

THE MEANING OF ANISHINABE HEALING AND WELLBEING ON MANITOULIN ISLAND¹

Darrel Manitowabi PhD
Marjory Shawande

There is scarcely any doubt that these ceremonies will still be secretly held at irregular intervals ... and it will be but a comparatively short time before the *Mide'wiwin* will be only a tradition. W.J. Hoffman (1891, p. 300)

ABSTRACT

In the following we examine the meaning of Ojibwa/Anishinabe healing and wellbeing at the Noojmowin Teg Health Access Centre on Manitoulin Island in north-central Ontario. This examination is based on a study we conducted on the clinical integration of Anishinabe healing at Noojmowin Teg. The methodology involves 43 qualitative interviews with health providers, clients, and nonclient Anishinabe First Nation community members. Based on the content analysis of interviews, our results suggest that the Anishinabek of Manitoulin Island regard healing as being an interconnection between earth, body and spirit, and that wellbeing means to live a balanced life.

Key Words: Traditional medicine, medical pluralism, indigenous peoples, Ojibwa, Manitoulin Island, colonialism

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INTRODUCTION

In Ontario, the year 1990 signaled a new relationship for Aboriginal health concerns when the province initiated the Aboriginal Healing and Wellness Strategy (AHWS) to promote health and healing among Aboriginal people.² This strategy involves funding Aboriginal health programs and services with the objective of providing culturally appropriate health care. In 2008, we conducted research examining the clinical (biomedical) integration of the traditional medicine program at the Noojmowin Teg Health Centre on Manitoulin Island in north-central Ontario. Noojmowin Teg is one of eight provincial Aboriginal Health Access Centres funded by AHWS.³ The mandate of Noojmowin Teg is to provide specialized clinical and integrated traditional medicine services to on- and off-reserve Aboriginals on Manitoulin Island.

Noojmowin Teg provides a unique opportunity to understand and examine contemporary uses of traditional Aboriginal medicine. Historically in Canada traditional Aboriginal medicine and healing systems were subject to colonial intrusions such as the Indian Act, Indian agents, Christianity, and biomedical dominance. Colonial policies outlawed Aboriginal healing traditions, leading to their decline (Lux, 2007; Waldram et al., 2006; Kelm, 1998). Despite this, Aboriginal healing traditions have survived across North America (cf. Cohen, 2006; Martin-Hill, 2003; Waldram et al., 2006), including Manitoulin Island (Maar and Shawande, 2010; Maar, 2004; Joy, 1989).

Noojmowin Teg conveniently provides researchers with an opportunity to understand indigenous conceptions of traditional healing and well-being. Martin-Hill (2003, pg. 7) declares that “traditional medicine” is a misnomer since “traditional” is a colonial term and “medicine” is restrictive in its application. Waldram et al. (2006) state that “traditional” is suggestive of a static medical system and contrary to the actual practice of Aboriginal medical systems. The Royal Commission on Aboriginal Peoples expands the dynamic of healing as “practices designed to promote mental, physical and spiritual well-being...” (RCAP, 1996, Vol. 3, p. 348). Similarly,

2. Throughout this article we use “Aboriginal” to refer to all original people of Canada including on- and off-reserve, status, nonstatus, Inuit, and Metis. We employ “indigenous” to refer to the original ways that existed prior to European colonization. The term *Anishinabe* (singular) or *Anishinabek* (plural) means “original person or people” and is the term of self-referral used by the Ojibwa, Odawa, and Potawatomi.

3. The eight Aboriginal Health Access Centres in Ontario are located at Cornwall, Cutler, Fort Frances, Hamilton, Keewatin, Manitoulin Island, London, Ottawa, Sudbury and Thunder Bay (<http://www.ahwsontario.ca>).

the Anishinabek of Manitoulin Island have no single concept of “health” or “wellbeing.” The closest term is “*mnaamodzawin*,” meaning a “good, holistic way of life.” Research conducted on the cognate Cree equivalent of this term suggests it reflects an indigenous sense of health linked to culture, land, community, and politics (Adelson, 2004). Others such as Hart (2005) have suggested this term is foundational to Aboriginal healing since it responds to indigenous decolonization and empowerment. In the following, we contribute to an understanding of the meaning of Anishinabe healing and wellbeing in a contemporary context.

STUDIES ON THE MEANING OF ANISHINABE HEALING AND WELLBEING

Studies on Anishinabe healing and wellbeing have focused on several topics, including: early ethnocentric missionary and traveler accounts (Hennepin, 1689; Lahonton, 1703); brief historical descriptions by Anishinabe authors (Jones, 1861; Copeway, 2001 [1850]; Warren, 1984 [1885]); early ethnological descriptions of healing (Schoolcraft, 1969 [1857]; Hoffman, 1891; Kohl, 1985 [1860]; Densmore, 1970 [1929]); descriptions of medicinal herbs (Hoffman, 1891; Densmore, 1974 [1928]; Smith, 1932; Moerman, 2009); the *Midewiwin* or “Grand Medicine Society” (Hoffman, 1891; Densmore, 1974 [1928]; Angel, 2002); conjuring and shamanism (Hallowell, 1971[1942]; Grim, 1983; Brown and Brightman, 1988); healer and patient experiences (Struthers, 2000; Struthers and Eschiti, 2005; Struthers et al., 2004); contemporary Anishinabe descriptions of culture and healing (Johnston, 2005 [1976]; Benton-Banai, 1988; Solomon, 1990; Nabigon, 2006); and finally, the integration of Anishinabe healing with biomedicine (Maar and Shawande, 2010; Walker et al., 2010; Maar, 2004). There has been little emphasis on the cultural *meaning* and *significance* of Anishinabe healing and wellbeing; since this is our focus, we will review this literature in greater detail.

For a baseline understanding of the meaning of Anishinabe healing and wellbeing, it is useful to understand the origin of disease and healing from an indigenous perspective. In 1850, the Anishinabe missionary George Copeway recited a story on the origin of medicine and healing. In sum, the early ways of the Anishinabe were good and strong: humans had communication with spiritual beings. However, this harmony was upset by human jealousy, and disease fell upon the Anishinabek. Hearing of this misfortune, strangers arrived and gathered plants, dried them and blew upon them to scatter them over the earth and medicines grew to cure all

disease. To honour this, the Anishinabek developed a “medicine worship” consisting of a lodge and dance. Before leaving, the strangers pronounced, “There is not a flower that buds, however small, that is not for some wise purpose” (Copeway, 2001 [1850], p. 175). Copeway refers to this worship as the “Me-day.” The subsequent work of Hoffman provides the earliest and most detailed account of this Anishinabe medicine society.

In his account of the *Midewiwin*, Hoffman first describes four types of indigenous Anishinabek healers: “Wabeno,” “Jessakid,” “Mashki’kike’winini,” and “Mide.” *Wabeno* translates as “men of dawn,” who operate independently and are known for making hunting and love medicines and displaying skills such as handling hot stones with bare hands (Hoffman, 1891, p. 156–157). The *Jessakid*, or “juggler,” is a seer and prophet with the power of communicating with the great turtle spirit in a tent ceremony. These tents, known as “shaking tents,” consist of four upright poles wrapped with birch bark, robes, or canvas, cylindrical in shape (Hoffman, 1891, p. 157–158; cf. Hallowell, 1971[1942]). The *Mashki’kike’winini* are “medicine men,” though females also occupy this role. These individuals are knowledgeable in herbs, plants, roots, and berries that have healing properties (Hoffman, 1891, p. 159). The *Mide* are members of the *Mide’wiwin*⁴ or “Grand Medicine Society.” This society consists of four grades or degrees and involves an acquisition of medicinal plant knowledge, ceremonies, and teachings (Hoffman, 1891).

Like Copeway before him, Hoffman recorded a comparative account of the origin of Anishinabe healing. According to Hoffman, the trickster “*Mi’nabo’zho*,” “the Great Hare,” from his perch in the sky observed disease afflicting the Anishinabek. This concerned *Mi’nabo’zho*⁵ and he sought the aid of an animal to teach the Anishinabek ways of healing to overcome disease. He chose the otter and through this animal the Anishinabek learned the healing ways of the *Mide’wiwin* (Hoffman, 1891, p. 166; cf. Johnston, 2005 [1976], pp. 80–93).

Frances Densmore provides additional insight into the Anishinabek meaning surrounding the *Midewiwin*, healing, and wellbeing. According to Densmore, there are principally two methods to treat the sick, depending on whether they are physically or mentally ill. Mental illness is treated by the “*djasakid*” (variant spelling of “juggler”) through the tent ceremony, described earlier by Hoffman (1891). Physical illness is treated by the *Mide*.

4. This spelling of *Mide’wiwin* is unique to Hoffman (1891). We use the most common spelling *Midewiwin* when not referencing Hoffman (cf. Angel, 2002).

5. Hoffman’s term *Mi’nabo’zho* is variously spelled *Waynaboozhoo* (Benton-Banai, 1988) and *Nanabush* (Johnston, 2005 [1976]). In this essay we use Johnston’s spelling.

Gagewin, Densmore's informant, stated that

The Midewiwin is not so much to worship anything as to preserve the knowledge of herbs for use in prolonging life. The principal idea of the Midewiwin is that life is prolonged by right living, and by the use of herbs which were intended for this purpose by the Mide Manido (Mide spirit). (in Densmore, 1970 [1929])

Maingans, another informant of Densmore, produced a diagram titled "Path of Life" (reproduced in Figure 1). In his description of the path of life, Maingans stated that each tangent is beset with temptations at each stage of life from youth to old age. For Maingans, it is important for one to overcome these temptations by being respectful and spiritually fulfilled (in Densmore, 1970 [1929], pp. 88–89).

Figure 1. Mide Diagram of the Path of Life



Source: Based on Densmore (1970 [1929], p. 89; cf. Johnston, 2005 [1976], p. 86)

In 1955, A. Irving Hallowell put forth a richer account of the link between health and wellbeing and the path of life concept. For Hallowell, health and wellbeing are an extension of a way of life known by the concept "*pimadaziwin*." According to him,

The central value of aboriginal Ojibwa culture was expressed by the term *pimadaziwin*, life in the fullest sense, life in the sense of health, longevity, and wellbeing, not only for oneself but for one's family. The goal of living was a good life and the Good Life involved *pimadaziwin*. (Hallowell, 1967 [1955], p. 360)

A key element in acquiring *pimadaziwin* was gained by the help of a spiritual helper and depended on socially appropriate behaviour. If one did not conform to proper spiritual and social conduct, the result could be death or disease (Hallowell, 1967 [1955], p. 362).⁶

6. The terms *pimadaziwin* (Hallowell, 1967 [1955]) and *bimadziwin* (Dumont, 1989) are variant spellings of the same Ojibwa root word for "life." The Ojibwa prefix *mino*, Odawa *mno*, and Cree *miu* mean "good." Thus, Adelson's (2004) concept of *miupimaatisiun* and Hart's (2002) concept *mino-pimatisiwin* are Cree equivalents of the Manitoulin Island Anishinabe term *mnaamodzawin*, meaning "good life."

The Anishinabe *Mide* scholar James Dumont further elaborated on the concept of path of life. For Dumont, an individual is walking a pre-determined path in life achieved in consultation with the Grandfathers (or spiritual beings) prior to entering this world. Dumont further states that *bimadiziwin* is symbolic of this:

It carries the significance of movement or following a road or path (*bimaadon mikana*) and character in terms of behavior or way of conducting oneself (*in-adizi*) ... meaning ... ‘the behavior or conduct of a person as he or she moves through life’s changing cycles.’ (Dumont, 1989, p. 145)

Dumont (2006) further states that this path of life is “continuously unfolding” and our bodies are mere “vessels” for an inner spirit that continues on a journey even after death. In essence, Dumont suggests that the Anishinabek are spiritual beings on a path of life and that wellbeing is linked to this.

Based on the literature to date, the focus on the meaning of Anishinabe healing can be summarized as follows: it originates as a gift from *Nanabush* or some other spiritual being; practitioners are either *wabenos*, *jessakids*, herbalists or *mide*; the *Midewiwin* is a medicine society that incorporates knowledge of healing, and wellbeing is linked to proper social and spiritual conduct on the path of life. To our knowledge, there are no studies that examine the *contemporary meaning of Anishinabe* healing, one that takes into account colonial history, cultural oppression, and cultural and political revitalization. In the following, we propose a new contribution to Anishinabe healing studies by addressing this gap in the literature.

SETTING

Officially opened in 1998 on Manitoulin Island, *Noojmowin Teg* means “place of healing.” This health centre “offer(s) a blend of traditional Aboriginal approaches to health and wellness along with contemporary primary health care in a culturally appropriate setting” (www.noojmowin-teg.ca).

The mission statement of Noojmowin Teg is as follows:

The Noojmowin Teg Health Centre is committed to support and promote the overall holistic health and well-being of Anishinabek and Aboriginal individuals, families and communities within the District of Manitoulin Island. To do this, we will operate quality community-based programs, establish partnerships and promote healthier communities through both traditional and western healing methods. (Noojmowin Teg Health Centre, 2009, p. 1)

At the time of our research, Noojmowin Teg was primarily funded by the province of Ontario through the Aboriginal Healing and Wellness

Strategy (see www.ahwsontario.ca).⁷ The centre provides access to nurse practitioners, a dietitian, nutritionist, psychologist, traditional healers, and programs covering fetal alcohol syndrome, child nutrition, and healing services for former residential school students (see www.noojmowin-teg.ca). The centre provides these services for the seven First Nations on Manitoulin Island and to off-reserve Aboriginals.⁸

A coordinator is responsible for the traditional medicine program operations, and a traditional advisory committee provides program leadership. The committee comprises Elders and community members from all Manitoulin Island First Nations, including one representative from off reserve. A centrepiece of the program is a bicultural program and policy manual (Noojmowin Teg Health Centre, 2006). The guiding philosophy of the program is as follows:

[The policy] recognizes that the Anishinabe live in a bi-cultural social environment and the Anishinabe functions within this social environment. The Anishinabe have maintained cultural and social systems that are uniquely Anishinabe. For many years, these cultural and social systems have withstood diffusion, and as a result Traditional Healers and their practices are resurfacing. This policy is intended to solidify cultural revivalism through Aboriginal healing ways while maintaining an integrated health model. (Noojmowin Teg Health Centre, 2006, p. 4)

A unique aspect of this manual is the inclusion of indigenous concepts relating to spirituality and wellbeing, such as *Manitou*, “Creator,” and *Nadamaganung*, “helpers of the Creator.” The term “relative” refers to “client” and is an operational term in the program. It recognizes that in Manitoulin Island First Nations communities, the Anishinabek are friends and family. In the healing encounter, the term *Bgnidniged* refers to ceremonial or customary offerings or gifts that accompany a request for traditional healing. To hold healers accountable, the term *Michidoumowin* refers to breaking the sacred trust in the healing relationship; it is an ethical code of conduct that relates to a respect for the patient-client relationship. These examples illustrate the persistence of Anishinabek healing principles. The referents further acknowledges that the Anishinabek live in a bicultural world and maintain

7. Effective April 1, 2011, the province of Ontario restructured AHWS and its programs. Aboriginal Health Access Centres are now under the Ontario Ministry of Health and Long-term Care. It is not certain at the time of writing what effect this will have on the traditional medicine program.

8. The seven First Nations on Manitoulin Island (with population figures) are: Wikwemikong 2792, Sheguiandah 136, Whitefish River 265, Aundeck Omni Kaning 320, M'Chigeeng 872, Sheshegwaning 131 and Zhiibaahaasing 35 (Noojmowin Teg Health Centre, 2003).

cultural values recognizing a holistic health connection between individuals, families, communities, and Nations (Noojmowin Teg Health Centre, 2006).

The program provides diverse activities open to all Anishinabek. Beyond traditional healing, the program offers activities such as medicine gathering workshops, cultural teachings, and it provides cultural advising to other sectors of Noojmowin Teg. Given the diverse activities of the program, under the leadership of the coordinator the program is necessarily multifaceted. For instance, one important role of the coordinator is "cultural mediation." This refers to her role of balancing clinical accountability and the integrity of the traditional medicine program. A major accomplishment of the coordinator was the development in 2006 of the *Traditional Healing Services Policy and Program Manual* described earlier.

METHODOLOGY AND RESULTS

The objective of this research was to provide a baseline understanding of the strengths and gaps of the traditional medicine program in relation to other sectors of Noojmowin Teg. From the start this was a collaborative and community-based research project. D. Manitowabi participated as the university-based researcher, with direct input from P. Williamson, executive director and M. Shawande, traditional coordinator of Noojmowin Teg. The traditional advisory committee of the traditional medicine program acted as the research steering committee. Manitowabi undertook primary research duties such as conducting interviews with the help of research assistants and analyzing interview transcripts. Williamson and Shawande provided research support such as helping to draft research questions and ensuring regular communication took place between the researcher, Noojmowin Teg, and First Nations communities. Ethics approval for this project was granted by the Laurentian University Research Ethics Board and the Manitoulin Anishinabek Research Review Committee.

Given the sensitivity of discussions of traditional medicine, it was decided that semistructured interviews in private settings such as homes or the local clinic would be most appropriate. It was further determined that those intimately aware of the program should be consulted, with proportionate representation from Manitoulin Island and off-reserve Aboriginals, including nonclient community members aware of traditional medicine and the program. In total, 43 interviews were conducted with clients, non-client First Nations members, Aboriginal and non-Aboriginal health care providers, traditional healers, and helpers.

The overall results suggest the program enhances traditional medicine by providing reliable, subsidized, and increased access to traditional medicine though there is concern that effective integration has not yet been accomplished. Despite this, the Anishinabek negotiate integration to facilitate holistic and equitable service delivery (see Manitowabi, 2009 and Manitowabi and Shawanda, nd).

In this article we focus on the meaning of traditional healing, based on our study outlined above, from an Anishinabe perspective. While we privilege Anishinabe perspectives in this account, we do not exclude non-Anishinabe perspectives since some non-Aboriginal health providers have spent a lifetime providing services to the Anishinabek and have gained some understanding of traditional healing.

One question was asked of all participants in this research project: "What does traditional medicine mean to you?" In the following we provide an analysis of the common thematic responses to this question. These themes include holism, spirituality, suppression, and rebirth.

HOLISM

When describing the meaning of traditional medicine, all 43 participants made direct or indirect reference to the concept of holism. This suggests all are familiar with holism as a vital element of traditional healing. Clients of the program further added that it was an integral part of their identity as Anishinabek and most stated that healing was a lifelong process. The following is an example of a typical response to this question:

... to me, it is more less holistic, it's the whole four elements of the self, emotional, mental, physical, spiritual, I guess it's the balance of the self, and if one is affected then there's no balance, you need to take a look at that and it takes time, it's a lifelong healing process, it doesn't, you just don't heal one day, or two sessions, three sessions, it's a lifelong process and you get better and better, to me that's what it means, traditional medicine. (Community Member, 2008)

SPIRITUALITY

A powerful theme linked to the meaning of traditional medicine was its spiritual aspect. A portion of the clients said the healing process was linked to an inner being or body spirit. These responses were typical when interviewees were asked to compare traditional and biomedicine. Two responses below provide this insight:

I think traditional medicine would be, well to me anyways like, everything all in one. When you go to a like, doctor, you know what I mean, it's about medicine

it's about pills it's about masking things. Where traditional medicine for me personally is more about my body spirit. And bringing it all together and healing instead of just masking. (Client, 2008)

... sometimes that [bio]medicine is not enough, you need the help of our traditional medicine because our traditional medicine has that spirit ... sure you heal the physical elements, but you also have the spiritual elements ... [for example] ... I was supposed to die ... doctors said there was nothing more they could do for me ... my mother said I have one more hope left and that's our Native way ... so she went to see a healer and he did his ceremony and that ceremony helped me; it nurtured my spirit to come back ... my spirit was strong but yet my body is ill. (Client, 2008)

SUPPRESSION OF TRADITIONAL MEDICINE

When respondents spoke of traditional medicine from a historical context, it became evident that social forces in the past suppressed traditional medicine. These forces included residential schools, Christianity, and biomedicine, which all acted to suppress and marginalize traditional medicine. This effect remains a powerful force since shame was associated with traditional medicine in the past. For some, this attitude still remains, and they reject traditional medicine. The complexity of these issues is revealed in the following three responses:

I had a great uncle that did this [healing], I was young then when he was doing it and ... we sort of made fun of him I guess you could say ... we were brought up with the church, I guess there was [sic] people that did it [healing], like I say, my great uncle did it and we just didn't grow up with it, if anything was wrong, they would take us in town to the doctor. (Client, 2008)

[Traditional medicine was not practised] ... in a public sense but I would hear stories like family wise, my aunts and uncles, and my dad is, well, he is a product of residential school. So I would hear ... he wants to believe it but at the same time he is ashamed of himself or ashamed of our people and I would get that from his message as well. But I know there's stories about what happened to my sister when she was little and my mom went to go see a medicine man.... So they talk about this man. People used to come from all over to come over and see him. And my mom went to see him. And my dad would tell the story right, so they do have a strong belief system still. It was there but it was kept quiet. They believe but don't admit it. So I think that yeah, there was a resurgence in using the traditional medicine of our people and acknowledging it. (Client, 2008)

And a lot of people, you know, eventually it has been beaten out of them. But, you know, not to believe in the Native way so now they have that inner fear. Whether it is subconscious or not, it is still there. (Health provider, 2008)

REBIRTH

A final theme linked to the meaning of traditional medicine is the potential role it plays in the rebirth of the Anishinabek, particularly in the areas of community health and wellbeing. Many acknowledged the social, cultural, and economic problems endemic in First Nations communities. Clients of the program remarked on how traditional healing transformed their lives, leading them to a more healthy and holistic way of living. These types of responses were linked with the desire to have the program expanded to meet the needs of the wider community. The following best summarizes this attitude:

... I think that if a lot more people's eyes were open then, you know, it would be a lot better community than what it is. There is just so much hurt and despair that has been in our communities for, you know, generation after generation. That it is a long healing process and I really think that we need more. (Client, 2008)

DISCUSSION AND CONCLUSION

In 2004 the medical anthropologist James Waldram raised critical questions surrounding traditional healing in the area of Aboriginal mental health. Part of his critique concerns the concepts of “holism” and “defining traditional healing.” After reviewing the literature on holism and traditional healing, Waldram asserts that there is no scholarly work that demonstrates that Aboriginal peoples are innately holistic, nor is it clear in the literature what traditional healing is (Waldram, 2004, pp. 271–299). Similarly, the Anishinabe *Mide* and scholar James Dumont challenged Anishinabek with the following in regards to holism:

‘What is the teaching behind this? Tell me the meaning of this.’ And don’t let them get away with just saying like, ‘Our way is holistic.’ Make them explain — how is it holistic?... Somebody one day is going to ask us *what that means*. One day our grandchildren will ask us, and we can’t simply say that our way is holistic or that ours is a spiritual culture and then have nothing to say after that. ***We are in that time now.*** (original emphasis, Dumont, 2006).

We suggest results from our research provide a response to Waldram’s and Dumont’s critique of generic articulations of holism in the context of traditional healing. It is our position that insights from interviews conducted with Anishinabe clients of the traditional medicine program at Noojmowin Teg illustrate the meaning of traditional medicine as a holistic

experience in a *contemporary* context. We suggest in the following that this model of traditional medicine is consistent with earlier *Midewiwin* conceptions of traditional medicine, documented a century ago.

From a content analysis of responses regarding the meaning of traditional medicine, many spoke of it as a holistic experience comprising the mental, spiritual, emotional, and physical elements of being. This initial response was a generic introductory statement to a deeper dialogue on the subject. Aside from stating “holism,” many added keywords that describe this as being “balance,” “lifelong,” “body spirit” and terms expressing key manifestations of colonialism such as “residential schools,” that caused “hurt,” and “despair.” Before expanding on the symbolism evoked by these terms we return to some of the literature previously cited for insight into contemporary expressions of wellbeing in contrast to those beliefs of the past.

According to France Densmore’s informant Maingans, humans are propelled on a path in life that is beset with temptations. Overcoming these temptations involves respectful living and being spiritually fulfilled (Densmore, 1970 [1929]. Hollowell, (1967 [1955]) adds further substance to Maingan’s claim by linking it to health and wellbeing that is both spiritual and social. Dumont (2006) reiterates this and emphasizes the spiritual element, especially his assertion that Anishinabe bodies are vessels carrying a body spirit. These three sources imply a movement in life that requires individuals to mitigate hardships in order to retain a balanced way of living that will ultimately result in a full and healthy life.

In research interviews conducted, many made reference to colonial intrusions such as residential schools, Christianity, and social and economic displacement leading to a disruption in Anishinabe wellbeing. Particularly poignant is the statement cited earlier: “There is just so much hurt and despair that has been in our communities for, you know, generation after generation.” Clearly a connection is being made to colonial processes and wellness. The contemporary work of Adelson and Hart on Cree conceptions of wellbeing adds further insight into this element of Aboriginal wellbeing.

Adelson (2004) places Cree wellbeing within a wider historical, social, and political context. Her research is based on the experiences of the James Bay Cree in Quebec affected by hydro development that has flooded traditional territories and devastated Aboriginal hunting economies. According to Adelson,

[F]or the Cree there is no word that translates into English as ‘health’. The most apt phrase is *miupimaatisiim* or, as I translate it, ‘being alive well.’ ‘Being alive

well' constitutes what one may describe as being healthy; yet it is less determined by bodily functions than by the practices of daily living and by the balance of human relationships intrinsic to Cree lifestyles. 'Being alive well' means that one is able to hunt, to pursue traditional activities, to eat the right foods, and (not surprisingly, given the harsh northern winters) to keep warm. This is above all a matter of quality of life. That quality of life is linked, in turn, to political and social phenomena that are as much a part of the contemporary Cree world as are the exigencies of 'being alive well.' (Adelson, 2004, pp. 14–15)

For the Quebec Cree, "strategies of health — *miyupimaatisiun* — connect individual bodies to that larger political process; in this way links are formed between health, cultural assertion, and dissent within both individual bodies and the body politic" (Adelson, 2004, p. 114).

The First Nations of Manitoulin Island are not affected by a hydroelectric project, but share a similar colonial history with the Cree and have a similar word connoting health, *mnaamodzawin*. Aboriginal life-ways such as governance, control of lands, and resources have been altered in the colonial process, leading to marginalized Anishinabek life-ways in contemporary times. It is thus possible to equate Anishinabek strategies of health with those of the Cree in the context of colonization.

From an Aboriginal social work perspective, the Cree scholar Michael Hart has suggested the concept of *mino-pimatisiwin* can be utilized as a model strategy for decolonization and Aboriginal healing. A main strategy for reaching the good life involves sharing, which, linked to equality and democracy, reduces greed, envy, and conflict (Hart, 2006, pp. 45–46). Other elements central to *mino-pimatisiwin* include a respect for all members of the community, since each individual is "part of the whole" (Hart, 2006, p. 48). The antithesis of *mino-pimatisiwin* is "domination and oppression" (Hart, 2006, p. 49). For Aboriginal people the history of colonization has affected the indigenous nation, community, family, individual, and spirituality, all being important to *mino-pimatisiwin* (Hart, 2006, p. 50).

The results of our research make it possible to see similarities between the work of Densmore, Hallowell, Dumont, Adelson, and Hart. Returning to the key words evoked in interviews, it appears there is a connection between the path of life concept and the meaning of traditional healing expressed by the Anishinabek participants in this study. Interviewees spoke about balance as key to wellbeing and healing, and the need to nurture one's body spirit. Furthermore, many stated that colonialism had a negative effect on individual and community wellbeing and believe that traditional healing provides a spiritually informed pathway to healing. Clients stated that heal-

ing is tied to balance which suggests that imbalance is linked to a state of unhealthiness. They further spoke of the need to address one's inner spirit, and believe that traditional medicine is a healing spirit, one tied to nature. In fact, the word used for medicine, *mshkiki*, is translated as "strength from the earth." In effect, clients believed healing involves individual actions to regain balance in the physical, mental, spiritual, and emotional aspects of being. Physical traditional medicines contribute to physical wellness, while nonphysical remedies such as ceremonies and teachings contribute to spiritual wellness. As described earlier, program operations include both material herbal medicines and spiritual teachings, thus addressing this holistic form of healing.

It is possible to make a connection between the path of life beset with obstacles and a state of unhealthiness. In essence, wellbeing means a balanced way of life. If an imbalance occurs one must return to a state of equilibrium leading to a long healthy life. In their narrative accounts, interviewees spoke of imbalance resulting from the effects of colonialism such as residential schools, Christianity, and biomedical hegemony. For some, these effects are a constant, hence their response to healing as a "lifelong process." These broader political, social, and economic issues are "temptations" (to quote the *Midewiwin* teaching) towards imbalance and unhealthiness. To live a balanced and healthy life the Anishinabek need to mitigate these powerful and *contemporary* forces undermining their way of life.

Ever since the time the early Anishinabek scholars George Copway (2001 [1850]), Peter Jones (1861), and William Warren (1984 [1885]) wrote their righteous and optimistic histories of the Anishinabek Nation, treaties have minimized land bases, residential schools and other political policies have denigrated and deemphasized Anishinabek ways, and biomedicine has gradually displaced and replaced Anishinabek healing ways. In the literature detailing early Anishinabek histories, it is possible to trace an understanding of Anishinabek healing that emphasizes balanced ways of life, physical plant remedies for ailments and ceremony for spiritual health. Colonization undermined these indigenous healing systems but they were not forgotten. In 1990, the province of Ontario sought to respond to the poor health of Ontario Aboriginals with the Aboriginal Healing and Wellness Strategy. This led to the creation of a traditional medicine program at Noojmowin Teg.

In this article we have examined the meaning of traditional medicine from the perspective of Anishinabek clients and community members, based on a study of the clinical integration of this program. Results suggest a con-

tinuation of indigenous conceptions of traditional healing that emphasizes a holistic human-spirit-earth connection and a need to recover holistically from colonially induced imbalances in this connection by rejecting the intrusive effects of colonialism while keeping the benefits of biomedicine.

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Darrel Manitowabi is assistant professor of Native Studies at the University of Sudbury and holds a PhD in cultural anthropology. He is a citizen of the Wikwemikong Unceded Reserve and currently resides on the Whitefish River First Nation. Manitowabi's research interests include: indigenous well-being, indigenous anthropology, Anishinabe Kendasawin (Ojibwa knowledge), community-based research, and indigenous-state relations.

dmanitowabi@usudbury.ca

Marjory Shawande is a member of the Wikwemikong Unceded Indian Reserve on Manitoulin Island, Ontario, Canada. She is the coordinator of the Traditional Aboriginal Medicine Program at the Noojmowin Teg Health Centre and is a member of the Manitoulin Anishinabek Research Review Committee, an Aboriginal research ethics board on Manitoulin Island. Over the past 40 years Shawande has worked in the social and health fields