



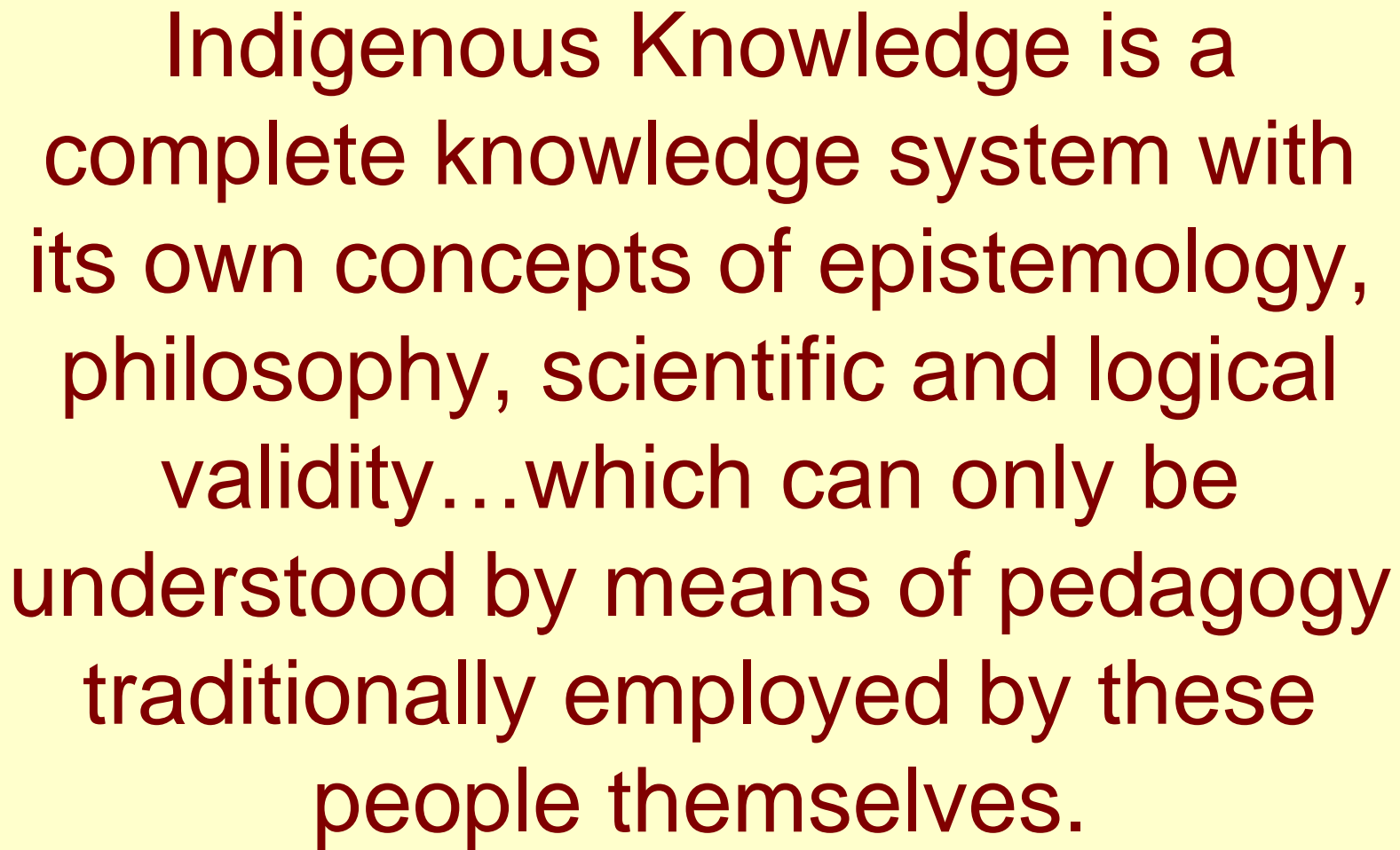
# Indigenous Knowledge and Traditions

## Upscaling knowledge

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# Cultural Frameworks

- The four directions Cultural Framework as provides a culturally based approach to understanding of First Nations health and well-being. Within the four directions model, it is essential that the total health of the individual be promoted through the mind, body, spirit and heart, while also contextualizing within the environment of the family and community balance support stability, health and well-being.
- National Aboriginal Health Organization. (2005).



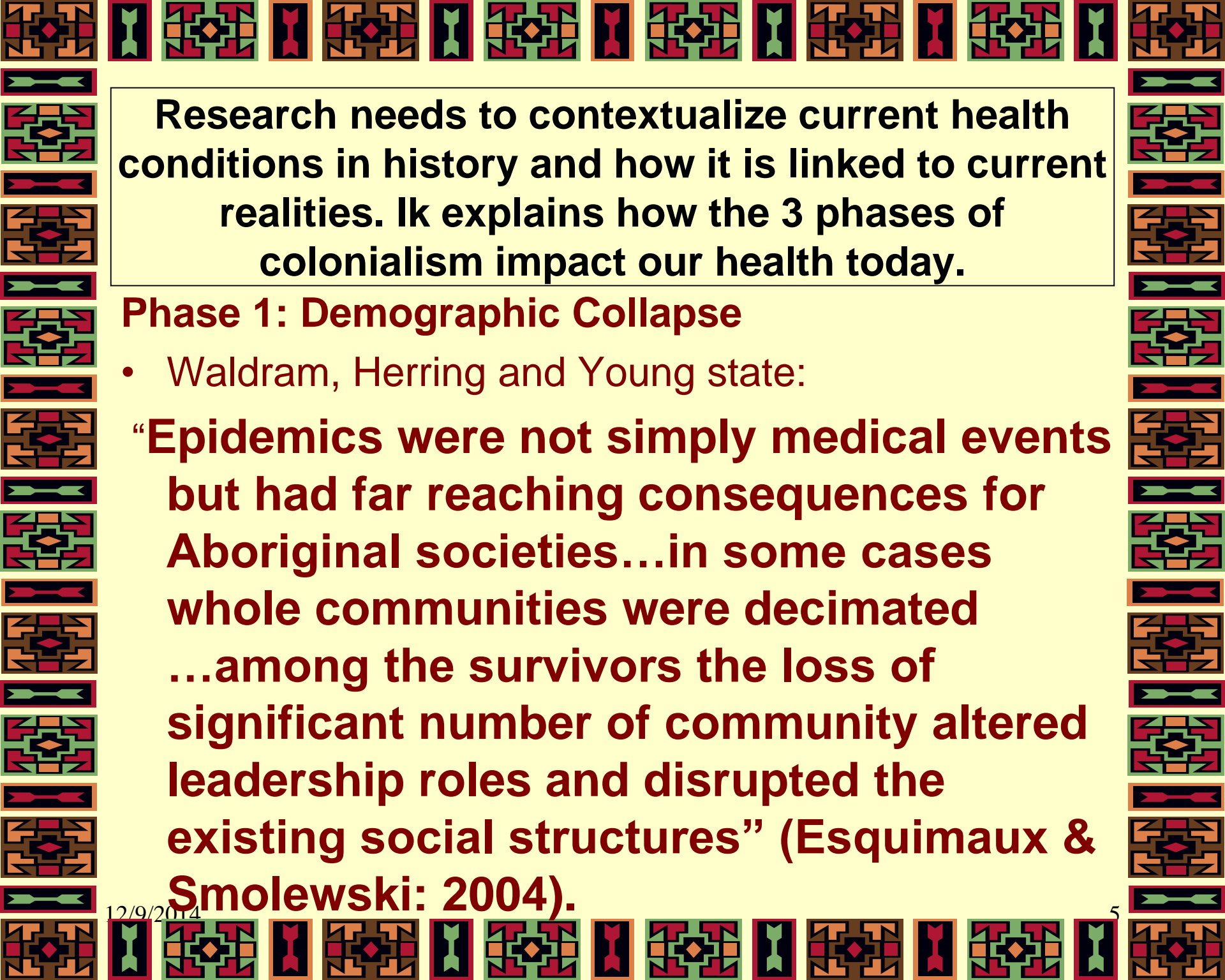
Indigenous Knowledge is a complete knowledge system with its own concepts of epistemology, philosophy, scientific and logical validity...which can only be understood by means of pedagogy traditionally employed by these people themselves.

(Dr. Daes, Report on the Protection of Heritage of Indigenous People in Battiste & Henderson:41:2000).”



## I.K acknowledges impact of Colonialism defined as:

- The incursion of the colonizing group into a geographical area
- Colonization's destructive effect on the social and cultural structures of the Indigenous group.
- Interrelated process of external political control and Aboriginal dependence
- Colonization is the provision of low quality social services for the colonized Aboriginal people in education and health (Frideres).
- ***Need to restore authority to the communities to undo the damage done by colonialism.***



Research needs to contextualize current health conditions in history and how it is linked to current realities. It explains how the 3 phases of colonialism impact our health today.

### Phase 1: Demographic Collapse

- Waldram, Herring and Young state:

**“Epidemics were not simply medical events but had far reaching consequences for Aboriginal societies...in some cases whole communities were decimated ...among the survivors the loss of significant number of community altered leadership roles and disrupted the existing social structures” (Esquimaux & Smolewski: 2004).**



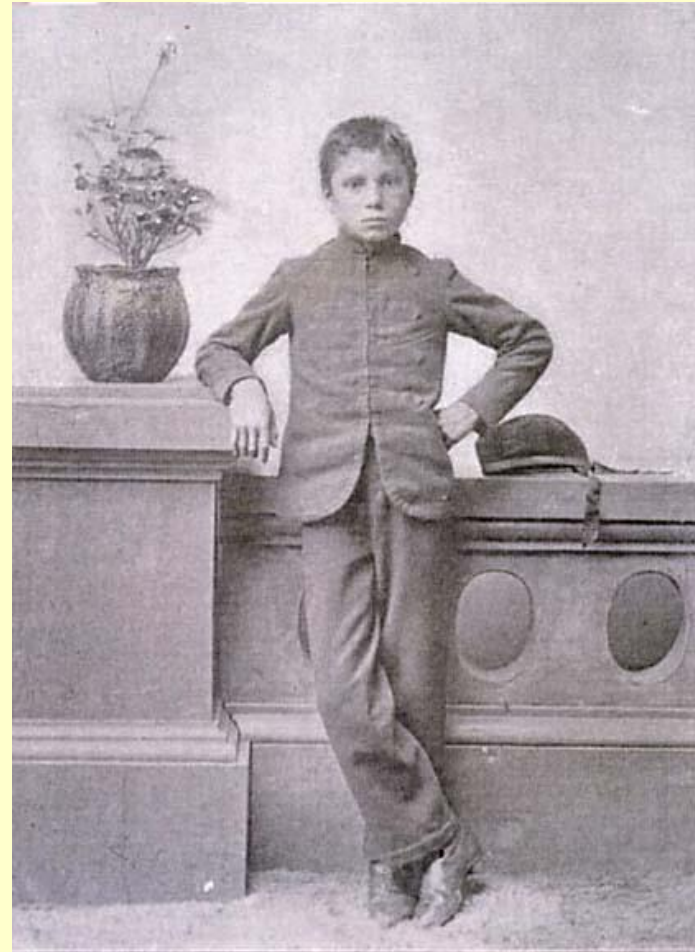
## Phase 2

- Middle Period – **Cultural Dispossession, Social Impact, Missionization and Assimilation**

Said states, “the manifestation of colonialism is through the configurations of power. The political culture of colonial rulers operated within the frames of conquest, exploitation and repression to break existing social patterns and resemble them according to European standards” (ibid).

The restoration of authority must be the communities, elders and healers-it was removed at this time but was relied on by settler population for hundreds of years.

# Middle Period: Forced Transformation



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# Late Period: Cultural Oppression and Psychological Impact

- **Historical Trauma:**

Cumulative trauma - collective and compounding emotional and psychic wounding (Niederland, 1989) both over the life span and across generations. Involves a constellation of features identified in the literature on Post-Traumatic Stress Disorder (PTSD) and psychic trauma (Kystal, 1984; van der Kolk, 1987.) It is associated with the reaction to massive generational group trauma...historical unresolved grief involves the profound, unsettled bereavement that results from generations of devastating losses... (Braveheart:288:1998).



# Residential Schools

- There were 150 residential schools in Canada.

Children were torn from their parents and forced into military/missionary run institutions. Stripped of their identities, culture, social systems and spiritual foundations. Children suffered from lack of nutrition, enslavement and further traumatized by coercion and all forms of abuse. ***This leads us to current health links***



61 The sisters showed young girls how to do 'fancy work' at Williams Lake around 1900.

***“Cumulative trauma - collective and compounding emotional and psychic wounding both over the life span and across generations”***

**Post-Traumatic Stress Disorder (PTSD) and psychic trauma experienced from early to late colonization include unresolved grief responses, these include: 1) withdrawal and psychic numbing, 2) anxiety and hyper vigilance, 3) guilt, 4) identification with ancestral pain and death, 5) chronic sadness and depression. Brave Heart argues, “at a time when ceremonies for grieving were most needed they were outlawed” (1998).**

# Health Profiles Today

MacMillan & Associates report:  
“Canadian Aboriginal people die earlier than their fellow Canadians, on average, sustain a disproportionate share of the burden of physical disease and mental illness. This burden is associated with unfavorable economic and social conditions that are inextricably linked to Native people history of oppression”  
(1996:155:11).

# *Investing in the future is urgent*

- In addition, intergenerational impacts of the residential school legacy has also left First Nations youth vulnerable to physical and sexual abuse. The OFIFC found that in their survey of Aboriginal youth 61% of female youth compared to 35% of male youth report having been sexually abused.
- Female youth between the ages 15-24 are 8 times more likely to commit suicide.
- Intervention & prevention is critical for this target population.(Skye;2011)

# Youth are the majority of our demography: rise of AIDS/STD

- At the family level factors such as parental education, single parenting, SES, and parent education have all been found to influence youth sexual behaviours.

Understanding these factors in relation to the context of First Nations youth sexual health is imperative when over one-third of Aboriginal children live in poverty and are more than twice as likely to live in a single parent home. What are solutions?

- Aboriginal Peoples, Census 2006. Aboriginal Peoples in Canada in 2006: Inuit, Métis and First Nations, 2006 Census. Ottawa: ON: Statistics Canada.

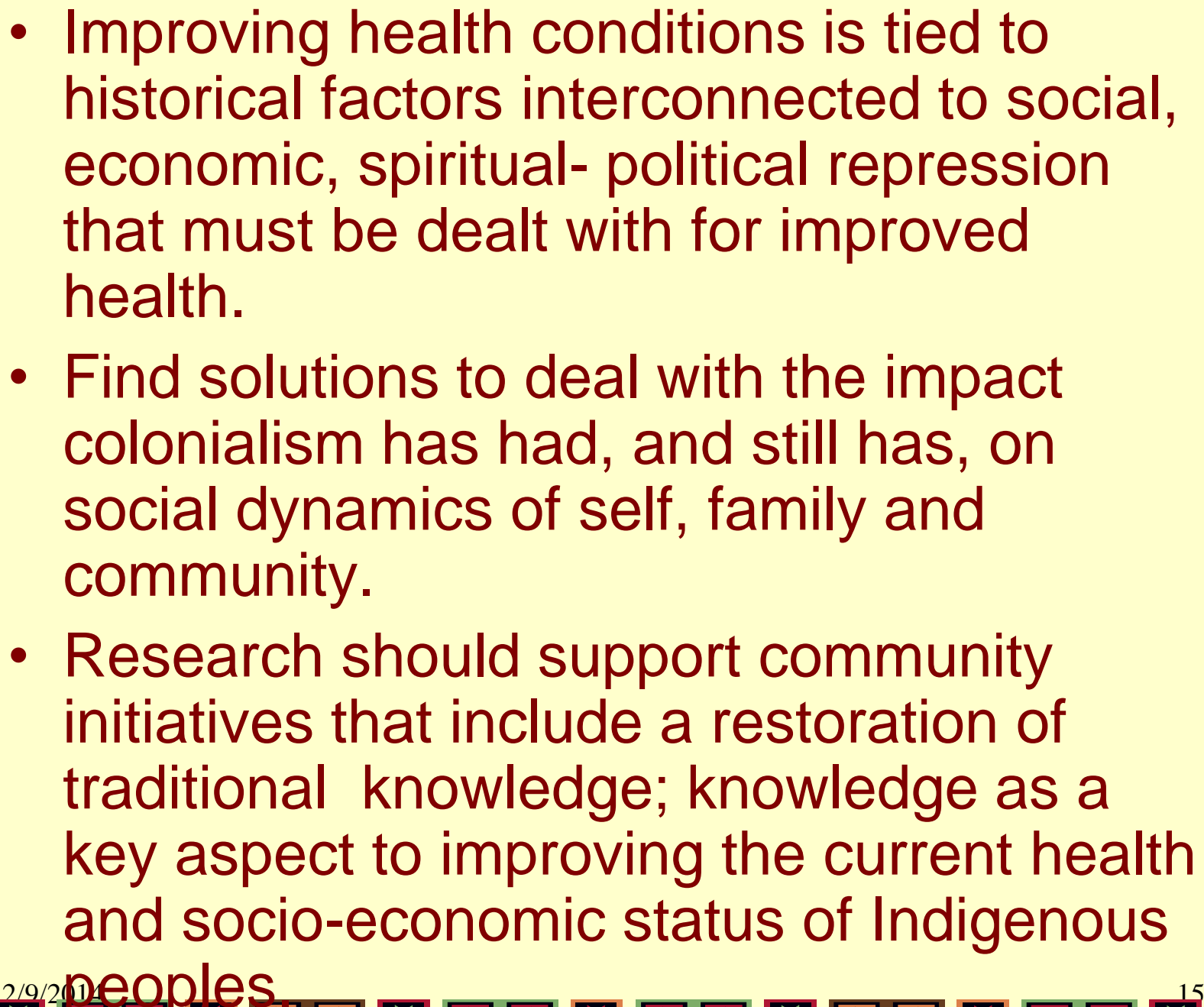
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Belinda A. Kopyck, Anne Shaffer, & Lee Forehand (2007) Adolescent Sexual Health: A Multi-System Perspective. *Clinical Psychology Review*, 21(4), pp.491-519.



- Mental health should be primary-youth focused.
- Heirs to Inter-generational trauma leading to powerlessness
- High suicide incidence up to 17 times the national average.
- Poverty - over 80% of Aboriginal children live below the poverty line
- High incidence of family violence 8 out of 10 Aboriginals experience intimate violence.
- Elders want the path for youth to be positive



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- Improving health conditions is tied to historical factors interconnected to social, economic, spiritual- political repression that must be dealt with for improved health.
  - Find solutions to deal with the impact colonialism has had, and still has, on social dynamics of self, family and community.
  - Research should support community initiatives that include a restoration of traditional knowledge; knowledge as a key aspect to improving the current health and socio-economic status of Indigenous peoples.



# Models for traditional intervention: Indigenous

knowledge gathering I.E.Y.C. & Amazon  
Conservation Team – developed apprenticeship  
programs and work with health care providers to  
improve health knowledge for both systems:  
Harmonization not integration-needs funds



**Agreed ceremonial knowledge key site  
for knowledge transmission, it is central to  
prevention and intervention due to the foundation of  
respect, teachings and pride. Funding in problematic-  
privilege western models**





# Unity Ride & Run to U.N. youth learned leadership skills, ceremony and the sacred

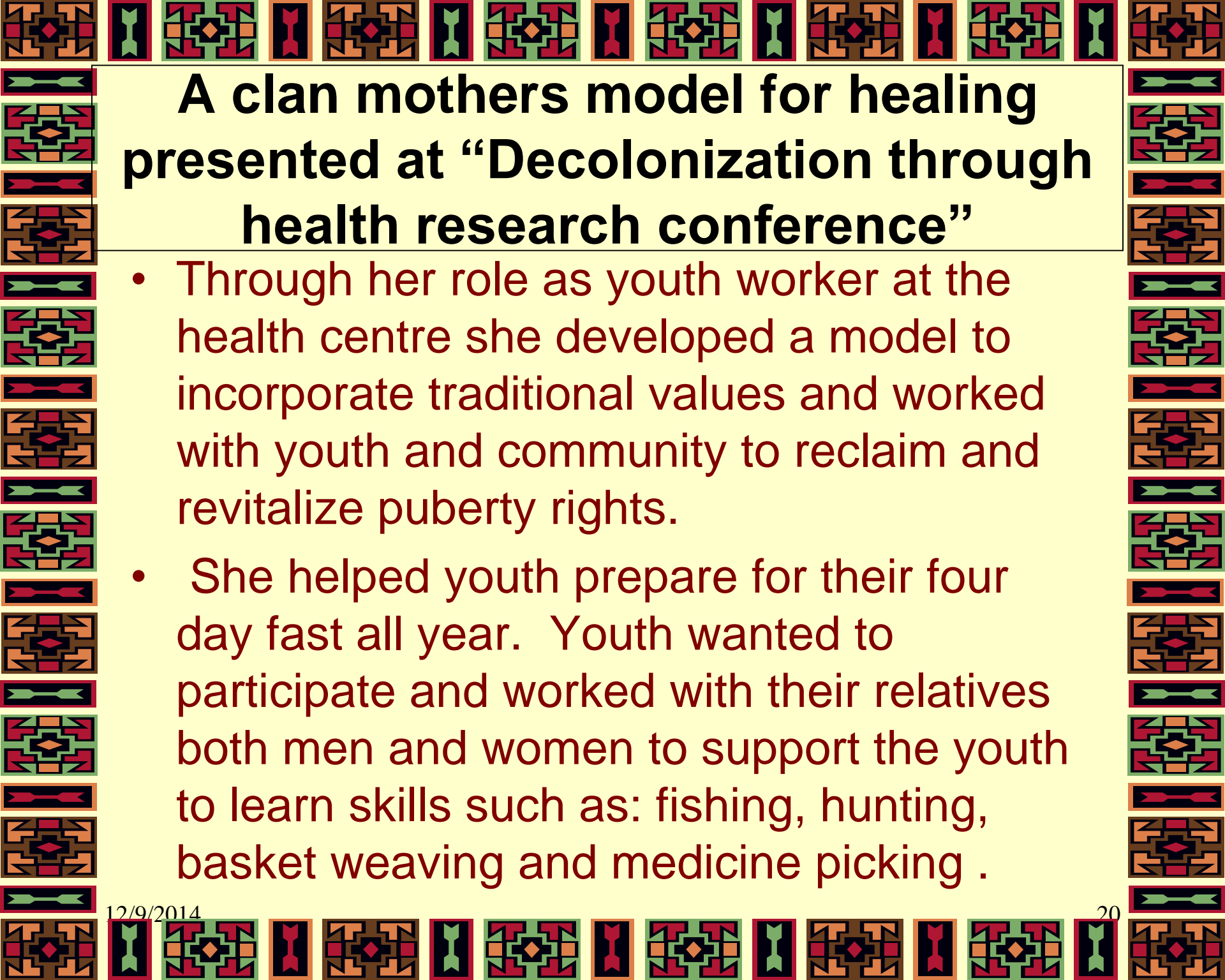


- ceremonies were outlawed, punishable by imprisonment.
- Teaching children ritual knowledge and leadership roles
- enrich their spirit which combats “poor” image.
- The Unity Ride is a model for children to reconnect to elders, ceremony, stories, leadership-outcomes?

**Working with traditional knowledge and intervention and prevention models need to be supported by all sectors including health research. Knowledge exchange inspired and motivated us to focus on children. Their knowledge could be vast!**

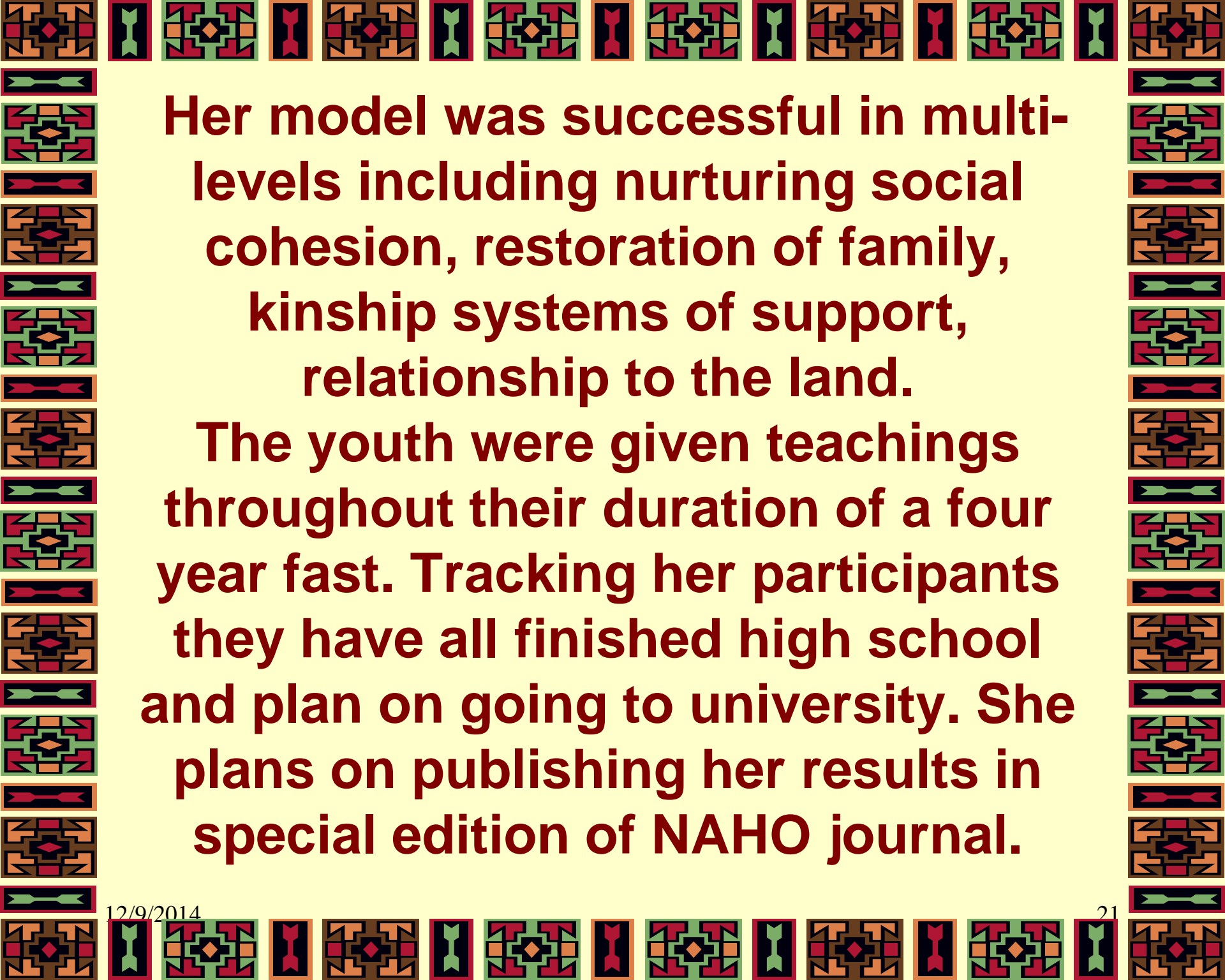


- From Six Nation to the Amazon all leaders identified puberty rites as critical to the development of healthy young adults that understand their roles & responsibilities as family and overall well being.**



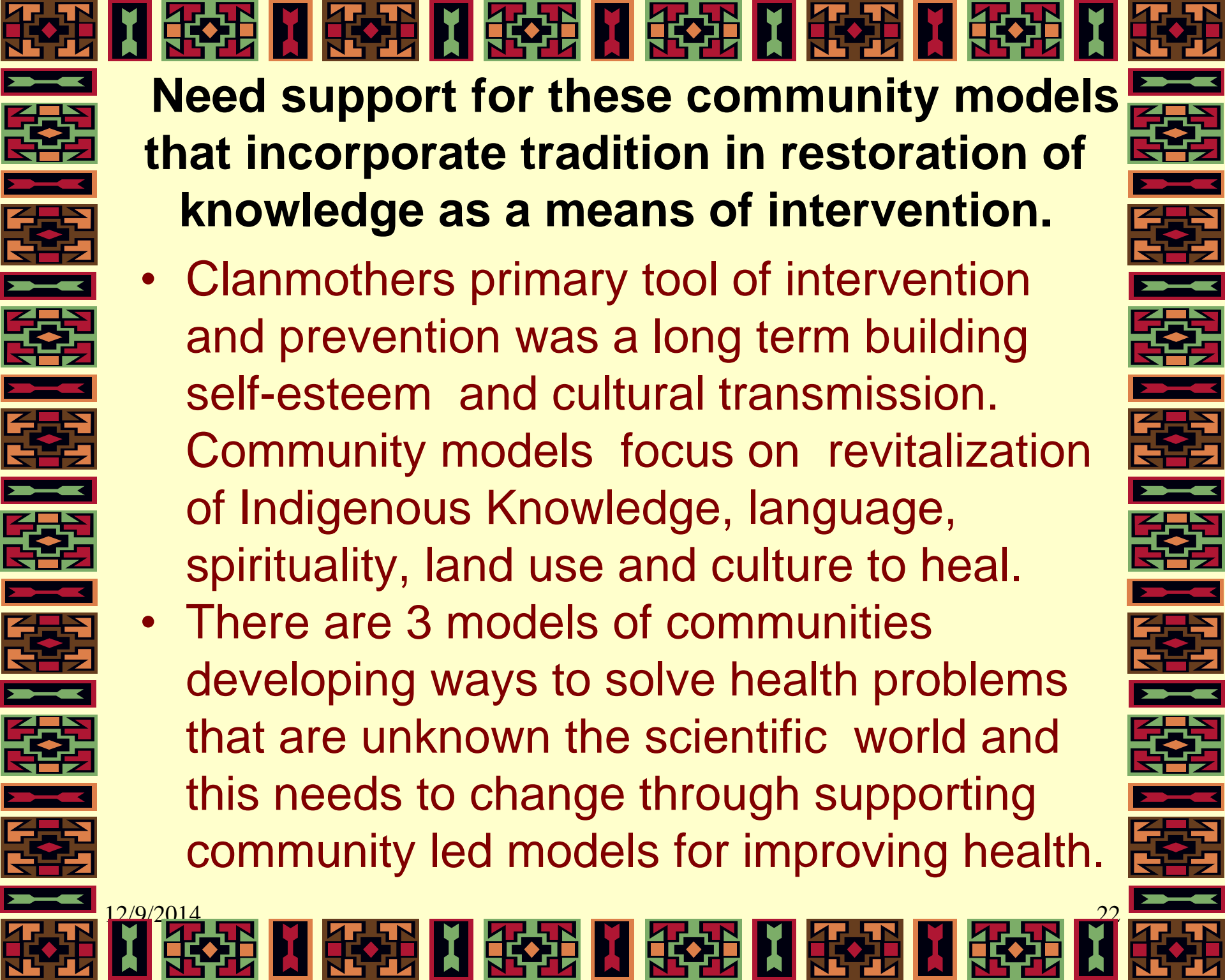
## A clan mothers model for healing presented at “Decolonization through health research conference”

- Through her role as youth worker at the health centre she developed a model to incorporate traditional values and worked with youth and community to reclaim and revitalize puberty rights.
- She helped youth prepare for their four day fast all year. Youth wanted to participate and worked with their relatives both men and women to support the youth to learn skills such as: fishing, hunting, basket weaving and medicine picking .



Her model was successful in multi-levels including nurturing social cohesion, restoration of family, kinship systems of support, relationship to the land.

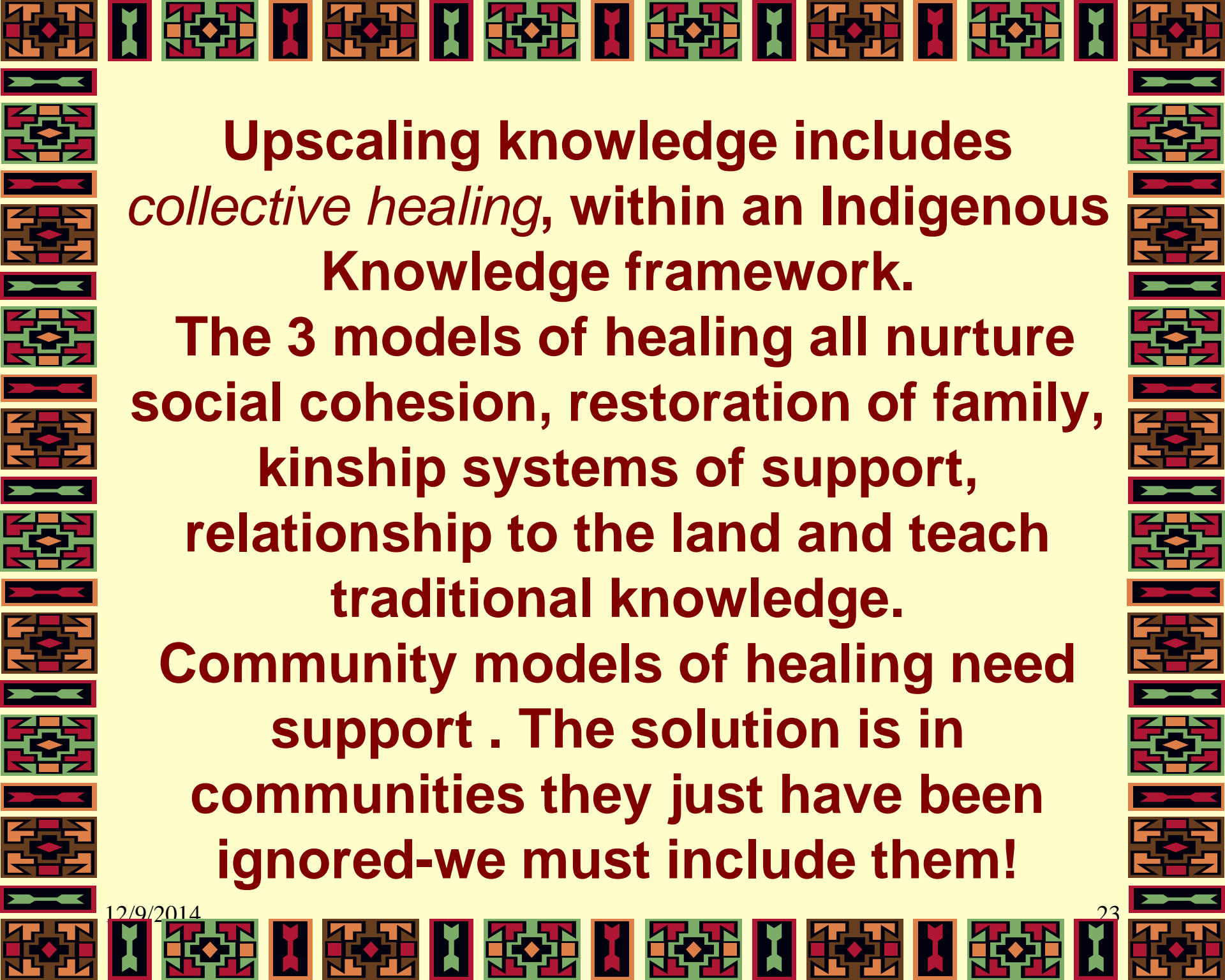
The youth were given teachings throughout their duration of a four year fast. Tracking her participants they have all finished high school and plan on going to university. She plans on publishing her results in special edition of NAHO journal.



**Need support for these community models that incorporate tradition in restoration of knowledge as a means of intervention.**

- Clanmothers primary tool of intervention and prevention was a long term building self-esteem and cultural transmission. Community models focus on revitalization of Indigenous Knowledge, language, spirituality, land use and culture to heal.
- There are 3 models of communities developing ways to solve health problems that are unknown the scientific world and this needs to change through supporting community led models for improving health.





**Upscaling knowledge includes**  
*collective healing, within an Indigenous*  
**Knowledge framework.**

**The 3 models of healing all nurture  
social cohesion, restoration of family,  
kinship systems of support,  
relationship to the land and teach  
traditional knowledge.**

**Community models of healing need  
support . The solution is in  
communities they just have been  
ignored-we must include them!**