# Indigenous Spirituality and Healthcare in Canada

David Seljak, St. Jerome's University
Extended Learning Opportunities
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We would like to begin by acknowledging that the land on which we gather is part of the Treaty lands and Territory of the Mississaugas of the [New] Credit.

The Town of Erin is reminded that the land on which we live and work is steeped in rich indigenous history and is home to many First Nations, Metis, Inuit and other global indigenous people today.

# The Turn to Reconciliation

>> The Truth and Reconciliation Commission on Healthcare

# Royal Commission on Aboriginal Peoples, 1991-1996

- Five-volume report, 1996

- 178 days of public hearings
- Visits to 96 communities
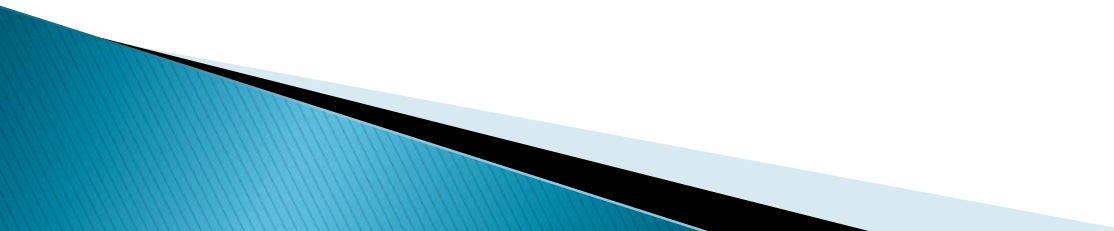- 350 research studies
- Over 2,000 people participated

- Our central conclusion can be summarized simply: *The main policy direction, pursued for more than 150 years, first by colonial then by Canadian governments, has been wrong.*

https://www.rcaanc-cirnac.gc.ca/eng/1100100014597/1572547985018

# Report's comment on Indigenous health and well-being

- Life expectancy is lower.

- Illness is more common.

- Human problems, from family violence to alcohol abuse, are more common too.

- Fewer children graduate from high school.

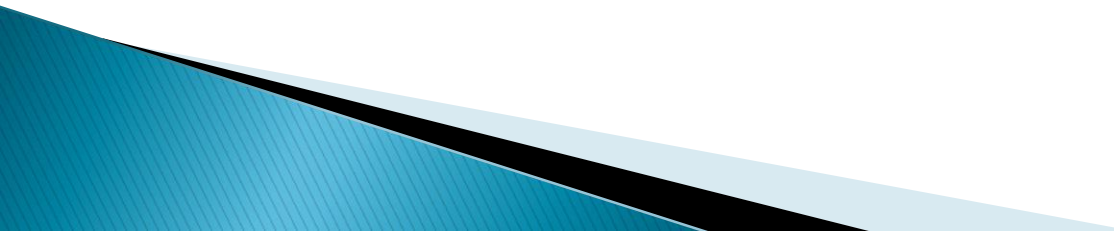- Far fewer go on to colleges and universities.

# Report's comment on Indigenous health and well-being

- The homes of Aboriginal people are more often flimsy, leaky and overcrowded.

- Water and sanitation systems in Aboriginal communities are more often inadequate.

- Fewer Aboriginal people have jobs.

- More spend time in jails and prisons.

# Truth and Reconciliation Commission, 2008–2015

- Product of class–action suit, "Indian Residential Schools Settlement Agreement"
  - Names federal government and four churches: Anglican, Presbyterian, Roman Catholic, and United Church of Canada

- 2015, Final Report in six volumes, plus reports, including *Calls to Action*.
  - Includes government implementation of  United Nations Declaration on the Rights of Indigenous People (UNDRIP)
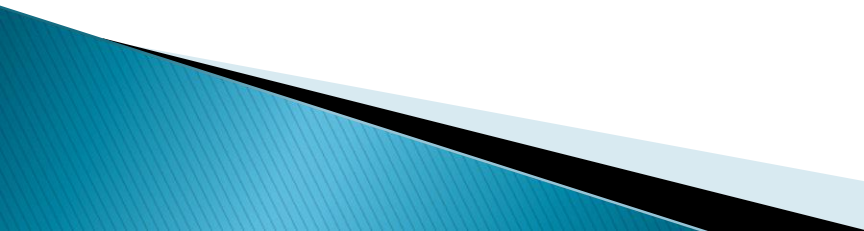  - Includes call for government and church apologies and reconciliation

# TRC Call to Action #18-24

- 18. Acknowledge that current state of health of Indigenous peoples is direct result of Canadian government policy

- 18. Implement health-care rights of Indigenous people as identified by international law, constitutional law, and treaties

# TRC Call to Action #19

- 19 Close the gap between health outcomes for Indigenous and non-Indigenous Canadians in measurable ways

  ◦ infant mortality as well as infant and child health
  ◦ maternal health
  ◦ suicide, mental health and addictions
  ◦ life expectancy
  ◦ birth rates
  ◦ chronic diseases
  ◦ illness and injury incidence, and
  ◦ the availability of appropriate health services

# TRC Call to Action #18-24

- 21. Fund Indigenous healing centres "to address the physical, mental, emotional, and spiritual harms caused by residential schools"

- 22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients
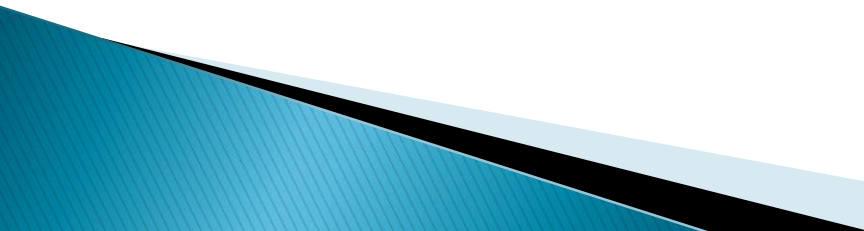
# Indigenous spirituality and healthcare in Canada

>> Moving past Secular Canada

# Rejection of Indigenous spirituality

- Created a Ward-and-Guardian relationship between Indigenous peoples and the state

- Christian Canada
  ◦ New France and British North America
  ◦ Christian Canada 1867-1960

- Secular Canada 1960-
  ◦ Secularism (undoing Christian power and privilege)
  ◦ Multiculturalism (no official national ethnicity)
  ◦ Human Rights (equal moral worth of all citizens)

# Spirituality is a solution to a problem

- Seeking our supreme good by living in a way that connects us to the reality of an unseen order with its rules, structures, values, etc.

- Provides meaning, direction, purpose
- Inspires life choices and life ways
- Gives energy to pursue the supreme good
- Connects and divides people

# Spirituality

- Has cognitive and practical dimension

- Has individual and social dimensions

- Can be religious or secular (SBNRs, etc.)

- Is pluralistic, dynamic and fluid: takes new forms in new situations

- Connects and divides

- Is morally ambiguous: can do good or evil

# Spirituality/Christian dualism

| The material | The spiritual |
| --- | --- |
| The body | The mind |
| Emotion | Thought |
| Earth | Heaven |
| Matter | Spirit |
| The World | The Church |
| Demonic | Divine |
| Sexuality | Chastity |
| Feminine | Masculine |

# Eurocentric Dualisms

| Nature | Culture |
| --- | --- |
| Nature | Human |
| Animality | Rationality |
| Private | Public |
| Female | Male |
| Indigenous people | Modern Westerners |
| Primitive | Civilized |
| Collective (tribal) | Individual self |
| Ancient | Modern |

# Misunderstanding spirituality

- Spirituality v. the body and material world

- Spirituality as uniquely human
  - Not shared with animals

- Spirituality v. "reason" or practical concern

- Spirituality is individual (not collective)

- Spirituality is about experience (not practice)

- Spirituality is one thing

# Indigenous spirituality (ies)

- Connects humans to one another
  - "All our relations"

- Connects humans to land and non-human beings
  - Both material and spiritual

- Not tied to a mind/body dualism

- Is pragmatic—or not.
  - E.g., Spiritual dimension of the hunt

- Spirituality is pluralistic, dynamic, and fluid
  - There is no one "Indigenous spirituality"
  - The spirituality of the "Inconvenient Indian" (Thomas King)

# Secular Canada
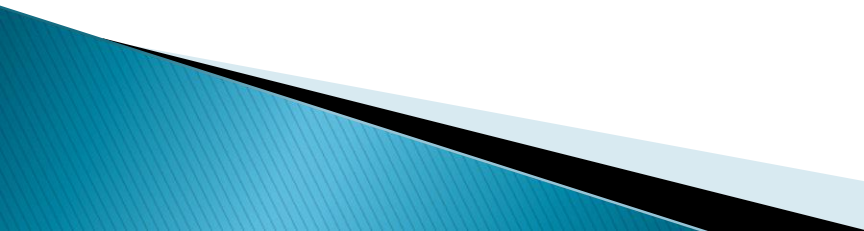
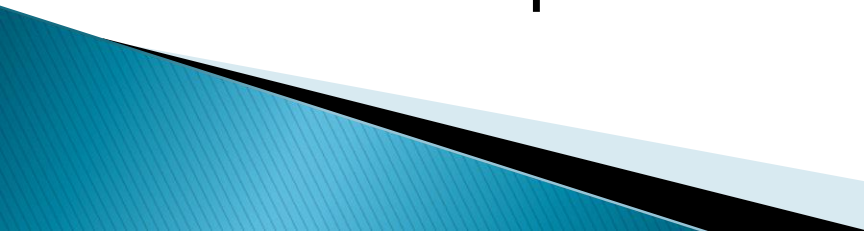| Public | Private |
|---|---|
| Politics | Personal relations (family, friends, ethnic community) |
| Economic | |
| Social policy | |
| | |
| Reason | Spirituality/religion |
| Public policy | Private choices |
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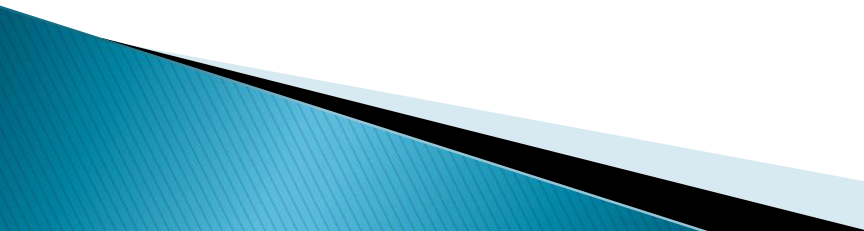
# Secular Canada ignored reconciliation

- Not addressed by
  - Secularism
  - Multiculturalism
  - Human Rights

  - Example: Pierre Elliott Trudeau's White Paper (1969)

- None of these address residential schools (last one closed in 1996)

# Secular Canada has not sufficiently recognized Indigenous spirituality and therefore poses a barrier to reconciliation.

- Calls to Action 18–24, and esp. 21 and 22

- 21. Fund Indigenous healing centres "to address the physical, mental, emotional, and spiritual harms caused by residential schools"

- 22. We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients

# Healthcare as measure of post-secularism and reconciliation

- Healthcare is a basic human necessity

- Canadian healthcare system is rooted in Western bio-medicine and state-centred bureaucratic control

- Played a central role in the history of colonization, exclusion, and segregation of Indigenous people

- A central pillar of Canadian identity

# The problem: poorer health outcomes

» Indigenous people and the non-Indigenous population

# Indigenous peoples in Canada

▸ First Nations, Metis, and Inuit

▸ 2021 Census ~1.8 million people with an Indigenous identity in Canada
  ◦ 5% of population

▸ ~47% identify as Christians
  ◦ Down from 63 percent in the 2011 Census
▸ ~47% claimed to have "no religion"
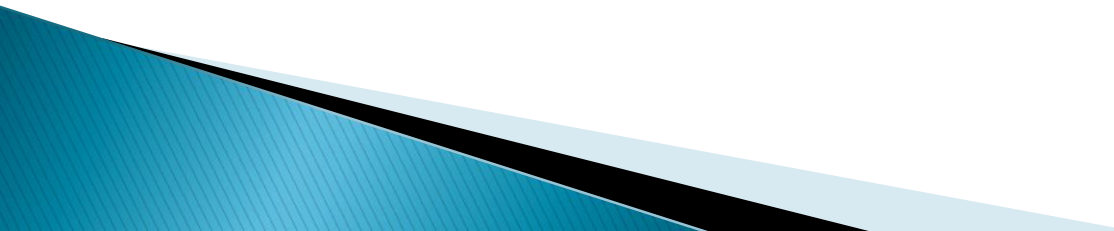▸ ~4.5 % practice traditional Indigenous spirituality
  • (Statistics Canada 2022).

# Shorter, unhealthier lives

- At birth, life expectancy of Indigenous people is, depending on the community, about **12 years to seven years** lower than the Canadian average

- Depending on community, **two to four times** higher rates of mortality (from all causes) for non-Indigenous population

- Approximately **2.7 to 3.5 times** higher rates of unintentional injury mortality (death by accident) than non-Indigenous Canadians

- (Health Canada 2018)

# Poorer health outcomes

- Suicide rates **6.5 to 2.7 times** higher than in non-Indigenous communities

- Lower scores on measures of self-rated mental health

- Higher mental health-illness hospitalizations

- Poorer outcomes in disability, oral health and other serious conditions including arthritis, asthma, diabetes, obesity, and tuberculosis

# Poorer health outcomes

- Poorer health outcomes because of

- daily living conditions (e.g., higher rates of alcohol consumption, smoking, and exposure to second-hand smoke)

- physical and social environment (e.g., dealing with sub-standard housing)

# Context of colonization

- Colonization, racism, and exclusion: "soul wounds" and "spiritual violence"

- Social determinants of health
  - Inability to participate in society leads to poorer health outcomes (Michael Marmot)

# A racist legacy

- "Indian hospitals" for Indigenous people in inferior, understaffed, underfunded, and overcrowded institutions, resulting in higher rates of mortality and ill health

  ◦ Lux, Maureen K. 2016. *Separate Beds: A History of Indian Hospitals in Canada, 1920s-1980s*. Toronto: University of Toronto Press.

# A racist legacy

- Discrimination in treatment in mainstream healthcare institutions today
  - Assumptions about patients
  - Denial of treatment (assumptions about drug and alcohol use)
  - Only 1.2% of Canadian healthcare professionals are Indigenous
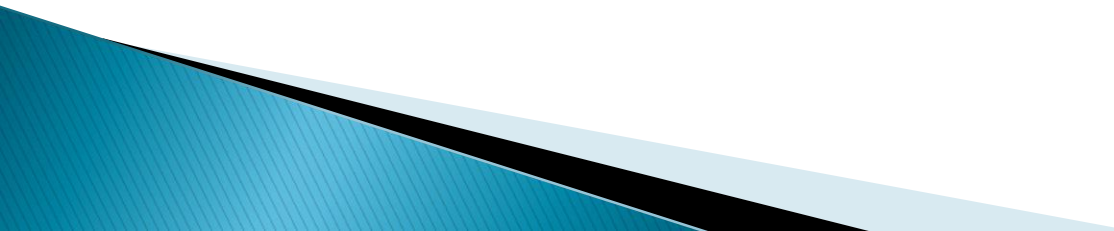  - Coerced sterilizations
- Net result: reduced access to healthcare

# Marginalization of Indigenous Spirituality

- Institutions dominated by model of Western bio-medicine

- Often social, emotional, and spiritual needs are neglected

- Patient as individual is disconnected from community and world of meaning

- Results in alienation from institutions and lowered health outcomes

# The promise: Including Indigenous spirituality in Canadian healthcare
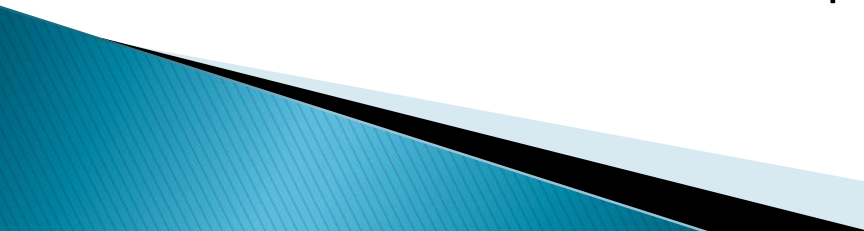
>> Healthcare and reconciliation

# The promise: Healthcare agencies

- Apologies for past and continuing racism

- Collaboration with Indigenous partners

- Training in "Cultural Competency" and "Cultural Safety"

# HealthcareCAN 2018 report

- National association of healthcare organizations and hospitals

- Recommends developing ways to enhance the "Indigenous patient journey, with a focus on mental, emotional, spiritual, and physical health."

- Innovations could include "cultural helpers for spiritual and cultural supports" as well as ceremony rooms and outdoor tents to provide "important sacred spaces"

- Richardson, Lisa and Tracy Murphy. 2018. *Bringing Reconciliation to Healthcare in Canada: Wise Practices for Healthcare Leaders*. (Ottawa).

# Alberta Health Services

- Enhance cultural competency and safety training

- Respect Indigenous tradition and protocols

- Establish meaningful relationship with Indigenous partners

- Deliver Indigenous health and healing programs
  ◦ Creation of ceremonial spaces and sweat lodges

# Mental health and addictions

- Nimkee NupiGawagan Healing Centre in Muncey, Ontario
  - Culture-based model promotes physical, mental, and social health to combat solvents addiction

- A 2014 scoping study on the integration of Indigenous healing practices in addiction treatment found 17 types of "cultural interventions" (esp. sweat lodges)

- Cited benefits in all areas of health and wellness as well as a reduction in substance use

# Traditional healing and spirituality

- Marsh et al. (2015) write in the *Harm Reduction Journal:*

- Thus there appears to be a consensus among researchers and practitioners that restoring traditional healing practices and knowledge is a pathway to both empowerment and health for Aboriginal peoples and communities. Aboriginal spirituality, premised on the principles of trust, sharing, respect, honour, and acceptance, cannot be divorced from traditional healing methods.
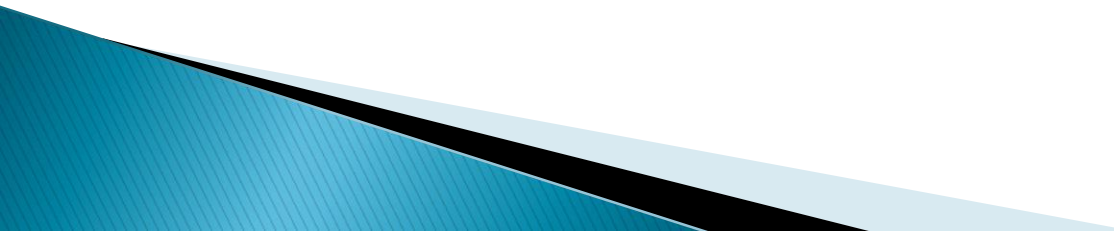
# Indigenous-led Health Partnerships

- Noojmowin Teg Health Centre on Manitoulin Island in Ontario

- Blends Western bio-medicine with traditional healing practices

- Access to Traditional Healer and Firekeeper
  - Offer traditional teachings, healing ceremonies, and healing/talking circles.
  - May also provide counselling and cultural teaching

# Post-secularism and reconciliation

» A way forward?

# Indigenous Spirituality and Canadian Healthcare

- New commitment to reconciliation and Indigenization in mainstream institutions
  - Includes apologies for past and continuing racism

- Integration of Indigenous spirituality into mental health and addiction services

- Indigenous-led Health Partnerships

# Secular Canada

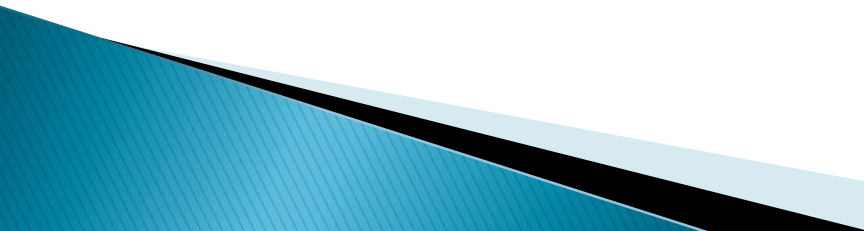| Public | Private |
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# Bramadat and Seljak

▸ Speaking generally, the consensus that has developed on both the crisis and its origins has led healthcare agencies across the country to adopt an approach to health and wellness that is <span style="color:red">more open to spiritual claims and practices and more deferential to elders, families, and complementary healing modalities</span> (e.g., smudging, sweatlodges) than at any time in Canadian history.

▸ Move from Guardian-and-Ward relationship to equal partners

# Bramadat and Seljak

▶ Part of "resurgence"

▶ That is, the inclusion of Indigenous claims in health contexts reflects a broader awakening to **rights of Indigenous peoples, the political activism of Indigenous communities, and the commitment of Indigenous people to self-determination in all areas of their lives, including healthcare**. The introduction of spirituality into the discourses and practices of Indigenous healthcare can only be understood in relation to these extraordinary events.
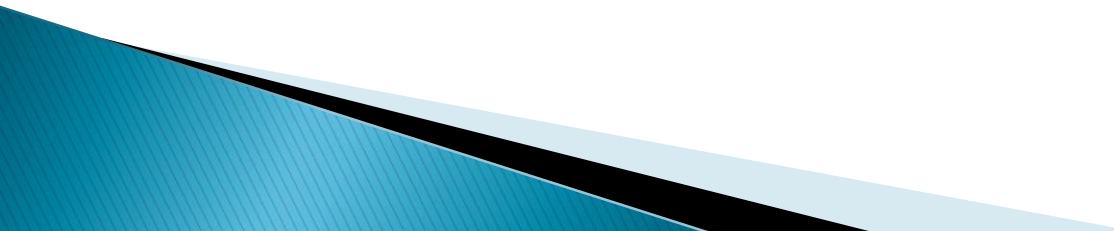
# Claims rooted in Indigenous spirituality

- Are not just "spiritual" in traditional Christian/Western sense

- They have cognitive and practical dimensions

- They are collective and individual

- They guide public policy and institutional practices

# Assumptions about spirituality

- Spirituality v. the body and material world

- Spirituality as uniquely human
  ◦ Not shared with animals

- Spirituality v. "reason" or practical concern

- Spirituality is individual (not collective)

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# Moving to a post-secular social order?

- Public sphere is open to participation by religious groups on their own terms

- "Twin toleration" (Casanova): secular actors and institutions treat religious actors and institutions as equal

- Dialogical openness between religion and secularism

# Thank you!

David Seljak
Department of Religious Studies
St. Jerome's University
In the University of Waterloo

dseljak@uwaterloo.ca