



TRADITIONAL HEALING
PRACTICES AND SERVICES:



Needs of Aboriginal People Living with HIV/AIDS



Overview of the Canadian Aboriginal AIDS Network

- Established in 1997
- National and Not-for-Profit
- Represents over 200 member organizations and individuals
- Governed by a National twelve member Board of Directors
- A four member Executive Board of Directors
- Provides a National forum for members to express needs and concerns
- Ensures access to HIV/AIDS-related services through advocacy
- Provides relevant, accurate and up-to-date HIV/AIDS information

Mission Statement

The mission of the Canadian Aboriginal AIDS Network is to provide leadership, support and advocacy for Aboriginal people living with and affected by HIV/AIDS regardless of where they reside.

Acknowledgements

Funding was provided under the Canadian Strategy on HIV/AIDS. The views expressed herein do not necessarily reflect the official policy of Health Canada.

ISBN No. 1-894624-06-8

Written by:
Gil Lerat

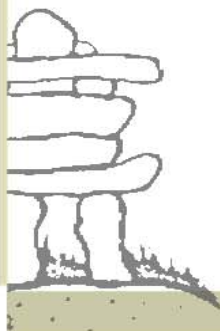
Canadian Aboriginal AIDS Network
#602 - 251 Bank Street
Ottawa, Ontario, K2P 1X3
Telephone: 613-567-1817
Toll-Free: 1-888-285-2226
Internet: www.caan.ca
Email: info@caan.ca

March 2005



TABLE OF CONTENTS

Introduction	4
Background: A Brief Review of Literature	4
A CAAN Study: Need and Barriers to Services For Aboriginal People Living with HIV/AIDS	6
Conclusions	8
Bibliography	11



Traditional Healing Practices and Services: Needs of Aboriginal People Living with HIV/AIDS

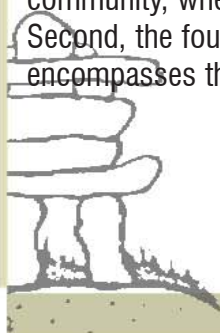
Introduction

The Aboriginal belief system is built around the concept of balance and an approach to life that is holistic in nature. Central to this holistic approach is the assumption that balance is the ideal to strive for and that all activity, human and otherwise, is directed toward this goal. With respect to the self, the person is made up of four equal parts (the physical, the emotional, the mental, and the spiritual) and each of these parts must be nourished in order to live a healthy, happy, and productive life. In addition to the four parts of the person and the desire for balance is the belief that illness is not necessarily a 'bad thing', but instead a sign that is sent by the Creator in order to help people re-evaluate their lives (Letendre, 2002: 81)

Traditional Aboriginal cultural needs are important factors to consider when addressing continuing rates of HIV infection in Aboriginal communities. When Aboriginal people are afforded opportunities to learn and re-connect with culture, generally the stronger their resolve will be to cope with negative life experiences (Walters and Simoni, 2002; Assembly of First Nation, 2001). In the context of HIV/AIDS, coupled with "limited access to or use of health care services" (CIDPC, May 2004), these factors define the backdrop against which this position paper was developed. The following paper examines why there is a need for traditional Aboriginal healing practices in the treatment of HIV/AIDS for APHAs. Primarily this paper highlights findings of a literature review and is coupled with a recent Canadian Aboriginal AIDS Network initiated study entitled Canadian Aboriginal People Living with HIV/AIDS: Care, Treatment and Support Issues (Jackson and Reimer, 2005).

Background: A Brief Review of Literature

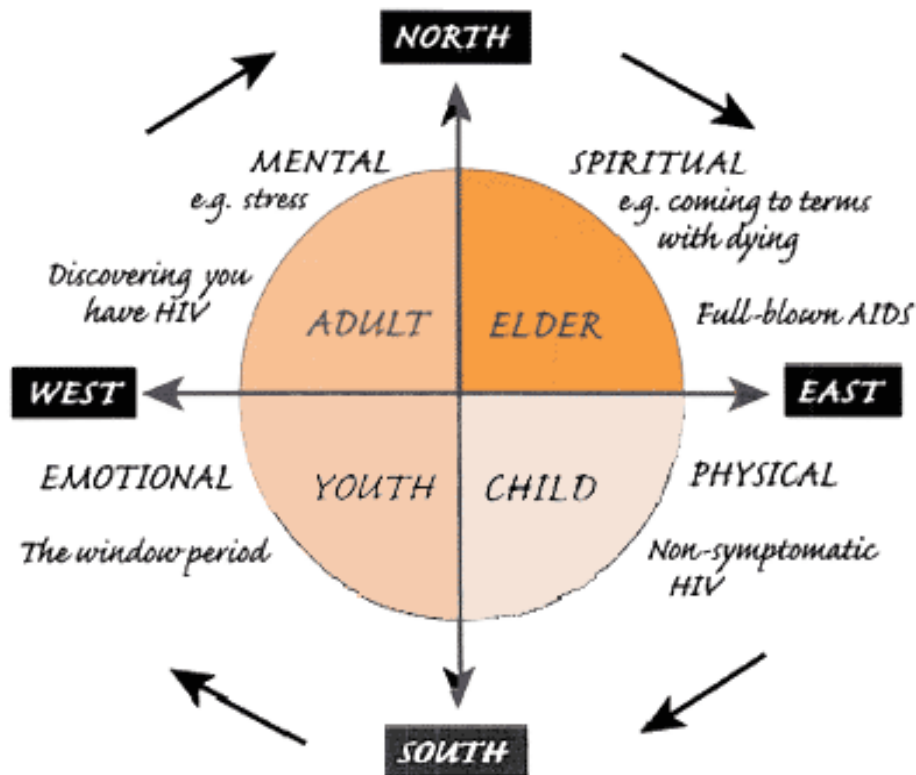
When examining the importance of traditional Aboriginal healing practices, one must be cognizant of two extremely important tenets in Aboriginal philosophy. First, Aboriginal cultures revolve around a community approach and how individuals behave/participates in community life. The interconnectedness of traditional Aboriginal communities and cultures are what made them vibrant, strong and resilient in the face of colonial practices. Aboriginal people feel that human interconnection within community, where a strong sense of self is based on participation in all facets of community life. Second, the foundation of Aboriginal healing practices is based on a holistic approach. This approach encompasses the mental, emotional,



TRADITIONAL HEALING PRACTICES AND SERVICES:

physical and spiritual well-being of the individual. This is in sharp contrast to Western contemporary healing practices where only physical aspects (ie: symptoms and diagnoses) of disease are taken into account and attempts are made to counteract with western medicines. While there is a need for western contemporary medicines in the treatment of HIV/AIDS, they need to be integrated into the Aboriginal holistic approach for both the prevention and treatment of HIV/AIDS in the Aboriginal communities. One must remember that while western practitioners see traditional Aboriginal healing practices as complementary or alternative, western medicines are seen as somewhat “alternative” to Aboriginal people (Charland, et al, 2001).

As we begin to discuss individual traditional Aboriginal healing practices, one will begin to see the powerful role that the traditional gathering can possibly have on healing for Aboriginal People living with HIV/AIDS (APHAs). Perhaps the best way to describe Aboriginal traditional healing practices is through the use of the Medicine Wheel. Leonard Johnston, a HIV positive Cree man, adapted the Medicine Wheel to educate Aboriginal communities about HIV (Weiser, 1999)



The Medicine Wheel encompasses the many aspects of Mother Earth. The four quadrants of the wheel encompass the four directions; the four seasons; the four stages of life, as well as, the four races of the earth. It is through this circle that we see that the life cycle is continual and never ending. It is also through this holistic approach that traditional Aboriginal services are based. It is through camps/retreats; sharing circles; ceremonies; the use of Elders and traditional medicines that enable many Aboriginal people to heal on all four levels.

TRADITIONAL HEALING PRACTICES AND SERVICES:

There is strong evidence that the more an individual learns about and connects with their traditional culture, the stronger their coping ability for other negative encounters and events. In Aboriginal philosophies, it is the balance of the elements of mind, body, emotion, and spirit in a person, as well as balance in that person's relationship with the earth and the natural world, that is necessary for good health. Illness (understood in a broad sense, not simply a mechanistic biomedical sense) can result if there is imbalance in one or more of these elements. In the First Nation communities, health means balance and harmony within, and among the four aspects of human nature (physical, mental, emotional spiritual). Over-focusing on any one aspect upsets the balance of the four (Charland, et al, 2001).

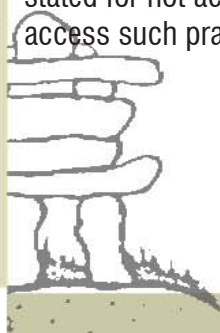
Offering some level of traditional health and wellness programming within conventional health care services can help ensure that APHAs are more likely to accept future intervention and support. Of importance is the positive sense of self some APHAs receive from traditional Aboriginal healing and support services.

A CAAN Study: Need and Barriers to Services For Aboriginal People Living with HIV/AIDS

(The following is a breakdown and analysis of the statistics reported in *Canadian Aboriginal People Living With HIV/AIDS: Care, Treatment and Support Issues*. (Jackson and Reimer, 2005). While there are many written materials available on the Traditional Aboriginal Healing Practices in treatment of HIV/AIDS, this is the only available document with statistics about the use of traditional Aboriginal practices. For the purposes of the document Aboriginal was defined as First Nations, Métis, Inuit and Innu peoples.)

Approximately 60% of APHA's indicated that they need or use one or more traditional services. 35-40% use sharing/healing circles, traditional ceremonies and Elders. 25-30% use traditional Aboriginal medicines and attend traditional gatherings/retreats. What was perhaps the most telling in the survey was that the two major reasons why many APHAs felt that their needs were only sometimes or never met by the traditional services because **traditional services were non-existent or unknown to APHAs, as well as, logistical barriers existed (ie: rural setting, services in urban setting)**. The main negative comment that came out of traditional services was that of the healing/sharing circle. 45% of the respondents said the main barrier to accessing this traditional healing practice was due to confidentiality/privacy issues. With that being stated, it should also be noted that there were many positive comments about the healing/sharing circles.

It should be noted before examination of the five main traditional Aboriginal healing practices that most APHAs need or use, there was a slight difference in usage between those who identified as First Nations and Métis. There was a higher rate of need and use for First Nations APHAs, as opposed to, Non-Status First Nation and Métis APHAs. Also, of major importance, is that the two main reasons that were stated for not accessing traditional Aboriginal healing practices was due to APHAs not knowing where to access such practices, or they did not exist in their communities.



TRADITIONAL HEALING PRACTICES AND SERVICES:

The most frequently needed and used traditional service was the sharing/healing circle. 45% of respondents indicated they used this service. This service was the one that was most accessed by Non-Status First Nation and Métis APHAs. The traditional sharing circle allows participants in the circle to feel safe to talk about HIV and to share their feelings without having to worry about other people's reactions. The advantage of this circle is that participants connect with others in like-situations and begin to feel that they are not alone and that they get validation from their personal experiences.

The second most needed and used service was traditional ceremonies. 37% of respondents indicated they used this service. An interesting result from the survey was that APHAs who had serious health issues with respect to low T-cell counts and high viral loads were more satisfied that their needs were met, as opposed to those whose health status was not that serious. Traditional ceremonies allow a conscious contact with the Creator and allow a time for all four parts of the body (mental, emotional, physical and spiritual) to come together and be in tune as a whole.

Third, 35% of the respondents in the survey indicated they need or use services offered by Elders. As stated earlier, there was a major difference between First Nation APHAs and Non-Status First Nation and Métis APHAs. There was also a major difference in whether the respondents felt that their needs were met. First Nation APHAs had a 66% satisfaction rate, while 67-75% of Non-Status and Métis stated that their needs were not met. The use of elders is not so much a traditional Aboriginal healing practice, but is a way of life for Aboriginal people. Elders are seen as role models and their wisdom that they gathered through their life experiences are respected and honoured.

The fourth most needed or used traditional Aboriginal service was the use of traditional medicines. 30% of the respondents used the traditional medicines. An interesting significance that came out of this service was that 35% of male APHAs used traditional medicines, as opposed to, 22% of female APHAs. Also, like traditional ceremonies, satisfaction rates differed from those whose viral loads were serious and those where the viral loads were not that serious. Satisfaction rates increased with the more serious the viral load. Medicinal herbs are widely used by Aboriginal healers. Four [medicines] used frequently at First Nations gatherings are tobacco, cedar, sage and sweetgrass. These [medicines] are smudged, meaning they are burnt to release them in the air. The purpose of smudging is to integrate the [medicines] with the surrounding environment as well as to link participants with that environment and each other. Participants become linked when they breathe in the [medicine], making it a part of their bodies. Sage is burned to cleanse the area before ceremonies begin, and sweetgrass clears the mind of negative thoughts. Cedar cleanses the body and protects it from illness, and tobacco thanks the Creator for many things, including healing and providing food and medicine. Often used together in healing ceremonies, each of these [medicines] is associated with one of the four directions on the medicine wheel (Lyons and Nambiar, 2004).

The fifth, yet most interesting traditional service was that of traditional gatherings/camps and retreats. 50% of the respondents stated that traditional gatherings or retreats do not exist or that the APHAs do not know where to access them. With this service, there were regional and age differences amongst usage. Also, those APHAs whose health was more serious (ie: high viral load, low T-cell count) were more satisfied that their needs were being met than those whose health was not that serious. This traditional service is somewhat unreported due to the fact of such a high rate of respondents not knowing where to access or that there was no access to traditional gatherings or retreats. Traditional gatherings and camps are one of the most fundamental approaches to Aboriginal healing practices. It is through the interconnectivity as individuals that lead to the wholeness

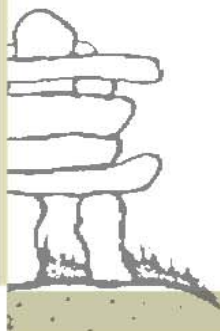
TRADITIONAL HEALING PRACTICES AND SERVICES:

and wellness of a community. Through gatherings, all five traditional healing practices that have been mentioned can be made available. This in turn, leads to the holistic approach of caring for the mind, body and spirit in one traditional gathering.

Perhaps the most significant results in this report was the fact that as the disease of HIV/AIDS progressed in APHAs, the more satisfaction they got from traditional Aboriginal healing practices. As APHAs begin to end their journey here on earth, the more they return to their Aboriginal heritage and receive some form of comfort and understanding from the traditional healing practices. A second significant result was the fact that the major stumbling block for APHAs to access traditional Aboriginal services was due to the fact that they did not know where to access these services, or that the services did not exist in their community. In the five most needed or used traditional services, percentages ranged from 24-50%, of APHAs not knowing where to access these types of services. This percentage, coupled with the percentage of those who knew where to access this information and used the service, *there would be almost a 75-80% usage rate of these traditional Aboriginal services* amongst APHAs. Therefore, it further leads to the understanding and logical conclusion that if more traditional services were offered and attainable, they would be used and accessed by APHAs.

Conclusions

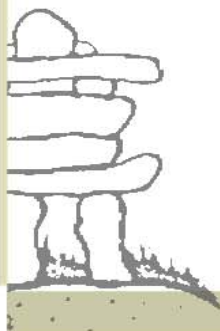
Traditional healing practices are often quite unlike “Western medicine” practices in that conventional medicine is usually a discrete intervention that serves a merely mechanistic function. Many traditional Aboriginal healing practices are often lengthy, holistic processes with a variety of medical, social, and spiritual goals that are fundamentally premised on the view that there are many dimensions to health. The mental, physical, emotional, and spiritual state of a person is affected by their relationship with themselves, their family and community (McLeod and Peterson, 1993). People use complementary and alternative practices or services for many different reasons, and the perceived benefits do not relate merely to efficacy narrowly conceived as a change in a biological marker. The health outcomes of complementary and alternative practices and services are often broad, and include quality of life as well as clinical improvements. Research must register this broad range of outcomes, particularly outcomes related to quality of life. Access to complementary and alternative practices and services is a key issue for people with HIV/AIDS. Integration between systems of health care is a priority (de Bruyn, 2003).



TRADITIONAL HEALING PRACTICES AND SERVICES:

Many people with HIV/AIDS who use complementary and/or alternative therapies express the view that when they take an active role in their treatment regime, by educating themselves and seeking out alternative therapies, they are empowered and reclaim the control in their lives they feel they have lost as a result of acquiring HIV and of the social and other barriers that people with HIV/AIDS often experience (Charland, et al, 2001). When we are working with and dealing with APHAs, traditional healing encompasses a holistic view on health. Each tribe has its own healing traditions, and each traditional healer does not follow a strict procedure, but instead looks at what each person is going through on an individual level, which encompasses all the four quadrants of the Medicine Wheel: mental, emotional, physical and spiritual. Therefore, it is extremely important as one begins to work and deal with APHAs, the need and availability for traditional Aboriginal healing practices, must be adhered and given to in order to have the optimum benefit and efficacy in treating APHAs.

In conclusion, as we analyze the two beliefs of the need for human interconnectedness and the holistic view on health, one can begin to see the importance of traditional healing practices for APHAs. The fact that there would be approximately 80% usage rates if these services were readily available, there is a strong recommendation that programs who want to achieve maximum benefit for the APHAs with which they serve, would begin to include as many traditional Aboriginal healing practices in their programming as they can. As we studied the various traditional healing practices, the fact that traditional gatherings for APHAs are extremely important on so many different levels becomes evident. The traditional gathering allows for healing to take place on all four levels of personal well-being for the APHAs. The gathering allows organizers to include as many healing practices within the gathering as possible, all the while supporting the human interconnectedness that the APHA so readily needs for healing. With the fact of HIV/AIDS still infecting/affecting the Aboriginal population at an every increasing rate, the traditional gathering can be the beginning for service providers to develop simple to comprehensive healing strategies for their programs dependent on what is learned from the APHAs in the gathering. It is strongly recommended by this writer that programs that service and support APHAs, have in some form a yearly gathering for their fellow members. This would not only support the healing journey of APHAs, but would also allow for organizers to better incorporate traditional Aboriginal healing practices in everyday programming.



BIBLIOGRAPHY

Assembly of First Nations (2001). HIV/AIDS Action Plan. Ottawa, Ontario.

Centre for Infectious Disease Control and Prevention (May 2004). *HIV/AIDS Among Aboriginal Peoples in Canada: A Continuing Concern*. HIV/AIDS EPI Updates. Ottawa, Ontario: Health Canada: 46-56.

Charland, Louis; Crouch, Robert; Elliott, Richard and Lemmens, Trudo (2001). *The Use of Complementary Alternative Health Care*. Montreal, Quebec: Canadian HIV/AIDS Legal Network. Available at http://www.aidslaw.ca/Maincontent/issues/cts/cam/useofcam.htm#_ftn56.

de Bruyn, Theodore (2003) *The Role of Natural Health Products and Complementary and Alternative Health Care in HIV/AIDS - Developing a Research Agenda: An Invitational Roundtable*. Ottawa, Ontario: Health Canada. Available at http://www.hc-sc.gc.ca/hpfb-dgpsa/nhpd-dpsn/role_nhp_cahc_hiv_roundtable_04_e.html

Jackson, Randy and Reimer, Gwen (2005). *Canadian Aboriginal People Living With HIV/AIDS: Care, Treatment and Support Issues*. Ottawa, Ontario: Canadian Aboriginal AIDS Network.

Letendre, Angeline Dee (2002). *Aboriginal Traditional Medicine: Where does it Fit?* Crossing Boundaries: An Interdisciplinary Journal. Vol. 1 (No.2): 78-87.

Lyons, Lori and Nambiar, Devan (2004). *A Practical Guide to Complementary Therapies for People Living with HIV*. Toronto, Ontario. Canadian AIDS Treatment Information Exchange. Available at http://www.catie.ca/comp_e.nsf/0/A124D8675A625E3985256900005820FB.

McLeod A., and Peterson T. (1993). *The Care and Treatment of Aboriginal People with HIV/AIDS: Summary Report*. Winnipeg, Manitoba: Manitoba Aboriginal AIDS Task Force.

Weiser, Judy (1999). *Adapting Traditional Healing Practices*. *AIDS Action*. Issue 46. December 1999.

Walters, Karina L. and Jane M. Simoni (2002). *Reconceptualizing Native Women's Health: An 'Indigenist' Stress-Coping Model*. *American Journal of Public Health*, Vol. 92(No. 4): 520-524.

