

The Intersection Between Traditional Healing and Western Medicine In Canada

Dawson Born
The University of British Columbia
FNIS100

What is traditional Indigenous healing? How has traditional healing historically interacted with western medicine in Canada? How can traditional healing and western medicine complement each other in contemporary approaches to health? As an aspiring physician, these were the questions that I began asking at the beginning of this project. As my research progressed, it quickly became apparent that each of these questions on their own would provide more than enough material to fuel several such projects, and I quickly became bogged down in the minutiae of each. What was also apparent though, was how inextricably linked these topics were, and how difficult it would be to discuss one without the others. This paper, therefore, will only briefly contextualize traditional healing and the history of its relations with western medicine, which will then set up a more in-depth discussion about how the two approaches to health currently intersect, and how they can complement each other in future ideations of healthcare systems.

The purpose of this discussion is not to give an in-depth analysis of traditional healing or western medicine in Canada, nor do I want to focus too much on the differences between the two approaches to medicine. That would run the risk of setting up a problematic “us-and-them” dichotomy, which is something that is already too pervasive in society. However, in order to address avenues of complementarity, it is important to recognize what each approach highlights. A specific definition of traditional healing is not readily available, as practices vary between nations, communities, and through time (Waldram, Herring, & Young, 2006). However, on the whole, traditional medicine is often much more holistic in its approach to health and wellness than western medicine (First Nations Health Authority, 2017). It emphasizes the balance and inter-dependency between the physical, mental, emotional, and spiritual aspects of wellbeing, which is often illustrated using the traditional medicine wheel (National Aboriginal Health

Organization, 2008; Appendix A). By contrast, western medicine tends to mainly focus on the physical aspects of health. Traditional healing also promotes spiritual ceremonialism as a means to connect with oneself and establish balance in the four facets of health, whereas western health tends to root itself in quantifiable empiricism (Jilek, 1982). And finally, within traditional healing there is much more room for interpretation regarding efficacious implementation of health strategies, whereas the practice of western medicine is generally confined to hospitals and clinics (La Flamme, 2008). In broad terms, traditional healing is far more holistic and less structured than western medicine. However, I want to emphasize once again the importance of not approaching these topics from a dichotomous point of view. As Graham & Stamler (2010) point out, traditional and western approaches to health are not mutually exclusive, and share the same fundamental tenets of health and wellbeing. However, historically speaking, these shared fundamentals have often been overlooked in favour of focussing on their respective differences. As such, the colonial progression in Canada has not allowed much room for both approaches to health to be embraced and pursued.

Colonization has a long history of marginalizing Indigenous knowledges in favour of settler perspectives. This holds true in the context of healing and medicine. Almost all healthcare institutions outside of reservations exclusively practice western medicine, and those who advocate for the inclusion of traditional healing are often relegated as second-tier medical practitioners (Adelson, 2005). However, in this instance (as with so many others), the effects of colonization do not stop at the marginalization of knowledge. The disparity between traditional healing and western medicine has been tailored to cater almost exclusively to the settler state, which often leaves Indigenous communities severely underserved and underrepresented in today's healthcare system (Adelson, 2005; Dhalla *et al.*, 2002). Similar to my first point, the

purpose of this discussion is not to highlight the long and discouraging history of colonization in Canada. Rather, if we instead choose to focus on Indigenous resurgence, we can see that the powerful mobilization of Indigenous communities and knowledges is bringing Indigenous voices back into the conversation, which will have exciting implications in health and medicine (Battiste, 2000). Because of this, Canadian society has begun questioning long-held beliefs regarding Indigenous relations. With this opening of proverbial “space”, and alongside incredible efforts and mobilization of Indigenous communities, we are beginning to see a resurgence of Indigenous knowledges and practices (Corntassel, 2012). In the healthcare context, this increased visibility and mobilization of Indigenous agency has once again brought traditional healing into the conversation, alongside western medicine. This intersection between approaches has started to change how Canada is perceiving healthcare, but there is a lot of room left to grow.

Contemporary interactions between traditional healing and western medicine in Canada lie all along the spectrum from helpful to harmful, and there are many barriers that exist that may prevent successful complementarity between the two approaches. Many western health-based treatment centers still do not incorporate aspects of traditional healing at all (Micozzi, 2014). Where present, these interactions are not always beneficial. One particularly disturbing example of this is in the treatment of Indigenous women who have been exploited by the sex trade. Sarah Hunt (2013) outlines this discrepancy in a powerful way. Vancouver’s downtown eastside has long been touted as a bastion of social justice and vibrant diversity. However, this is also the location of systematic colonial violence against Indigenous women. Over half of the women involved in the street-level sex trade are of Indigenous ancestry (Native Women’s Association of Canada, 2014). From a medical perspective, current health systems are virtually ignoring this population, and women seeking medical attention in this environment are almost universally

ignored and often victimized further by the health systems in place (Hunt, 2013). This opens up a powerful conversation of intersectionality; the interaction between Indigeneity, womanhood, and involvement in the sex trade are only a few social facets converging in this context. This really challenges how we as a society, but also how the current healthcare systems, perceive and interact with the intersection between settler-colonialism and Indigeneity.

Another perceived barrier to employing both health systems in a complementary fashion is the idea that the two are fundamentally incompatible. It has been argued that some aspects such as the spiritual ceremonialism of traditional health and the technology-driven progressivity of western medicine represent fundamental inconsistencies that will block the synthesis of the two approaches (Hill *et al.*, 2014). This is a highly problematic point of view. By very nature, perceived barriers such as these invoke the myth of the “dead Indian”: the settler-colonial misconception of Indigeneity as being static and stuck in the past (King, 2012). Aside from being outrageously offensive to Indigenous peoples, these misconceptions are fundamentally flawed. In the example outlined above, Indigenous scholars will point out that incorporating spiritual ceremonialism into health practices does not necessitate the elimination of modern technology, nor vice versa (Gonzales, 2012; Graham & Stamler, 2010). This is yet another example of the pervasiveness of the “us-and-them” mentality, which settler-colonial society has accepted as status quo.

This “us-and-them” mentality is further contextualized and ultimately challenged, when we consider the foundations and origins of the western health system. Unwittingly, a lot of what society considers to be western medicine actually has its roots in Indigenous traditional healing. To illustrate this, Trotti (2001) conducted a study to determine what proportion of modern day pharmaceuticals incorporate materials that were used by Indigenous peoples in a medicinal

manner since time immemorial. They found that as many as 74% of the most commonly used pharmaceuticals either directly employ or are derived from naturally occurring plants, minerals, etc. that were used by Indigenous people pre-contact (Trotti, 2001). While it might be argued that interactions such as this are examples of successful complementarity between traditional healing and western medicine, I do not believe this is the case. In these examples, the current health systems do not recognize the origin of its implementations and no consideration or acknowledgement is given to its Indigenous roots. Furthermore, the use of these pharmaceuticals is strictly within the realm of western medicine, and does not give any consideration to the holistic approach to health that is the hallmark of traditional healing. I would argue that this is, at best, an example of accidental convergence based in ignorance, and at worst, yet another example of cultural appropriation of Indigenous culture by the settler state.

Many other examples of attempted integration of traditional healing and western medicine exist, but as Lavalley & Poole (2010) point out, very few of them are executed with culturally competent staff and practices. In its Traditional Medicine Strategy report, the World Health Organization (2014) voices similar concerns. Despite growing recognition, many countries (Canada included) are experiencing cultural-competency barriers in implementing integrative strategies. The report highlights program integration into Indigenous communities as a “hurdle” for their strategies, but nowhere do they mention engaging the communities they are trying to reach for their opinions regarding either the quality of the program or the feasibility of its implementation into their community. Furthermore, in many instances, a lack of culturally competent healthcare professionals is identified as another “hurdle”, but this may not be surprising, as the field of western healthcare does not make much room for non-western approaches. One does not need to look much further than the shockingly low number of

Indigenous students enrolled in Canada's medical schools to see that there is a dyssynchronous relationship between modern western healthcare and Indigeneity (Dhalla, *et al.*, 2002).

So why is using these two approaches to health in a complementary way so challenging? As previously mentioned, the history of colonialism in Canada has a long track record of relegating Indigenous knowledges and cultures. Non-assimilative integration of ideas must be based upon mutual respect and a willingness to concede that one point of view may not contain all the answers. Where there is no respect, there cannot be meaningful collaboration, and Canada's historically colonial attitudes definitely have not had respect for Indigenous perspectives. At the end of the day, this has set up a systemic imbalance of power between the settler-state and Indigenous communities, with one side holding the vast majority of mobilizable social capital. This has established deep-seated colonial perspectives within all aspects of modern Canadian society, and unfortunately, healthcare is no different. As it stands, the Canadian medical system is firmly embedded in its settler-colonial perspectives, and until the idea of health is separated from colonial attitudes and mentalities, it will be difficult to incorporate aspects of western and traditional healing into a complementary and culturally-competent whole.

When considering what this future of healthcare practices in Canada can look like in terms of complementary western and traditional approaches to health, there are a few things that must be considered. Of the 94 calls-to-action contained within the Truth and Reconciliation Commission Report (Truth and Reconciliation Commission of Canada, 2015), seven specifically deal with healthcare and outline areas of required attention and improvement. The major areas are: to acknowledge and address the discrepancy in healthcare access between settler and Indigenous communities, to increase Indigenous representation in western medical and nursing

schools, to require medical and nursing students to take cultural competency courses, and to increase the accessibility of traditional healing elements within the colonial healthcare system (Truth and Reconciliation Commission of Canada, 2015). Pursuing these avenues will be integral in establishing helpful programs within Canada's future healthcare systems.

As Dawn-Martin Hill (2009) of the Mohawk, Wolf clan outlines, the wellness of Canada's Indigenous peoples can only be adequately addressed from an Indigenous context. So does that mean that there is no room for western medicine? I don't believe so. Rather, any attempt to complement traditional healing with western medicine must be done within a decolonization model that emphasizes self-determination and agency of Indigenous peoples. One concrete example of this decolonial approach is to challenge the western "biomedical" approach to healthcare (Mundel & Chapman, 2012). This approach posits that every medical ailment must have a corresponding biological discrepancy that explains it. This "cause-and-effect" mentality is by nature very colonial and does not align well with the more holistic approaches to health often associated with traditional healing. However, this mindset is extremely fundamental to the current western approach to medicine, so it must be recognized that deconstructing it will be no small task. Indeed, decolonizing a health system that was born and bred within the context of settler-colonialism will take concerted and intentional effort on the part of Indigenous communities, policy makers, and current and future healthcare workers.

In many instances, though, we are already seeing small steps being made towards this kind of progress. Within the field of mental health, physicians and clinicians are more and more willing to admit that multiple factors such as environment, upbringing, and emotional disposition, in addition to biological factors, are implicated in the onset of mental illnesses (Kirmayer & Valaskakis, 2014). Many western approaches to mental health are even using

models strikingly similar to the traditional medicine wheel (Appendix A) to contextualize mental wellbeing. However, most of the time these explanations are still being rooted firmly within the context of western medicine and no reference is made to alternative/traditional healing. The pessimist (or perhaps realist) in us may recognize this as yet another instance of colonial co-optitude, but the optimist perspective might say that it represents an important first step.

Another example of potential progress may be seen right here at UBC's own medical school. In the fall of 2015, they introduced a new textbook entitled "*Determinants of Indigenous Peoples Health in Canada: Beyond the Social*", which it employs heavily in the medical curriculum (de Leeuw, Greenwood, Reading, & Lindsay, 2015). It was written/edited by a professor at UBC's School of Medicine after comprehensive input from elders of the Musqueam, Squamish, and other Coast Salish peoples. While still firmly embedded in the context of institutional colonial medicine, I believe this is a step in the right direction in incorporating culturally-competent material into western medicine and ensuring the cultural-competency of future healthcare workers. However, it also must be mentioned that these approaches still dichotomize the western and traditional health perspectives, and as Taylor & Thompson (2011) describe, competent and respectful complementarity of western and traditional medicine must first begin with the realization that the two systems are not requisitely mutually-exclusive. Overall, while on the whole these examples of potential progress may seem small and as-of-yet still fraught with problematic reflections of colonial mentality, I believe they represent the first benchmarking steps towards a medical system that can address the needs of Canada's Indigenous and settler peoples alike from a decolonial and self-deterministic context.

After researching this topic throughout the term, the only real conclusion that I have arrived at is that the intersection between traditional healing and western medicine in Canada is

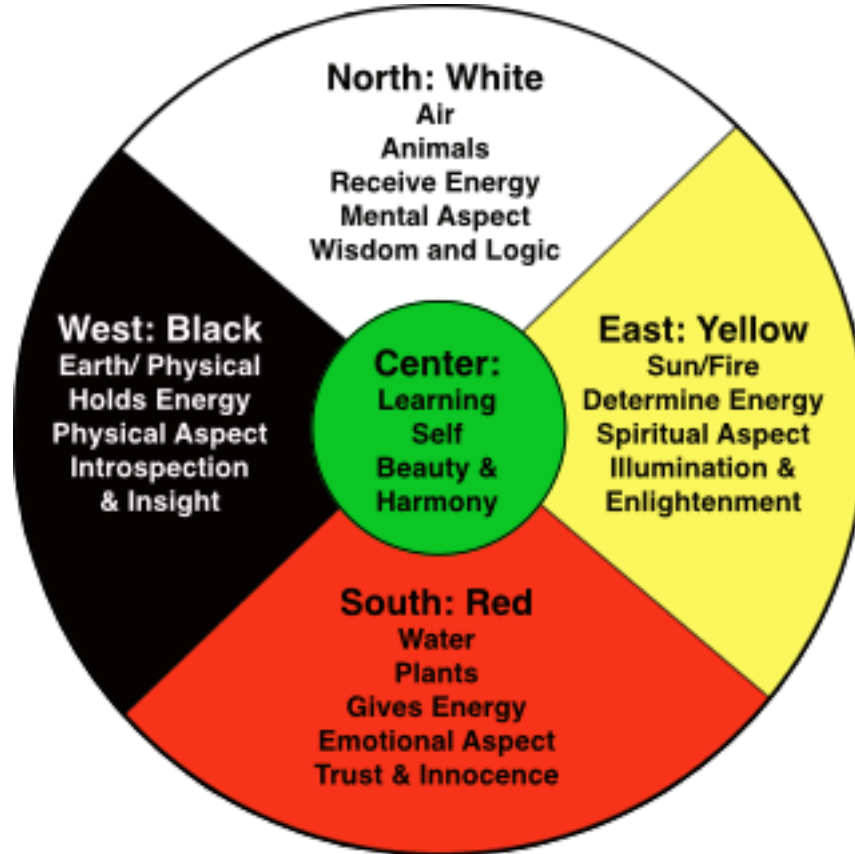
far more complex than I had originally thought, and I find myself left with more questions than I began with. I also now recognize that I executed this project under the fundamental assumption that a complementary approach to health would be a good thing; that it would be mutually beneficial to both systems. Now I'm not so sure. Canada's long and turbulent history of settler-colonial ideology continues to colour relations between Canada's first peoples and post-contact settler institutions in ways that most people simply are not aware of. Because of this, many attempts at integrating traditional and western approaches to health and medicine have the potential to be more detrimental than beneficial, and run the risk of continuing to perpetuate settler-colonial ideals. However, behind the power of Indigenous resurgence, I believe that Canada is getting better at recognizing its colonial heritage and acknowledging the actions of the past. Events such as the Truth and Reconciliation Commission are bringing Indigenous relations into the limelight and forcing people to question long-held settler perspectives and assumptions. As this process of public discourse unfolds, I believe that we will begin to enter a new era of Indigenous relations: one that celebrates and empowers Indigeneity and highlights resurgency and self-determination. I believe that in the context of this institutional decolonization, we will have more success in implementing health systems that employ both traditional and western approaches to medicine in complementary, beneficial, and mutually-respectful ways. This can be the future of Canadian medicine, and I hope very much that I will get to play a part in it.

References

- Adelson, N. (2005). The embodiment of inequity: Health disparities in aboriginal Canada. *Canadian Journal of Public Health/Revue Canadienne De Santé Publique*, 96, S45-S61.
- Battiste, M. (2000). *Reclaiming Indigenous Voice and Vision*. Vancouver: UBC Press.
- Corntassel, J. (2012). Re-envisioning resurgence: Indigenous pathways to decolonization and sustainable self-determination. *Decolonization: Indigeneity*, 1(1), 1-12.
- Dhalla, I. A., Kwong, J. C., Streiner, D. L., Baddour, R. E., Waddell, A. E., & Johnson, I. L. (2002). Characteristics of first-year students in Canadian medical schools. *Canadian Medical Association Journal*, 166(8), 1029-1035.
- First Nations Health Authority: Health Through Wellness. (2017). Traditional Healing. Retrieved from <http://www.fnha.ca/what-we-do/traditional-healing> [Feb 12, 2017].
- Gonzales, P. (2012). *Red medicine: Traditional indigenous rites of birthing and healing*. Tucson, Arizona: University of Arizona Press.
- Graham, H., & Stamler, L. L. (2010). Contemporary perceptions of health from an indigenous (plains cree) perspective. *Journal of Aboriginal Health*, 6(1), 6.
- Hill, D. M. (2009). Traditional medicine and restoration of wellness strategies. *Journal of Aboriginal Health*, 5(1), 26.
- Hill, E., Hess, R., Aborigo, R., Adongo, P., Hodgson, A., Engmann, C., & Moyer, C. A. (2014). "I don't know anything about their culture": The disconnect between allopathic and traditional maternity care. *Journal of Reproductive Health*, 18(2), 36-45.
- Hunt, S. (2013). Decolonizing sex work: Developing an intersectional indigenous approach. *Selling sex: Experience, advocacy, and research on sex work in Canada*, 82-100.
- Jilek, W. (1982). *Indian Healing: Shamanic Ceremonialism in the Pacific Northwest Today*. Surrey, B.C: Hancock House.
- King, T. (2012). *The inconvenient Indian: A curious account of native people in North America*. Toronto, Canada: Doubleday Canada.
- Kirmayer, L. J., & Valaskakis, G.G. (2014). *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*. Vancouver: UBC Press.
- La Flamme, M. (2010). Theatrical medicine: Aboriginal performance, ritual and commemoration. *Theatre Research in Canada*, 31(2), 107.
- Lavallee, L. F., & Poole, J. M. (2010). Beyond recovery: Colonization, health and healing for indigenous people in Canada. *International Journal of Mental Health and Addiction*, 8(2), 271-281.

- de Leeuw, S., Greenwood, M., Reading, C., Lindsay, N.M. (2015). *Determinants of Indigenous Peoples Health in Canada: Beyond the Social*. Toronto, Canada: Canadian Scholar's Press.
- Micozzi, M. S. (2014). *Fundamentals of Complementary and Alternative Medicine*. Amsterdam, Netherlands: Elsevier Health Sciences Press.
- Mundel, E., & Chapman, G. (2010). A decolonizing approach to health promotion in Canada: The case of the urban aboriginal community kitchen garden project. *Health Promotion International*, 25(2), 166-173.
- National Aboriginal Health Organization. (2008). An Overview of Traditional Knowledge and Medicine and Public Health in Canada. Ottawa: National Aboriginal Health Organization/Organisation nationale de la santé autochtone. Retrieved from <http://www.naho.ca/documents/naho/publications/tkOverviewPublicHealth.pdf> [Feb 12, 2017].
- Native Women's Association of Canada. (2014). Sexual Exploitation and Trafficking of Aboriginal Women and Girls. Toronto: Canadian Women's Foundation. Retrieved from: http://canadianwomen.org/sites/canadianwomen.org/files/NWAC%20Sex%20Trafficking%20Literature%20Review_2.pdf [March 15, 2017]
- Taylor, K. P., & Thompson, S. C. (2011). Closing the (service) gap: Exploring partnerships between aboriginal and mainstream health services. *Health Review*, 35(3), 297-308.
- Trotti, J. (2001). Compensation versus colonization: A common heritage approach to the use of indigenous medicine in developing western pharmaceuticals. *Food and Drug Law Journal*, 56(3), 367-383.
- Truth and Reconciliation Commission of Canada. (2015) Truth and Reconciliation Commission of Canada: Calls to Action. Retrieved from http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf [Feb 26, 2017].
- Waldram, J. B., Herring, A., & Young, T. K. (2006). *Aboriginal Health in Canada: Historical, Cultural, and Epidemiological Perspectives*. University of Toronto Press.
- World Health Organization. (2014). WHO Traditional Health Strategy 2014-2023. Geneva, Switzerland: WHO Document Preparation Ltd. Retrieved from http://apps.who.int/iris/bitstream/10665/92455/1/9789241506090_eng.pdf [Feb 10, 2017].

Appendix A:



Supplementary Figure 1: Traditional Medicine Wheel. This figure represents the traditional medicine wheel often used by the Indigenous peoples of Canada in their approach to health. It emphasizes four main pillars of health: mental, spiritual, emotional, and physical. It is increasingly being co-opted by western health practitioners, especially with the field of mental health.