

An Anthropological Study of Medical Care in the Canadian North

Nate Hansen

Introduction

In his seminal essay *Nietzsche, Genealogy, History*, the French philosopher and social theoretician Michel Foucault noted that “humanity does not gradually progress from combat to combat until it arrives at universal reciprocity, where the rule of law finally replaces warfare; humanity installs each of its violences in a system of rules and thus proceeds from domination to domination” (Foucault 151). This statement rings especially true for members of minority groups, whose ancestors may have faced colonialism and abject prejudice, and whose current relatives might be tangled in a web of institutionalized injustice, unconscious prejudgment, and biosocial and biopolitical disadvantage. The indigenous people of the Canadian North are one such minority group. Though the many groups of this region differ in language and cultural norms, they all share a history of state-sponsored oppression, which in many communities has manifested itself in adverse health outcomes. As Laurence Kirmayer explained, “cultural discontinuity has been linked to high rates of depression, alcoholism, suicide, and violence in many communities” (Kirmayer et al). And yet, recent attempts to ameliorate these public health crises using primarily biomedical strategies for intervention were not successful in a number of North American minority populations (Castro et al). This result suggests that alternative modes of delivering medical care to these groups should be explored. The goal of this paper is to review current literature on culturally appropriate intervention strategies among indigenous populations in the Canadian North, and to offer some suggestions for how community-based health networks might be enacted in this region.

A Short History of Indigenous Health in the Canadian North

According to oral history, the incidence of modern disease epidemics like tuberculosis and suicide was relatively low in the Canadian North prior to contact

with European explorers (Waldram). This was not simply because the indigenous groups of this region had superior genes or better diets: they also possessed effective methods for dealing with disease outbreaks. Bopp and Lane describe how the community of Nuxalk, Canada survived a smallpox epidemic by creating and following a plan that involved scattering in pairs while keeping within shouting distance. “If your partner died, you were to bury them. If you were the last one left alive, and you were sick, you were to bury yourself in a shallow grave before you died” (Bopp and Lane 7). Though unconventional, this strategy allowed the indigenous community of Nuxalk to survive near certain annihilation, and thus proves that the people of the Canadian North had the ability to manage their own public health crises prior to European contact.

Over time, the systemic destabilization of indigenous economies by factors including extractive mining by transnational corporations and changes in animal migration patterns due to anthropogenic climate change led to a disintegration of the traditional way of life for many indigenous people. While in some metrics, modern technologies have greatly bettered the quality of life for these people, “the disintegration at the most intimate level” of lived experience contributes to an ongoing sense of anomie in these communities (Million 110).

To make matters worse, as of September 2017, Canada’s Northwest Territories do not have centralized substance abuse and mental wellness services (Chatwood). Instead, such services are the discrete mandate of local governing organizations, health authorities, and indigenous groups. Often, these groups have neither the resources nor the staff to successfully support struggling individuals. Thus, it is common for these persons to be sent to better-equipped care facilities in south Canada, which has led to the separation of families and the dislocation of individuals from their native cultural environment. This problem is compounded by the colonial history of the Inuit and Dene people who were forcibly removed

from their homes and sent for medical rehabilitation and cultural 're-education' in the South. This theme of cultural dislocation has recurred in the tuberculosis epidemic of the 1940s-1960s and in the suicide epidemic of the 1980s-present (Stevenson).

With this cultural context in mind, it is important to consider some somber statistics regarding public health in the Canadian North. A clear divide in health status exists between indigenous and non-indigenous groups. 54% of indigenous people (aged 15+) in the Northwest Territories show signs of hazardous drinking, compared to 25% of non-indigenous people. 51% of indigenous people (aged 15+) in this region are daily smokers, compared to 18% of non-indigenous people. Indigenous groups in the Northwest Territories are far more likely to use and abuse illicit substances like cocaine and cannabis (Report On Substance 20). Perhaps most troubling is the fact that in some parts of North Canada, the suicide rate can be as much as eight times the national average (Kue & Bjerregaard, 2008).

Furthermore, it is clear that standard biomedical intervention strategies are not wholly effective at combating these public health emergencies. This may be due in part to the fact that "notions of health and healing [rooted in biomedicine] do not match indigenous conceptions of wellbeing" (Stewart et al 80). It becomes apparent that medical interventions are not 'one size fits all', and that effective interventions must be designed with the patient in mind. In order to understand who 'the patient' is in the Canadian North, we now transition to a consideration of what it means to be 'well' in two different ethnomedical traditions: Western biomedicine and indigenous Canadian naturalistic medicine.

Healing vs Curing: How Health is Understood Across Cultures

In order to help an individual reach or maintain their ideal personal health status, it is important to understand how that person conceptualizes his or her own health. In the case of the minority groups of the Canadian north, such as the Inuit and the Dene, there are many factors that might affect a person's perceived health status. There is the distinctly biological component of health, which is acknowledged by nearly all types of ethnomedicine around the world, including conventional Western medicine. This is the

realm of health within which biomedicine most comfortably operates. There is also the spiritual aspect of indigenous Canadian medicine.

In her book *Life Beside Itself*, Lisa Stevenson describes how, to some indigenous groups, engagement in the spirit world is an essential process that is needed to maintain good health. There is a custom among the Inuit to name a newborn child after a recently deceased friend or relative. To the Inuit, a name is not just a moniker, it is the *atiq*, the 'name-soul' that carries part of the deceased into the newborn (Stevenson 105). Transference of the *atiq* in this way skews kinship so that familial ties follows the path of the *atiq* rather than simple biological relationships. One person that Stevenson interviews noted that "if I give my grandfather's *atiq* to my baby daughter, she is my grandfather" (Stevenson 105). Fluid transmission of identity, an idea exemplified by the concept of the *atiq*, is just one example of how aspects of indigenous culture can challenge Western notions of rationality, and yet still be incredibly meaningful to the culture and community of that indigenous group. The *atiq* also intimates many indigenous groups' essential connectedness to others, both spiritually in time and genetically to blood relatives. In his article *Culturally Appropriate Means and Ends of Counseling*, Rod McCormick states that "effective healing for First Nations people focuses on interconnectedness rather than autonomy, which is a more common goal for Western therapy" (McCormick 1995). McCormick goes on to note that that aim of healing for many indigenous people in the Canadian North is to maintain balance between four dimensions: "physical, mental, emotional, and spiritual" (McCormick 1995). Some might argue that conventional biomedicine weights the physical or biological aspects of health over everything else. This might be a reason why, as Castro noted, and as alluded to earlier in this paper, conventional biomedical intervention strategies are typically not successful in the long-term for North American minority populations.

Because notions of health are so different in the indigenous Canadian and Western imaginations, it is no surprise that the process of attaining wellness is also different in these two cultures. In most indigenous communities, the process of achieving a good health status is described as 'healing'. In *Anthropology of Alternative Medicine*, Anamaria Ross defines

'healing' in this context as "a therapeutic process or action that addresses the whole suffering person and illness, rather than just a specific body part of a particular problem, thus including emotional, mental, social, and spiritual needs and concerns in the treatment plan" (Ross 20). In contrast, Ross defines 'curing', the process of reaching a good health status as it is understood in most parts of the Western world, as "a narrower and more pragmatic approach, which has the goal of removing a particular problem completely and permanently" (Ross 20). With its intention to address the many components of personhood, it is clear that 'healing' is better equipped than 'curing' to address the four dimensions of health that McCormick described. But what does healing look like in practice?

What Can Healing Mean in a World of Connections?

The interconnectedness noted by McCormick and the notion of *atiq* as reported by Stevenson point to an indigenous worldview that closely associates the physical body and many connected domains, such as the spiritual world, the world of myth and tradition, and the natural world. These different conceptions of lived experience resemble the different 'bodies' first envisioned by Nancy Scheper-Hughes and Margaret Lock in their prolegomenon entitled *The Mindful Body*. This text explores ways in which the human body is conceptualized, with special attention paid to how a medicalized perception of the body is related to larger human structures like cultures and communities. Importantly, Scheper-Hughes and Lock note that "insofar as the body is both a physical and cultural artifact, it is not always possible to see where nature ends and culture begins" (Scheper-Hughes et al 19). This passage pertains to our present discussion because it closely relates the 'physical body' with 'nature', an association that is also often made by public health workers when designing culturally appropriate healing strategies in the Canadian North.

Dian Million, author of *Therapeutic Nations*, noted that in this region, "the land is imbued with sacredness by the indigenous [people]" and that experiences had on the land itself can be "individually and communally healing" (Million 115). Million goes on to describe a movement among some indigenous groups in Canada known as the Canoe Way. Simply

put, Canoe Way is one among many resurging cultural practices that situates large groups of indigenous people in nature, specifically taking canoes into the watersheds of the Canadian North. At one point in time, the canoe was the primary means of transportation and thus the principal driver of local economies for many indigenous groups. With this in mind, engagement with this ancient practice through Canoe Way connects indigenous people with their traditions and their land, thus strengthening the mental and spiritual dimensions of health that were originally described by McCormick. In fact, when advertising Canoe Way to potential paddlers, it is "often portrayed as a healing activity" (Million 168) rather than purely recreational. The values highlighted in Canoe Way illustrate how a connection to culture and nature can be used in a therapeutic manner.

Another way of conceptualizing the therapeutic nature of a land-based medical intervention like Canoe Way is through the lens of sensation. A number of authors have "stressed the importance of attending to sensations in studying the illness experience" (Ross 123). Hinton, Howes, and Kirmayer further delineated the role of sensation in the practice of naturalistic medicine when they noted that "healing can entail sensations that invoke a script [which in turn] increases a sense of efficacy and promotes positive engagement in the life process" (Hinton et al 153). Put another way, sensations from the outside world (such as the vestibular sensation of being rocked by a canoe or the taste of salty water) can cause a shift in "embodied metaphor, memory, and self-image" (Hinton et al 154) such that one feels a greater sense of interconnectedness, to heritage, community, or self.

Another way of exploring the abstract concept and the actuality of healing in the Canadian North is by considering how the word itself can become a metaphor for resolving not only biological, but also biosocial ills. In *Body Metaphors: Reading the Body in Contemporary Culture*, Danica Škara describes how aspects of the human body are often projected through metaphors into the world around us. For example, "the arm of a chair", "an ear of corn", or "the foot of the mountain" are all body metaphors that are employed in common parlance (Škara 184). This is no less true in the practice of public health and medical anthropology, when we talk about 'healing' a broken home, 'revitalizing' (which literally means 'to give life

again') a community, or 'diagnosing' social problems in a bad neighborhood. Laurence Kirmayer recognized this truth when he described indigenous families and communities as the "primary locus of injury and thus the source of restoration and renewal" (Kirmayer et al 21). Even though an abstract concept like 'community' cannot literally sustain an injury, Kirmayer recognizes that political action that improves the quality of life, increases individuals' sense of self-efficacy, and reduces anomie, can be defined as a form of healing, despite not being a directly biological intervention. Kirmayer more straightforwardly links the political with the biological when he notes that "the high suicide rates among indigenous young men can be related to a loss of value status" (Kirmayer et al 20) and that empowering youth by giving them the opportunity to "design and implement their own [mental health] programming" can sometimes "restore their positive mental health [status]" (Kirmayer et al 21). This type of biopolitical care stems from the recognition that a figurative wound in a family unit or a community can be 'healed' just as a biological wound can, through attentiveness and care. Noted anthropologist Mary Douglas recognized early on how metaphors tie together the human body with other causative forces in the environment. In her book *Purity and Danger*, Douglas stated: "just as it is true that everything symbolizes the body, so it is equally true that the body symbolizes everything else" (Douglas 122). This metaphorical conception of healing opens up new avenues for how healing can be actualized through language in indigenous communities.

Healing Through Language

One way that language can accelerate the process of biological and political healing is through the reclamation of appropriated words and ideas. For example, the renowned developmental psychologist Erik Erikson studied Lakota philosophy and incorporated many Lakota belief systems into his stage theories of childhood development (Million 154). Don Coyhis, an Alcoholics Anonymous leader from a Mohican reservation in Wisconsin, moved to re-appropriate Eriksonian mental psychology for Lakota culture, eventually coining the term "Eriksonian-Lakota" (Million 155). Importantly, as Dian Million notes, this has the effect of "[reclaiming] a practice that has found usefulness, moving it from its position as 'whiteman' knowledge,

and into closer relations with indigenous lives" (Million 155). This repossession has two additional benefits: it helps to heal the psychic wounds inflicted when Lakota knowledge was taken without proper credit, and it sets the stage for new ways of framing medical interventions through clever manipulations of language.

Many modern drugs are refined derivatives of ancient remedies. Over 546 unique traditional plant remedies like poultices, decoctions, and pastes have been identified in the boreal forests of Canada alone (Uprety et al 1). Thus, it is conceivable that a public health promotion campaign could 'reclaim' modern drugs if they were described primarily in terms of the traditional preparation and geographic range of the original remedy. This could help cultivate a sense of familiarity and connection to heritage with valuable modern medications. In the same way that Erikson's developmental psychology was reclaimed and actively appreciated for its "usefulness" by the Lakota, so too could 'reclaimed' pharmacologic strategies be employed in the Canadian North. It might sound like a strategy of deception at first, but if executed empathetically, and with the guidance of community leaders, it is likely that the beneficial aspects of pharmacology could be employed in the fight against serious health concerns.

In addition to uncovering the hidden links between biological and naturalistic medicine, language can also be a therapeutic tool in and of itself. Of what use might storytelling be to an addict or to someone struggling with a mental health crisis? Narrative therapy, an effective form of psychotherapy that explores the therapeutic potential of storytelling, seeks to answer some of these questions. In the process of storytelling "individuals are constantly in the process of creating themselves" (Crossley 2000). Narrative therapy makes use of storytelling as a creative tool to "imagine and promote the most positive, empowering conception of self" (Hammer 2012). One vignette that showcases the therapeutic potential of narrative storytelling occurred in the primarily indigenous Canadian community of Alkali Lake (Million 106). As the story goes, a young girl in this community refused to drive home with her parents because they were too drunk. Shamed by their daughter's intelligence and their own recklessness, this girl's parents committed to becoming sober. Shortly thereafter, they started to tell friends and family in this community the story

of how they were shamed into becoming sober, and within several short months “it is estimated that Alkali Lake went from a 100 percent alcoholism rate to what is now around 85 percent of the community achieving and keeping sobriety” (Million 106). While anecdotal, this story demonstrates how shared stories can empower people to change their behavior to become healthier. As Dian Million noted, “narrating the story of their community was one of the myriad healing or community transformation techniques that Alkali Lake used [to overcome the addiction of alcoholism]” (Million 107).

The therapy of narration has been particularly embraced in Alcoholics Anonymous groups across Canada. Alcoholics Anonymous was particularly popular among indigenous groups mainly because indigenous peoples had formed “large socially active networks for managing their lives around alcohol subsistence” (Million 153) and because the flexibility of the Alcoholics Anonymous curriculum enabled indigenous peoples to “adapt its framework to include specific indigenous spiritualities and ceremonies” (Million 153). Significantly, Alcoholics Anonymous relies on “narrative strategies and frames” (Million 153) to engender honest sharing among community members. Thus, it represents a form of collective and cathartic storytelling, the recognition of shared burden, and the hope that with community action, a seemingly insurmountable health challenge can be defeated.

Conclusion

While there is no doubt that the indigenous people of the Canadian north currently struggle with some of the most severe public health crises on the planet, the results and stories presented above indicate that there is still hope for positive action. Current Canadian Prime Minister Justin Trudeau’s September 7th, 2017 apology to the indigenous people of Canada for the long history of the Canadian government’s institutionalized racism, injustices in the school system, and colonial oppression is a good first step in starting a dialogue about healing (Shaw and Coburn). This palliative step represents more than a simple recognition of political injustice: it metaphorically represents a recognition of wounds enacted on indigenous communities. As Kirmayer succinctly showed, an understanding of the figurative link be-

tween politics and health outcomes can actually lead to a resolution of, or at least engagement with, public health crises. Trudeau’s apology shows that he recognizes the power of metaphor and language as a therapeutic tool in indigenous communities.

Because indigenous notions of health more fully explore the four dimensions of wellness that McCormick first described, it is clear that alternative modes of care must be adopted to fully heal people in the Canadian North. More recently, dual intervention strategies that draw upon both traditional forms of healing and mainstream biomedical services are being implemented in many northern communities (Stewart et al 90). For example, a successful northern Manitoba First Nations substance abuse treatment program integrated counseling sessions and pharmacological interventions with expeditions to culturally resonant sites, powwow dances, and pipe ceremonies (Gone, 2011). A local cultural approach and an ethic of community ownership thus appears essential to providing holistic behavioral healthcare in these indigenous communities.

The central tenet of this work however, is that new medical interventions are developed with substantial input from indigenous communities themselves. In *Red Skin White Mask*, Glen Coulthard makes a call for indigenous action: “if indigenous peoples want the relationship between themselves and the Canadian state to be informed by their distinct worldviews, then they will have to engage the state’s legal and political discourses” (Coulthard 45). The reality is that the pursuit of autonomy, and biological, biosocial, and biopolitical healing is “in the end, an ongoing intergenerational struggle to define and redefine and practice what is wellness” (Million 107). There is no rulebook detailing how to heal from and reach a healthy status following centuries of oppression. What seems clear is that any intervention that is implemented should be a blend of evidence-based biomedical and indigenous care strategies, and that enactment of this intervention should be done with cognizance of the power of language and metaphor, understanding of alternate notions of healing and health, awareness of the historical contexts of suffering, and a familiarity with the interconnectedness of beliefs.

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