: From the age of a teenager she was taught to be mindful of experiential learning through her own obstacles and challenges. Before we arrive on this earth, our life story has already been written by our *kahnikonri:io*; once we arrive here, nothing happens to us without our own consent.
3. We select our bodies: We have selected our own physical body to suit our story that we have already written in the spirit realm. If you are going to be an athlete for example, you’re not going to choose a body that is sickly. When we are in the spirit world, before we arrive on this earth plain, the life story that we choose is one that says we could rise above whatever obstacles we encounter here, so we have to ‘do it’!

Being spiritual includes identifying with our body, brain and spirit. She believes that today Indigenous people have all “bought into the larger culture”, thus forgetting about this lesson and our ceremonies. Throughout her travels abroad she has witnessed mental illness at epidemic proportions and reminded us that the mind is in control of the body, “so if the mind and spirit is not well, the body will not be well, the body is our communicator.” When she ‘reads’ your body/mind/spirit, with her eagle feather, it tells her whether or not a person is in harmony with him or herself. We must learn to guard or control our thoughts, be aware, and slow down our thinking as this is what creates our world; “remember that your thinking is an organ, it’s a brain, it’s not our spirit.” She used the practice of yoga as an example and referred to Buddhism and meditation as other tools of connecting with the spirit. “Your thinking and emotion can cause sickness if you don’t pay attention to what your body is telling you.”

Six Major Energy Centres

When treating clients, she examines the physical body and can sense the surrounding energy emanating from it, often detecting or ‘seeing’ and pinpointing the area of displacement. She explained the six major energy centres that guide her in treating clients:

Body area	Cause of displaced energy	Example of ailment	Remedy
Feet/legs (your feet are your ‘roots’)	Family issues	Aching feet, legs	Forgiveness
Genitalia (or lower back)	Issues with spouse or children Money (i.e.- out of control spending)	Fibroids Lower back pain	Forgiveness
Solar plex area (located two finger widths above belly button and up to sternum)	Relationship with self Low Self-esteem Not loving oneself	Diabetes Major organs	Look at ourselves collectively in the world; where do we fit in the world Improve nutrition
Heart energy	Not nurturing oneself Bad Relationships	Mental health	Be stricter with personal boundaries; relationships should be free of deceptions and full of truth and honesty Learn to say no
Throat area, back of neck (representing our voice)	Making bad decisions/choices for the betterment of ourselves	Jaws, teeth, gum problems	Take care of yourself!
Crown (also known as the third eye), eyes/ears/sinus	Bad intuition and negative thinking Acting out of stubbornness	Achy bones, skin, muscles	Spirituality

When diagnosing clients she explains that the English term ‘to see’ cannot be translated into a Kanien’kehá:ka phrase. Rather, the term *waka’tó:te* is used, which means, I sense, I notice or I feel. Using the six major energy centres allows her to decipher a person’s state of mental health that, along with the patient, they are able to establish the root of an illness or problem.

Historically, she tells us, the Jesuits recorded in their journals how healthy and able bodied the people of this continent were. How did we achieve that without surgery

or pharmaceuticals? We were very spiritual, meaning we took care of our inner being. Being a strong person is one who can forgive, if one cannot learn to forgive, the lesson will present itself until it is released, otherwise it will manifest itself into an illness. “One cannot have health without forgiveness.” In her travels to other Indigenous territories such as Hawai’i she discovered many similarities to the Haudenosaunee healing ceremonies. For instance, while there, she participated in a forgiveness ceremony, which is similar to the Condolence Ceremony among the Haudenosaunee people. Experiential learning has been an important part of her teachings.

Another important factor detrimental to our health is harbouring fear and anger, which she believes can lead to cancer. Because our bodies were born with the energy of love surrounding our body, when this is disrupted or ignored, the body and mind become ill and “out of tune with the natural world.” Without condoning psychotherapy, she believes that although there are good and terrible parts to each of our personal histories, being made to repeat bad things that may have happened in your life can cause negativity and oftentimes she says, the result is “buying into victimhood” which again, leads to illness. She reminds us to practice forgiveness on a regular basis, “while doing this, you must remain in the present.” Keeping a good mind also means behaving with kindness and good spiritedness. She recalls a time in Kahnawake when everyone used to say ‘hi’ to one another on the street. Being cold, unfriendly, judgmental and ignoring of each other is a sign of fear and we need to change that because it is these kinds of things that chip away at our health, she says. When we return to the spirit realm, we need to be able to say that we did everything we could while on earth to have a good mind. We put ourselves in harm’s way by not protecting our spirit and allowing someone to mistreat us. You must

resolve it in the best way that you can. When you are at peace your body will be at rest and will recover. Our ancestors healed through their spirituality, the power of their minds, and with nature. Establishing a loving relationship with yourself will provide you with psychological health and strength, physical health and strength and peace. One of the methods used by our ancestors is the daily practice and living out of *Ohén:ton Karihwatéhkwen*, which she believes connects us to a higher power.

A Personal Healing Journey

As part of my fieldwork, I draw on my personal experience as a client of Kahnawake's Family and Wellness Center since the fall of 2008. During this healing journey, which in retrospect I now realize that healing is a lifelong journey, I partook in a healing program specifically designed for me by a traditional Spiritual Helper, or Shakotsnién:nens Worker -- his official title within the structure of Shakotiiia'takéhnhas Community Services in Kahnawake. I proceeded on this journey along two trajectories. The first was out of a personal decision to return to a counselling program; one that I felt could meet my own needs because it incorporated traditional healing ceremonies. The second trajectory evolved out of my curiosity and internal investigation of the Family and Wellness Center – at the time it was called The Healing Lodge. Ethnographic and theoretical in nature, my inquiry evolved around how the Family and Wellness Center operates, if it proves effective, and how different it was from other mental health services provided by the community such as sixty minute counselling sessions with a psychologist on a weekly or bi-weekly basis. It was not until well into my counselling that I became intrigued by the intricacies of the healing program and the similarities and differences between traditional ways of counselling and Western, or mainstream counselling. It was

during this time that I experienced some difficulty in separating my own counselling from my research inquiries, which I accomplished by leaving the notebook at home.

In the past I received counselling from a clinical psychologist on two separate occasions. The first time was in 1989-90 where I met bi-weekly with a non-Native psychologist outside of the community for approximately 10 months. The second time was in 2001 where I attended just two or three sessions. I chose to end the sessions though, because I felt culturally misunderstood by the therapist, especially when discussing dreams. Although past counselling sessions with non-Native psychologists were beneficial and provided basic tools necessary to recognize and work through issues stemming from my past, I felt a void within the sessions but was unable to pinpoint what it was. Over the next several years I read many self help books such as Christine Northrup's *Women's Bodies, Women's Wisdom*; *The Power of Now*; and *A New Earth* by Eckhart Tolle; *Eat, Pray, Love* by Elizabeth Gilbert; Deepak Chopra's books, and so on. Although I learned a lot from these books, some of them even elaborating on spirituality, I still felt that something was missing. It wasn't until attending undergraduate and graduate school that I got involved in mental health and wellness research projects involving Indigenous people, and attending Indigenous health and wellness conferences that I began to realize that the most effective counselling for me would be one that utilizes ancient traditional healing methods that were available to me all along.

Around September or October of 2008, I was experiencing symptoms of anxiety and decided that it was time to continue my healing journey with the assistance of the Family and Wellness Center. I was at first struck by the simplicity of the intake process. I simply telephoned the receptionist, was asked to choose one of four Spiritual Helpers and

within a week or two I had my first visit. The intake process at the main Community Services building is much longer and involves an initial meeting with an intake worker who administers two questionnaires consisting of close to 200 questions. After another week or two, another meeting is held with a psychologist who then recommends other psychologists or psychiatrists to choose from, either in or out of the community. The process could take as long as six weeks. I immediately felt very at ease at the Family and Wellness Center because of the absence of bureaucracy and the long wait. Aside from the shorter intake process, the duration of each visit was between one and a half to two and a half hours. I was never told after 60 minutes that “our time is up”. Further, I was told that I could telephone the Spiritual Helper at his home any day of the week, although I never did. During my first visit, I was offered assistance not only from the spiritual helper that I had chosen, but was told that the traditional component of the Family and Wellness Center worked as a team therefore any of the Spiritual Helpers could be available to assist in my healing.

Spiritual Retrieval

Along with life experience, training, and education at the university level, my Spiritual Helper has developed his own style of counselling using philosophies and traditions of the Haudenosaunee passed down to him from past generations and other traditional healers from different Indigenous nations. Sweetgrass is always burned in the counselling room before my arrival to clear out negativity. References are regularly made to the Creation Story and to the different ceremonies carried out within the Longhouse

such as the Naming Ceremony²⁸, the Condolence Ceremony, and the Haudenosaunee Cycle of Ceremonies (see Figure 6). During counselling I was regularly reminded of the importance of Indigenous peoples' spiritual connection with the natural world by acknowledging seasonal changes in the environment that coincide with the cycle of ceremonies and our lunar spiritual calendar. For instance, the month of June signifies a time of preparing to greet and give thanks to the berries and new life births during the Strawberry Ceremony. This is what 'keeps us grounded', and in the present.

When I first became a client at the Family and Wellness Center, the Spiritual Helper told me I that I would be the teacher and he would be the student. I was asked to teach him my life story and together we would make a specialized individual plan that would assist in my healing. "As *Onkwehónwe* people, when we tell our stories, we allow the listener to draw out what they need to learn from their story on their own," he said. As I taught him my story, he helped me to understand that at a very young age my spirit became disconnected from me, or my mind, after a significant traumatic event. He assured me that himself, along with others at the Family and Wellness Center would help to retrieve my spirit and make it part of me again. Throughout subsequent sessions, we identified other specific events in my life that added to the disconnect of my spirit. Keeping with our philosophy of 'when our spirits are well, we are well', together we laid out a treatment program that would involve ceremonies within the Sweatlodge which, along with taking traditional medicine, would help to retrieve my spirit on my journey to being well, or whole again. Sweatlodge ceremonies did not begin though until the following August; there was much to prepare for.

²⁸ This very important ceremony is carried out within the Longhouse during the Strawberry ceremony. Babies are given their *Onkwehonwe'neha* name in public by his or her Clan Mother.

Historically, we are orally told that dreams and dreamwork has always played an important role amongst the life of the Haudenosaunee. We believe that the spirits of our ancestors often guide us in our dreams and help us to make decisions in our lives. During our counselling sessions I would share certain dreams with the Spiritual Helper and together we would try and make sense of the dream within the context of my past experiences and healing. For example, during the summer of 2009, shortly after a Sweatlodge ceremony, I dreamt of being in a womb about to be born. He felt that it was a sign of rebirth for me and I was reminded that this was part of the Spiritual Retrieval process of repositioning myself and the “practicing of being a human being”, he said. “Spirituality comes first, the human being comes second.” Because of my willingness to learn to be my own healer, he said, listening to my spirit will help me to be well again. On another occasion I dreamt of planting a garden inside my home and was digging up dirt and planting new plants. As we discussed, digging up dirt signified for me the *digging up* of past hurts and *planting* new change.

The Sweatlodge Ceremony: A Personal Account

As an adult I had participated in Sweatlodge ceremonies within my own community on a few occasions. There are several variations of how the Sweatlodge ceremony is performed, oftentimes with one leader and a group of participants, or clients. Sweats²⁹ at the Family and Wellness Center are unique in that they are specifically designed for a particular client within a lengthy treatment program, thus only one participant at a time is assisted. The number of people involved in each sweat consists of the leader, one or two assistants, a fire keeper and the client – all are male or female,

²⁹ Refers to the Sweatlodge Ceremony and not the actual building.

otherwise known as a mixed sweat. The purpose of each sweat was to retrieve my spirit, become one again with it, and leave any emotional pain associated with my past behind. One person (a male) leads the sweat, while at least one assistant is present at all times either assisting or singing a chant. In preparation for each sweat, I first met with the Spiritual Helper a few days prior to review the purpose of the sweat and to ensure that the proper medicine would be prepared for me on that day. Each sweat dealt with one issue at a time. All sweats took place in the morning or sometime during the workday, whereas in the past I had attended sweats in the evenings. Upon arriving at each sweat, which is located directly behind the Family and Wellness Center, I was given a specially made natural medicine to drink prior to entering the sweat. Directly after drinking the entire tea, I would begin to vomit and did so with the intention of cleaning, or clearing out my physical body of any hurt or negativity from the past. This part of the ceremony took approximately 45 minutes.

After purging, I enter the lodge from a doorway facing the west³⁰, we all sit in a circle on the ground facing a pit in the ground that already has a few hot rocks in it which have been heated in an outdoor fire by the fire keeper. More rocks are added, the door is closed and we are in total darkness. Water is added to a fire by the leader using a pine branch creating steam and I am instantly drenched in sweat which is almost overwhelming. The leader asks if everyone is ok, we all reply, *hén*, or yes. The ceremony begins with a song and the leader asks me to explain the purpose of this sweat. After I explain, the ceremony continues and I am regressed to the place and time of the traumatic event that disconnected my mind from my spirit. My emotions run high during this time because there is a presence of resistance and I must work hard to take my spirit back.

³⁰ The Sweatlodge door opening facing the west signifies the birth of dawn.

Once I have retrieved my spirit, I must nurture it and ensure that it becomes one again with my mind. A short break is taken, more hot rocks and water are added to the rocks creating more steam and heat and the second round of the ceremony begins. This time it involves confronting the person who caused me trauma and symbolically and spiritually I scold the person for doing so. Again my emotions are very high. Once the second round is complete, I exit the lodge and another short ceremony is done outside that completes the entire ceremony. I am sent walking away without looking back. A few days later I return to the Family and Wellness Center for a debriefing, or sweat completion, and discuss my feelings and any dreams that I may have had. Safety is an issue and I wait two or three weeks to adjust to different emotions before planning for the next sweat. The Spiritual Helper ensures that I am adjusting properly to positive changes that I notice immediately begin to take place. The intent here is to provide a general idea of the ceremony; for the purpose of length and privacy, I chose only to include a basic explanation of ceremony. The entire duration of each ceremony lasts approximately two and a half hours.

We Are Our Own Healers

Without claiming to be an expert in psychology, psychiatry or psychotherapy, I provide an experiential perspective of being counselled in 'both worlds', and of having lived in a community where many approaches to healing exist. While I have pointed out some differences that I have experienced, I wish to point out one similarity or parallel to a Western model. Before doing so, I want to express the pride I feel in knowing that despite the challenges the Kanien'kehá:ka nation, and our five sister nations of the Haudenosaunee, have faced there remained dedicated people who have kept traditional

healing practices alive. The Cultural Coordinator at the KMHC urges and encourages younger generations to learn about their medicines and traditional healing methods so they can be preserved for generations to come. He explains:

It goes back to our story of Creation, the things that the Creator gave to our people. He gave us corn, beans and squash to eat, and he put everything in the natural world for us to be healthy. Everything that we need is in the natural world and we've lost a lot of the understanding of that...but if I go to the West, I respect what they do and I'll participate. I'm open minded. Here [at the KMHC], I'm trying to promote what we have...one part is we still have to bridge the gap between a Western mind and traditional medicine...[I]f we don't start to do it now, if we don't start to [re]learn (my emphasis) these things and pass it on, it's going to die...so for us it's a kind of responsibility for us to keep it alive, keep that knowledge. So that's the future. We're in learning mode. We're working the best we can. The problem is we're all getting older. We're still young enough but we need to get some younger people.

Moreover, cultural and language programs are now being solidified politically by the creation of policies and laws (i.e.- Kahnawake Language Law) and formal health boards mandated by the community. If these practices continue to be revitalized, there is hope that future generations will continue to have the choice of benefiting from both healing approaches.

The parallel that I recognized between a traditional Haudenosaunee healing approach and a Western one was this. Fundamental to my counselling throughout the past two years, there are two important figures that symbolically speak directly to my own healing and is one example of what is deeply ingrained in my people. They are *Tharonhiawá:kon*³¹ and *Skawiskara*³². As explained in Chapter 3, within the Haudenosaunee Creation Story, these twins were born each owning half of the world's

³¹ English translation: He who embraces or holds up the sky. Pronounced: ta-ron-ya-wa-gon.

³² English translation: According to Elder Tom Porter (2008:84), this word is difficult to translate into English. He says, "Skawiskara means that it's like a tornado or a big wind or hurricane comes. All of a sudden it comes there, and it comes so fast that everything not tied down starts to fly around." Pronounced: Ska-wisk-a-ray.

power. *Tharoniawá:kon* and *Skawískara* came to be rivals when creating the natural world. For instance, when *Tharonhiawá:kon* made beautiful roses, blackberries and raspberries, *Shawískara* became jealous and put thorns on the bushes. Although past historians and ethnographers misunderstood the twins to be ‘good’ and ‘evil’ twins, in fact they symbolically represent balance. A balance that must exist within every part of nature, and within all aspects of our spirit, mind and body. I found this approach similar to Sigmund Freud’s Id and Ego, where *id* is the impulsive and *ego* is the realistic, or the part of the mind that thinks in the long term. In learning to become my own healer, I can now say that *Tharonhiawá:kon* and *Skawískara* have now become part of my life story because I have learned about balancing my own life by keeping in check my Id (*Tharonhiawá:kon*) and my Ego (*Skawískara*).

My story is that of a client. Perhaps the most effective part of my healing journey throughout these two years has been the notion of being ‘culturally’ understood. Every time I visited the Family & Wellness Center I felt safe knowing that the whole team was there to assist me. Being culturally understood meant that my dreams were taken into consideration, that I was regularly reminded to find balance within myself, and to be reminded that my ancestors relied on respect as the basis for their spirituality as well as maintaining a spiritual connection with the natural world and the cycle of ceremonies – that is what makes us distinct; that is part of our identity. Further, reflecting on my own traditional teachings as part of my healing journey, I have come to realize that resilience is fostered within Indigenous knowledge and my own philosophical foundations such as the Creation Story’s Twins. Extending our traditional concepts from within our own

health systems is important for grounding our well-being strategies that have been passed on from generation to generation.

7. RECONSIDERING TRADITION, CULTURE AND HEALING

Introduction

Story as methodology is decolonizing research; story is purposeful; listening to someone's story as knowledge is important (Kovach 2009:98-103). A large portion of this thesis contains the narratives of individuals who shared their perspectives of how the community approaches healing and wellness through language and culture. This chapter first focuses on the analysis of the data and is organized by common themes that have emerged from the stories. I then draw on some conclusions by summarizing the major research findings, providing some suggestions, and offering some personal reflections on this research journey. In hindsight though, I thought it be important to note that should a community-based research project be designed with Indigenous research paradigms in mind, the outcomes are more likely to be satisfying to the community if the project is developed with community *before*, or at least during the *research proposal phase* of the research. This is an important lesson that I have learned, and as Richard Atleo or other Elders would say, 'making mistakes is what grounds us, it's a natural process, it is part of each of our journeys in life.'

Themes

Resilience

Overcoming adversity and 'bouncing back' was identified as the most significant factor in revitalizing traditional ways of healing. Beginning with the hospital staff, participants said that healing from the past and reconnecting with our roots was a way of

saying ‘we’re still here’, or ‘we’ve survived’. Some believe that not unlike learning from life’s mistakes, facing challenges in the face of adversity must occur if healing is to take place. Almost all of the participants refer to significant historical markers that have provided the impetus for uniting as a community and vowing that ‘this will never happen again’; some examples are the Oka Crisis of 1990, loss of land to the St. Lawrence Seaway Authority, and the effects of how religious institutions pitted traditionalists and non-traditionalists against each other. As a result of these events, the community has been overcoming adversity through the revitalization of culture and language within its public health services as well as in most other public and private domains within the community. It was generally felt that being united ‘not just in times of crisis’ can make the community even more resilient.

In the overall course of the interviews, each participant shared their perspectives on challenges the community has faced -- and faces -- in contemporary times. Participants wished for the *roots* and the *history* of the challenges faced by the community to be better understood both within the community, and throughout mainstream society – through education for example. Not disregarding, but ‘setting aside’ the effects of colonization, one participant said, “we, as a community need healing.” Her thinking was of the collective. Another participant said that we need to stop blaming society “and the religious powers that be out there for what happened to us...but the reality is, we still continue to do it.” Participants relayed to me two categories of challenges; challenges that affect the physical health and mental health of the people; and challenges that are socially constructed -- although the two often cut across each other. Physical and mental health related challenges include: psychological illness, cancer,

diabetes (and associated complications), heart disease, and sickness from the abuse of drugs and alcohol. Socially constructed challenges include: effects from church-run schools, effects from being in major wars, forgotten values, the need for future teachers of traditional knowledge, effects from drugs and alcohol, lack of interest in culture and language, shame associated with use of traditional medicine. While much of the community supports the revitalization of tradition, culture and healing, some have said that there is still resistance or an unwillingness to sincerely embrace cultural values:

I still think that right now we're in a crisis situation in terms of the values. We've lost sight of whatever traditional values, whether you're a traditional Haudenosaunee person, whether you were Catholic, that whole issue of values that went along with that spirituality, of practicing some kind of, that's gone. I think that a lot of people pay lip service to it...so I'm concerned that with each subsequent generation that is being raised, we're losing more and more ground.

Traditional Elders have said that overcoming adversity means not harbouring fear and anger; and to love, respect, and practice forgiving one another because that is the basis of our spirituality as prescribed by the Creator in the 'original instructions.' Finally, the Elders have also said that being resilient is realizing that when searching for healing, each of us has the power to heal ourselves through relearning and revitalizing what we have had all along. "We have the ability to bounce back...or we're just a determined people, so stop talking about it and let's just do it!" Being resilient means being able to fully embrace the Haudenosaunee Seven Generations philosophy – that is, by looking at the past, present and future. It was said that within each of us is an ability to find strength, be resilient and heal ourselves with the proper mindset, or *kahnikonri:io*, (having a 'good mind').

Community

Community life was important to the participants. One of the distinctive features of Kahnawake is its location. Because the community is surrounded by other municipalities, major highways, the Mercier Bridge, a rail bridge, Hydro electric power lines, and the seaway, it does not have much green space and natural settings left. Nevertheless, the community is very much connected to the land as a 'home base'. A good majority of Kahnawakehró:non live in the community all of their life. As well, most students who attend post-secondary institutes across North America usually make their way back to the community to live, work and to be close to family, friends and what little land remains. It was said that education is key and participants proud of the community's education system and the Kahnawake Education Centre. In recent years there has been an increase in students attending post-secondary institutes to become certified teachers, engineers, psychologists, physicians, lawyers, and so on. Although many students will move and work away from the community, many will use their education knowledge to somehow better the community.

It was said by at least one participant that the strengths the community possesses are inherited from our ancestors that still guide us today. Other statements made were of the pride and strength within Kahnawake's political, health and education systems they say are the result of good administration and self determination efforts; and "because we have strong women," one participant said; another pointing out that our hospital is an accredited institution; another stating that we have no 'street people'; while another boasted about their strong extended family ties.

Participants provided many solutions towards making Kahnawake a stronger and healthier community. Being united and looking out for the collective is what makes a

community. One participant used the metaphor of five arrows (representing the original Five Nations). If one arrow is standing alone, it can easily be broken; when the five arrows are joined together, they form a strong bond and is much harder to break. For him, and other ‘traditionally minded Haudenosaunee people’, the five arrows represent the community, the nation, and the Confederacy.

Self Determination

Self determination is the principle in international law that nations have the right to freely decide on their sovereignty and international political status without outside or external interference. As Alfred (2005:29) contends, if *Onkwehónwe* people are seeking to restore a limited degree of autonomy, it must be recognized that our cultural foundations must be restored or reimagined. An important theme amongst the participants was the right to self determination; one participant even discussed how she felt sovereignty can be better achieved. All participants have either mentioned culture, language, maintaining identity, spirituality, traditional knowledge, and maintaining a holistic balance within themselves is all part of what some have conceived as being in the midst of a ‘cultural evolution’ or a ‘cultural renaissance’. The historical negotiations achieved by the community with both provincial and federal government on funding for the Kateri Hospital “is part of self determination and control of our own destiny” said one participant. He goes on to say that asserting more control of how our health services are delivered in the community through the mandate of Onkwata’karitáhtshera has been key and was one positive result that stemmed from the Oka Crisis of 1990.

As many have said, this again fits with the philosophy the Seven Generations Philosophy, but it also fits with the notion of the Two Row Wampum Treaty and how the

Haudenosaunee and the Dutch made agreements to not interfere in each others affairs.

Participants view political actions and negotiations at the provincial and federal levels as a way of asserting our Indigenous rights and identity.

All participants have said that knowing our own history, our Creation Story, our language, our culture and having a strong identity is our guide to living in harmony and balance within both worlds. “When people find who they are through our teachings, they carry it with them all the time,” one participant said.

Many have said that despite mainstream society’s perception that most traditional ways of healing have disappeared or were lost, this is not the case within Kahnawake. Yes there is, and perhaps always will be, those in the community who resist the efforts of language, culture and traditional healing revitalization, but participants have said that there are many in the community who are striving to incorporate Haudenosaunee ways of being into their every day life as well as within the public health organizational structures. Even though many Kahnawakehrónon attend church or practice a religious faith, I was told that many families have maintained living a traditional ‘way of life’, and in fact, more and more families are choosing to do so. “His mind is traditional, but he was a Christian,” said one participant. A Haudenosaunee way of life can mean attending ceremonies at the Longhouse, yet it also means having respect and love for one another, being spiritual and in tune with our natural surroundings, and ensuring that extended family ties are maintained so that the collective can have a balanced mind, body and spirit. It was said that culture, language and ‘living’ traditionally can be accomplished through exercising our spirituality and through experiential learning.

Integrating Traditional Healing

The last theme that was significant throughout the interviews was participants' perspectives on integrating traditional Haudenosaunee ways of healing with mainstream or Western approaches to healing. While at one time in history, consideration of integrating Western models with *Indigenous* ones was most likely contemplated, debated and researched by our own philosophers and traditional doctors and therapists, somehow during the colonization and assimilation process, Western medicine became the dominant approach to healing within Kahnawake, and within most Indigenous communities on Turtle Island.

Participants spoke of the multitude of methods and approaches to healing that depend on several factors ranging from seeking spiritual advice from an Elder or medicine person in their own home, to having medicine prepared by a spiritual helper at the Family & Wellness Center. Staff at the hospital say that integrating and combining culture and language into their operations is not something new, as "it never stopped" said one participant. Throughout the last 100 years of the hospital's operations, traditional people (and priests) have been brought in to 'pray' for terminally ill patients at the hospital. Patients at the hospital continued to take traditional herbal medicine in secret for fear of discrimination.

Since many of the long term elderly patients consider the hospital their home, the Cultural Coordinator said, important traditional knowledge is still being passed on from these knowledge holders and he has had the benefit of learning from them. The Elders that I listened to in the community told me of the importance of spirituality and how natural medicines are not as effective if they are not gathered in a spiritual manner, so, as

the Cultural Coordinator has suggested, it is important that younger people acquire this knowledge before any more is forgotten or lost.

Now that traditional ways of healing are beginning to be integrated into public service organizations, participants commenting on the soon to be added traditional medicine component of the hospital agree that it must remain a parallel service, and that logistics and protocols of communication have yet to be fully established. One concern is of the interactions between prescribed pharmaceutical medication and natural medicines. One participant said: “I guess I’m knowledgeable enough about interactions between prescribed medication and natural medicines that I’ll check with my doctor before I take anything.” Another concern was the protection of traditional knowledge from exploitation. Physicians have said that they support and respect the use of traditional uses of medicines within the community and have expressed the concern that they are not always told when patients are taking other medicines. The Kanien’kehá:ka physician tells her patients, “that’s ok [to take traditional medicines], as long as you let me know what you’re taking.” Another physician believes that patients still conceal the use of traditional medicine.

A participant who is employed at the Family and Wellness Center and who has been trained ‘in both worlds’, said he has no problem integrating mainstream notions of healing within his psychological healing program. His focus is on the mind, body, spirit and emotions based on traditional knowledge systems. Therapeutic approaches at the Family and Wellness Center can include spiritual retrieval, traditional natural plant medicines, and sweat lodge ceremonies. It has been said that integrating traditional healing services with mainstream approaches is ‘workable’ and that prevention is key.

Considering the root causes of distress entails dealing with the entire human being at a holistic level. “If we continue to participate in the things that we were born to do”, such as revitalizing our own culture, a participant said, then “we would eliminate the need for this stuff [synthetic medication],” said one participant. Although he sees clinical psychology as ‘different’, he is able to balance the two by following the cycle of ceremonies throughout the four seasons and applying it to therapy. One participant remarked that the combining of traditional services with parenting at the Family and Wellness Center brought down some barriers within the community because it incorporates culture within the parenting component.

Main Research Findings

The community of Kahnawake expresses a strong spirit of pride, political strength and resilience. A traditional lifestyle is valued, as is a connection to the land. The community is quick to unite in times of hardship, or when tragedy strikes a family. Since the Oka Crisis of 1990, and other significant historical events affecting the collective of the community, the community has been hard at work to strengthen their identity as *Onkwehónwe* and as citizens of the Kanien’kehá:ka Nation and the Haudenosaunee Confederacy.

While not disregarding the negative aspects of indigenous mental health, there must be a balance between looking at problems faced by indigenous peoples and recognizing their equally evident well-being, resilience and renewal (Kirmayer & Valaskakis 2009:xiii). The community has said that integrating traditional medicine with Western mainstream biomedicine at its hospital centre can exist, but as parallel systems working in harmony with each other. More research needs to be conducted on the

efficacy of traditional medicines and the ‘mixing’ of the two knowledge systems. A major challenge is fear of exploitation of traditional medicines. The development of communication processes in the sharing of medical diagnosis in patient to physical relationships, as well as physician to traditional medicine people has yet to be completed. Within Kahnawake’s psychological services, integration of traditional services and teachings is about choice. It is also about working holistically with the individual in the transition of relearning traditional healing therapies without the use of synthetic medications.

The following are success factors that influence resilience, community, self determination, and the integration of traditional ways of healing:

1. Extended family support and encouragement from others;
2. Connection to the land as the community’s ‘home base’, and the connection to the entire traditional homelands of the Haudenosaunee;
3. Learning and ‘living’ the Kanien’kehá:ka language, learning cultural values (Creation Story, history) and passing them on to future generations;
4. ‘Sticking together’ or uniting in times of crisis;
5. Having the freedom of choice to seek well-being from multiple sources;
6. Having strong and accountable public service organizations;
7. Carrying a *kahnikonrí:io* (good mind) by respecting, loving and forgiving one another;
8. Being a model to other Indigenous nations.

Suggestions

As outlined in the methodology chapter, one of the purposes of this thesis was to draw some implications for public service health administrators looking to improve upon

their services. I base these suggestions on findings from the narratives. During the interview phase of this thesis, I asked participants how they thought healing and wellness could be strengthened either within their workplace or the community. These recommendations are based on the premise that there is always room for improvement:

1. Bridge the gap between Western trained minds and traditional minds;
2. Working through divisions within the community by not being exclusionary and ensuring that barriers are not put back up [after the Crisis of 1990] (i.e.- Pow Wows, being invited to the Longhouse);
3. More resources (support, funding) for language and cultural programs including at the Family & Wellness Center where experiential learning is encouraged;
4. “We need to believe in our own ways”, “dream it, do it, we have to stop paying it lip service.”
5. Offering traditional medicine [at the hospital] as a parallel service; more research needed on efficacy of mixing medicines and the sharing of diagnosis;
6. Concentration in the area of prevention;
7. Asserting our sovereignty; teaching women’s roles; getting our women involved in delivering our own babies!

To add to this list, gathering the perspectives of more clients who have utilized both traditional and mainstream approaches to healing can help to answer more questions on the efficacy of integrating our traditional ways of healing into our public service organizations.

Disseminating the Findings

As outlined in the methodology chapter, another purpose was to develop a process for disseminating the information about what community members have said. During one interview, it was suggested that portions of this research could be used in a Human

Resources Department as a tool to provide historical information to new employees.

Other possible venues to disseminate some of this information to the community could be presented in summary form in local newspapers, newsletters, and through local cable television and radio. This knowledge could also be shared at the local high school level in the form of a presentation.

Personal Reflections

In Alfred's *Wasáse: Indigenous Pathways of Action and Freedom* (2005), the book's opening chapter reads, "It is time for our people to live again." He discusses the *Onkwehónwe*, or original peoples journey of "a living commitment to meaningful change in our lives and to transforming society by recreating our existences, regenerating our cultures, and surging against the forces that keep us bound to our colonial past (2005:19)." Throughout the narratives, different participants have said that the people of Kahnawake are 'going through a cultural renaissance', or a 'cultural evolution' and are creating a new reality that moves beyond blaming society for its wrongdoings by taking control of its own health and mental health services that were once solely based on mainstream Western models. Prior to conducting this research I had only vague assumptions about Indigenous research methodologies, something that eventually was self taught through books and the support of other Indigenous academics. As Indigenous scholars, we would like to see more Indigenous studies and Indigenous related programs being offered at universities. We want see our history and methodologies recognized and taught to students of all backgrounds, and we want the general mainstream population to learn about our diverse populations and healing traditions as well as the positive things that are happening in our communities. Like Alfred, I believe that the answers are within

our own knowledge systems. Once pride in culture, language and Indigenous identity is re-instilled and restored within the people, things will move forward at a much faster pace. It has been a long historical process of assimilation and colonization, it will take some time to reclaim our identities and be proud again.

As Kirmayer et al. (2003:1) contend, “although Aboriginal peoples in Canada, Australia and New Zealand comprise extremely diverse cultures, they have faced similar sociohistorical predicaments (Kirmayer et al. 2003: 1).” But Indigenous people are resilient. While earlier notions of resilience focused on children facing development difficulties and labelled those who thrived despite high risk as ‘invulnerable’, recent discourse on Aboriginal resilience theories “emphasize the importance of family, community and culture (Kirmayer et al 2009:77) in” “countering the stresses that families encounter” (Kirmayer et al 2009:77). The concept of resilience is important for upcoming research because projects can be designed using strength-based approaches rather than deficit-based approaches (see Roots of Resilience Project <http://www.mcgill.ca/resilience/researchprojects/project1/>) that facilitate real solutions and interventions in community settings (see also <http://www.ksdpp.org/>). Further, research projects that focus on the positive aspects of Indigenous people are more attractive to communities, especially with the increase of community research boards who oversee and approve research projects in their communities. Indigenous people want to see an end to an overbearing focus on disparities that has no place for Indigenous people who feel they’ve been over-researched for far too long. In addition, until research among our communities is Indigenous-led and focused on capacity building, our problems will take longer to get solved. Until that time, efforts are being made to

transform and decolonize Indigenous health research and Indigenous people are developing their own research methodologies based on ceremony, story, and other traditional teachings passed down orally (see Kovach 2009; Wilson 2008; Tuhiwai-Smith 1999).

From the participants' perspectives on challenges, strengths, integrating traditional ways of healing, and providing solutions for the betterment of the community, we can better understand the resiliency of the people and their ability to 'bounce back', persevere and make decisions that will affect the collective present, and future generations that they we will not live to see. Interestingly, as pointed out by two participants, many of the problems faced by the community are not that much different from any other community outside of Kahnawake. One participant even remarked, "maybe that's not realistic to say that we're going to have a truly, truly healthy community. And I don't know if that even exists in the world, in any society."

Conclusion

The concept of resilience has allowed me to engage in a strength based approach so the reader can get an understanding of how Kahnawake is moving forward its healing strategies in a positive way despite challenges and diversity it has experienced over the past three millennia. Using the metaphor of the Two Row Wampum Treaty, I have tried to show how we might extend our traditional practices to our own local health strategies while allowing Western and Haudenosaunee ways of healing to work in parallel to each other. In working toward the survival of our communities and contemporary bureaucratic challenges faced by communities at the level of health policy (Weiman 2009:401-418), incorporating cultural models of healing into its public service organizations I argued,

can not only protect and perpetuate Indigenous knowledge and traditional ways of healing, but allow for the assertion of our rights to our cultural identity and serve as a model to other Indigenous communities wishing to assert their inherent rights. What has been absent in the literature on resilience is Indigenous rights to self determination, it is time that Indigenous peoples decide what *our* best practices are, and how we're going to implement our own health services within our communities. At the 2008 annual gathering of the National Network for Aboriginal Mental Health Research (NNAMHR) held in Montreal, Marlene Brant Castellano, a Mohawk from the Bay of Quinte, pointed out that Aboriginal mental health research is still very much part of an academic bubble and that if things are to undergo long-term change, education on the history of Aboriginal peoples needs to take place at the primary and secondary levels. "The message of the impacts of historical trauma needs to be conveyed to mainstream society," she stated, and that "mainstream models should not be imposed upon Aboriginal people." Contemporary research that supports and includes Indigenous perspectives is the step in the right direction of decolonizing past research methods that often excluded Indigenous peoples.

One of the ways that we as Indigenous researchers can help move our health services positively forward within rural settings, is to decolonize ourselves by supporting and utilizing Indigenous research paradigms (Tuhiwai-Smith 1999; Kovach 2009, Wilson 2008) within our work. Community-based participatory research *with* a Native community is one way of ensuring that solutions are obtained, and capacity is built, and that the community is built into the research partnership where "both parties educate one another" and where the "focus on the production of local knowledge to improve

interventions or professional practices” becomes the aim of the research (Macaulay 1998: 1).

Recent discourse (see Kirmayer et al. 2009) on Aboriginal resilience research includes the concept of social capital. Social capital in this context emphasizes the role of relationships, networks, trust, and norms (Putman 1993). Strengthening community resilience includes the strengthening of social capital; networks and support; revitalizing language, culture and spirituality; supporting families and parents to insure healthy child development; enhancing local control; increasing economic opportunity and diversifications; and respecting individual and cultural diversity within the community social capital (Kirmayer et al. 2009:100-101). As Tousignant (2009) contends, there is no easy way to capture the state of a community, but if we can recognize that many Indigenous communities have overcome challenge and adversity, like the Oka Crisis of 1990, and re-strategize the entire public health service organizations to enhance program service delivery, then we can clearly see how Aboriginal research on resilience can empower our communities and help bridge gaps between Indigenous people and mainstream society towards a less racist and discriminatory world.

Many Indigenous people in North America and Australia believe that they are among the most studied on earth (Tuhiwai-Smith 1999; Wilson 2008). This research has neither been asked for, nor has it had any relevance for the communities being studied (Wilson 2008:15). In the recent past, for instance, community members have been largely excluded from the research process and in general have become resentful of any type of research, whether conducted by non-Indigenous or Indigenous people. But things are beginning to change and many contemporary research projects are participatory and

action based; and where collaborative partnerships are being formed based on respect and trust; and where research interests with Indigenous communities are contributing to capacity building, community problem solving, community interventions, and so on. Moreover, Indigenous people are no longer accepting a central focus on the negative aspects of Indigenous life as identified by outside researchers who look for ‘problems’ that require further studies (Wilson 2008:16). In response to this, within the area of mental health, a definitive move has been made in recent years away from questions of illness to those of health, or rather, a strength based approach, rather than a deficit based one. In addition, rather than comparing Indigenous people to mainstream society (or to each other) with the inevitable consequence of rating one above the other, the focus is shifting to positive shared aspects that Indigenous people have to offer. As Indigenous researchers, many are saying that now is the time is to break free of the hegemony of the ‘dominant’ system towards a place where people themselves can decide the research agenda and processes (Wilson 2008).

This study has caused me to reflect on what it means to be resilient from the perspective of a Haudenosaunee person. Should our wellness strategies be consistent with our cultural practices? Can this be the key to bringing together Haudenosaunee ways of healing with Western medicine? What about the tensions that exist ‘believers’ and ‘non-believers’ of Haudenosaunee ways of healing? These are questions that underpin future research directed towards localizing resilience in a Haudenosaunee context, something I hope to pursue in the near future.

References

- Alfred, T.
2005 *Wasase: Indigenous Pathways to Freedom*. Ontario: Broadview Press.
- Alfred, T.
1995 *Heeding the Voices of our Ancestors: Kahnawake Mohawk Politics and the Rise of Native Nationalism*. Don Mills, Ontario: Oxford University Press.
- Atleo, R.
2004 *Tsawalk: A Nuu-Chah-Nulth Worldview*. Toronto, Vancouver: UBC Press.
- Beaulieu, T.
2010 *Honouring the Work of Indigenous Elders*. Dissertation in progress.
- Beauvais, J.
1985 *Kahnawake: A Mohawk Look at Canada and Adventures of Big John Canadian*. Quebec: Bibliotheque nationale du Quebec.
- Blanchard, D.
1980 *Seven Generations*. Montreal: Church & Baines.
- Brave Heart, Maria Yellow Horse, and DeBruyn, L.M.
1998 *The American Indian Holocaust: Healing Historical Unresolved Grief*. *American Indian & Alaska Native Mental Health Research* 8(2):60-82.
- Castellano, M. B., Archibald, L., and DeGagne, M.
2008 *From Truth to Reconciliation: Transforming the Legacy of Residential Schools*.
- Duffin, J.
1999 *The History of Medicine*. University of Toronto Press.
- Duran, E.
2006 *Healing the Soul Wound: Counseling with American Indians and Other Native Peoples*. New York: Teachers College Press.
- Duran, E. and Duran, B.
1995 *Native American Postcolonial Psychology*. Richard D. Mann, ed. Albany: State University of New York Press.

- Fanon, F.
1967 *Black Skin, White Masks*. New York: Grove 1967. Reprint of *Peau noire, masques blanc*. Paris, 1952.
- Fiske, J.
2008 National Network for Aboriginal Mental Health Research in Partnership with Aboriginal Healing Foundation.
- Herrick, J.
1995 *Iroquois Medical Botany*. Syracuse, NY: Syracuse University Press.
- Ives, N., Aitken, O., Loft, M., and Phillips, M.
2007 Rethinking Social Work Education for Indigenous Students: Creating Multiple Ways of Knowing and Learning. *First Peoples Child & Family Review: A Journal on Innovation and Best Practices in Aboriginal Child Welfare Administration, Research, Policy & Practice* 3(4):13-20.
- Kirkness, V., and Barnhardt, R.
2001 First Nations and Higher Education: The Four R's - Respect, Relevance, Reciprocity, Responsibility. *In Knowledge Across Cultures: A Contribution Dialogue among Civilizations*. Royth Hayhoe and Julia Pan, ed. Pp. 75-91. Hong Kong: Comparative Education Research Centre, University of Hong Kong.
- Kirmayer, L., Tait, C., and Simpson, C.
2009 The Mental Health of Aboriginal Peoples in Canada: Transformations of Identity and Community. *In Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*. Laurence J. Kirmayer and Gail Guthrie Valaskakis, eds. Pp. 3-35. Vancouver: UBC Press.
- Kirmayer, L., Brass, G., and Valaskakis, G.
2009 Conclusion: Healing/Invention/Tradition. *In Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*. Laurence J. Kirmayer and Gail Guthrie Valaskakis, eds. Pp. 440-472. Vancouver: UBC Press.
- Kirmayer, L., Simpson, C. and Margaret, C.
2003 *Healing Traditions: Culture, Community and Mental Health Promotion with Canadian Aboriginal Peoples*. *Australasian Psychiatry* 11(Supplement).
- Kirmayer, L., and Valaskakis, G.
2009 *Healing Traditions :The Mental Health of Aboriginal Peoples in Canada*. Vancouver: UBC Press.
- Kovach, M.
2009 *Indigenous Methodologies: Characteristics, Conversations, and Contexts*. University of Toronto Press.

- Kurszewski, D.
2000 Breaking Trail: Factors that Enable Northern Aboriginal Students to Succeed in Higher Education. Ph.D. dissertation, University of Alberta.
- Loft, M.
2007 Through our Own Eyes: A Study of Healing as Elucidated by the Narratives of First Nations Individuals. Ph.D. dissertation, McGill University.
- Macaulay, A., Delormier, T., McComber, A., Cross, E., Potvin, L., Paradis, G., Kirby, R., Saad-Haddad, C., and Desrosier, S.
1998 Participatory Research with Native Community of Kahnawake Creates Innovate Code of Research Ethics. *Canadian Journal of Public Health* 89(2):105.
- Macaulay, A.C., Harris, S.B., Levesque, L., Cargo, M., Ford, E., Salsberg, J., McComber, A., Fiddler, R., Kirby, R., Hanley, A.J.G., Potvin, L., Zinman, B., Gittelsohn, J., Phillips, K., Receveur, O.
2003 Primary Prevention of Type 2 Diabetes: Experience of 2 Aboriginal Communities in Canada. *Canadian Journal of Diabetes* 27(4):464-474.
- Martin-Hill, D.
2009 Traditional Medicine and Restoration of Wellness Strategies. *Journal of Aboriginal Health* 5(1):26-42.
- Martin-Hill, D.
2003 Traditional Medicine in Contemporary Contexts: Protecting and Respecting Indigenous Knowledge and Medicine. Pp.1--50.
- McCabe, G. H.
2007 The Healing Path: A Culture and Community-Derived Indigenous Therapy Model. *Psychotherapy: Theory, Research, Practice, Training* 44(2):148-160.
- McCormick, R.
2009 Aboriginal Approaches to Counselling. *In Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*. Laurence J. Kirmayer and Gail Guthrie Valaskakis, eds. Pp. 337-354. Vancouver: UBC Press.
- Moodley, R. & West, W.
2005 Integrating Traditional Healing Practices into Counseling and Psychotherapy. Thousand Oaks, CA: Sage Publishing Inc.
- Papadakis, E.
2008 Should Aboriginal Healing Traditions Be Integrated into Urban Medical Facilities? Ph.D. dissertation, Concordia University Montreal.

- Porter, Tom Sakokwenionkwas
2008 *And Grandma Said: Iroquois Teachings as Pass Down through the Oral Tradition*. Lesley Forrester, ed. U.S.A.: Xlibris Corporation.
- Putnam, R.
1993 *Making Democracy Work: civic traditions in modern Italy*. Princeton, NJ: Princeton University Press.
- Royal Commission on Aboriginal Peoples. Report of the Royal Commission on Aboriginal Peoples: Perspectives and Realities
1996 Volume 3, Ottawa: The Commission.
- Schiff, J. W., and Moore, K.
2006 The Impact of the Sweat Lodge Ceremony on Dimensions of Well-being. *American Indian & Alaska Native Mental Health Research: The Journal of the National Centre* 13(3):48-69.
- Statistics Canada
2008 *Aboriginal Peoples of Canada: Inuit, Metis and First Nations, 2006 Census*. Ontario: Ministry of Industry.
- Sue, D.W., & Sue, D.
1999 *Counseling the Culturally Diverse: Theory and Practice (3rd Edition)*. New York: Wiley.
- Tousignant, M., Sioui, N.
2009 Resilience and Aboriginal Communities in Crisis: Theory and Interventions. *Journal of Aboriginal Health* (5)1, pp. 43-61.
- Tuhiwai-Smith, L.
1999 *Decolonizing Methodologies: Research and Indigenous Peoples*. London; New York: Zed Books.
- Waldram, J., Herring, D., Young, T.
2007 *Aboriginal Healing in Canada: Historical, Cultural, and Epidemiological Perspectives*. Toronto: University of Toronto Press.
- Waldram, J.
2009 Culture and Aboriginality in the Study of Mental Health. *In Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*. Kirmayer, Laurence J., Valaskakis, Gail G., ed. Pp. 56-79. Vancouver Toronto: UBC Press.
- Waldram, J.
2008 *National Network for Aboriginal Mental Health Research in Partnership with Aboriginal Healing Foundation*.

- Waldram, J., Herring, A., and Kue Young, T.
1995 *Aboriginal Health in Canada : Historical, Cultural, and Epidemiological Perspectives*. Toronto ; Buffalo: University of Toronto Press.
- Weber-Pillwax, C.
1999 *Indigenous Research Methodology: Exploratory Discussion of an Elusive Subject*. *Journal of Educational Thought* 33(1):31-45.
- Weiman, C.
2009 *Six Nations Mental Health Services: A Model of Care for Aboriginal Communities*. *In Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*. Laurence J. Kirmayer and Gail G. Valaskakis, eds. Pp. 401--418. Toronto, Vancouver: UBC Press.
- Wilson, S.
2008 *Research is Ceremony: Indigenous Research Methods*. Black Point, N.S.: Fernwood Pub.
- World Health Organization
2000 *General Guidelines for Methodologies on Research and Evaluation of Traditional Medicine*. Geneva.

Appendices

Appendice I: Cycle of Ceremonies of the Haudenosaunee

Cycle of Ceremonies of the Haudenosaunee

The spiritual activities on the calendar below begin with Midwinter and are conducted counter clockwise – the direction symbolizing life. **NOTE:** Not all Longhouses practice all ceremonies.



Source: Adapted from the North American Indian Travelling College calendar, undated.

Appendice II: Interview Protocol

Interview Protocol

Understanding Resilience Through Revitalizing Traditional Ways of healing in a Mohawk Community

Morgan Kahentonni Phillips (MA Candidate, Concordia U, Dept of social and cultural anthropology)

Preface (to be read to participant):

As part of fulfilling the requirements in obtaining of Master of Arts degree in the Department of Social & Cultural Anthropology at Concordia University in Montreal, I am required to conduct research in an area of my choice, which is Indigenous mental health. I am required to 'collect data' pertaining to my research topic during the summer months of this year and for the fall/winter semesters of 2009/2010. The information collected will then be used to write a Thesis to be submitted to Concordia in the spring of 2010. The main focus of my thesis is understanding resilience through the revitalization of traditional ways of healing specifically within the recently opened Kahnawake Healing & Wellness Lodge. Because there are several programs within Kahnawake that also incorporate, and are working towards incorporating traditional relevant programs as part of services offered to Kahnawakehró:non, part of my plan is to find out what our health organizations (KSCS, KMHC) currently offer to the community and to gather perspectives on healing and wellness. I also plan to speak to traditional healers in the community, as well as two physicians that have had experience working in Kahnawake.

The purpose of this interview is to gather information on the services, and methods of service that you or your organization offers to Kahnawakehró:non, the history of how these programs came to be, and to learn about your experiences and perspectives of incorporating traditional methods/services into our health organizations. If you are not employed by any health organization within Kahnawake, it is my wish to learn about your experience as a traditional/spiritual person living in this community.

The interview should not take more than one hour and will be conducted during the summer of 2009. Your participation is voluntary and you can withdraw from this study at any time without giving reasons. Your participation in this interview is confidential and your identity will be protected and remain confidential.

This discussion will be recorded and transcribed by me. Once the interview is transcribed, I will then analyze the information from this interview and other interviews I will be conducting that will help me answer the following research question:

What are some of the ways that the Mohawks of Kahnawake approach healing and wellness in the community of Kahnawake?

Do you have any questions?

Interview GUIDE

Information about the interview:	Information about the participant:
Date:	Occupation/job title:
Start time:	Education:
End time:	Male/Female:
Interview #:	Age:
Digital recorder file #:	
Contact info:	
Interviewer:	

1. Can you tell me a little bit about your background and how you came to be here in this job today? (job title, experience, education, other places worked?)
 - (leading up to) How did you come to be a health practitioner/physician/traditional/spiritual person/helper?

2. Can you tell me the history/background of how traditional services, or how types of traditional healing practices came to be in this organization, and/or in this community? Or What does healing mean for you?

3. What kinds of health related **service(s)** do you or your organization currently offer to community members of Kahnawake?
 - How does an individual become a client?
 - Are services limited to people from Kahnawake?
 - Are all employees of this organization Indigenous? If not, what is the ratio?

4. As a person involved in healing and wellness in Kahnawake, in general what are some of the health related challenges facing people of this community?
 - What do you think so of those challenges are caused from?

5. What types of healing **methods** do you or this organization use?
- Traditional healing methods? (Iroquoian, other Indigenous methods?)
 - Spirituality?
 - Dreams?
 - Storytelling?
 - Sweats?
 - Individual/collective?
 - Family?
 - Mainstream psychological methods?
 - Natural medicine?
 - Other medicines? (do you encourage/support the combining of natural medicines with prescribed medications?)

6. What are your views on *incorporating* traditional services/programs/interventions/spirituality into the health services within this organization, and/or Kahnawake? (How do you feel for example that it's contributing to the betterment of our community?)

7. How do you feel about *combining* Iroquois (or other Indigenous) traditional methods of healing and/or traditional medicines with existing health services within Kahnawake? (as compared to using solely mainstream society's healing practices for example)

8. In your experience, have you seen an increase in traditional services offered within this community in the healing and wellness field? If yes, why do you think there has been an increase?

9. In your experience, have you seen an increase in demand for traditional services offered within this community in the healing and wellness field? If yes, why do you think that is?

10. What are your views on the historical relationship between mainstream society's clinical healing approaches and that of traditional services that now exist within Kahnawake?

11. Based on your experiences, how do you see healing and wellness through traditional teachings as a strength or sign of resilience for the people of this community?

12. Based on your experiences, how do you think healing and wellness could be strengthened in this organization, or in Kahnawake? (i.e.- Are there adequate resources devoted to this organization, are Mohawks returning to their cultural roots?)

13. Is there anything else that you would like to add before we conclude this interview?

Niá:wen/thank you for your time and participation!!

Appendix III: Consent Form

CONSENT FORM TO PARTICIPATE IN RESEARCH

This is to state that I agree to participate in a project of research on **Understanding Resilience through Revitalizing Traditional Ways of Healing in a Mohawk Community** being conducted in Kahnawake by Morgan Kahentón:ni Phillips, under the supervision of Professor Mark Watson in the context of a course titled ANTH640 offered by Concordia University as part of my graduate thesis.

PURPOSE: I have been informed that the purpose of this research is to gather information on understanding resilience through the revitalization of traditional ways of healing in Kahnawake.

PROCEDURE: Research will be conducted among community members of Kahnawake as well as staff employed at one of Kahnawake's health related organizations who are able to talk about their own, and the community's experience of traditional ways of healing. This semi-structured, open ended interview will be digitally recorded and transcribed but the identity of participants will remain confidential. Interviews will be conducted at the place and time of the participant's choice. The total amount of time that will be required from participants will not exceed one hour per interview and will take place during the summer of 2009.

CONDITIONS OF PARTICIPATION: I have carefully read the above and my questions were answered to my satisfaction. I freely consent and agree to participate in this study. A copy of this signed consent form will be given to me. My participation is voluntary and I can withdraw from the study without giving reasons. I understand that my participation in this study is confidential and that my identity will be protected and remain confidential. I understand that the data from this study will form the basis of an essay and may be published. Should I choose not to sign this form, my verbal consent will be acceptable and will be included in the audio tape of the interview.

I HEREBY CONSENT AND VOLUNTARILY AGREE TO PARTICIPATE IN THIS STUDY:

NAME (please print): _____

SIGNATURE: _____

DATE: _____

CONTACT INFORMATION: The researcher will be happy to answer any questions you might have concerning this study. If at any time you have questions about your rights as a research participant, please contact Adela Reid, Research Ethics and

Compliance Officer, Concordia University at (514)848-2424, ext. 7481 or by e-mail at areid@alcor.concordia.ca.

Appendice IV: Copy of contract to conduct research in Kahnawake

**CONTRACT TO CONDUCT RESEARCH
IN KAHNAWAKE**

This contract, effective as of the fifteenth day of July, 2009 is

between

**ONKWATA'KARITÁHTSHERA HEALTH AND SOCIAL SERVICES
RESEARCH COUNCIL**

Represented by Carole Walker, Chairperson
P.O. Box 1440
Kahnawake, QC J0L 1B0
(Hereinafter referred to as the Research Council)

and

MORGAN KAHENTONNI PHILLIPS

P.O. Box 679
Kahnawake, QC J0L 1B0
(Hereinafter referred to as the Researcher)

for

**UNDERSTANDING RESILIENCE
THROUGH REVITALIZING TRADITIONAL WAYS OF HEALING
IN A MOHAWK COMMUNITY**

(Hereinafter referred to as the project)

Whereas the Research Council and the Researcher agree to enter into a research relationship for their mutual benefit;

Whereas the sovereignty of the Kanien'keha:ka (the people) of Kahnawake to make decisions about research within the Kahnawake territory is recognized and respected;

Whereas the benefits to the community as a whole and to individual community members should be maximized by the research;

Whereas the project should support community goals of health and wellness, promote healthy lifestyles and fulfil Kanien'keha:ka traditional responsibilities of caring for the next Seven Generations (*Those yet unborn*);

Whereas the Research Council recognizes that the project to be conducted in Kahnawake is a part of a graduate thesis;

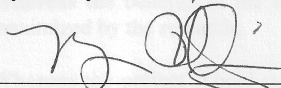
Whereas the researcher is to conduct interviews with 8-10 individuals (Kahnawake traditional healers, health practitioners, and two non-native physician/health practitioners who work in Kahnawake) to gather

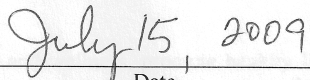
perspectives and information on traditional healing and how it has been incorporated into existing health and well-being programs;

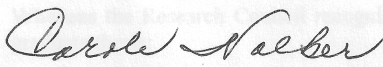
Therefore this Contract serves as official approval for the project subject to the following terms and conditions:

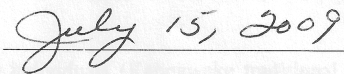
1. The Researcher shall abide by the mutually agreed upon Terms of Reference that include goals, objectives, timelines and methodologies of the project. Any changes to the Terms Reference require the prior approval of the Research Council.
2. The research project, in its entirety, shall begin on July 15, 2009 and terminate on May 31, 2010.
3. A participant consent form must be signed by all participants involved in the project, as the right to privacy and the strict confidentiality of the participants' personal information must be protected.
4. In recognition of the hospitality of the Kahnawake community, the Researcher shall determine a token of appreciation, commensurate with their resources, to be extended to the individual research participants.
5. The Ownership, Control, Accessibility and Possession (OCAP) principles of research shall be adhered to; as such, the Research Council must be provided with a copy of all written material produced as a result of the project conducted in Kahnawake.
6. The Research Council reserves the right to query and monitor the project to ensure the community is protected and the outcome is beneficial to the community.
7. The Researcher shall meet with the Research Council on mutually agreed upon dates to provide an update on the project; three progress reports must also be submitted for the first week of November 2009, February 2010, and May 2010 using the Progress Report form – Annex 1.
8. The draft thesis should be submitted to the Research Council for review and approval.
9. After approval is granted, the researcher must present the research findings to the Research Council with a copy of the final thesis.
10. Either party may terminate this contract prior to the Termination Date by providing reasons in writing to the remaining party; all written data and any materials produced during the course of the project would then become the property of the Research Council. A written request must be made to, and permission granted by, the Research Council for any subsequent use of materials or reuse of data.

This contract is effective as of the fifteenth day of July, 2009 and shall terminate on the thirty-first day of May, 2010.


Morgan Kahentonni Phillips
Researcher


Date


Carole Walker
Chairperson, Research Council


Date