# The Sharing of Traditional Aboriginal Knowledge of Pipe Carriers from Winnipeg, Manitoba and the Implications for the Health of Aboriginal Peoples Living in Urban Centers.

by

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## Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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Abstract

Aboriginal peoples are part of the history and culture of Canada. The history is a tragedy as the Europeans exerted control of the land, resources and Aboriginal peoples themselves. The years of control, oppression and assimilation have caused historical trauma, scarring generations of Aboriginal peoples in physical, emotional, mental and spiritual ways. In spite of the trauma, the literature suggests that Aboriginal traditions are being passed on to future generations.

Traditionally, the knowledge and traditions of Aboriginal cultures have been passed on through stories and experiences. This indigenous knowledge is part of the collective wisdom and culture of our world. It is important to ensure the knowledge is being passed on to ensure Aboriginal cultures thrive and the diversity of the world continues (Davis 2009).

This thesis explores the dynamics of the passing on of the traditional Aboriginal teachings in an urban setting. Specifically, it explores the role of Pipe Carriers, how they acquired their knowledge and how they are passing it on to the next generation. This information is discussed in the context of the history of colonization and the health care needs of Aboriginal peoples today.

This study is important as it builds on previous research that has documented the intricacies of the Aboriginal cultures and the impact of colonization on Aboriginal peoples. Previous research has also documented the disparity between the health of the general population and Aboriginal peoples, the inability of the health care system to meet the needs of Aboriginal peoples, and the growing percentage of Aboriginal peoples in Winnipeg. The existing literature on these topics, combined with the lack of literature on the role of Pipe Carriers as traditional healers, provide the justification for this study.

This is a qualitative study conducted in Winnipeg, Manitoba. Interviews were conducted with five Pipe Carriers of either Cree, Ojibway and/or Métis heritage and the data was analyzed using a grounded theory approach. The results were analyzed in the context of the medicine wheel.

The participants shared, from their perspective, how health in Aboriginal cultures is a holistic concept that reflects balance and everyday life. Many of the participants shared their personal stories of health and healing. They described how they learned the traditional teachings and values of the culture from interactions with family and traditional leaders. The participants are following the traditional way of life and are teaching others the lessons and values of the culture. Following the traditional way of life means maintaining health, teaching others and honouring Spirit. They are teaching others by being role models, spiritual leaders, healers and instructors.

The data was grouped into two sets of three themes for the analysis. The first set of themes includes community, environment and Spirit. The second set of themes includes health, the traditional way of life and teaching and learning. A model of Aboriginal health and culture was developed to explain the themes and how they interact. The model supports a theory that explains how the culture is being passed on to others. By fulfilling their roles as Pipe Carriers, the participants are following the traditional way of life, and as such, passing on the traditions of the cultures.

These findings validate previous research that shows that Aboriginal knowledge and traditions are being passed on. This study adds to the literature by documenting that these Pipe Carriers are active as teachers and healers in their community. The findings suggest that Pipe Carriers can help play a role in improving our health care system to better address the needs of

Aboriginal peoples. They can do so by following the traditional way of life and explaining and sharing the traditions with others. Dialogue with Aboriginal leaders such as Pipe Carriers will help to increase our understanding of Aboriginal peoples. This is significant in light of the history of colonization and the need to promote health and healing for all.

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# Chapter 1 - Introduction

This thesis is about Aboriginal Pipe Carriers, their role as traditional healers in their culture and how they are passing on the traditions to others. The broader subject of the thesis is the health of Aboriginal people. The goal of this study is to identify new knowledge about Pipe Carriers that will contribute to our understanding of how we can improve the health of Aboriginal peoples. As background for the research, the introduction provides an overview of Aboriginal peoples and their cultures, with a focus on the Cree and Ojibway peoples. The relevance of the research and the outline of the thesis are also presented in the introduction.

The focus of this thesis will be the Cree, Ojibway and Métis peoples. Cree and Ojibway are the predominant groups of Aboriginal peoples in Canada and Manitoba (Statistics Canada 2008). Cree was identified as the most common mother tongue of Aboriginal peoples in Canada and Manitoba, as spoken by 6.7% and 11.0% of the population, respectively, and Ojibway was the mother tongue for 2.1% and 5.4% of the Canadian and Manitoban population, respectively (Statistics Canada 2008).

In general, Aboriginal peoples have a rich, storytelling culture characterized by a holistic philosophy where different aspects of life are interrelated (Little Bear 2000). Relationships between people and also between people and the environment are of utmost importance to Aboriginal peoples (Battiste and Henderson 2000). The relationship with the land is central to Aboriginal cultures and traditional ways of life (Battiste 2002; McGuire 2010;Todd 2008). The land represents a spiritual connection, a central part of their culture (Dickason 2009). Picking medicines, conducting ceremonies, and going on vision quests are all traditional spiritual activities requiring close proximity to land. The land is also important for many of their day-to-day activities including securing food such as wild animals and fish.

Aboriginal cultures and knowledge are shared through life experiences, from everyday conversations to special ceremonies. Aboriginal knowledge has been characterized as "personal, oral, experiential, holistic, conveyed in narrative or metaphorical" (Castellano 2000). Learning in Aboriginal cultures continues throughout life, at both individual and community levels (Cajete 2000). Elders play a key role in teaching as they are acknowledged for their wisdom and their role in sharing it with others (Cajete 1994;Guilar and Swallow 2008).

Life, learning and health in Aboriginal cultures can all be explained using the medicine wheel. Learning encompasses the four dimensions of life (physical, emotional, mental and spiritual) as depicted in the medicine wheel. Aboriginal peoples value education and consider learning to be part of life and health (Ledoux 2006;Cajete 2000). Learning has a spiritual aspect and words are considered "sacred breath" (Cajete 1994). Learning is guided by spirit and regarded as a lifetime journey (Battiste 2010). Each individual's development and growth is different as their knowledge and gifts from the Creator come at different points in their lives (Battiste 2002). The medicine wheel depicts the stages of growth and the lessons learned during those stages, and also allows for differences between individuals (Lane et al. 2004). Health is balance and harmony between the four dimensions of an individual (Johnston 2002). Aboriginal peoples believe that their culture, specifically their knowledge, land and medicine, contributes to health and wellbeing (Martin Hill 2009).

The Cree, Ojibway and Métis people exemplify their spirituality and their philosophy of life, learning and health through their healing traditions and their acknowledgement of individuals as Pipe Carriers. Pipe Carriers are healers that represent a link to Spirit (Parlee and

O'Neil 2007; St. Pierre and Long Soldier 1995). Pipe Carriers are individuals who have been acknowledged by one or more individuals from the community as healers with spiritual gifts. The community recognizes these individuals by offering them a pipe. If the individual accepts the pipe and its inherent responsibilities, then he or she is a Pipe Carrier.

Research in the area of Pipe Carriers and Aboriginal health is relevant for many reasons. First of all, this research is relevant as the number and percentage of Aboriginal people living in an urban setting is growing, particularly in Winnipeg where Aboriginal people comprise 10% of the population of Winnipeg (Statistics Canada 2010a).

Secondly, there is growing acknowledgement of the value of indigenous knowledge and cultures and at the same time, their susceptibility in this time of global change (Battiste and Henderson 2000;Turnbull 2009;Hart 2007;Davis 2009). As Aboriginal peoples form a significant and unique part of the Canadian population it is appropriate to gain a greater understanding of their culture, knowledge and health in an urban settings. Aboriginal peoples, their health and the impact of colonization are important issues for Canada as a country. Anyone with concern for social justice should be concerned about Aboriginal peoples, their history and their struggle to forge an identity in today's context (Proulx 2006). One of the challenges is that Aboriginal peoples and the general population have differing perspectives on what health is and how it can be achieved.

Both the transmission of the culture and the health of Aboriginal peoples have been affected by colonization. However, Aboriginal cultures are experiencing a cultural renewal. The literature review demonstrates that Aboriginal cultures are alive and being passed on to others. This is evidenced by the personal stories of the participants, the research studies, the national surveys and the statistics on language use. The culture is being passed on through the oral traditions of storytelling, Elders and the ceremonies of their traditional life. The values are being transmitted as they are inherent in the philosophy of the traditional way of life. Pipe Carriers, acknowledged as traditional healers with spiritual gifts, are helping to pass on the traditions (St. Pierre and Long Soldier 1995).

A third reason supporting this research is that although the culture is experiencing a cultural renewal, the health status of Aboriginal peoples lags behind the general population. Lastly, there is research acknowledging the poorer health status but there is a lack of research identifying positive solutions. In particular, there is a need for research in the area of Aboriginal health that explores the roles of traditional healers.

This qualitative study contributes to the body of knowledge concerning the health of Aboriginal peoples. Through in-person interviews, the participants shared their experiences as Pipe Carriers about learning, teaching and healing in their communities. The thesis identifies the role that Pipe Carriers play in the community and how those roles enable the transmission of knowledge. As traditional healers following the traditional way of life, the Pipe Carriers are role models, teachers and leaders in their community. It is through their work as Pipe Carriers and fulfillment of these roles that they are passing on the traditions to others and contributing to the health of their community. This new information can lead to an increased awareness of Aboriginal cultures and health in the non-Aboriginal community.

On a personal note, this research allowed the student investigator, a White woman of European decent, to increase her knowledge of Aboriginal cultures and the role of Pipe Carriers. There is recognition of the importance of non-Aboriginal peoples understanding and respecting other cultures and knowledge systems (Barnhardt and Kawagley 2005).

The thesis is comprised of five additional chapters. In Chapter 2 the literature review outlines the current understanding of several related topics. The first topic is the literature

summarizing the historical background of Aboriginal people. This historical review sets the context for the study. The second topic is that of culture. Research on culture and cultural transmission, both in general and in the Aboriginal context are discussed. This will lead into research describing the status of Aboriginal culture today. The review continues with a review of the literature on health, illness, the maintenance of health in Aboriginal cultures and the health of Aboriginal peoples today. Chapter 3 is the methodology and Chapter 4 presents the data from the five interviews. The Pipe Carriers, their character, their role in the community and their relationships with their pipe are explained. This is followed by data on the Pipe Carriers' teachers, how the Pipe Carriers acquired their knowledge and how they are passing it on to the next generation. In Chapter 5 the data is analyzed in the context of the medicine wheel. A model and theory of Aboriginal health and culture were developed to answer the research question. A discussion of the results in the context of today's health care system is found in Chapter 6.

# Chapter 2 - Literature Review

The literature related to the topic of Aboriginal Pipe Carriers is presented in five sections. Literature from several different domains is relevant to this study as the research question is to identify the roles of the Pipe Carriers in Winnipeg, how they acquired their knowledge and how they are passing on this knowledge to the next generation. The first section of the literature review presents the historical background, focusing on colonization and the impact on the health of Aboriginal peoples.

The second section focuses on the literature related to culture and cultural transmission in indigenous cultures. The second section continues with a review of the literature on Aboriginal cultures and cultural transmission, both in general and in urban settings such as Winnipeg. As the historical trauma caused by the process of colonization has negatively affected cultural transmission, the literature on this topic is significant and relevant.

The third section of the literature review presents the research on the health of Aboriginal peoples. This section reviews the Aboriginal peoples definition of health, how they maintain their health and their healing traditions. The limited research on Pipe Carriers, and their work as traditional healers, is included in this section.

The fourth section of the literature review presents the research available on Aboriginal peoples and health care services today. This section continues with a summary of the health status of Aboriginal peoples and how we understand their health. This information highlights the need for this research and the discrepancy between the Aboriginal and European philosophies of health and health care. This review is important so that the research and findings can be discussed and made relevant in today's context.

The review of the literature on these varied, but related topics provides the background for this study and the analysis of the data. The review also identifies the research gap, presented in the fifth section.

## *Historical Background*

The roots of this thesis and the stories told within go back to the beginning of time. Prior to the arrival of the Europeans, Aboriginal peoples lived on Turtle Island as self-governing nations. Their story continues with the arrival of the Europeans and the subsequent changes to their life. Through the process of colonization, the journey of Aboriginal peoples became one of dependence, pain, trauma and loss. The literature captures the stories of Aboriginal peoples, how they came to be on the land and what their life was life before and after the arrival of the Europeans, but these stories reflect the European perspective. This literature, the historical background, is summarized in the following section. This historical context is important as it highlights both the current body of knowledge and the need for other perspectives. As Aboriginal peoples have and will continue to have their own lived experiences in Canada, research written from the perspective of Aboriginal people is essential to balance the inherent bias of the literature written from the European perspective.

Historically, the Cree people lived on the prairies and in the woodlands, from James Bay through to the Saskatchewan River (Laviolette 1956). Their traditional way of life included hunting and gathering, which evolved into trading furs with the arrival of the

Europeans (Brightman 1992). Their place of residence, often the bush, reflected their lifestyle (Brightman 1992). They are a spiritual people as evidenced by their heritage of communicating with animals through a Shaking Tent ceremony (Adelson 2002). In today's context, Adelson (2002) states that "there is no one way to 'be Cree' – there is no single way to live or express oneself as a Cree person".

The Ojibway people include the Anishenaabe and Saulteaux (Laviolette 1956;Pitawanakwat and Paper 1996). They originally lived along the east coast of North America, but after the arrival of the Europeans, moved inland to join the Cree in the woodlands and prairies (Rheault 1999;Strandness 1998). Day to day life on the prairies included hunting for buffalo, preparing the skins, and living in tipis (Skinner 1914). Their religious ceremonies include the Sundance and the Mediwiwin (Skinner 1914).

The first contact between the Europeans and Aboriginal peoples in Canada was recorded to be around 1000 A.D. when the Norse arrived on the east coast of Newfoundland (Dickason 2009). In time, other European countries including England and France made contact (Dickason 2009). Eager to control the land and resources and establish peace, the British entered into treaties with the various First Nations starting from the 1700s through until 1920 (Dickason 2009). In exchange for the use of the land, the treaties included provisions for education, money, and in some cases, health care for the Aboriginal peoples (Dickason 2009). Health care, described as a "medicine chest", was specifically included in Treaty #6 and was discussed in other treaties (Waldram, Herring, and Young 2007).

There was conflict from early on in the treaty process (Lux 2001). First of all, the treaty obligations were not always clear as Aboriginal peoples remembered promises that the government later denied (Dickason 2009). Secondly, both the Europeans and the Aboriginal peoples had different perceptions of what the treaties conditions really meant. The Europeans understood that the Aboriginal peoples had surrendered the land while the Aboriginal peoples understood they were sharing the land (Lux 2001). Another key difference was what the medicine chest clause meant. The Aboriginal peoples expected health care for their people, but the government did not see themselves as responsible for health care (Lux 2001;Kelm 1998). Over the years Aboriginal peoples had to be vocal about demanding the government fulfill the treaty promises by providing health care and farm implements as promised (Lux 2001).

The goal of the government was the "integration of the Indian into the general life and economy of the country." (Dickason 2009). The Indian Act was one tool that was used to achieve this goal of assimilation (Restoule 2000). The Indian Act, originally passed in 1876, identified who was considered an Indian (known as status or registered) and who was not (known as non status) (Indian and Northern Affairs Canada 2009;Hurley 2009). The Act also outlined other matters such as taxation, land and resources (Hurley 2009) as well as banning many ceremonial activities such as Potlatches and Sundances (Lux 2001;Waldram 1997;Dickason 2009).

The various acts had and continue to have a detrimental effect on Aboriginal peoples, their health and their cultural identity. The process of labeling affected Aboriginal peoples as they report feeling stripped of both their identity and the right to be their own person (Restoule 2000). The Indian Act discriminated against women who married white men as these women lost their status (Gehl 2003). Although this part of the Act was subsequently changed, it did have an impact on the identity of Aboriginal peoples. Restoule (2000) also notes how the Indian Act and the definitions of who is a status Indian served to homogenize their identity. Gehl (2003) agrees and describes the Indian Act as something that reduced "cultural identity to biology."

One of the most significant and harmful methods of control was the residential school policy. Beginning in the 17th century religious groups started playing a key role in the education of Aboriginal peoples, as the churches established schools on reserves (Ledoux 2006). Trevithick (1998) reports that the first schools were established in Quebec in the 1600s. With government funding, these schools were part of government and church strategy to control and assimilate (Ledoux 2006;Dickason 2009). The government saw the Aboriginal children as unclean and unhealthy, so they rationalized that it was important to save them from this unhealthy home life and put them in residential school (Kelm 1998). In 1894, amendments were made to the Indian Act so that children could legally be taken out of homes into the residential schools (Ledoux 2006). Overall, over 150 000 Aboriginal students attended the schools (Truth and Reconciliation Commission of Canada 2009). The last residential school was not closed until 1996 (Truth and Reconciliation Commission of Canada 2009).

The education strategy is further evidence of the difference in opinions in how the treaty promises would be fulfilled (Dickason 2009). The Aboriginal peoples expected schools that would reflect their culture (Dickason 2009). However, the government and churches ignored the Aboriginal knowledge systems and imposed a western system designed to eliminate the culture and traditional language from the daily life of Aboriginal peoples (Dickason 2009).

The schools were also a source of conflict between the government and churches as funding and responsibilities were in dispute (Lux 2001). The churches received per capita funding from the government, but found it was insufficient to educate and take care of the students (Lux 2001). Many schools were noted to have poor conditions and as a result, the students suffered from diseases such as tuberculosis (Lux 2001).

The residential school experience affected the identity of many Aboriginal peoples as they felt as though they were neither part of the European culture, nor part of their own Aboriginal culture (Ledoux 2006). The loss of culture was felt as children were forced to speak English and forbidden to speak their mother tongues (Royal Commission on Aboriginal Peoples 1996). In addition, some students suffered emotional, physical and/or sexual abuse while attending the residential schools (Truth and Reconciliation Commission of Canada 2009).

The impact of colonization, including the residential school system, on Aboriginal peoples and their culture cannot be underestimated. Described as historical trauma, colonization has affected the health of past and present generations in many ways (Bombay, Matheson, and Anisman 2009;Edge and McCallum 2006;Wesley-Esquimaux and Smolewski 2004). The decline in the health status of Aboriginal peoples during the period of colonization is notable. Communities and individuals were fragmented, both spiritually and physically (Cruikshank 1992;Battiste and Henderson 2000). The trauma of colonization eroded the spirit of the people (Battiste 2010). Frideres (2008) explains the impact in a similar manner as he writes the historical trauma has significantly affected the core of their being, specifically their identity. The historical trauma has caused the Aboriginal peoples to move from a safe place where they were independent and self-governing to a place of dependence (Cherubini 2008).

Physically, there were new diseases; both infectious and chronic that affected the health of Aboriginal peoples (Waldram, Herring, and Young 2007). The impact on the lives of Aboriginal peoples was significant, as “90-95% of the Indigenous population died within two generations of contact in 1492”. (Wesley-Esquimaux and Smolewski 2004). While both the government and Aboriginal peoples themselves acknowledged the poor health of the Aboriginal peoples, each group had their own explanations (Lux 2001). The Europeans

believed the poor health of the Aboriginal peoples was due to their race, their lifestyle and personal hygiene habits as well as their inability to transition well to western civilization (Lux 2001).

Aboriginal peoples recognized that the Europeans brought new diseases that affected the health of Aboriginal peoples (Kelm 1998). Aboriginal peoples could also see the impact of the government policies on the health of their people. The Aboriginal leaders were able to connect their poor health with their environment and their limited access to land and they used this argument to advocate for more land (Kelm 1998). Government policies such as the distribution of poor quality and/or limited rations also contributed to poor health as evidenced by diseases such as gastrointestinal infections caused by worms in the rations (Lux 2001). The Aboriginal peoples were candid in their requests for help, refusing government medicine and requesting "medicine that walks" referring to buffalo and the need for food (Lux 2001).

The government observed that health, the healing traditions and the healers were a central part of Aboriginal cultures and social structure and thus, these activities were a key target for control (Waldram, Herring, and Young 2007). The missionaries recognized the connection between their spirituality and healing, so they were also in favour of forbidding these practices (Lux 2001). As a result of the government restrictions and church actions, the healing traditions of Aboriginal peoples were driven underground by the 1950's (Waldram, Herring, and Young 2007). The bans on traditional ceremonies prohibited Aboriginal peoples from healing their people and contributed to the decline in health status (Obomsawin 2007).

Reflective of the different understandings of the treaties and the causes of illness, the health care services that were provided did not meet the expectations of the Aboriginal peoples. Although the government established a "Medical Branch", this term was an oxymoron as the office continuously denied responsibility to provide care (Lux 2001). Even though the government believed the cure to the health problems of Aboriginal peoples was assimilation, the government and missionaries did provide some health care services as they were concerned about their own reputation and the health of their people (Lux 2001). Specific examples include how school children were given care to protect the reputation of the schools and how Aboriginal peoples were quarantined – not for the health of Aboriginal peoples, but to protect the non-Aboriginal peoples from the diseases (Lux 2001). The government and missionaries were eager to ensure the health of the hunters and potential converts to Christianity, both additional self-serving reasons for providing health care services (Waldram, Herring, and Young 2007).

The phenomenon of Aboriginal peoples reclaiming their identity is described as a renaissance or revival of the culture (Frideres 2008). Over the past 40 years, there has been a renewed interest in Aboriginal cultures, languages and healing traditions (Martin Hill 2003;Hunter et al. 2004;Rheault 1999). Elders and traditional ways were being sought out, and there was both an intellectual and spiritual renaissance (Rheault 1999). This renaissance was encouraged by the removal of the bans prohibiting ceremonies in the 1970's (Martin Hill 2003). The voices and the efforts to reclaim their individual and collective identity reflect the great strength and resilience of the Aboriginal peoples.

In June 2008, Prime Minister Stephen Harper, on behalf of the Government of Canada, apologized to the Aboriginal peoples for Canada's role in the residential school systems (Aboriginal Affairs and Northern Development Canada 2010b). The apology acknowledged that the goal of the schools was to assimilate the children and "to kill the Indian in the child" (Aboriginal Affairs and Northern Development Canada 2010b). The Truth and Reconciliation Commission, established as part of the Indian Residential Schools Settlement Agreement, will

implement activities to acknowledge the trauma and promote awareness and healing. Although there was an apology, Henderson and Wakeham (2009) comment that the apology was insufficient, as the Prime Minister did not acknowledge the colonial attitude.

Today Aboriginal peoples comprise a significant and growing percentage of the Canadian population at 3.8% in 2006, an increase from 2.8% in 1996 (Statistics Canada 2006). Together, Indian and Métis groups comprise the vast majority of the Aboriginal population with 60 and 33% respectively (Statistics Canada 2006). The remainder of the Aboriginal population is Inuit (4%) and with a small percentage (3%) of other Aboriginals (Statistics Canada 2006). The number of Aboriginal peoples in each group has increased over the past 10 years, with the Métis population increasing at a rate three times as fast as the other groups (Statistics Canada 2006).

There are several factors contributing to the increase in the Aboriginal population, including improved census coverage, high birth rates, and most significantly, the increase in individuals who self report as Aboriginal (Guimond, Robitaille, and Senécal 2009;Statistics Canada 2006). Guimond, Robitaille, and Senécal (2009) explains the increase in self report as due to ethnic mobility, the phenomenon that people change their self reported ethnic background due to their improved self-perception. This ethnic mobility may explain the faster growth rate of the Métis compared to other Aboriginal groups. The intermarriages between Aboriginal peoples and non-Aboriginal peoples and the subsequent increase in children who can choose their cultural identity also contributed to the increased Métis population (Guimond, Robitaille, and Senécal 2009).

In Manitoba, the percentage of Aboriginal peoples is almost four times higher than the percentage of Aboriginal peoples in Canada. Aboriginal peoples comprise 15% of the population of Manitoba, and 10% of the population of Winnipeg (Statistics Canada 2010a). The Aboriginal population of Winnipeg is primarily Métis (60%), and First Nation (38%) (Statistics Canada 2010a).

Aboriginal peoples differ from the general population in Canada in several important ways. The Aboriginal population is younger than the general population, with a median age of 25 years compared to 40 years (Gionet 2009). The Winnipeg Aboriginal population shows a similar discrepancy; with a median age of 26 for Aboriginal peoples and 40 for the general population (Statistics Canada 2010a). Other key differences between Aboriginal peoples and the general population include lower education, employment and income levels (Gionet 2009).

There is also a difference between Aboriginal peoples and the general population in terms of place of residence. Almost half (47%) of Aboriginal peoples in Canada live in a rural area (Indian and Northern Affairs Canada 2009), which is more than double the percentage of the general population living in a rural area (20%) (Statistics Canada 2009). The rural-urban split varies between Aboriginal groups. The percentage of Métis living in a rural area is lower than the general Aboriginal population (Janz, Seto, and Turner 2009).

The percentage of Aboriginal peoples of Canada living in a rural area is declining, which is consistent with the current global and Canadian trend of urbanization (Indian and Northern Affairs Canada 2009). In interviews with Aboriginal peoples, they reported that they are moving to urban areas for employment, opportunities or for family reasons (Cooke and Bélanger 2006). Women who married non-status Indian people were forced to live off the reserve is another reason why women moved to the city (Restoule 2008).

The Aboriginal population in urban centers differs from the general urban population in several ways. Specifically, Aboriginal peoples living in an urban center are found to be younger and more often changing residences and/or cities when compared to the non-

Aboriginal population (Indian and Northern Affairs Canada 2009). Aboriginal peoples in an urban center are also more likely to be single parent families or unemployed, and less likely to have completed high school or university compared to the non Aboriginal population in the urban centers (Indian and Northern Affairs Canada 2009). This is consistent with national statistics on Aboriginal peoples living in rural areas (Gionet 2009).

## *Culture and Cultural Transmission*

The underlying issue of this thesis is culture and the transmission of culture. Pipe Carriers and the traditional health practices are a key part of Aboriginal cultures. This section of the literature review summarizes the research exploring how culture is transmitted. This background information provides the foundation for the discussion and interpretation of the new knowledge acquired in this study.

Keesing (1974) defines culture as a system and explains it may be a system of behavior, knowledge or shared symbols. Allen (1999) adds that culture is created; it is not a tangible item that is passed on from one to another. From an Aboriginal perspective, culture is defined as "the day to day living out of our lives, our identities as we are embodied" (Graveline 1994). All of these definitions reflect the dynamic nature of culture. The definition of cultural transmission also reflects the dynamic nature of culture. Cultural transmission is defined as "a process in which individuals come to store pattern information in their brains and hence come to act in socially complementary ways thereby contributing to a culture evolving adaptive pattern mappings." (Dobbert et al. 1984).

A recurring theme found in research on indigenous cultures is how oral traditions are the primary method of cultural transmission. Indigenous knowledge systems are based on stories and practical life experiences that accumulate into wisdom (Martin et al. 2006;Smylie et al. 2003;Inglebret, Jones, and Pavel 2008). The tradition of oral storytelling reflects the personal nature of Aboriginal cultures (Martin et al. 2006). The stories themselves are also considered to be the keepers of the knowledge (Struthers, Eschiti, and Patchell 2008). In addition to storytelling, indigenous knowledge is also passed on to new generations through ceremonies and shared experiences (Sefa Die, Hull, and Rosenberg 2000;Barnhardt and Kawagley 2005).

A key component of Aboriginal cultures is the high regard for Elders as teachers. Elders play a key role in the transmission of culture and knowledge and are considered "the keepers of the knowledge" (Hunter et al. 2006). Elders show their value of children and traditions as they intentionally share stories and traditions and help to keep the culture alive (Martin et al. 2006;Inglebret, Jones, and Pavel 2008). The Ojibway describe their way of learning as *kendaaswin*, which means learning from the Elders through life experience, often through apprenticeship (Rheault 1999). The Elders and teachers who are responsible for passing on the traditional knowledge to the younger generations are called *Chinshinabe* in the Ojibway culture (Rheault 1999).

One common thread between storytelling, ceremonies and shared experiences is language. Language enables the transmission of culture (Sachdev 1995;Battiste and Henderson 2000). The language is both the means of transmission and also the message being transmitted. The words, selection of words and timing are all part of the story and the lesson. As language and culture are interrelated, the loss of a language can lead to the loss of culture (Henze and Davis 1999). Battiste (2002) writes "language is by far the most significant factor in the survival of indigenous knowledge."

Culture may be transmitted through education, but there are conflicting perspectives on this theory. One perspective is that it is possible to integrate indigenous knowledge concepts and methodologies into formal schooling (Manuelito 2005). From this perspective, education is a way for indigenous people to regain their language and culture (May and Aikman 2003). However, the opposing perspective that culture cannot be transmitted through a formal education system is predominant in the literature. Aboriginal cultures do not lend themselves to being transmitted through the Western education systems because of the fundamental differences between the cultures and the education systems (Ismail and Cazden 2005;Battiste and Henderson 2000;Hull and Schultz 2001). Language and culture need to be shared through daily life and relationships and not taught in a formal school curriculum as the context and the methodology are part of the message (Hermes 2005).

This issue was captured in interviews with Aboriginal peoples in Northern Ontario. Some thought that formal schooling was an opportunity to transmit culture and others thought that culture was ideally not taught in school (Agbo 2004). However, there was general agreement that the community members need to demonstrate their culture by teaching traditional ways and that the schools can help play a role in this cultural education (Agbo 2004). Suggestions for how the community could promote cultural education included both formal (i.e. Aboriginal language instruction in class) and informal settings (i.e. bush survival skills) (Agbo 2004).

The transmission of cultural traditions has been affected by colonization. The bans forbidding traditional ceremonies resulted in a reduction in the range of traditional knowledge and practices and a decline in use of traditional practices (Martin Hill 2003). The residential schools that were designed to assimilate Aboriginal children into the European culture resulted in the erosion of traditional ways, language and culture (Burnaby and Philpott 2007). In addition to the residential schools, other products of colonization including illnesses and community relocation, have negatively affected the transmission of Aboriginal knowledge (Martin 2009). The social structure of Aboriginal communities has been eroded through colonization, making knowledge transfer difficult as knowledge needs social structure to be transferred (Smylie, Kaplan-Myrth, and McShane 2009).

There has been research studying cultural transmission in indigenous groups in North America. A comparative study looked at the retention of skills for bush living among women in two Cree communities. Elders report that skills were typically taught through experiences, starting in childhood as the philosophy was learning by doing (Ohmagari and Berkes 1997). Both technical skills and related life skills such as cooperation and self-reliance were essential skills to surviving in the bush (Ohmagari and Berkes 1997). During the period of colonization and residential schooling, there was a decline in the transmission of the bush skills, which were either lost or transmitted with a lower level of mastery (Ohmagari and Berkes 1997). While some of the skills not fully transmitted included those that were not used any more (i.e. fur preparation), others were still important (i.e. food preparation) (Ohmagari and Berkes 1997). The loss is due to a shift in values and activities including more formal education, less time spent in the bush and more time spent watching television (Ohmagari and Berkes 1997).

A case study describes the cultural renewal in an Ojibway band in Northern Ontario that had lost traditional knowledge during colonization. The focus group participants shared how the powwows have helped in healing the community and have lead to a renewal of other cultural activity and traditions (Broad, Boyer, and Chataway 2006). The study identified that Elders play a central role in the transmission of traditional knowledge to the next generation

and share the knowledge through the ceremonies and everyday life (Broad, Boyer, and Chataway 2006).

In another study interviews with childhood educators, administrators, parents and Elders from three First Nations communities in British Columbia were conducted to explore how culture fit in with their work with children as childcare providers and administrators. Findings showed that while transmission of indigenous knowledge varies within groups of indigenous people, children play a key role in ensuring the transmission of culture and knowledge (Ball and Simpkins 2004).

Two studies report on interviews with women who shared their stories of learning. In one study, an Ojibway woman explains her story of how her family lived off the land every year in the late summer for a few months. She reports that she was taught through storytelling, modeling and life experiences, but found the key to learning was to listen to the stories (McGuire 2010). In the second study, Cree and Ojibway women healers shared through interviews that they acquired their knowledge through life experience, the interactions they had with people, dreams, and also their indigenous genetic memory (Struthers 2000).

Lastly, Restoule (2008) conducted two sharing circles with urban men to explore the process of Aboriginal identity formation. He concluded that it is the passing on of the values that will ensure the survival of the culture, because Aboriginal cultures are based on their values (Restoule 2008).

Reflecting the resilient nature of Aboriginal peoples and the inherent nature of the culture to share stories and traditions, Aboriginal cultures are being passed on. There is both an intellectual and spiritual renaissance taking place (Rheault 1999;Battiste and Henderson 2000). Hunter et al. (2004) notes that the renaissance began in the 1960's. Martin Hill (2003) adds that this renaissance is due in part to the lifting of the bans on traditional ceremonies. This renaissance is helping to ensure that the traditions are being passed on to the next generation.

In Canada, and in particular Winnipeg, the Aboriginal community is not only active in their cultural traditions, but they are confident that their culture will survive in the urban setting (Environics Institute 2010). Aboriginal people report they are proud to be Aboriginal and Canadian (Environics Instiute 2010). The Urban Aboriginal Peoples Study sheds light on aspects of Aboriginal health and life in urban settings. Interviews found that Aboriginal peoples living in urban areas feel very connected to their culture and often maintain ties with their home communities (Environics Instiute 2010). This is supported by data from interviews with Aboriginals living in urban centers who report they stay connected to home community and cultures (Levin and Herbert 2004).

The cultural revival is demonstrated through the renewed interest in Aboriginal language (Long and Dickason 2011). The statistics regarding language demonstrate both the diminished use of Aboriginal languages as a mother tongue at the same time as the increased use of an Aboriginal language as a second language. The percentage of Aboriginal peoples living off reserve who report an Aboriginal language as their mother tongue is low (18%) and has been declining (Bougie 2010). The 2001 Aboriginal Peoples Survey reports that about one third of Indian adults are able to speak or understand an Aboriginal language (O'Donnell and Tait 2004). The statistics regarding children and Métis are also concerning as only 16% of Métis and 25% of children can speak or understand an Aboriginal language (O'Donnell and Tait 2004). Language loss is due to many factors. Long and Dickason (2011) note that colonization, residential schools and economic and geographic factors all contribute to a decline in the use of Aboriginal languages.

On a positive note, the percentage of Aboriginal peoples learning an Aboriginal language as a second language is on the rise (O'Donnell and Tait 2004;Norris 2007). There is a trend showing that young Aboriginals living in urban settings are more likely to learn an Aboriginal language as a second language than as a mother tongue (Norris 2007). There are immersion and teacher education programs in place to increase the use of Aboriginal languages (Duff and Li 2009). Programs such as Aboriginal Head Start are helping children learn Aboriginal languages in school (O'Donnell and Tait 2004). Aboriginal languages are being taught in schools (Geller 2003). Aboriginal peoples are also learning languages from extended family and community members (Norris 2007;Statistics Canada 2010b). It is encouraging that language use is on the rise as language is key to the revival of indigenous culture and traditions (Duff and Li 2009;Sims 2005).

## *Aboriginal Peoples and Their Traditional Health Practices*

The subject of this research is Pipe Carriers and this thesis focuses on their role as traditional healers in the community. The thesis also focuses on the acquisition and transmission of their knowledge. The cultural continuity of the traditional health practices and the knowledge of Pipe Carriers is an important factor affecting the health of Aboriginal peoples. The current literature on the health and healing of Aboriginal peoples, including the role of Pipe Carriers, will be presented in this section. This information supports the research question of this thesis as well as the discussion and interpretation of results.

Health, for indigenous people as well as the Aboriginal peoples of Canada, has a broad, holistic definition. The World Health Organization defines indigenous health as "a collective and an individual inter-generational continuum encompassing a holistic perspective incorporating four distinct shared dimensions of life...spiritual, intellectual, physical and emotional." (Durie 2003). Indigenous health includes "practicing cultural ceremonies, speaking the language, applying the wisdom of the Elders, learning the songs, beliefs, healing practices, and values" (Martin Hill 2009).

The Ojibway and Cree have a philosophy of health similar to the philosophy of indigenous health. In Ojibway, there is no direct, one word translation for the word health (King, Smith, and Gracey 2009). The expression *mino-bimaadiziwin* is understood as "the way of the good life" which summarizes the Ojibway philosophy of life and health (Rheault 1999). *Mino-bimaadiziwin* is based in spirituality and reflects a path of life (Rheault 1999). Turton (1997) interviewed Ojibway people and noted the connection between health and spirit as "health is a gift of the Manito" and that health affects and is affected by all aspects of life. She also acknowledges the five ways of knowing about health, including the "stories from the oral tradition, authoritative knowledge of leaders, spiritual knowledge, commonsense models of illness and health and knowing oneself." (Turton 1997).

As with the Ojibway culture, there is not one word for health in the Cree language. Health is a philosophy that is best described by the Cree word *miyupimaatissiiu*, which translates as "being alive well" (Adelson 1992). This term reflects the Cree's holistic philosophy of the health and life. Being alive well includes concepts such as cleanliness, warmth, Cree food and strength (Adelson 2002). Adelson (2002) also notes that health is political and states that white man is a barrier to health. Interviews with Plains Cree from Saskatchewan revealed their definition of health as a holistic concept in harmony with the teachings of the medicine wheel as health is defined as a "state of physical, mental, emotional and spiritual wellness" (Graham and Stamler 2010). Wellness and economic and political

independence are all part of health for the Cree people (Graham and Stamler 2010). Lux (2001) also writes on the Cree people and states that to "live a secure, healthy life was to acknowledge and respect the spiritual as well as the physical world."

Health is also about relationships and living in relationship. Iseke (2010) states that in the Métis culture health is having a relationship with the Creator. The traditional ceremonies and the pipe help establish and maintain this relationship. Long and Dickason (2011) explain that for Aboriginal peoples health means being in the right relationships.

Aboriginal women in Manitoba participated in interviews and focus group discussions in a study conducted by the Aboriginal Women's Health Research Committee. These women understand living well to mean balance between the physical, emotional, mental and spiritual dimensions of health (Wilson 2005).

Consistent with the holistic philosophy of life and health, the Aboriginal definitions of illness are broad. As health is seen as balance in life, illness is understood as imbalance. One Aboriginal writer defines sickness as "a message from the Creator to help us re-orient our life toward the laws as established in the creation" (Obomsawin 2007). Illness is defined as a "loss of meaning that results in weakness, fragmentation and isolation, lack of purpose and direction" (Regnier 1994). The Ojibway understand and explain illness in the context of relationships (Garro 2000).

The definition of healing in Aboriginal cultures reflect their understanding of illness as healing means to restore balance (Regnier 1994). Healing is defined as the "transition that restores the person, community, and nation to wholeness, connectedness, and balance" (Regnier 1994). Healing is also a holistic concept in Aboriginal cultures as traditional healing or medicine is much more than a prayer or remedy; it is a part of the cultural identities and a connection with the environment (Martin Hill 2003;Johnston 2002). Traditional medicine is defined by the World Health Organization as "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" (United Nations 2008). While traditional healing can be easily described through examples such as herbal treatments, prayer or ceremonies, it is a difficult concept to define within the context of Aboriginal cultures as it is seen as a way of life (Martin Hill 2003).

The culture, knowledge and traditional healing practices are the road to healing (Martin Hill 2009;Kirmayer et al. 2009). In fact, "culture is treatment" in the Aboriginal context (Green 2010). Culture is also described as "good medicine" (DeGagné 2007). The ceremonies, sweat lodges and vision quests of Aboriginal cultures are all healing traditions (Hunter et al. 2004;Struthers, Eschiti, and Patchell 2008;Green 2010).

Healing is similar to teaching in Aboriginal cultures as healing and personal growth also takes place through everyday interactions. Stories are considered healing, as is the connection between the storyteller and the listener (McCabe 2008). Another similarity with teaching is that traditional medicine is highly individualized (Keightley et al. 2011).

The Aboriginal cultures and traditional healing are all rooted in spirituality (Hunter et al. 2004). Waldram (1997) describes Aboriginal spirituality as a form of symbolic healing. Ojibway and Cree women healers describe healing as a gift from the Creator that allows them to help others (Struthers 2000). Hunter et al. (2004) adds that healing means connecting with the Creator. Healers are guided by Spirit (Struthers 2000). The medicine wheel depicts this connection between spirituality and the other dimensions of life. Illness is imbalance in the four dimensions of the medicine wheel and healing is restoring that balance (Johnston 2002).

Historically, Aboriginal peoples maintained their health and took care of each other (Struthers, Eschiti, and Patchell 2004). A healer is someone who had been acknowledged by the community as a person with spiritual gifts (Waldram, Herring, and Young 2007). Struthers (2000) notes that traditional healers have gifts from Creator and need to use them in the community. Healers are considered as keepers of the knowledge (Struthers, Eschiti, and Patchell 2008). Many of the healing traditions have a spiritual connection, such as the Sweat Lodge, Shake Tent and Yuwipi ceremonies (Struthers, Eschiti, and Patchell 2004;Waldram, Herring, and Young 2007).

While home remedies were common knowledge, certain individuals in the community were recognized as having a stronger spiritual connection and thus healing power (Waldram, Herring, and Young 2007). The distinction between the two roles and their healing powers is noted in both the Cree and Ojibway culture. In the Cree culture there are *Maskikiwiyiuu*, (herb doctors) who learn treatments from others and *Mamaxtawiyiuu* (medicine men) that have a spiritual gift for healing (Lux 2001). There is a similar distinction between the herbalist and gifted individuals in the Ojibway culture (Garro 2000).

Pipe Carriers are healers as they are respected leaders in Aboriginal cultures who have been acknowledged by the community as having spiritual gifts to promote health and healing in their community. This acknowledgment is symbolized by the giving of the pipe to the individual. A Pipe Carrier is someone who has earned a pipe and "carries the pipe for the people" (Cohen 2006). Pipe Carriers have accepted the pipe that was offered to them and as such have accepted the responsibilities that come with the pipe. The responsibilities include being leaders and healers in the community. St. Pierre and Long Soldier (1995) note how the Pipe Carrier is a spiritual role and describe Pipe Carriers as "followers of the old religion". In reality, the Pipe Carriers represent the link to spirituality (Parlee and O'Neil 2007).

The pipe is a sacred item that may be part of a traditional bundle (Iseke 2010;Lux 2001). A bundle is itself a sacred item and is comprised of ceremonial items such as the pipe (Lux 2001). The pipe has two parts – the bowl, seen as the feminine part, and the stem, the masculine part of the pipe (Waldram 1997). The union of the two parts is seen as sacred and represents harmony (Waldram 1997). Waldram (1997) explains that the pipe represents the truth, the old way. He describes the pipe as the "pathway to the heart…happiness and carefree living" and as a "messenger for the people" (Waldram 1997).

There is very limited research on Pipe Carriers and the use of the pipe in healing in Aboriginal cultures. The pipe is used with tobacco and can be used to pray for individuals or as a part of Sweat Lodge ceremonies (St. Pierre and Long Soldier 1995;Bucko 1998). Pipe Carriers from a tribe of Chippewa Indians in Northern Michigan were involved in healing and promoting health in their community (McBride 2003).

## *Aboriginal Peoples and Health Care Services Today*

The previous three sections summarize the research on the historical background, cultural transmission and the health of Aboriginal peoples. These topics support the statement that Aboriginal cultures were impacted by the process of colonization but the cultures have survived as a result of the oral and experiential nature of the cultures. The literature also demonstrates that both the Cree and Ojibway understand health as a broad concept that reflects life and balance within life and that health is maintained through the cultural traditions. The next section of the literature review builds on this knowledge and explores the health status of

Aboriginal people today. The research summarized in the following section provides further evidence supporting the relevance of this thesis.

Health care services today are designed for the general population of Canada. These services are significantly different than the traditional health care practices previously described. However, there are some health care services that are in harmony with the traditional health philosophy and this next section outlines the research describing these health services as well as the Aboriginal peoples perspectives regarding the services. This leads to a summary of the health status of Aboriginal peoples and their determinants of health.

There is literature that has identified that Aboriginal peoples are accessing or would like to access culturally appropriate healing traditions. Aboriginal women in Saskatchewan reported that they would like to have access to traditional healers (Saskatoon Aboriginal Women's Health Research Committee 2004). Students are using traditional healing practices (Wyrostok and Paulson 2000). Wilson, Rosenberg and Abonyi (2011) studied the use of traditional healers by demographics and found that more youth compared to people in other age groups, more women than men and more single than married people are accessing traditional healers. They also found that people with a higher socioeconomic status and people living on reserve (compared to those with a lower socioeconomic status or those living off reserve, respectively) are more likely to contact a traditional healer (Wilson, Rosenberg, and Abonyi 2011).

There are many examples of traditional healing in Canada that are documented in the literature. There are programs that solely use traditional healing methods and as well as programs that integrate traditional health practices with existing health services. (Maar and Shawande 2010) conducted a review of health care services and determined that traditional healing practices and western medical care can be integrated successfully. Specific examples of how care can be integrated include the health promotion programs in an urban friendship center that showed how a healing space, respect for cultural traditions and western health care can work together for the benefit of the people (Williams and Guilmette 2001). The Sioux Lookout Meno Ya Win Health Centre integrated Anishinabe culture and philosophy into care by making translators available and respecting traditional healing practices (Walker et al. 2010). Elders were a resource and a positive influence in a health promotion and tobacco reduction program (Varcoe et al. 2010). Elders can complement western medicine by working with health care providers on health promotion strategies (Varcoe et al. 2010). A drug and addiction program in Saskatchewan and a midwifery program in Quebec have successfully integrated traditional and western health services (National Aboriginal Health Organization 2008).

There are also studies that highlight the effectiveness of using traditional healing practices. First of all, Aboriginal peoples believe that traditional medicine is effective. The results of one study show that many Mi'kmaq people visiting a clinic in a Canadian community used traditional medicine and believe it is more effective than Western medicine (Cook 2005). There are other studies that demonstrate the effectiveness of traditional approaches. One study conducted in Alberta reviewed pre and post questionnaires from participants of a Sweat Lodge ceremony. The results show that there were positive changes in spiritual and emotional wellbeing noted after the ceremony (Schiff and Moore 2006). Another example of effective traditional healing in practice is the Minwaashin Lodge in Ottawa (Canadian Research Institute for the Advancement of Women 2008). This lodge is working to heal the larger Aboriginal community by encouraging women to follow the traditions and heal their soul. They have three different programs, all designed to integrate many aspects of their

culture and including all people from all age groups (Canadian Research Institute for the Advancement of Women 2008). Data from the Aboriginal Peoples Survey shows that Aboriginal peoples who have seen a traditional healer in the past year were more likely to have an HIV test (Orchard et al. 2010). Lastly, a study found that Aboriginal peoples in Winnipeg use their cultural traditions to cope with diabetes (Iwasaki, Bartlett, and O'Neil 2005). The cultural traditions they used included spirituality, maintaining cultural connections and their relationships with others (Iwasaki, Bartlett, and O'Neil 2005).

There has been a great deal of research looking at the health status of Aboriginal peoples. It is well documented that a great deal of harm has come to Aboriginal peoples and culture through colonization. Many communities and individuals are in crisis from the trauma of colonization (Kirmayer et al. 2009;Martin Hill 2009). On a community level, Aboriginal communities rank lower than other Canadian communities on the well-being index (Indian and Northern Affairs Canada 2010). On an individual level, Aboriginals living in urban settings found the process of reclaiming their identity difficult as they were struggling to overcome the experience of colonization (Proulx 2006).

There are specific studies that have documented the health status of Aboriginal peoples. Aboriginal peoples in Manitoba have poorer health status than non-Aboriginal peoples, as indicated by higher rates of premature mortality, diabetes, amputations, hospitalization, and lower rates of immunization and life expectancy (Martens, Sanderson, and Jebamani 2005). The Aboriginal Peoples Survey of 2001 reported that the percentage of Aboriginal peoples living off reserve with diabetes is more than double the percentage of general Canadian population living with diabetes (O'Donnell and Tait 2004). The survey also reported that although the percentage of non-reserve Aboriginal peoples living in crowded conditions has declined over the past five years, it is over twice as high as the percentage of Canadians living in crowded conditions (O'Donnell and Tait 2004). MacMillan reviewed data from several sources to assess the health status of Aboriginal peoples in Canada. Their results show that Aboriginal peoples suffer from many physical and mental health issues such as alcoholism, pneumonia, diabetes, and injuries, at rates above the general Canadian population (MacMillan 1996). Richmond (2009) explored the relationship between social support and health, noting that although Aboriginal peoples have good social networks, their health does not reflect this. She found the relationship between health and social support complex in the context of Aboriginal peoples, as the people providing the social support from institutions might be the same as their personal contacts, potentially impacting the decision to access the support (Richmond 2009).

The Aboriginal Peoples Survey found that Aboriginals living off the reserve had slightly lower self rated health status than the general population, but the difference between the Aboriginal peoples and the general population increased as the age of the individuals increased (O'Donnell and Tait 2004). Self-assessed health status was also studied by Wilson and Rosenberg. They found that men, non-status Aboriginal peoples, Aboriginal peoples living in rural areas and those with lower socioeconomic status and lower education levels were more likely to rate their health status lower than other Aboriginal peoples (Wilson, Rosenberg, and Abonyi 2011).

Colonization continues to impact the health of Aboriginal peoples as colonial attitudes exist in the structure of the health care system. While there are some traditional health services available and effective it is also noted that not all health care services for Aboriginal peoples are adequate or culturally appropriate. The Aboriginal Women's Health and Healing Research

Group (2005) summarizes the state of affairs by stating the "health system fails most Aboriginal women".

Lack of access to health care services is a concern for Aboriginal peoples (Reading and Wien 2009;Frohlich, Ross, and Richmond 2006). The system, which is funded and delivered by different governments, is fragmented, complex and difficult for First Nations women to access and/or navigate (Haworth-Brockman, Bent, and Havelock 2009).

Even if there are health care services available, they may not be culturally appropriate (Reading and Wien 2009). Examples of the culturally inappropriate care are documented in in-depth interviews with First Nations women about their experiences with the health care system (Browne and Fiske 2001). The women shared how they felt they were being marginalized and judged (Browne and Fiske 2001). Another example is the Dogrib women in northern Canada who must follow doctors' orders as to where to have their babies (Moffitt 2004). DeVerteuil and Wilson (2010) states that even though it is known that substance abuse treatment needs to start with Spirit, most programs do not incorporate spiritual healing. Keightley et al. (2011) demonstrates the need to integrate traditional healing principles with other health care for individuals with brain injuries.

Our knowledge of what affects the health of people and, in particular, Aboriginal peoples, has grown over the years. There is recognition of the impact of colonization and many of the residual ripple effects. Health Canada has identified 12 determinants of health for the general population, specifically income and social status, social support, education and literacy, employment, social and physical environments, personal health practices and coping skills, healthy child development, biology and genetic endowment, health services, gender and culture (Public Health Agency of Canada 2003). There is some research to show that many of these determinants apply to Aboriginal peoples (Richmond and Ross 2009;Wilson and Rosenberg 2002;Graham and Stamler 2010). Aboriginal Community Health Representatives (CHR) from throughout Canada identified similar determinants of health but used different terminology (Richmond and Ross 2009). This next section reviews the determinants of health in the context of Aboriginal peoples.

There is no doubt that colonization is a determinant of health. Colonization has impacted the life and health of indigenous people worldwide (Gracey and King 2009;Harvey 2009;Anderson 2007;Martin Hill 2009). There is ample evidence to show that colonization has been damaging to the physical, emotional, mental and spiritual health of generations of Aboriginal peoples in Canada (Reading and Wien 2009). Through colonization, Aboriginal peoples lost control over many aspects of daily life, including such fundamentals as the provision of food and the selection of place of residence (Dickason 2009). It is this loss of control over several key aspects of their lives that has had the devastating impact. On review of the Health Canada determinants of health, control or mastery over life circumstances is the underlying factor that affects several key determinants of health, including income, social support, education, employment, physical environment, personal health practices, coping skills, and culture (Public Health Agency of Canada 2003). That sense of control was taken from the Aboriginal peoples, directly affecting their health and undermining their ability to maintain their health. The impact is best described as historical trauma, defined as "collective emotional and psychological injury over the lifespan and across generations." (Mitchell and Maracle 2005). Acknowledging the determinants of Aboriginal health and the historical trauma and loss is the first step in understanding the health of Aboriginals and the disparities.

Although Aboriginal peoples lost control, there have been years of debate and negotiations over who is in control of and responsible for the funding and provision of health

care services. This issue of the responsibility of the provision of health services is one key factor that has negatively affected the health of Aboriginal peoples (Hutchinson 2006;Green 2006;Allec 2005). Another related issue is the change in definitions of Aboriginal and who is eligible to receive services (MacIntosh 2008). These issues affect many Aboriginal peoples, including Aboriginal women who married non-Aboriginal men and lost their status, other non-status Aboriginal peoples, and Aboriginal peoples living off reserve. These are real issues that put women at higher risk of poorer health status and make it difficult for Aboriginal peoples to maintain health (Haworth-Brockman, Bent, and Havelock 2009;MacKinnon 2005).

Physical environment is one determinant of health that merits discussion in the context of Aboriginal peoples. Physical environment, which includes housing, is a determinant of health for the general population as well as for Aboriginal peoples. For a high percentage of Aboriginals on reserve, substandard housing has caused numerous detrimental effects on health, from skin infections to tuberculosis (Robson 2008). Aboriginals living in rural areas are at a disadvantage due to the increased cost of healthy food (Reading and Wien 2009). The larger physical environment is also a determinant of health and Community Health Representatives (CHRs) emphasized how the environment and the land are importance for their health and their traditional ways (Richmond and Ross 2009). In Aboriginal cultures, the connection with land is believed to promote health and well-being (Greenwood and Leeuw 2007).

Social support is another of the determinant of health that applies to both the general population and Aboriginal population. Social support includes support from family and friends that help one deal with life (Public Health Agency of Canada 2003). CHRs identify both institutions and family and friends as sources of social support (Richmond 2007). Aboriginal peoples may be reluctant to access support due to a decline in trust of service providers, one of the effects of the historical trauma (Richmond 2007).

Beyond social support is the concept of social capital which is defined as "the degree to which the community's resources are socially invested, there is a culture of trust, norms of reciprocity, collective action and participation, and the community possesses inclusive, flexible and diverse networks" (Mignone and O'Neil 2005). Social capital not only reflects the physical, financial, cultural and human resources within a community, and the networks between them (Tousignant and Sioui 2009), but social support also reflects the trust and relationships between people and within their communities (Kirmayer et al. 2009;Fleming and Ledogar 2008b).

Research on social capital has grown over recent years. It is recognized as a difficult concept to measure, but there is evidence to support social capital as a determinant of health (Mignone 2009;Kirmayer et al. 2009). There are three components to social capital, specifically bonding between community members, bridging between communities and linkages between communities and institutions (Mignone and O'Neil 2005).

Social capital is closely linked to resilience as social capital at a community level will lead to youth resilience (Ledogar and Fleming 2008). There are two levels of resilience; community and individual(Ledogar and Fleming 2008). Ungar et al. (2007) interviewed youth from 11 countries, including youth from urban and rural Aboriginal communities in Canada. They found that resiliency depends on the interactions between people and their environments, specifically on how children deal with issues including identity, having food and shelter, power and cultural adherence (Ungar et al. 2007).

Understanding and measuring resilience is challenging given that it is a process (Tousignant and Sioui 2009). There is no single source of resilience; instead it is affected by

many factors, including the context (Kirmayer et al. 2009;Fleming and Ledogar 2008a). Protective factors for resilience include temperament, academic achievement, family support and cultural traditions (Fleming and Ledogar 2008a).

Scarpino (2007) outlines protective factors by category, noting that there are individual, community and relationship based protective factors. Enculturation, "the degree of integration within culture", is a determinant of resilience, and also a protective factor for health (Fleming and Ledogar 2008b). A research group reviewed resilience studies in Canadian youth and found that self-esteem and cultural pride are two personal characteristics that are found in resilient youth (Andersson and Ledogar 2008).

Risk factors, like protective factors, can be on an individual or community level. Two key individual risk factors that affect resilience are perceived discrimination and unresolved historical grief (Fleming and Ledogar 2008a). Community level factors include problems at school or with peers and unstable family situations (Scarpino 2007).

There is some literature reviewing Aboriginal perspectives on resiliency. Interviews with different Aboriginal groups revealed that Aboriginal peoples understand sources of resilience to include resourcefulness, a spirit of reconciliation, the language and the culture in general (Kirmayer et al. 2011). The medicine wheel can be used to study the concept of resilience (Scarpino 2007). The medicine wheel lends itself to the study of resilience because of the interconnectedness between the different dimensions of life and the cyclical nature of life and learning (Scarpino 2007). In interviews with urban Aboriginal women they spoke of resilience as balance, perseverance and a journey, concepts that are all consistent with the Aboriginal philosophy of health and life (Scarpino 2007). Resilience is a journey that requires the interconnections between all dimensions of life and health. This understanding of resilience is consistent with the philosophy of the medicine wheel.

The fact that Aboriginal peoples and their languages and cultures are still alive is evidence of resilience (McGuire 2010). There are few studies that measure social capital and resilience in Aboriginal peoples. One study by Aizlewood and Pendakur analyzed data to look at ethnicity and social capital. They note that as a general rule, coming from a visible minority does not affect social capital levels (Aizlewood and Pendakur 2005;McGuire 2010). However, another study evaluated the validity of a question in a national survey and their results show that being Aboriginal was associated with a lower level of community belonging, a indicator for social capital (Carpiano and Hystad 2011).

Increasing resilience is difficult, especially in the context of historical trauma, where personal and community resources have been decimated (Tousignant and Sioui 2009). However, Tousignant and Sioui (2009) also note that culture, such as the oral tradition of storytelling can be a tool in building resilience. Resilience in individuals can help the larger community heal (DeGagné 2007). Aboriginal peoples have demonstrated their individual and collective strength as evidenced by the cultural traditions that are alive today. Their culture and the relationships with people are the tools that have helped them to begin the healing process.

Culture is considered a determinant of health as the values inherent in a culture affect the level of integration in the community, language use and health services (Public Health Agency of Canada 2003). Culture impacts health directly as culture affects the perception of health and illness (Public Health Agency of Canada 2001). Culture also affects personal lifestyle decisions such as eating and exercise habits that affect health (Hruschka and Hadley 2008). Culture can contribute to an individual's health as a clear cultural identity can lead to high self esteem (Usborne and Taylor 2010). A Maliseet Elder believes that culture is part of their self identity and self esteem which contribute to healing (Hanrahan 2008). Lastly, culture

can affect the decision to access health services or healing treatments (Public Health Agency of Canada 2001;Struthers and Eschiti 2005)

Cultural continuity is defined as "the capacity of a distinct community or cultural system to absorb disturbance and reorganize while undergoing change to as to retain key elements of structure and identity that preserve its distinctness" (Fleming and Ledogar 2008a). There are many factors that contribute to cultural continuity, including self-government, education and health services, and when these factors are present, the community is healthier, as measured by youth suicide rates (Chandler and Lalonde 1998).

There are many aspects of Aboriginal cultures that are protective factors for communities including spirituality and traditional food, activity and medicine (McIvor, Napoleon, and Dickie 2009). Aboriginal peoples also identified the ability to live a traditional life as a protective factor for health (Richmond and Ross 2009). There are several inherent parts of the culture that are tools for health and healing, including storytelling, healing circles, and ceremonies (Martin Hill 2009).

As a culture reflects the values and beliefs of a group, culture can be easily used to characterize a specific ethnic group and stereotype individual people within that group. This process, called culturalism, reduces the complex nature of culture to a narrow, simplified interpretation of culture (Browne and Varcoe 2006). The danger in making assumptions based on culture is that it disregards the heterogeneous nature of people and the dynamic nature of culture. Stereotyping based on culture perpetuates colonialism as racism is inherent in the categorization of people (Kirkham and Anderson 2002;Gustafson 2005).

These concepts are important and relevant to the health of Aboriginal peoples. Culturalism and by extension, colonialism, exists today. Aboriginal culture is used as a label to explain health disparities. Although there is a relationship between health and culture, the challenge is to understand the complexities and to respect Aboriginal peoples. Although culture affects health, culture should not be looked at in isolation from the root determinants of health such as income and education. Culture also should not be used as a label to describe people and their health needs.

Today Aboriginal peoples are a significant part of the population and culture of Manitoba and a growing proportion of Aboriginal peoples are living in urban settings. The health status of the Aboriginal peoples as a population is concerning. The health status along with income and education statistics reflect the impact of colonization on Aboriginal peoples. There are signs that Aboriginal peoples are healing from this trauma as the culture has been experiencing a renewal over the last 40 years. The culture and traditions are alive and are being passed on to the next generation through stories, ceremonies and every day experiences. However, the reality is that colonization continues today. Aboriginal peoples have to live with services and policies that are culturally inappropriate and often racist.

Culture and health are linked in many ways. As reviewed, in Aboriginal cultures, culture is a determinant of health. Culture shapes everything from the understanding of what health means through to traditional healing practices. The traditional healing practices are the tools with which the Aboriginal peoples can maintain their health. Pipe Carriers, acknowledged as healers, play an important role in both maintaining the health of their people and in ensuring the culture is transmitted. These two roles are very important in Aboriginal cultures and reflective of the culture, these roles are interdependent. As the Pipe Carriers live the traditional way of life and share the traditions with others, the Pipe Carriers are helping to heal their communities at the same time as teaching others the lessons and values of the culture. With the historical trauma of colonization, it is important that individuals and communities heal.

Healing will contribute to a stronger personal and cultural identity, which will, in turn, contribute to the revitalization of the community at large. When Aboriginal peoples acknowledge that the "the source of the dysfunction is the colonization" they will be in a position to heal, implement change and revitalize (Long and Dickason 2011).

## *Research Gap*

Research in the "post colonial" era is growing. The current understanding of post colonial reflects a time of awareness and acknowledgement of our history (Smye and Browne 2002). Our understanding related to the health of individuals, and Aboriginal peoples in particular, has grown. The impact of colonization on Aboriginal peoples and their culture has been well documented. The health status of Aboriginal peoples is poorer than the general population. Aboriginal cultures were also negatively affected by colonization, but there is research to support that there is a cultural renewal taking place.

There is literature documenting traditional Aboriginal health beliefs and practices. Aboriginal peoples have a broad definition of health. The Cree define health as being alive well and the Ojibway definition of health is the way of the good life. Health, or balance in life, is maintained through relationships, following the traditional way of life and the connection with Spirit. Pipe Carriers, as traditional healers acknowledged for their spiritual gifts, contribute to health and healing in their communities.

Health care services are not meeting the needs of Aboriginal peoples as evidenced by the testimonies of Aboriginal people and the poor health indicators of Aboriginal peoples. As culture and access to health care services are two determinants of health, it is important to explore the role of Pipe Carriers in Winnipeg.

The need for research on Aboriginal peoples and traditional healing, particularly in urban populations is noted in the literature (Wilson and Young 2008). Numerous researchers have documented the need for research exploring indigenous knowledge, education, the methodology of learning, and the role of Elders (Barnhardt and Kawagley 2005;Smith 2005;Battiste and Henderson 2000). There is also a gap in research on Pipe Carriers, their roles in the community and how they pass on the traditional teachings are passed on to others in an urban setting.

Non-Aboriginal peoples need to grow in their understanding of Aboriginal peoples. There are many examples of how colonization continues today. The identification process for Aboriginal peoples in an urban setting is affected by the stereotypes that non-Aboriginal peoples convey and these negative impressions are internalized by Aboriginal peoples (Proulx 2006). Those in health care need to be sensitive to the issues and take a lead role in understanding Aboriginal peoples and advocating for culturally appropriate care. (Cochran, Marshall, and Garcia-Downing 2008) acknowledges that the "health sector might also benefit from better understanding and appreciation of indigenous ways of knowing". They also state that working with people with indigenous knowledge may lead to improved health (Cochran, Marshall, and Garcia-Downing 2008).

This research topic of Pipe Carriers and how they are passing on their cultural traditions in an urban setting addresses a gap in the literature and increases our awareness of Aboriginal peoples and their traditions. This research validates that culture and traditional teachings are passed on to others orally and through experiences in Aboriginal cultures. This research topic is relevant in the context of survival of Aboriginal cultures and concern for the health of Aboriginal peoples.

# Chapter 3 - Methodology

This chapter outlines the methodology of the research beginning with an overview of the topic and the research question, followed by a summary of the author's background and interest in the topic. The chapter continues with a summary of the topic selection process and the academic and cultural protocols followed in preparation for the research. This includes a discussion on the importance of tobacco and the concept of sacred knowledge. Key terms are defined, followed by an explanation of the participant recruitment, interview and data analysis processes.

## *Research Question*

This research study explores the dynamics of the passing on of traditional Aboriginal knowledge in an urban setting. The subject of this research is Aboriginal Pipe Carriers from Winnipeg, Manitoba. Pipe Carriers, traditional healers in the Cree and Ojibway cultures, possess knowledge that enables them to fulfill their role as Pipe Carriers and promote the health of their communities. This research study focuses on identifying the roles of the Pipe Carriers in Winnipeg, how they acquired their knowledge and how they are passing on this knowledge to the next generation. The information contributes to the discussion on improving the health of Aboriginal peoples.

The data is collected through interviews with five Pipe Carriers. Through the analysis of the interview transcripts, this study validates previous research that demonstrates that Aboriginal culture and traditional teachings are passed on to others orally, through experiences and by following the traditional way of life. This study adds to the body of knowledge by identifying the role that Pipe Carriers play in the community and how those roles enables the transmission of knowledge. The analysis and discussion identifies the role Pipe Carriers can play in improving the health of the community. The goal is that new knowledge will validate the importance of leaders and traditional healers such as Pipe Carriers and identify ways that the Pipe Carriers can help promote health and well being among Aboriginal peoples in Winnipeg. This knowledge can lead to an increased awareness of Aboriginal cultures and health and the role of Pipe Carriers in the non-Aboriginal community. This increased awareness is needed in general, but in particular among non-Aboriginal leaders in the community.

The decision to explore this research topic was influenced by many factors. The first of which is me, my background and my interests. I am on my own journey of life and learning. As a White woman of European descent, I am a 3rd generation Canadian. My undergraduate degree in nursing provided me with many opportunities to work in other parts of the world. My work with indigenous people in other countries has given me an appreciation and respect for indigenous cultures and knowledge. I have been back in Canada for the past six years working for CancerCare Manitoba. In this setting I have worked with Aboriginal peoples throughout Manitoba. In 2008 I attended a two-day cultural awareness training workshop sponsored by CancerCare Manitoba. This workshop was informative and enlightening. It gave me an appreciation for the historical trauma felt by the Aboriginal community.

While working full time, I have been completing the requirements for the Masters in Public Health program at Lakehead University. When it came time to consider topics for my thesis, I consulted with several people. In discussion with Dr. Robson the broad topic of the

health of Aboriginal peoples in an urban setting was selected. A review of the literature revealed a few potential research topics, including traditional healing. During this review process, I discussed the topic and research potential with several key contacts, two of which were Aboriginal. This discussion helped to guide the topic selection process. It also gave me the confidence to pursue this topic as a non-Aboriginal person. I felt I had a sensitive approach and a basic understanding that would allow me to conduct this sacred research. I was also confident that I had personal and professional contacts that would enable me to find participants and conduct this research. One of my key contacts specifically suggested I talk to Pipe Carriers and was helpful in connecting me with other individuals. With this support, I was excited to pursue the topic and eager to learn more about Aboriginal health and traditional healing. I knew it would help me grow as a person and as a professional in the health field.

## *Ethical Considerations*

Research protocol dictates that proper procedures need to be followed when embarking on a research study. As such, after the development and approval of the thesis proposal, I applied for and received ethics approval through the Lakehead University Research Ethics Board.

As the research involved people of Aboriginal descent, I also needed to ensure this research was conducted in such a way that the culture was respected and honoured. As Wilson (2008) explains, "for Indigenous people, research is a ceremony". He goes on further to state that learning in general is ceremonial (Wilson 2008).

One of the ceremonial aspects of the Aboriginal tradition is the offering of tobacco. The offering of tobacco has several meanings. Tobacco is sacred and it represents a connection with the spirit world (Pitawanakwat and Paper 1996;Wilson and Restoule 2010). Wilson in Wilson and Restoule (2010) writes "offering tobacco with humble thankfulness is to petition guidance from the spiritual realm to the physical realm". In addition to the ceremonial aspect of research in general, this research explores sacred knowledge. Knowledge comes from both the physical and spiritual world (Wilson and Restoule 2010). This sacred knowledge comes from stories that are considered sacred (Banks-Wallace 2002). Offering tobacco is appropriate for "beginning good and respectful research" (Debassige 2010). Offering tobacco is a sign of respect and provides protection for the knowledge (Kovach 2009). It also represents a contract with spirit (Debassige 2010). In acknowledgement of the culture and the spiritual nature of the topic, the student investigator made an offering of tobacco to the Creator at the sacred fire at the Truth and Reconciliation Gathering in Winnipeg on June 18, 2010.

Tobacco was also offered by the student investigator to each participant. The offering of tobacco was a symbolic gift to help establish the relationships (Wilson and Restoule 2010). The offering was important as people who hold tobacco must speak the truth as tobacco is a "symbol of personal integrity and respect for others" (McCabe 2008).

This study is a qualitative study. Aboriginal cultures value relationships, oral traditions, storytelling and sharing experiences and as such, lends itself to qualitative research design (Kenny 2004;Struthers 2001). Stories are a fundamental part of qualitative research, especially with indigenous cultures (Banks-Wallace 2002). The data was collected through interviews which is an appropriate data collection method given the oral culture (Kenny 2004). Although this study aims to respect indigenous culture and methodologies and there are some similarities between qualitative and indigenous methodology, the study is not conducted using

indigenous methodology. As Kovach (2009) explains, indigenous methodology requires the researcher to be indigenous.

The concept of epistemology is relevant to this thesis. Epistemology is defined as "the understanding of knowledge that one adopts and the philosophy with which research is approached" (Cochran, Marshall, and Garcia-Downing 2008). Kovach (2009) defines it as "a system of knowledge that references within it the social relations of knowledge production". This is an important concept to look at from an indigenous perspective as indigenous epistemology "suggests an Indigenous ways of functioning in the world and includes meaningful aspects of living specific to an Indigenous group" (Crowe-Salazar 2007). Epistemology is also a word that can be used to bridge the indigenous and western worlds (Kovach 2009). As this study explores transmission of traditional knowledge in the context of Aboriginal health, it is important that the methodology and analysis were consistent with the definitions of indigenous epistemology. The research question, model and analysis were all guided by the philosophy of Aboriginal cultures.

There are several ethical considerations that are important when conducting indigenous research, including consistency with indigenous values and community accountability (Kovach 2009). These considerations were honoured as care was taken to respect the participants and their culture, stories and time. This research was conducted with *miyo-wicehtowin*, defined as good relations in Cree (Kovach 2009).

"Ethical validity is achieved when the research process is consistent with the ethical principles of all research partners" (Edwards, Lund, and Gibson 2008). All of the steps of this research including the determination of the research topic, selection of participants, offering of tobacco and use of interviews, were respectful of the culture ensuring the ethical validity of the study.

The medicine wheel is an appropriate framework for research (Lavallee 2009;MacDonald 2008). Although each Aboriginal group may have different teachings or explanations of the medicine wheel, the medicine wheel is a symbol that represents the philosophy, life and teachings of traditional Aboriginal cultures (Lavallee 2009). As McCabe (2008) writes the medicine wheel provides "a respected world-wide and long-held indigenous model for organizing and guiding people and communities in living good lives". The medicine wheel has been used in other studies on Aboriginal topics, such as cervical cancer screening (MacDonald 2008) and new Aboriginal teachers (Cherubini et al. 2010;MacDonald 2008). In this study, the medicine wheel was used to explain, interpret and support the study findings. The use of the medicine wheel in this manner contributes to the validity of the study.

Common understandings of the medicine wheel include the four quadrants in the medicine wheel that represent many things including the four directions (East, South, West and North) and the four domains (physical, emotional, mental and spiritual) (Lane et al. 2004). The medicine wheel uses the four directions to symbolize the four stages of life (childhood, adolescence, adult and elder) (Twigg and Hengen 2009). The East represents childhood, a time of innocence and renewal; the South represents youth, a time of energy and learning discipline; the West represents the adult phase of life, a time of power; North, represents the Elders, who have reached a place of wisdom and balance (Lane et al. 2004).

The medicine wheel describes life and health at both individual and community levels. Cargo et al. (2007) describe the intersection of the four quadrants as the point of self-determination. The medicine wheel can be used to explain life, the holistic philosophy and the importance of balance (McCabe 2008). Health in Aboriginal cultures is balance between the different dimensions and this is depicted by the medicine wheel (McCabe 2008). Changes in

one dimension will affect other dimensions as they are all interconnected. The dimensions do not exist in isolation, but they are interconnected and together form a person. The spiritual dimension is the foundation for life and health in the culture.

## *Definitions*

Key terms that merit defining include Aboriginal peoples. There are three distinct groups of Aboriginal peoples in Canada, specifically Indians, Inuit and Métis. The largest group is Indians who are recognized as status Indians under Section 35 of the Constitution Act (Aboriginal Affairs and Northern Development Canada 2011). They are followed by the second largest group which is the Métis, "people of mixed First Nation and European ancestry who identify themselves as Métis," and lastly, the Inuit, the Aboriginal peoples of northern Canada (Aboriginal Affairs and Northern Development Canada 2011). In this thesis, the term Indian is used to refer to the Canadian government's definition of Indian people. Aboriginal peoples will be used when referring to Aboriginal peoples as a group.

Another term that needs defining includes indigenous which is used to describe people who originated in an area (Warry 2007). Colonization is described by Kelm (1998) as a process that includes "geographical incursion, sociocultural dislocation, the establishment of external political control and economic dispossession, the provisions of low-level social services, and, finally, the creation of ideological formulations around race and skin colour, which position the colonizers at a higher evolutionary level than the colonized". Simpson, James, and Mack (2011) apply a definition of colonization to the context of Canada and explain that colonization occurs when power is used to take control of Indigenous people and their land. The concept of race is also important. Historically, race was based on biology and defined as the similarity of physical characteristics (Dein 2006;Kirkham and Anderson 2002). Currently, the definition of race has shifted to a social grouping or interactions that result in a lived experience (Dein 2006). Banton (2001) describes race as a concept dependent on the culture. Kirkham and Anderson (2002) define race as a social construction that represents interactions between people.

Historical trauma and resilience are concepts discussed in the context of the health of Aboriginal peoples. Historical trauma is understood as "cumulative trauma over both the life span and across generations that results from massive cataclysmic events" (Brave Heart 1999). Resilience is defined as "the capacity of a distinct community or cultural system to absorb disturbances, reorganize while undergoing change, retain key elements of structure and identity that preserve its distinctness" (Fleming and Ledogar 2008b). Another complementary definition of resilience is "the ability of an individual, system or organization to meet challenges, survive and do well despite adversity" (Kirmayer et al. 2009).

## *Data Collection and Analysis*

The study sample population consisted of five Aboriginal Pipe Carriers. All participants could communicate verbally in English and agreed to participate in the study. A sixth interview was conducted but the Pipe Carrier lives in rural Manitoba and he did not agree to have the interview recorded so the data was not included. It is appropriate in Indigenous research to use family, friends or other personal contacts to identify potential research participants (Wilson 2008). This helps to establish the relationship between the researcher and

the participant, allows for potential participants to decline participation in a non-confrontational way and it also ensures accountability to the broader community (Wilson 2008). The participants were recruited through personal and professional contacts of the student investigator as a convenience sample. The student investigator made contact, either by phone or in person, with the Pipe Carriers, explained the study and requested their consent to be interviewed.

Each participant was interviewed separately, at a mutually agreed upon location and time. The locations included a private home, restaurants and a church. The interviews took place between November 2010 and April 2011. Each participant was interviewed once. A copy of the Study Information Sheet (Appendix A) was offered to each participant and any questions were answered. Written consent to participate in the study was obtained for each participant. Each participant was offered and accepted some tobacco before the interview.

Permission to record the audio of the interview was obtained from the five participants. Participants had the opportunity to stop the interview at any time. None of the participants stopped the interview or exhibited signs of distress. The interviews lasted between 55 minutes and 2 hours. The student investigator had an interview guide, with standard questions (Appendix B). This guide was followed and the student investigator asked additional probing questions as needed. The interview approach is appropriate as the participants were allowed to share their experiences, while the interviewee probed for clarity, the typical approach of grounded theory (Starks 2007).

The interviews were transcribed verbatim by the student investigator. The data from the transcribed interviews and the interviewer's observation notes was analyzed using a grounded theory approach. Grounded theory is appropriate for qualitative data when the goal is to derive a theory based on repetitive analysis of the data (Strauss and Corbin 1998). Grounded theory was used in a study exploring the perceptions of Aboriginal teachers (Cherubini et al. 2010). Grounded theory was an appropriate methodology as it involves talking to individuals who "have experienced the phenomenon under different circumstances" (Starks 2007).

The interviews were analyzed and coded by one person, the student investigator. This strategy is preferred (Bradley, Curry, and Devers 2007). As suggested by Boeije (2002) each transcript was coded using line-by-line analysis and then the codes were compared to identify categories. The transcripts were then compared to each other and common themes were identified from the categories. Once the themes were identified and categorized, the transcripts were reviewed again to identify additional points within the themes and also to identify any new themes. As Walker and Myrick (2006) state, coding is an iterative process that leads to theory development. This approach allowed for relationships to be identified between the themes or categories, a characteristic of the grounded theory approach that provides additional rationale for the use of this data analysis method (Starks 2007). The themes and how they related to each other are explained in a model developed to answer the research question. The model and theory were inspired by the medicine wheel.

Research with indigenous groups is not linear (Loppie 2007). This lesson was learned first hand by the student investigator. The initial literature review covered broad range of topics concerning traditional healing. However, the interviews and analysis revealed new data and themes, previously not included in the literature review. This meant that the literature had to be revisited to include the new topics. In some regards, this was appropriate given the use of grounded theory. Some argue that when embarking on a study using a grounded theory

approach, the literature review should be conducted after the analysis, so that that existing ideas in the literature do not affect the analysis and theory development (Dunne, 2011)

Limitations of the study include the fact that the study was conducted by a White person. As I am not of Aboriginal descent, there is an inherent bias as I collected and interpreted the data. Another limitation is the study sample. This study has a small sample size of five people who are from one urban, geographic area in Canada and represent two of many First Nations. Aboriginal peoples are not homogenous, so the results cannot be used to make generalized statements. Lastly, the study is a qualitative study, providing further rationale for not generalizing based on these results.

The student investigator offered to share the study findings with the participants. This demonstrated accountability and following through on the ethical considerations necessary given the Aboriginal background of the study population. One of the participants is interested in seeing the completed thesis. The student researcher is willing to share the study findings and discuss with others to ensure there is a benefit to the community.

# Chapter 4 – Results

The data collected in this study will be discussed in the context of the medicine wheel and presented in four sections. The first section is a description of the study participants, the Pipe Carriers. The interviews provided a description of the participants and their character. The second section presents the information gathered on the pipe and what it means to the participants. The third section presents the data the participants shared about their teachers, how the participants learned and the lessons they learned. The fourth and last section presents the data on how the participants are teaching others. As teaching others is essential for the survival of the culture, this section also includes the participants' understanding of the future of the culture and traditions.

## *The Pipe Carriers*

The participants shared stories about who they are and where they came from. Some of the information was shared through direct answers to the questions and other information was gathered from comments shared during the interview. All of the participants grew up in small rural communities in either Manitoba or Ontario. Four of the study participants currently live in Winnipeg, Manitoba or a surrounding community. One participant works part time in Winnipeg, but lives in Regina, Saskatchewan. Three of the participants were women and two were men. Three participants were Métis, with Ojibway heritage. The two remaining participants identified as both Ojibway and Cree. The estimated age range of the participants was 40 – 65.

The participants revealed their character through the interviews. One self-described characteristic of the participants was modesty. Modesty, or humility, is one of the medicine wheel gifts of the west (Lane et al. 2004). Quotes that reflect the modesty include Participant #3 who said "I never thought I was worthy enough or knew enough to be a Pipe Carrier" and Participant #5 who said "I knew I was gifted, but in our culture, it's shameful to brag". Participant #4 acknowledged there was a great deal to learn as a Pipe Carrier.

All of the participants talked extensively of how they follow the traditional ways. Throughout the interviews each of the participants shared stories of attending ceremonies, talking to Elders and learning the traditional teachings. Participant #3 says "this is the path I chose to walk" and Participant #5 says "that's the only life I knew and that's the only life I lived".

The medicine wheel acknowledges that all individuals have four aspects of being, physical, emotional, mental and spiritual (Lane et al. 2004). The participants revealed their spiritual aspect and spiritual insight through the interviews. All of the participants referred to Spirit, Creator, Manitou, or a higher power. The participants spoke of Spirit in a calm, confident way. They understood Spirit to be a higher power who provides who guidance in life. Two of the participants (#1, 3) shared their Christian experiences including a personal story of conversion and a story of growing up in a Roman Catholic family. Two participants (#1, #6) noted the mystery around spirituality, acknowledging there are things that are out of their control, things that they do not understand.

The participants also shared how spirituality is part of their daily life. Spirit is integrated into all aspects of life, including health, healing, education and social activities. Participant #5 talked about praying for her children. Participant #1 talked about starting

ceremonies with prayer. Participants #1,3,5 & 6 talked about the dreams, fasts and vision quests through which they receive messages from Spirit. Vision quests allow the participants to reconnect with Spirit by connecting with the land and animals. Participant #6 talked about how there was no danger felt by the people who were in the bush on a vision quest.

The participants demonstrated they have a strong relationship with Spirit. This relationship is a reciprocal relationship that based on respect. The gifts of Spirit, such as healing or leadership, are used for the good of the community. In addition to receiving direction from Spirit, all participants talked about how they communicate with Spirit. Prayer, offering of tobacco and vision quests are also used to seek guidance or direction. Participant #1 mentioned giving a feast to honour the gifts received from Spirit and show thankfulness. Participating in the traditional ceremonies and using the sacred items are two other ways in which the participants opened up a communication channel with Spirit. The participants explained how Spirit sends messages and heals through these channels.

The participants discussed their relationship with the environment, including the land and animals. Their environment shaped the participants and their environment continues to impact their life today. Participants talked about their interactions with the land and gave examples such as collecting medicines (Participant #3) and building a sweat lodge (Participant #4). The tobacco and medicines taken from the earth for ceremonies or healing also represent the connection between people, earth and spirit. Participant #3 demonstrated her respect for the land by offering gifts to the land before picking medicines. Another point made by the Participant #5 was how the teachings and lessons need to be taught on the land. As demonstrated by these examples, the land is central to their life.

The participants talked extensively about their own community. Through their comments they disclosed their understanding of who is part of their community. Specific individuals in the participants' communities included family members, close friends and mentors. One commonality for all participants was that each of their communities included others who follow the traditional way of life. Another common attribute was that the participants' community included other people they cared about or who took care of them.

The participants shared their concern for the community members and the community as a whole. Participants # 1 & 4 discussed the impact of colonization and the healing that need to or had taken place. Three of the participants (#1, 3 & 5) discussed individual community members, their concerns and how they interacted with them.

The participants also explained how they support or help their community. This work is consistent with the gift of assisting the development of the people, the medicine wheel gift of the west. Participant #6 shared how she has assisted at ceremonies, assisting with food preparation, teaching the women, or taking care of the medicines. Participants #4 and 5 host ceremonies and help people when they come to them with requests. Participant #5 uses her pipe and drum in ceremonies. Participant #3 has been involved in ceremonies such as powwows. Participants #1 shared how he teaches others – informally and formally through workshops. Participant #4,3 and 5 talked about how they are teaching their own children and/or other children the traditional lessons. Some of the teaching is done in schools. Participant #3 also shared stories of how they helped individuals and groups in their communities. Participant #3, #5 recounted stories of how they cared for individuals, both as family members and general members of the community. Participant #5 talked about how people come to her for advice. Participant #1 demonstrated how he cares for the community by accepting the request to meet with other men in the area. The common theme of the

participants' involvement in the community is that they are living or supporting others to live the traditional way of life.

All of the participants made statements that demonstrated their awareness of themselves, their community and/or their environment. This insight and ability to make connections is a gift of the north in the medicine wheel (Lane et al. 2004). Participants #3 and 5 talked about their physical environment where they grew up. The female participants (#3,5 and 6) talked about their children and grandchildren, expressing an awareness of their children's gifts and their involvement in the traditional activities. Participants #1 and 4 talked about their own awareness when they shared how they each made a conscious decision to follow the Aboriginal way of life. Participant #1 also talked about his work with the men in his community. He demonstrated his awareness by asking help from another elder when he said " We need you, we need your wisdom, we need your leadership." As members of the community, the participants were aware of the impact of colonization on themselves and the community. Through sharing their personal stories of how they came to be a Pipe Carrier, the participants shared stories of personal trauma and loss as a result of colonization. Participant #1 had a traumatic experience in residential school and healing from the trauma was an essential part of being ready to learn and contribute to the community. Participant #3 attended a residential school and she shared how this experience was a key part of her formative years. She was kicked out of school at age 15 and due to the separation from her family she lost the ability to speak Cree and Mitchif. Participant #5 shared a story of how colonization has impacted her life today. While she herself did not attend residential school, her father did and he was unable to practice their traditional ways. She felt the conflict between western medicine and traditional medicine as she was not in agreement with the care being provided to her child in the hospital, she explains her thoughts: "they tortured my child, putting medications in her body and they didn't know what was wrong with her". One participant went on to share more detail of his healing process and how he has worked with others to allow them to heal. He shared how trust, relationships and a connection with Spirit were part of the healing.

On a community level, Participant #4 shared how the Aboriginal peoples were aware of the intent of colonization, as he says "the whole purpose of the residential schools or boarding school systems was to take the Indian out of the Indian child". Participant #3 talks about how society apprehends children saying "I own your child" to the parents. This attack on their culture was felt in personal ways. Participant #6 acknowledges the intergenerational trauma and describes the trauma and the harm with this quote: "There has been so much destruction in these people's lives. There's alcohol, drug abuse, family dysfunction". The trauma manifested itself on an emotional level with people showing fear and denial. Participant #4 states "they succeeded somehow into putting that fear" and also shares how more recently Aboriginal students were afraid to see the traditional bundles in class. Participant #6 says "I had recognized that part of my heritage was not discussed or talked about". Participant #4 also has a story of denial, sharing that "sometimes my people would deny their Aboriginal ancestry". While some Aboriginal peoples denied their heritage, others maintained their traditions in secrecy. Participant #4 received teachings from his grandmother, but these were shared in secrecy.

The participants also noted that colonization impacted the culture. Participant #6 talked about the loss of culture, sharing that there has been a loss in knowledge and a reduction in the number of traditional teachers, but "some had retained some of the knowledge and tradition". Participant #1 feels the culture is threatened as he says "that negative influence of civilization

and education and acculturation at the expense of our wisdom that's caused that condition where people are not interested in learning about this way of life". This ability to analyze and understand the impact is a medicine wheel gift of the north (Lane et al. 2004).

The participants are caring people that are following their traditional and spiritual ways. They are aware of themselves, their abilities as well as the health and needs of the larger community. They demonstrate their awareness and concern for others by caring for the community. Although self-aware, they are also modest.

Through the interviews the participants revealed some details of their personal journeys and the trauma they have experienced. The participants shared their experiences related to colonization and the impact on their life and culture. As they shared their stories of residential school and growing up in a time of restrictions, their loss and pain were revealed. Their life stories and experiences reflect the significance of colonization and the impact on their lives as well as the lives of their family and the larger community.

Their strong relationship with Spirit not only assisted their healing, but also provides the foundation for their life. They communicate with Spirit through dreams, vision quests and prayer. The participants connect with others and Spirit on the land. This is demonstrated through ceremonies and collecting medicines such as tobacco and sage.

## *The Pipe Carriers and Their Pipes*

As Pipe Carriers, the participants shared their story of receiving a pipe. This next section presents their comments about the pipe and what it means to them.

The pipes mentioned in the interviews include the personal, backwards, windigo, women's, healing, prayer, community, chee bi and lastly, the small people's pipe. Three participants (#1, 3, 5) talked about the physical characteristics of their pipes. Participant #1 described the male and female parts of the pipe as the stem and bowl, respectively and explained that the two parts together make the whole pipe. This same participant was also informed by a Pipe Carrier that the line in his pipe stem represented the connection between the spiritual world and earth world.

All of the participants referred to the pipe as given, offered or presented to them. Two of the participants (#3, 5) were told in advance that they were going to receive a pipe by a traditional person. The participants shared that the person giving the pipe needs to have a dream or vision that they need to give someone a pipe. Participant #1 explained how the giving of the pipe is sacred and is given in ceremony. Two of the participants (#1 and #3) mentioned the ceremonial aspect of receiving the pipe and how they refused the pipe three or four times before accepting it.

All of the participants shared that receiving the pipe was a very meaningful experience. They remembered the details of the experience. Participant #6 describes receiving the pipe as a humbling journey, a journey of awareness and learning. She goes on to say, "it starts with yourself, it starts with your being, its starts with knowing your boundaries, it starts with having respect for yourself." There was an emotional side to receiving the pipe. Participant #1 shared that he was full of emotion and cried when he received his pipe. He felt he was given a pipe in recognition of his abilities and ultimately did feel comfortable accepting the pipe. Participant #3 shared that receiving the pipe felt like coming home. Participant #5 shared that she felt ready to receive the pipe. For two of the participants (#1 and #4), carrying a pipe was an acknowledgement of their traditional Aboriginal ways. Participant #4 shared how the pipe was part of the Métis culture. Lastly, there was a consistent theme of honour related to receiving a pipe. Receiving a pipe was described as an honour, as Participant #1 said "to have a pipe is a

very great honour and only men that have demonstrated some quality of character or goodness or integrity are offered these things".

The participants shared how the pipe becomes part of them. Participant #5 has a relationship with her pipe and shared this quote: "I have respect for my pipe and my pipe respects me back." Although the pipe is part of them, it also is part of the community. As Participant #6 says "the pipe belongs to the community" and not to the person.

All of the participants referred to the responsibility that the pipe brings with it. Participant #6 talks about the awareness that comes with the pipe as she is "recognizing that I had more responsibility towards my community". Participant #1 was initially reluctant to accept the pipe, knowing the implications and responsibility of helping others in the community that would come with accepting the pipe.

There were comments that revealed the sacredness of the pipe. The participants believe that the pipe is sacred and that it has a connection with the spiritual world. Two participants (#1, 5) described the pipe as alive, as having a heartbeat. As Participant #3 explained it, the pipe was her way to communicate with the Spirit. One participant (#5) explained the sacredness and power of the pipe in two different ways. She tells a story of how her father was afraid to accept the pipe and its responsibilities and how that led him to have a difficult life with health issues. She also talks about the pipe as a "heavy obligation" and that "there are consequences for mistreating your pipe".

The participants shared that their pipe is their connection with the spirit world and as such, the pipe enables the healing. Participant #6 shared how healing begins with Spirit and from there the heart and mind can heal. The participants contribute to the healing within the community as they described how they heal through conversation, listening, praying and ceremonies. Examples include Participant #1 who has worked with other men to create a supportive environment, and Participants #5 and 6 who used the pipe to teach traditional lessons.

The responses to the questions about the pipe provide insight into how the participants understand the pipe and what the pipe represents. The participants see the pipe as a traditional, sacred item that is alive. The pipe is considered very meaningful and significant. The pipe demands respect and honour. The participants see the pipe as a way to connect with Spirit so that teaching or healing can occur. The pipe was given to them by the community in acknowledgement of their character and commitment to following the traditional way of life. The participants recognize that the community has given them a pipe and that by accepting it they are accepting the responsibilities that come with it. The responsibilities are to use their gifts for the benefit of the community.

The participants explained how they use the pipe and work as healers through listening, prayer and ceremonies. They acknowledge the connection between spirituality and healing. By using the pipe appropriately and connecting with Spirit, the pipe can be used to teach traditional lessons and maintain health. Acknowledged for their spiritual and healing gifts, the Pipe Carriers are spiritual leaders in their community.

## *Their Teachers and the Lessons Learned*

This next section reviews the data shared on the teachers of the Pipe Carriers, how the teachers taught them these lessons and the lessons learned.

The participants understand a teacher to be someone who has influenced them, or someone with whom they have a relationship. They were easily able to clearly identify their teachers when asked. They spoke of their teachers with high regard and great respect. The

teachers come from all aspects of life. In addition to the pipe, the Pipe Carriers identified family and other traditional leaders as two other groups of teachers.

The pipe, with its connection with Spirit, is a teacher. This statement is supported by comments from all of the participants as they shared their personal stories of how the pipe has been a teacher. Participant #3 shares that the pipe has made her a better person and has "made me who I am today". Participant #1 shares his thoughts - "that if you want to know something, it's a very healthy thing to ask…the pipe has taught me that I need to ask." Participant #5 shares that "it's easier to teach when you are a Pipe Carrier" and she sees the pipe as a tool that can help you solve problems. Participant #6 shares how carrying a pipe makes you aware. Participant #4 talked about the responsibility that comes with the pipe. The Pipe Carriers recognize the pipe as a teacher, but as the pipe represents Spirit, the teacher is ultimately Spirit. The participants acknowledged that Spirit also teaches through ceremonies and other traditions such as vision quests and fasts. Participant #3 gives an example of voices in a dream that told her how to dry sage. Participants #5 & 6 also shared how lessons are shared through dreams.

Family members were specifically mentioned as teachers by four of the five participants. Specific family members mentioned included their siblings, parents and grandparents. Family and passing on the traditions to family members are very important to the participants. Two participants (#4, 5) talked about how they were taken to ceremonies and given the traditional teachings by family members. Participant #3 was taught life skills such as sewing by her mother and also learned three Aboriginal languages through interactions with family.

Traditional people were another group of teachers mentioned by the participants. One participant describes one of their teachers as a man that "followed traditional ways" (#4). Another participant (#5) identifies several medicine men as teachers. Participants #1 and 6 explained that they were taught by Elders.

The teachers taught the participants in a variety of ways. As Participant #6 says "the teachings will come to you in many forms. They will come to you in your dreams. They will come to you as Elders, as children, as life experience". One key teaching technique mentioned was direct instruction, in both formal and informal settings. Participant #4 learned from his grandmother when she taught him about the medicines and instructed him to "smell it, taste it and then you'll never forget". Participant #3 was taught by other women how to pick sage and the importance of putting tobacco down first as an offering. Participant #3 was also told stories by Elders to explain coming of age in the traditional way of life. Participant #6 used the analogy of a mother teaching a daughter how to bake to explain how lessons are shared in Aboriginal cultures. Participant #5 was show in a hands-on way how to take care of her pipe by a medicine woman, building upon what she already knew from observation.

Two participants (#1, #4) shared stories of how they learned in more formal ways. Participant #4 learned from university lecturers who were intentional about sharing the medicine wheel teachings. The lecturers were also clear and direct in identifying the participant's learning needs. Participant #1 shared that he took a course to be a life skills coach, where he learned the importance of active listening.

Participant #5 and 6 talked about how their teachers took them to ceremonies to involve them in traditional life. The participants' Elders stressed the importance of the methodology of experiential learning and location of the traditional teachings. Further to that, Participant #6 says "the Elders were really very strong that the teachings had to be done on the land and that says the teaching had to be done traditionally." Children were deliberately involved in life so that they could be taught the traditional way of life. Participants #5 and #3 talked about how

they learned as children. They, along with Participant #6, talked about teaching their own children.

One last teaching approach noted by participants was how the teachers provided support to the students. Four participants commented on the validation and support they received from their teachers. One participant referred to the "open door" of the teacher. This availability was a indication of support. Participant #1 talked about the gentleness of one of his teachers. Participant #5 found her father very encouraging as he would say "keep doing what you're doing, keep following your path".

Many of the lessons were learned through active involvement or observation by the participant. Participants observed and participated in daily life, including ceremonies. Many of the participants identified role models in their life. Participant #5 started attending ceremonies with her father when she was 6 years old and learned Ojibway just by listening to other Ojibway speakers. She also watched how the Pipe Carrier handled the pipe, retaining the knowledge for when she would take care of her own pipe. Participant #3 started observing ceremonies after she married as her husband's family followed the traditional way of life. Participant #6 was a helper at ceremonies but also observed and listened. It's clear that through observing, listening and interacting, the participants learned the traditional ways.

Several of the participants told stories about how they identified their own learning needs and sought out teachers to meet those needs. Most of the participants (#1, 4, 3 & 6) shared stories about how they sought out Elders or attended ceremonies to learn more. The participants shared how they internalized their experiences, increasing their understanding of themselves and others. This awareness and process of internalization enabled them to ask questions to further their understanding. One participant shares that it is when you apply the teachings that you actually learn them. As Participant #4 says "the teachings are within you….as the teachings become clear to me, as I begin to understand them, then they become part of who I am".

There were several comments about how and when the lessons were learned. Participant #6 talked about how she was given the opportunity to take on responsibilities that allowed her to expand her role in the community. As she says "they will almost like push you in that direction and you don't refuse because you kind of know that they know. It's a matter of practicing and becoming that role model that they want you to be.". A similar concept was expressed by Participant #5 who said that the lessons are like tests. Participant #1 acknowledged that there were different teachers at different times in his life. Participant #4 mentions how everyone has different learning needs and has a different starting place.

The lessons learned by the participants include the traditional teachings and the lessons of the medicine wheel. Each participant recalled different things they learned about their culture and traditions. Participant #1 realized the importance of reconnecting with his culture, which was significant given the personal trauma experienced during his time in residential school. Participant #3 was taught how to act in the ceremonies and about the importance of the role of women and the significance of wearing long skirts. Participant #4 was taught the medicine wheel teachings. Participant #5 shared a lesson that her father gave her which was "being private, being respectful and not making a mockery of yourself" as a Pipe Carrier. She also learned that the people who pass away have spirits that can communicate with those on earth. Participant #6 was taught how to pick the medicines, the significance of how the sweat lodge is built, the roles and responsibility of being a woman. The participants shared when someone presents themselves with a request and an offering of tobacco, once the tobacco has

been accepted, the person needs to honour that gift by speaking the truth and fulfilling the commitment.

The other key lessons shared through the interviews were general life lessons. The first lesson being that the teachings are universal. As Participant #3 says "we are all human beings, we are all the same.". Participant #4 shares that the traditional teachings apply to all people, urban and rural, as they are "universal teachings". Participant #5 goes on to explain this is because "it's the same Creator". Through their stories about their observations and interactions with their role models, the participants expressed how important it is to be respectful, non judgmental, gentle and honest.

The participants identified their teachers as people they are close to and/or respect. Many of the teachers were Elders, family members or others who follow the traditional way of life. The relationships with teachers are special as the relationship is based on respect and gratitude. The participants learned through formal and informal ways, but predominantly through experiences in traditional life. The most important lessons they learned were the general life lessons, such as the importance of respect, honesty and truth.

The participants revealed a cycle of teaching and learning as the students grow into teachers. The participants are both teachers and learners, learning the teachings and applying them so that others will see them as role models. Participant #6 explains this cycle in the following quote: "if you walk the talk, if you can say you can actually say you walk what you have been taught, in the teachings of the seven sacred teachings of the pipe, you can start teaching them.". Participant #6 adds that "these teachings are basically for us to grow and once we grow from that teaching, they say we in turn are sometimes asked to do more from the community". The participants demonstrated their commitment to growth, another lesson of the medicine wheel (Lane et al. 2004).

## *Teaching Others and the Future of the Culture*

This last section presents the data collected on how the participants are teaching others and their thoughts on the future of the culture.

The participants (#3,5 & 6) are teaching their own children and grandchildren the traditional way of life through daily life experiences. Participant #4 works with students interested in Aboriginal classes in local schools. Participants #3 & 6 shared how they go into public schools to talk to the students and explain the traditional items. As the participants are following the traditional way of life and they have learned many of the lessons of the medicine wheel, they have insight and awareness that enables them to teach others.

The participants made comments about children, acknowledging that they are part of the community and the next generation. There was considerable commentary about the importance of children, their gifts, their involvement in ceremonies and society in general. Notably, it was the women participants who talked about children and the importance of teaching the children. There were also comments on the role of women, such as when Participant #6 comments on how the grandmothers were the "keeper of responsibilities in the community".

The participants explained how the process of teaching and learning is spiritual and can include ceremonies. Participants #1 and 6 shared how tobacco is used as a teaching technique. Participant #6 identified how tobacco is part of healing and teaching as it is used to teach lessons through prayer. Tobacco as a healing power is documented in the literature as McCabe (2008) notes that tobacco is healing as it "unites and activates powerful healing forces".

There were several comments that show that the participants have considered the future of the traditions in an urban setting and that they are taking action to ensure the survival of the culture. Participant #6 shares how they are always thinking of the future as they are responsible for the next seven generations. Participant #6 is active in a group of grandmothers that is responsible for organizing a Sundance, demonstrating the commitment to maintaining the traditions of the culture. Participant #4 shares how "the sweat lodge is for the community", reflecting how the Pipe Carriers think beyond themselves and think of future generations. Participant #5 states that there are traditional families living the traditional way of life and ensuring the traditions are passed on.

The participants acknowledge that the culture and the values are similar in urban and rural settings, but there were also comments that acknowledged the differences between the urban and rural settings. Participant #4 describes the Aboriginal culture as a sharing culture, but acknowledges that there seems to be less sharing and community living in the city. One participant (#5) talked about the challenges that the urban setting places on Aboriginal peoples trying to live a traditional life. Specifically, she states it can be difficult to find sacred places to hold ceremonies in Winnipeg. In spite of this, she says the traditions are still being passed on through family life. Participant #4 adds it's easy to live the traditional life in the city because "it's accepted". There were many general comments that reflect increased interest including "the interest is in everybody, but it's like, it's asleep… that interest being woken up." (Participant #1). The interest in the culture and traditional life from society is not just from the school system, but also from public, private and non-profit sectors (Participant #4).

Participant #3 shares how she thinks that Winnipeg is a hub of Aboriginal culture in Manitoba. Participant #4 describes the cultural community in Winnipeg as "very vibrant, very much alive".

The comments about the future of the culture were very positive. There is evidence to show that Aboriginal cultures are being passed on in the urban setting of Winnipeg. The participants spoke with passion for their beliefs and with confidence and energy for the future. The participants are ensuring the future of the culture by teaching others. They are teaching family members, students and other community members through daily life experiences, stories, workshops, formal classes and ceremonies.

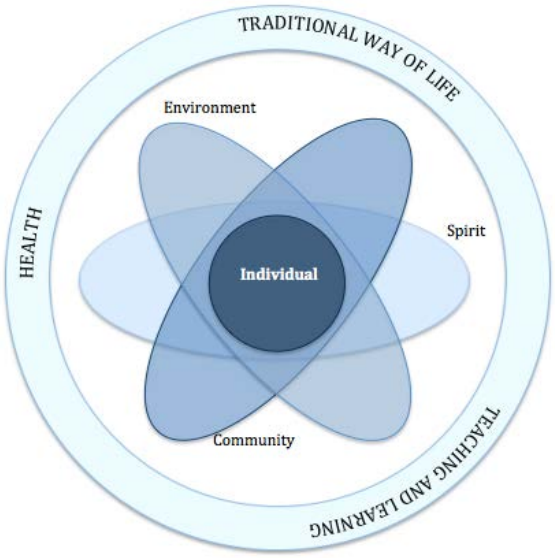
In summary, the participants, as Pipe Carriers, play several important roles in their respective communities. Specifically, they are teachers, leaders and healers. They are also caregivers, role models and learners. They are able to fulfill these roles because of their gifts from Spirit and because of the lessons they have learned. The lessons were learned through experiences and stories. They learned the lessons from family members and other community leaders who follow the traditional way of life. Many of the lessons learned are lessons of the medicine wheel.

Several themes emerged from the data, specifically the themes of community, Spirit, environment and the relationships between those themes. These themes came from the characteristics of the participants and how the participants interact with others. The data on how the participants acquired their knowledge and how they are passing it on to others revealed additional themes, specifically the cycle of teaching and learning, the traditional way of life and health. These six themes will be discussed in the analysis.

# Chapter 5 - Analysis

This chapter presents the analysis of the data. The data revealed the personal characteristics and stories of the participants, their relationship with the pipe, their stories about teaching and learning and lastly, their thoughts on the future of the culture. Through the process of data analysis, a model and theory were developed. The model (Figure 1) was developed by the student investigator to answer the research question of how the Pipe Carriers are passing on the traditions in an urban setting. As a result, the model explains the core concepts of Aboriginal cultures. The model and its themes are discussed in the context of Aboriginal history and health.

Figure 1 - Model of Aboriginal Health and Culture




The primary themes in the model are community, Spirit and environment. These three themes interconnect and the connections represent the relationships between the individual and external world. The secondary themes of the model are health, the traditional way of life and teaching and learning. The themes of the model are all concepts reflected in the medicine wheel (Lane et al. 2004).

The first three themes of community, Spirit and environment comprise an individual's world. When an individual interacts with others and their surroundings, they are interacting with the community, Spirit and/or the environment. Each of the intersections represents the relationships or interactions the individual has with others, Spirit and the land. This network of people, Spirit and the environment is dynamic as each theme is dynamic on its own and also in its interactions with the others themes.

## *Community, Spirit and Environment*

The first theme of community was discussed by the participants in the context of several questions. The participants' "community" is not exclusive to a geographic area, but includes family and others who are following the traditional way of life. The participants disclosed their community involvement and as active members in the community, they play several key roles in the community, including that of healer and teacher. This is demonstrated through the participants' description of their commitment to maintaining relationships and their use of their spiritual gifts to care for other people.

Through the interviews, the participants demonstrated their insight, awareness and understanding of the community and themselves. Their stories about their personal journeys and healing revealed their perspective on the impact of colonization and also their involvement in the community and healing.

All of the participants place a high value on the community and the relationships within. The pipe represents their relationship with the community and their commitment to the community. The relationships with the community members enable the participants to teach others and for the exchange of knowledge to occur.

Through their stories, the participants demonstrated that they fulfill the roles of teachers and healers in the community. The participants also demonstrated that they are spiritual beings and spiritual leaders. They recognized that their gifts come from Spirit and they acknowledge the gifts by using them within the community. This is an example of their strong relationship with Spirit. The data revealed through the interviews is consistent with the literature. Spirituality is connected with the other dimensions of life and even more significantly, it is the foundation for the Aboriginal way of life and healing (Hunter et al. 2004;Struthers 2000;Waldram 1997). The data also reveals that the relationship with Spirit leads to healing. This point is also supported by the literature. Imbalance in all dimensions of health can be restored through healing achieved through Spirit (McCabe 2008;Hunter et al. 2004).

The stories of the participants about their relationships with the land reflect the stories in the literature. The environment, specifically the land, is an important part of health and healing in Aboriginal cultures (McGuire 2010;Todd 2008;Battiste 2002).

## *Relationships*

As represented by the interactions of the themes, the participants have relationships with family, friends and community members in addition to Spirit and the land. Relationships are based on trust, respect and care. This strong foundation allows the relationships to facilitate healing as well as teaching and learning.

Similar themes were found in the literature. Relationships are key in Aboriginal cultures as relationships affect health (Hutchinson 2006) and health means being in the right relationships (Long and Dickason 2011;Iseke 2010). Close relationships are formed in communities and these relationships are key as learning is fostered and nurtured in indigenous cultures (Lambe 2003). It's natural that the family environment is a learning environment. First, there may be the close physical proximity of the members to each other. Secondly, the intimacy that family members have with each other allows the lessons to be personalized. In indigenous education, lessons are personalized as there is respect for each person and their knowledge and the appropriate lessons are taught when individuals are ready (Lambe 2003).

Relationships enable the participants to be teachers, another important role in Aboriginal cultures. One of the responsibilities of being a Pipe Carrier is to teach others. As leaders following the traditional way of life, the Pipe Carriers are natural teachers and role models.

## *Health, Traditional Way of Life and Teaching and Learning*

Three secondary themes were revealed in the interviews; specifically health, the traditional way of life and teaching and learning. These three themes are synonymous with each other and form the outer ring of the model. If the inner part of the model is dynamic but balanced around the individual, then the outer circle will remain intact. This model is congruent with Aboriginal cultures as shared by the participants and as described in the literature.

The participants interpret health as life. The participants demonstrated how the traditional way of life means showing respect for Spirit, people and the environment. The participants shared how the traditional way of life means learning and teaching others throughout life. Health is leading a balanced life and following the traditional way of life as depicted in the medicine wheel (McCabe 2008). If a person is healthy, then they are able to learn new lessons and also share the teachings with others. Healing must come before learning, but healing can also come out of learning (Brown 2006). The model captures these concepts and also respects the Cree and Ojibway concepts of health, *miyupimaatissiiu* (meaning being alive well) and *mino-bimaadiziwin* (meaning the good life) respectively (Rheault 1999;Adelson 2002). The model also acknowledges the importance of the environment, Spirit and the ability to follow the traditional way of life, all key concepts of captured in the terms *miyupimaatissiiu* and *mino-bimaadiziwin* (Rheault 1999;Adelson 2002).

The first secondary theme is health. The participants understand health as a broad concept that reflects the ability to live a traditional life, learn the traditional lessons and teach others the same lessons. The participants described a healthy life as one without fighting or imbalance. They also describe a healthy life as when a person has the ability to live the traditional life and speak their language of choice. The Pipe Carriers' understanding of health and healing is consistent with the medicine wheel (Lane et al. 2004).

An illness was defined by the participants as something that can throw one off balance and off the path of health, the path of traditional life. The participants seem to be sensitive to and aware of the power of drugs and alcohol in creating imbalance in people and communities. Speaking from personal experience, the participants shared how the imbalance or illness in the Aboriginal peoples can be attributed to the historical trauma from colonization.

The stories of personal trauma were poignant and serve to personalize the experience of colonization. The experience has affected not only the participants, but also both past and future generations. The trauma affected all dimensions of their health and life through forced changes to their physical environment, separation from their families who provide emotional support and restrictions on ability of family members to practice spiritual traditions. The ability of the participants to share their stories speaks to their personal strength and self-awareness as well as their progress in healing. Their stories are consistent with the literature and the documented stories (Ledoux 2006;Royal Commission on Aboriginal Peoples 1996;Truth and Reconciliation Commission of Canada 2009).

There is healing on a community level, as evidenced by the renewed interest in the culture and traditional life (Rheault 1999;Battiste and Henderson 2000). The participants shared their interest in living the traditional way of life and they also shared stories and

examples of the community renewal. The participants disclosed how they sought out their heritage and chose to follow the path of traditional life. They also talked extensively about sharing their culture with their children. The participants also discussed the cultural teaching that is taking place in schools and universities.

The participants revealed how they are traditional healers and what that means to them. The participants consider healing to be sacred, beautiful and powerful. The participants shared how healing is achieved through relationships. As such, healing and helping others to heal is part of daily life in Aboriginal cultures. The methods of healing are as diverse as the forces that can create imbalance in life. Healing can take place through listening, gentle words spoken in everyday conversations or through ceremony.

The participants see the pipe as a tool for healing. The participants shared how the pipe as well as the sweat lodges and ceremonies connect people with the spirit world, and healing is facilitated through this connection. They also note that healing starts with a person's spirit and is followed by healing of their body and mind. The connection between healing and spirituality that the participants identified is also found in the literature (Hunter et al. 2004;Waldram 1997).

Health is a factor that can contribute to cultural continuity as health and culture have a reciprocal relationship (Chandler and Lalonde 1998). Culture is a determinant of health and health helps to ensure the survival of the culture. The participants are promoting their health by following the traditional ways and as a result, passing on the traditions to others.

The second secondary theme of the model is the traditional way of life. In the interviews the participants provided clear descriptions of how the traditional way of life or path is the definition of a good life. Following the traditional way of life requires the ability to solve problems and resist temptations so that individuals can maintain balance and stay on the traditional path. The participants talked about following the traditional life, but they also told stories of how they live the traditional life. Their examples include going on vision quests, participating in ceremonies, praying with the pipe and demonstrating respect and concern for people, Spirit and the land. The participants verbalized various lessons such as the importance of respect and honesty. These are lessons they had learned while following the traditional way of life. It is clear that the decision to follow this way of life is important to the participants. Many acknowledged that they are on a journey. Some of them talked directly about decisions they have made and how their daily decisions affected their life, their journey. This way of life is a commitment and accepting the pipe represents that commitment.

The third and last secondary theme is teaching and learning. The participants had many teachers throughout their life. Their teachers were family members, other traditional leaders, Elders and other Pipe Carriers. The teaching was both formal (i.e. classes) and informal (i.e. listening to others). They participants showed a willingness to learn and shared how they identified their learning needs. The participants formed close relationships with their teachers. The encouragement and support offered by the teacher nurtured the relationship between the teacher and student and facilitated learning.

Teaching is one of their responsibilities as a Pipe Carrier. Teaching and storytelling is the way of life in Aboriginal cultures. It is this way of life that is ensuring the cultural traditions are passed on. The participants are teaching others in many ways, including being role models. Teaching children and involving them in the traditional life is an important part of the culture and way of life. The concept of encouraging people to accept new responsibilities allows the community members to grow while maintaining the functions of the community. As the individuals grow, they take on new responsibilities and pass on previous

responsibilities to others. The cycle of teaching and learning revealed by the participants is part of the community living aspect of the culture. The participants learned the lessons, demonstrated how they integrated them into their life and then were able to pass on these teachings to others in the community. As such, the community thrives and evolves. The lessons that the participants learned and teach others represent the culture and its values and beliefs. They are the lessons of the medicine wheel, including the lessons of the east (to care for others), south (communication skills), west (personal strength and perseverance) and north (self awareness) (Lane et al. 2004). Learning the lessons enables one to maintain balance and health. The lessons demonstrate how the beliefs and values of Aboriginal cultures are integrated into the teachings.

The model is the basis for a theory that answers the research question of how the Pipe Carriers are passing on the traditions. Supporting the development of a theory is Debassige (2010) who states that the Ojibway expression *mino-bimaadiziwin* (the way of the good life) can be used as a guide when developing new theories.

The model explains Aboriginal culture and the key concepts of traditional way of life, health, balance and the cycle of teaching and learning. The model also acknowledges that an individual has relationships with the community, Spirit and the environment. These relationships are dynamic and create opportunities for learning and growth. The model supports the theory that it is the culture and its inherent characteristics that are ensuring the traditions are passed on to the next generation. Specifically, the theory is that the participants are living the traditional way of life and by doing so they are passing on the traditions and ensuring the survival of the culture. Living the traditional way of life means teaching and healing others and learning the lessons of the medicine wheel. Living the traditional way of life leads to health and balance in life.

The participants demonstrated the high value and importance they place on following the traditional way of life. By living the traditional way of life they are demonstrating their commitment to their culture. They are passing on the traditions and therefore ensuring the survival of Aboriginal cultures by following the traditional way of life and role modeling this path for others. As they follow the traditional way of life the Pipe Carriers are demonstrating their cultural values of respect and honesty. Through their stories and traditions, the Pipe Carriers are teaching their children and instilling the values in the next generation. They are teaching self-care, communication and forgiveness. They are using their gifts by teaching others what they have been taught. They are also using their gifts to heal others in their community through listening, prayer and ceremony. The pipe is a connection with Spirit, which guides them and helps them to teach.

The literature supports this theory and the statement that the cultural traditions are being passed on in the urban setting. It is the values inherent in the traditions that are being passed on and it is these values that are ensuring the survival of the Aboriginal cultures (Restoule 2008).. The values of Aboriginal cultures are embedded in the cultures, the stories and the traditions (Restoule 2008). Battiste (2002) agrees and states that stories contain caveats of knowledge and reveal the values at the same time. As such, the culture and values are being passed on through the stories.

# Chapter 6 - Discussion

The background information on Aboriginal peoples describes their cultures as rich and dynamic with many spiritual and oral traditions. The Cree and Ojibway are two of the largest nations of Aboriginal peoples in Canada. Both the Cree and Ojibway have the tradition of acknowledging individuals for their healing powers by the offering of a pipe. Those who accept the pipe, the Pipe Carriers, are traditional healers in their communities.

The Aboriginal peoples and their healing traditions have been impacted by colonization. The literature review explains this phenomenon as historical trauma. Evidence of the trauma is the poor health status of Aboriginal peoples compared to the general population. Colonization also impacted Aboriginal cultures as evidenced by the decrease in the percentage of people who speak an Aboriginal language as mother tongue. However, over the last 40 years there has been a renewed interest in traditional Aboriginal cultures. A recent survey suggests that the Aboriginal communities and cultures in Canada, and in particular Winnipeg, are vibrant and growing (Environics Institute 2010).

While the Aboriginal community in Winnipeg is growing, the health care services are not specifically tailored to their needs. There are several authors that comment on the importance of changing the health care system. Aboriginal Women's Health and Healing Research Group (2005) state "We need a health and healing strategy for First Nations, Inuit and Métis women". This is true for Aboriginal men and children as well. The system needs to change as Aboriginal peoples want and deserve access to care (MacKinnon 2005;Waldram, Herring, and Young 2007).

This study is relevant for several reasons. Specifically, Aboriginal peoples are a significant part of the population of Winnipeg, their health care status is poor compared to the general population and the literature acknowledges that the health care system needs to change, as it is not meeting the needs of Aboriginal peoples. The literature review identified there is a paucity of literature on Pipe Carriers, their roles and how they are passing on their traditional knowledge to others in an urban setting.

The interviews revealed the Pipe Carriers are modest, aware, caring members of the community. They are avid learners who have learned many of the medicine wheel teachings. They are spiritual beings that have a reciprocal relationship with Spirit. They communicate with Spirit through dreams, prayers and vision questions. The Pipe Carriers are also connected closely to the land and their environment. They value the relationships with other community members, Spirit and the environment. The pipe represents the spiritual gifts of the Pipe Carriers, as well as their commitment to the community, Spirit and the environment.

A model and theory of Aboriginal health and culture was developed using the three themes of community, Spirit and the environment. These components comprise an individual's world and the interactions. The model and theory also reflect three important roles that the Pipe Carriers play in the community. The three roles are that of teacher, healer and follower of the traditional way of life. Teaching and learning, heath and healing and following the traditional way of life are all themes that reflect Aboriginal cultures and their values. The model and theory demonstrate how Pipe Carriers, by living the traditional way of life, which includes teaching others and ensuring the health of the community, are passing on the traditions to others and therefore ensuring the survival of the cultures. The model and theory are consistent with the meaning of the medicine wheel and the culture, specifically, the concepts of health, balance and lifelong learning and growth.

This study validates the literature that has shown that Aboriginal cultures are transmitted orally and through experiences. The study adds to the body of knowledge by acknowledging Pipe Carriers, the roles they play in the community and their commitment to teaching others the traditions of their culture. The findings also show that teaching others the traditions of the culture leads to health and balance in the Cree and Ojibway cultures. These findings contribute to an increased awareness of Aboriginal cultures and health in the non-Aboriginal community and suggest that Pipe Carriers are leaders that can help to change the health care system and improve the health of Aboriginal peoples. They can do so by living the traditional way of life and sharing their wisdom with others.

There is a significant amount of literature on how culture is the solution for the health concerns of Aboriginal peoples. Anderson (2005) writes that reclaiming their identity will lead to improved health for Aboriginal peoples. Wilson (2005) agrees and states that Aboriginal women in Manitoba feel that it is very important for women to reclaim their traditional roots as this will lead to health for Aboriginal peoples and their communities. Marsden (2006) writes that revitalized cultural traditions will lead to improved health. Fonda (2009) specifies that revitalizing Aboriginal religious practices can lead to improved health. Ross (2006) writes that change needs to start with an examination of values, the values that are reflected in the culture. Lastly, Hanrahan (2008) specifically refers to how culture can heal the Aboriginal community.

Further suggestions include Kirmayer, Simpson, and Cargo (2003) who had several key points including increasing empowerment will lead to increased health and that social solutions are needed as Aboriginal health issues are social issues. Several other authors explain that the health care needs of Aboriginal peoples can be met if traditional health care practices are integrated into the existing health care system (Waldram, Herring, and Young 2007;National Aboriginal Health Organization 2008;Varcoe et al. 2010). Traditional health practices can be integrated by inviting leaders such as Pipe Carriers to be part of the health and healing strategy.

At a government level, there are opportunities to address the health care needs of Aboriginal peoples in Manitoba. A Manitoba report outlines a strategy that includes increasing support for First Nations people, focusing on the social determinants of health, reviewing current policies and setting up a commission to explore matters further (Allec 2005).

There is evidence to suggest that the culture and traditional healing practices of Aboriginal peoples can be a tool for improving the health of Aboriginal peoples living in Winnipeg. The Urban Aboriginal Peoples study found there is evidence of strong cultural pride among Aboriginal peoples in Winnipeg (Environics Institute 2010). This strong cultural pride can serve as a strong foundation for improving the health of Aboriginal peoples in Winnipeg. McCabe (2007) interviewed Aboriginal peoples from Manitoba and they revealed how their cultural background is the source of their healing traditions.

The strategy of using cultural leaders to improve health care will be beneficial to Aboriginal peoples in general, regardless of place of residence. The data analysis did not reveal any significant differences between living the traditional life in urban or rural settings. However, as mentioned by the participants, living the traditional way of life may present certain challenges in urban settings. As the percentage of Aboriginal peoples living in an urban setting is rising we need to be aware of the health of Aboriginal peoples living in urban settings. We need to consider the social determinants of health, including the importance of environment and poverty. We need to be cognizant that urban Aboriginal communities are growing, and as a result the culture may evolve (Andersen and Denis 2003). However, urban planning needs to support self-government and involve Aboriginal peoples as Aboriginal

peoples are the poorest urban citizens (Peters 2005). Bryant, Raphael and Travers (2007) remind us that the health of all urban people needs to be considered when developing urban health policies.

An increased awareness and a shift in power is needed to allow change to happen. Improved cultural awareness will be needed at all levels from care providers to policy makers (Brascoupé and Waters 2009). The power to make decisions regarding health care needs to shift from the care provider to the care receiver. This needs to happen on an individual level, but also on a societal level. This shift in power is the concept described as "cultural safety" by (Brascoupé and Waters 2009).

Cultural safety is a concept that was originated by nurses working with Maori people in New Zealand (Brascoupé and Waters 2009). It is an approach that acknowledges "the contemporary conditions of Aboriginal peoples which result from their post-contact history" (Brascoupé and Waters 2009). Anderson et al.(2003) refer to cultural safety as the "actions that recognize and respect the cultural identity of others and take into consideration their needs and rights". There is limited, but growing research in the area of the impact of cultural safety (Brascoupé and Waters 2009). Researchers have identified that cultural safety is an appropriate approach in providing safe and appropriate health care services for all people (Smye and Browne 2002) and that cultural safety is an essential part of competent practice (Anderson et al. 2003).

Cultural safety is a tool with the potential to improve practice, health care and the patient experience (Brascoupé and Waters 2009). There is some debate as to the mechanism behind the approach of cultural safety. Some consider cultural safety to be a step beyond cultural competence to a place of heightened awareness and respect for all (Brascoupé and Waters 2009). The other theory is that cultural safety is a shift in power of decision making to the client, as they are the one to determine if the health care interaction was successful (Brascoupé and Waters 2009). The increase in our understanding of the nuances of culture and relationship to health is reflected in the literature and the development of the concepts such as cultural safety.

The process of practicing cultural safety can start by health care leaders acknowledging Pipe Carriers, their wealth of knowledge and experience, the role they play in the community and the role they could play in helping to improve the health care system. In their various leadership roles, including healing others, passing on the traditions and being spiritual leaders, Pipe Carriers are helping to maintain and improve the health of their community. While there is currently no research to demonstrate that Pipe Carriers are helping to heal and maintain the health of Aboriginal peoples in Winnipeg, this qualitative study suggests that Pipe Carriers can play an important role in improving the health of Aboriginal peoples in Winnipeg. They can do so by simply fulfilling their traditional role and sharing their wisdom and insight with others. As Waldram, Herring and Young (2007) note, traditional healers play a historical role in Aboriginal cultures. If health care leaders want to change the health care system, they need to talk to leaders like Pipe Carriers. The Pipe Carriers are the knowledge keepers. They are full of wisdom and experience that can help us understand the needs of Aboriginal peoples.

# Conclusion

Aboriginal peoples have a rich history and are an important part of the Canadian population. Cultural transmission is necessary for the survival of any culture, and Aboriginal cultures are no exception. Traditionally, Aboriginal cultures, as well as indigenous cultures, are transmitted orally, through stories, experiences and also through ceremonies. Colonization has had a significant impact on Aboriginal peoples and the transmission of their cultures. The impact of the years of oppression is captured in the personal stories of Aboriginal peoples as well as statistics that describe the diminished traditional language use and health status. However, more recent literature indicates that Aboriginal cultures have been undergoing a renaissance for the past 40 years.

It is encouraging that the Aboriginal cultures are alive in Winnipeg as the cultures and traditions appear to be important to improving the health of Aboriginal peoples. The literature demonstrates how culture is a determinant of health and this appears to be particularly true in Aboriginal cultures. Aboriginal peoples have specific health care needs, largely due to colonization, but also due to their broad concept of health. In the Cree and Ojibway traditions, the term health encompasses the concept of life and everything that impacts life impacts health. The literature review demonstrates that the health care needs are not being met as key health indicators reflect that Aboriginal peoples have a health status below the general population.

The literature describes Pipe Carriers as spiritual leaders recognized by the community. The interviews with the Pipe Carrier participants confirmed this statement from their perspective and also revealed that Pipe Carriers work through Spirit to teach and heal others in the community. The participants, as Pipe Carriers, demonstrated how they play three important roles in the community. The three roles are interrelated concepts that reflect the values of the culture. The roles are teacher, healer, and follower of the traditional way of life. Teaching and healing help define the traditional way of life. As the Pipe Carriers fulfill these three roles, they are contributing to the health of the community as well as passing on the traditions and ensuring the survival of the culture. These concepts were used to develop a model that explains how the traditions are being passed on in Aboriginal cultures. The model explains the theory that the traditions are being passed on through the interactions of Pipe Carriers, as teachers and healers in Aboriginal cultures.

The Pipe Carriers' stories also support the literature that notes the renaissance of the culture. The Pipe Carriers shared how they feel that Winnipeg is thriving as an Aboriginal community. The Pipe Carriers noted that urban settings may present different challenges to following the traditional way of life, but the traditions remain the same no matter the residence.

These findings add to the body of knowledge on Aboriginal health, but the true value of the findings may be in the potential to improve health care services. It is clear from the research on health status that the health care services are not meeting the needs of Aboriginal peoples. The literature demonstrated that Aboriginal peoples need and want access to culturally appropriate health care services. The literature also suggests that traditional health care practices can be integrated into existing health care services. While there are some positive examples of integrated, culturally appropriate health care services, there are not enough. The health care system needs to change and improve so that Aboriginal peoples can access culturally appropriate services to improve their health. My research suggests that Pipe Carriers can play a role in improving the health services. They are recognized as leaders in their own communities. They are full of wisdom and experience. They are connected to Spirit

and the community. It would benefit all if health care leaders were to engage them in dialogue about how to improve the health of Aboriginal peoples.

Acknowledging the wisdom of Pipe Carriers and inviting them to be a part of, or lead the change, would be in harmony with the concept of cultural safety. It is important to acknowledge culture as the key to improving the health of Aboriginal peoples. Cultural safety acknowledges the role of culture in improving the health and is identified in the literature as an appropriate strategy in improving the health.

This research is also of value in guiding future research on the topic of Aboriginal health. The key findings from this study include the roles that Pipe Carriers play in the community. Specifically, Pipe Carriers model the traditional way of life and teach and heal others. It is through the fulfillment of these roles that Pipe Carriers are passing on the traditions to others and contributing to the survival of the traditional culture. Future research could replicate this study with more Pipe Carriers, from different geographic areas or backgrounds. Future research could use this information to study specific strategies involving Pipe Carriers that are designed to improve health care services for Aboriginal peoples or to improve the health care status of Aboriginal peoples. The research could focus on the foundation that would be necessary prior to implementation of any activities. For example the research could explore the establishment or development of relationships with Pipe Carriers and other key leaders. Future research may also identify other criteria that would be necessary to guide change to ensure it was in harmony with the culture. This base would lead to further research that might explore the integration of Pipe Carriers as decision makers in charge of planning health services.

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# Appendix A

Printed on Lakehead University Letterhead

**Information Sheet and Consent Form**

Thank you for agreeing to consider being a part of this study. The following information explains the study and your role as a potential participant. It also answers some common questions you may have.

**Who is conducting the study?**

The student investigator is Jean Sander, a student in the Masters in Public Health program at Lakehead University in Thunder Bay, Ontario. The principle investigator is Dr. Robert Robson, an Associate Professor in the Department of Indigenous Learning at Lakehead University

**What is the title of the study?**

Sharing the Wisdom: Aboriginal Pipe Carriers and the Cycle of Learning and Teaching

**What is the purpose of this study?**

We want to learn about Pipe Carriers and their experiences. Specifically how they learned and how they have shared their learnings with others. This information will help us understand traditional healing and the role Pipe Carriers play in the community. It is important for non Aboriginal peoples to understand the rich culture and traditions of the Aboriginal peoples. Documenting these stories is one way of sharing this knowledge with other non Aboriginal peoples working in health.

**What am I being asked to do?**

We are asking if you would agree to be part of at least one sharing circle and to share your thoughts and experiences as a Pipe Carrier.

**What are the benefits to participating?**

By participating in this study, you will help us understand what it means to be a Pipe Carrier, how you learned the teachings and how this tradition has and will continue to be a part of your life and culture.

**What are the risks to participating?**

There are no big risks to participating. However, something the interviewer says may upset you or may trigger sad memories.

**What if I don't want to participate?**

You do not have to. You can decide to not participate at any time – either before or during the sharing circle. You do not have to give a reason.

**What if I agree to participate but don't want to answer one of the questions?**

You do not have to answer a question if you do not want to.

**How much time will it take?**

There will be at least one sharing circle, lasting up to 2 hours. Depending on the discussion, there may be another sharing circle to continue the discussion. There may also be a sharing circle as I share the summary of the sharing circle(s).

**Whom do I contact if I have questions, concerns or if I am upset?**

You can contact Jean at 204-788-8636 (work), 204-772-4582 (home) or jsander@lakeheadu.ca

or the Principle Investigator?

**How will my privacy be protected?**

The student and principle investigators and all advisors will respect your confidentiality.

Any information related to the study such as the lists of participants, recorded interviews, transcripts and report will be kept under direct supervision or locked for security.

The report of the sharing circles will not attribute any comments with any personal identifying information.

**When you have read and understood the above information, please confirm your understanding by signing below.**

- ✓ I have read and understood this information.
- ✓ I understand the risks and benefits of participating.
- ✓ I understand my participation is voluntary and that I can stop participating at any time.
- ✓ I am aware that the audio from the sharing circle discussion will be recorded.
- ✓ I understand the recordings and notes will be kept stored in a secure location at Lakehead University for 5 years.
- ✓ I understand that any report about this study will not personally identify me.
- ✓ I understand I can contact the student investigator for a copy of the full report and/or a summary.
- ✓ I understand the student and/or principal investigator may publish an article about the study or speak about it at a conference or meeting.
- ✓ I agree to participate in this research.

| | |
|---|---|
| _____ | _____ |
| Printed Name of Participant | Printed Name of Witness |
| _____ | _____ |
| Signature of Participant | Signature of Witness |
| _____ | _____ |
| Date | Date |

# Appendix B

**Interview Guide**

These questions will guide the interview. The questions with letters (a, ,b, c etc.) will be asked as relevant given the direction of the discussion.

1. Tell me your stories of how you came to be a Pipe Carrier.
    a. Who did you learn from?
    b. How did they teach you?
    c. How did you learn?
    d. What did you learn?
2. When were you given a pipe?
    a. How was that experience?
    b. Was there a ceremony?
    c. Who was involved?
3. What did being given a pipe mean to you?
    a. How did that change your life?
4. As others have taught/shared their experiences and knowledge with you, have you taught others?
5. What role do you have in your community?
    a. How has this changed over your life, specifically since becoming a Pipe Carrier?
6. How important are your traditions related to health important to you? your community? all Aboriginal peoples?
    a. Is the importance changing?
        i. Is it growing, stable or diminishing?
7. Within the context of Pipe Carriers and the passing on of knowledge and traditions:
    a. Has anything changed over the years? What? How so? When? Why?
    b. Is it important that this tradition continue?
    c. What will be important for the tradition to be maintained?