The Role of Mother Earth in Shaping the Health of Anishinabek:

A Geographical Exploration of Culture, Health and Place

by

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ABSTRACT

This dissertation contributes to an expanding body of research within Health Geography that focuses on the role of place in shaping experiences of health. Recent research within the Geography of Health has begun to acknowledge and demonstrate that the meanings ascribed to places as well as individual experiences of places contribute to health. The birth of the journal 'Health and Place' is a reflection of the changing paradigms within the Geography of Health that argue for different perspectives and analyses of place. At present though, research on health and place is limited. Meanings of place and the relationship between place and health have culturally specific dimensions, yet these tend to be overlooked especially with respect to First Nations peoples.

First Nations peoples have a relationship with the land that contributes to their experiences of place and health. However, while geographic research has explored First Nations health, few studies have actually attempted to explore the influence of cultural beliefs and values on health – let alone the intricate link between the land and health.

This dissertation presents the results of two separate yet inter-related approaches to understanding the intricate relationship between culture, health and place for First Nations peoples. Using data from the 1991 Aboriginal Peoples Survey, the first stage of this dissertation explores the determinants of First Nations health in the context of cultural variables that proxy a relationship to the land. In the second stage of this research, qualitative methods were employed to tap the process through which the land shapes First Nations health. The interviews were conducted in two parts. First, 17 in-depth interviews were conducted with Anishinabek (Ojibway and Odawa peoples) living in one First Nations community on Manitoulin Island, Ontario. The findings from the

interviews suggest that particular geographies exist in which relationships between the land and health are manifested. These geographies are evident across different scales and they demonstrate that the land, as place, represents more than just a physical location. Rather, the land is simultaneously physical, symbolic and spiritual.

Second, given that the urban First Nations population is increasing, interviews were conducted with Anishinabek who had relocated from Manitoulin Island and are currently residing in three urban locations: Hamilton, Sudbury, and Toronto. The interviews explored the extent to which cultural beliefs regarding the land could be transplanted and accommodated within urban settings. The interviews revealed that Anishinabek can successfully negotiate the specific challenges posed by urban environments and maintain connections to the land that are necessary for health. Further, the results demonstrate that negotiation takes place between and within particular geographic scales, both real and imagined.

The findings of this dissertation demonstrate that culture is an important component of the link between health and place. Further, incorporating Anishinabe perspectives of health and place reveal that the current conceptualizations of health and place within the Geography of Health literature are partial.

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You have always made me happy but never more so than on October 14th. Now you know I'm not a poet, I can't write songs and I can't sing. I leave all that to you. And so I must rely on the words of someone else who has captured exactly how I feel about you and the love you have brought into my life:

When everything felt all over
When everybody seemed unkind
You gave me a four leaf clover
You took the worry from my mind

John, you have the only key to my heart
And you stopped me from falling apart
Your love opened the door to my heart
(Let My Love Open the Door - with apologies to Pete Townsend)

For my parents

Pat and Jackie Wilson

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CHAPTER ONE
INTRODUCTION

1.0 Introduction

The relationship between Aboriginal peoples and the Canadian government has historically been one of displacement and dispossession.[1] The establishment of reserves and the introduction of the *Indian Act* served to disrupt the social fabric and economic activities of Aboriginal cultures across Canada. In addition, colonial policies resulted in the physical, social, cultural, and political separation of Aboriginal peoples from their lands. This has contributed to the ongoing legacy of social and health inequalities that currently exist among Aboriginal peoples in Canada.

Aboriginal peoples in Canada occupy a unique social position. In 1998 the United Nations *Human Development Report* ranked Canada as the best place to live according to its human development index (United Nations, 1998).[2] However, research conducted by the Department of Indian Affairs and Northern Development (DIAND), using the same development index, revealed that based on the quality of life on reserves, Registered Indians would rank 60th out of the 174 countries studied by the United Nations (see Beavon and Cooke, 1998). Further, Canada's health care system has been described as one of the best in the world, yet there are fundamental contradictions in our health care

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[1] When using the term Aboriginal I am referring to the descendants of the original inhabitants of Canada, as defined by the Constitution Act 1982; Indians, Inuit and Métis. Many 'Indians' prefer the terms First Nations when referring to themselves as a collective group. Therefore I use the term First Nations when referring to this segment of the Aboriginal population. While the term 'Indian' is generally inappropriate, I use it for reasons of clarity only in two circumstances. First, it is used when discussing the results of other studies that have employed this term. Second, since the term 'Indian' is utilized within the Aboriginal Peoples Survey, I use it when referring to the analysis conducted with the data set (see Chapter Three).

[2] The human development index is calculated on the basis of three dimensions of human development: 1) life expectancy at birth; 2) educational attainment; and 3) income.

system that become obvious when we examine the health status of Aboriginal peoples in Canada.

It is difficult to obtain a clear understanding of Aboriginal health in Canada. There is no single convenient data source from which we can draw upon for information. Further, most of the health data collected are for Registered Indians.[3] As such, many of the health statistics presented within this dissertation are for Registered Indians.

In general, we have observed improvements in Aboriginal health over time. For example, there has been a decline in infectious diseases such as tuberculosis as well as reductions in infant mortality for the Registered Indian population (see Figures 1.1 and 1.2). The gap in life expectancy between Registered Indians and non-Aboriginal Canadians is decreasing (see Figures 1.3 and 1.4). While Aboriginal people are living longer, they, however, still suffer from higher levels of morbidity than non-Aboriginal Canadians. Mao et al. (1992) show that the stroke rate for Registered Indian females is 2 times higher than non-Aboriginals. Rates of chronic illnesses are on the rise. Research has documented the very high rates of type II Diabetes in the Indian population as compared to the non-Aboriginal population (Young et al., 1985; Evers et al., 1987). Aboriginal peoples also suffer from disability at a greater rate as compared to their non-Aboriginal counterparts. According to 1991 figures, the disability rate for Aboriginal peoples was 31 percent as compared to 13 percent for the non-Aboriginal population (Ng, 1996).

Exploring the health of Aboriginal peoples within their current social, economic,

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[3] Registered Indians are registered pursuant to the *Indian Act.*
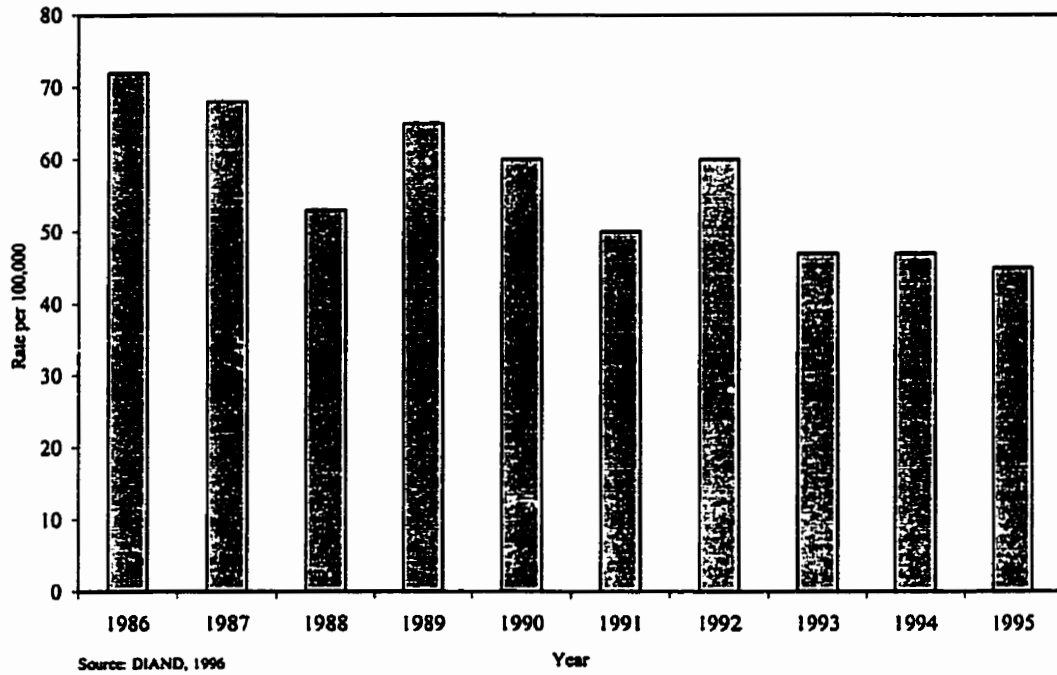
Figure 1.1: Tuberculosis Cases, Registered Indian Population
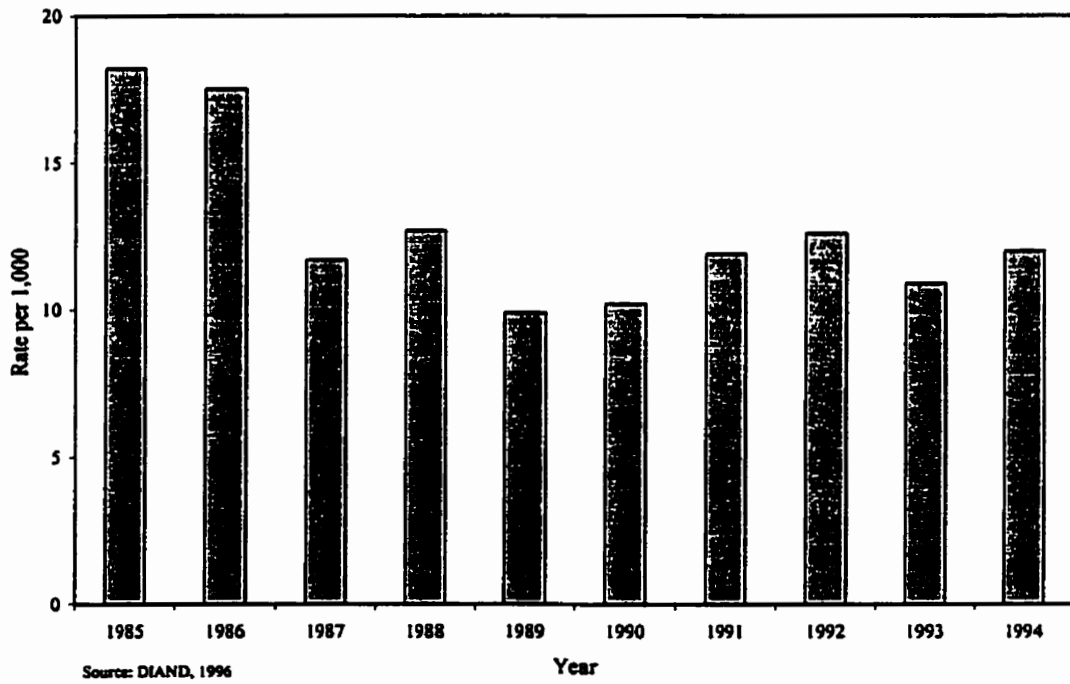
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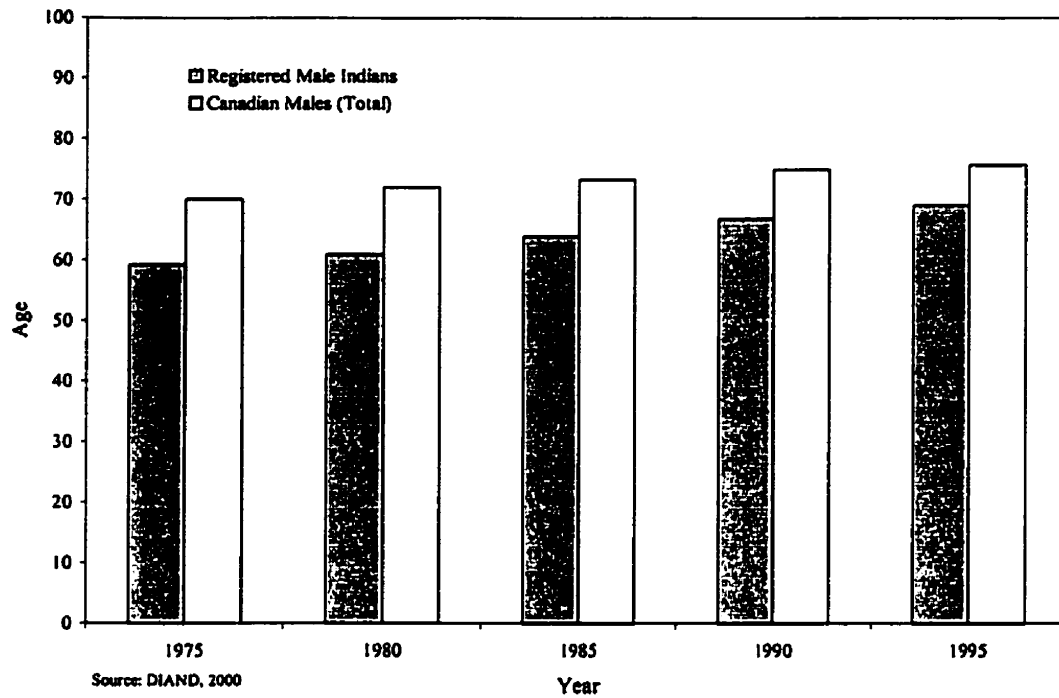
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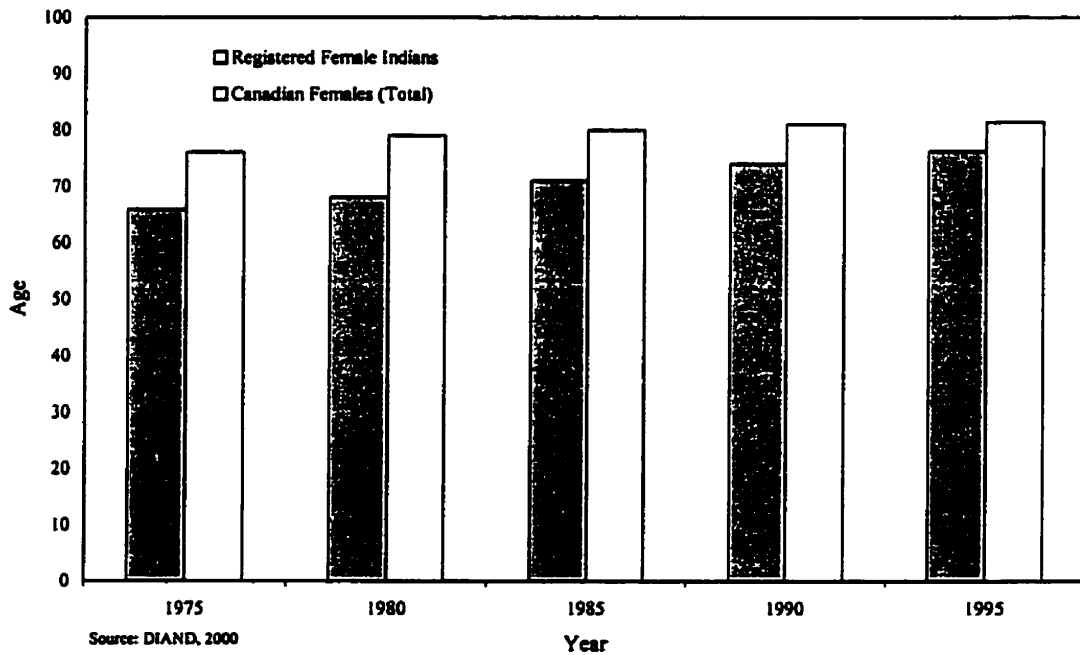
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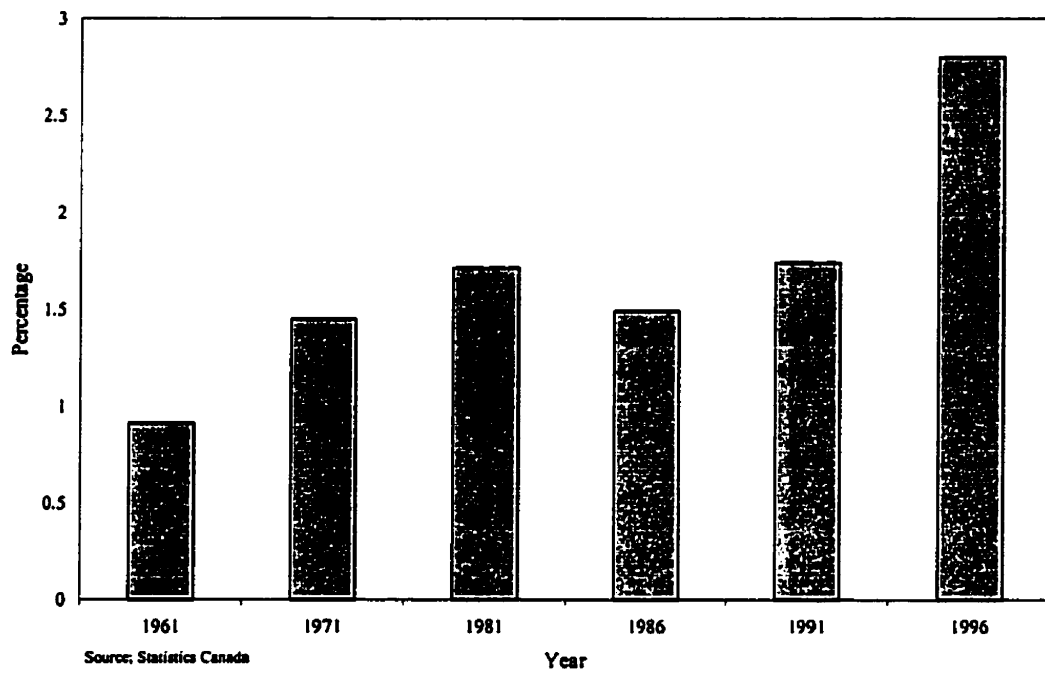
Figure 1.5: Aboriginal Population as a Percentage of the Total Canadian Population

demographic and political context is an important issue in Canada. The Aboriginal population in Canada is young and growing at a fast rate (see Figure 1.5). For example, the Registered Indian segment of the population is currently growing at nearly twice the rate of the general Canadian population and has almost doubled over the last twenty years (DIAND, 2000). The growing population places demands on the health and social services systems. This, combined with political movements towards self-government, requires that Canadians recognize the diversity of Aboriginal peoples and their rights to services that are culturally appropriate. It is essential that the health and social services systems are designed to meet not only the health but also the cultural needs of Aboriginal peoples. The influence of cultural values on both health status and the use of health care services is an issue of concern in the context of Canada's multicultural society. Understanding the multitude of ways in which cultural beliefs and values influence health and health behaviours is necessary for creating health care systems that are more culturally aware and responsive to the health needs of the Aboriginal population.

To understand Aboriginal health requires the interpretation of Aboriginal health issues in the context of culture. From a geographic perspective, I argue that place plays an important role in Aboriginal culture, and that research on Aboriginal health issues can be improved by including an examination of the importance of place for health.

1.1 Conceptualizing Culture, Health and Place

Research conducted within the Geography of Health supports the claim that place shapes health. In examining the link between health and place, much of the research has focused on place as merely a 'container' and/or 'attribute' of quantifiable characteristics

(e.g. physician visits, rates of illness). However, more recent research has begun to acknowledge and emphasize the need for geographic research that focuses on the experiences and meanings attributed to places as opposed to locational perspectives of place. In particular, Kearns (see 1991, 1993; see also Kearns and Gesler, 1999) has been instrumental in promoting and emphasizing the need for health research that focuses on place as a zone of experience and meaning. While health geographers have begun to examine the physical and symbolic importance of places for health, there is still work that needs to be done. Health and place have culturally specific dimensions but these tend to be overlooked, especially with respect to the health of Aboriginal peoples in Canada (but see Madge, 1998; Okafor, 1983; Stock, 1980, 1981, 1982).

Very few geographers have explored the health of Aboriginal peoples. As will be demonstrated in Chapter Two, what little research exists is flawed for two reasons: i) it examines place only through spatial and locational analyses; and ii) its failure to examine Aboriginal health within the context of culture. This thesis marks a departure point as it represents a geographic examination of First Nations health that is grounded within a cultural perspective of place. In particular, this thesis explores relationships to the land and their role in shaping the health of First Nations peoples.

Historically, a relationship with the land has been an important component of First Nations peoples' lives and cultures (see Dickason, 1997). In the contemporary context, many First Nations peoples no longer live off the land, as they once did, and few live on traditional territories. Despite the changes that have taken place over time, First Nations peoples claim that the land is still an essential component of their cultures (see Akiwenzie-Damm, 1996; RCAP, 1995; RCAP, 1996b; RCAP, 1996c; Mercredi and

Turpel, 1993; Shkilnyk, 1985). Given the importance of the land for First Nations peoples, this thesis was guided by three research questions and conducted within three inter-related stages, each of which provides us with a distinct way of understanding the health of First Nations' peoples in the context of culture and place:

i)   Can standard frameworks of the determinants of health accommodate culture?

ii)   In what ways does a relationship to the land contribute to First Nations health and how is it manifested geographically?

iii)   Can First Nations beliefs regarding the land be transplanted and accommodated within urban environments?

Through answering these questions it is the aim of this dissertation to contribute to geographic theory by engaging in current debates surrounding space, place and health. In light of the mainly quantitative research being conducted by geographers on Aboriginal health, the first research question is explored through a statistical analysis of the 1991 Aboriginal Peoples Survey (APS) (Canada, 1991). Logistic regression analysis is utilized to explore the factors that determine First Nations health. There is much discussion in the Canadian literature (both government documents and academic papers) surrounding the determinants of health. Many of these documents are broad in their discussions of both health and the determinants of health. Despite their wide-ranging approaches to health, few actually emphasize the importance of culture and/or ethnicity, Aboriginal or other, in producing health. Therefore using the 1991 Canadian Aboriginal Peoples Survey I examine the extent to which one aspect of First Nations culture (i.e.,

relationships to the land) can be incorporated within the existing models of the determinants of health.

The second and third questions are answered through the use of qualitative research methods. In particular, thirty-five in-depth interviews were conducted with Ojibway and Odawa peoples to explore how beliefs surrounding the land shape health and health-related behaviours. The interviews were carried out in two stages and in distinct locations. In the first stage, interviews were conducted with seventeen Ojibway and Odawa peoples living on Sheshegwaning First Nation, Manitoulin Island, Ontario.[4] Second, given that the First Nations population is becoming increasingly urbanized, eighteen interviews were conducted with Ojibway and Odawa peoples who had relocated from Manitoulin Island to three urban areas in Ontario. The Odawa and Ojibway peoples living on Manitoulin, like many Algonquin peoples, use the term Anishinabek, meaning First Peoples, to refer to themselves.[5] More formally, Benton-Banai (1988, p.3) defines the term as "from whence the male species was lowered". I concur with Spielmann (1998) that the important thing to acknowledge is that Anishinabe is the term that people use to identify themselves and it should be used as a sign of respect. As such, this term is used throughout the remainder of this thesis when I refer to the people participating in my research.

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[4] Permission was given by Chief and Council to identify the community by name.

[5] Anishinabe is singular while Anishinabek is plural.

1.2 Outline of the Dissertation

This thesis demonstrates the complex intersection between culture, health and place as manifested in relationships to the land. Chapter Two provides a review of the research conducted within the subdiscipline of the Geography of Health, with an emphasis on the health of Aboriginal peoples in Canada. It begins with a discussion of the conventional ways in which geographers have examined place and space in relation to health, moves on to describe recent paradigm shifts within the subdiscipline and then critiques the current research being conducted on Aboriginal health in Canada. This chapter concludes by arguing that more meaningful examinations of place can be conducted by examining health in the context of Aboriginal beliefs surrounding the land. This chapter then presents an alternative approach for exploring Aboriginal health, which embraces a cultural perspective of place and health.

Chapter Three examines the determinants of First Nations health through the use of logistic regression. Since few quantitative studies of Aboriginal health emphasize the importance of culture in producing health, this analysis examines the extent to which culture can be incorporated within the existing models of the determinants of health. The results highlight the difficulties involved in using survey data to explore culture and demonstrate that despite its section on language and tradition, the APS is mainly a survey of Aboriginal peoples rather than a survey rooted in Aboriginal culture.

Chapters Four and Five provide an in-depth examination of the link between cultural, health and place by exploring the perceptions of the land and health of First Nations peoples living in Sheshegwaning First Nation, Manitoulin Island, Ontario. Chapter Four presents a detailed description of the research methods, which includes the

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process of negotiating entry, the importance of reciprocity, a description of the participants, the interview format and a discussion of the politics of conducting cross-cultural research. Chapter Five presents the results of the interviews. In doing so, the chapter discusses the role of the land in the contemporary context, how individuals relate to it and the importance it holds for them. This chapter then provides a discussion of health from a cultural (Anishinabe) perspective, paying particular attention to how health is conceptualized and the perceived role of the land in shaping health.

Chapter Six explores the importance of scale in examining the link between relationships to the land and health. In particular, it demonstrates that the links between relationships to the land and health are fluid and are manifested across multiple scales. The chapter illustrates that the land, as place, represents more than just a physical location. Rather, the land exists within a physical, spiritual and symbolic plane that stretches across geographic scales.

Given the increasing numbers of First Nations peoples residing in urban areas, Chapter Seven presents the methods employed in conducting interviews with Anishinabek who have migrated from reserves on Manitoulin Island to three urban locations in Ontario: Hamilton, Sudbury and Toronto. The chapter provides a profile of the participants and discusses the problems they face in maintaining relationships to the land while living in urban, non-Aboriginal environments. This chapter sets the context of analysis for Chapter Eight, which explores the multi-scaled process of negotiation Anishinabek endure to maintain their links to the land. The final chapter of this thesis summarizes the main research findings, makes some conclusions regarding the link between health, culture and place and suggests possible directions for future research.

1.3 Engaging in Research with the 'Other'

My being a non-Aboriginal engaging in this research does raise questions about the role of the non-Aboriginal researcher. As will be discussed in Chapters Four and Seven, I coped with some tensions and challenges in conducting this research. Hence it is necessary to acknowledge that the interpretations presented within this thesis are my perspectives and have been shaped by my position as a non-Aboriginal health geographer.

The issue of engaging in research with the 'other' is at the forefront of discussions in Feminist, Cultural and Post-Colonial studies, with prominent viewpoints coming from Spivak (1988), Said (1993), Bhabba (1994), and hooks (1990). Debates surrounding research with the other have raised some critical questions concerning representation and have stressed the importance of recognizing that all knowledge is partial, situated and socially produced. In conducting and presenting the results from this research, I risk "continuing the imperialist project" (Spivak, 1998, p.288) of speaking for others. I was always aware of the differences (e.g., social, cultural, economic, and spiritual) that separated the participants in this research from myself. While I made many attempts during the research process and the writing of this text to avoid representation, I cannot avoid speaking for others.

Throughout the thesis I present my interpretations of the link between Anishinabe health, culture and relationships to the land and this constitutes speaking for others. However, it is not the goal of this research to uncover universal truths and make grand claims regarding the link between health, culture and place. Nor is it the goal of this thesis to present an authoritative account of Anishinabe perspectives on the significance

of their relationships to the land and its implications for health. Rather, my goal is to demonstrate that exploring health in the context of Anishinabek culture provides us with an'other' way of viewing place. Incorporating Anishinabe perspectives of place into the analysis of health results in what Spivak (1988) terms the creation of counter-narratives. These counter-narratives demonstrate that the current conceptualizations of health and place within the Geography of Health are limited and that more nuanced perspectives of health, culture and place are required. In particular, this thesis reveals that for Anishinabek, places are more than just physical and/or symbolic locations. Rather, the land, as place, represents the interconnected physical, symbolic, spiritual and social aspects of Anishinabe cultures and it is essential for maintaining the balance necessary for good health.

CHAPTER TWO
RESEARCHING HEALTH, PLACE AND CULTURE IN GEOGRAPHY

2.0   Introduction

This chapter is a review of the research conducted within the Geography of Health, with a particular emphasis on the health of Aboriginal peoples in Canada. It begins with a discussion of the 'traditional' ways in which geographers have examined place and space in relation to health (i.e., through spatial and locational analyses). The second section describes the recent paradigm shift that has taken place within this discipline and its attendant emphasis on socio-spatial (experienced) perspectives of place. In the third section, I critique the current research being conducted on Aboriginal health in Canada, highlighting its dependence on traditional approaches to space and place and its incorporation of rudimentary measures of culture. In the fourth section, I argue that more meaningful examinations of place can be conducted by examining health in the context of Aboriginal beliefs surrounding the land. This section explores the relationship that Aboriginal cultures had with the land, from an historical perspective, paying particular attention to the spiritual and cultural aspects of the relationships. The final section outlines an alternative approach for exploring Aboriginal health, which embraces a cultural perspective of place and health.

2.1   'Traditional' Approaches to Space and Place in Health Research

The research conducted within Medical Geography is usually characterized as belonging to two, sometimes overlapping, strands. The first strand explores various dimensions of health and illness, while the second examines aspects related to health care

(see Jones and Moon, 1987). This section of the literature review will provide a general summary of the geographic research being conducted within both of these strands. It is the aim of this section to outline the wide variety of research that has been carried out within this subdiscipline and discuss how the focus on place and space has begun to shift in recent years and has resulted in the development of a post-medical geography. A post-medical geography goes beyond spatial and locational perspectives on health and health care by recognizing the dynamic and reciprocal relationship between place and health (see Kearns, 1993, p.144).

The traditional approaches to space and place within Medical Geography are characterized by spatial and locational analyses. Generally, space has been viewed in two ways: i) as a container of things; and ii) as an attribute of characteristics (Eyles, 1993). In viewing space as a container of things, Eyles (1993) argues that space represents the stage upon which social relations are carried out. In this sense space is independent from the social phenomena that it contains (Curtis and Rees Jones, 1998). This view of space dominates spatial analytic approaches. Place, on the other hand, has historically been explored through a lens of location. That is, much of the research that has explored the link between place and health, has defined place through; i) the social and/or physical characteristics of different geographical scales (e.g., regions, Census Metropolitan Areas (CMAs); and ii) coordinates on a map.

However, recently geographers have recognized that health research requires more meaningful examinations of place. In particular, Gesler (1991) and Kearns (1993) have argued that places represent more than geographic locations related by distance within space. Further, they assert that the health-related characteristics of places need to be

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examined. Critiquing spatial analytic viewpoints of health and place, Gesler (1991, p.167) argues that, "Geographic studies rarely pay attention to the meaning of places in health care delivery...In fact, most geographic studies of health care delivery are based on an abstract analysis of space as opposed to an analysis of place. *Where* a hospital lies within a spatial distribution of hospitals is given more importance than *what goes on* within that particular hospital (original emphasis)."

These distinct conceptualizations of space and place have resulted in a schism, with 'Medical Geography' on the one side and 'The Geography of Health" on the other. Medical geography is associated with conventional versions of space and place and is dominated by spatial analyses and ecological perspectives of disease and health care facilities (see Meade et al., 1988). In contrast, the Geography of Health seeks to understand the meanings attributed to places (e.g., sites of health care delivery) and how they shape experiences of health.

These contrasting views of space and place have been explored in different ways within various settings. The following section will provide a brief synopsis of the research conducted within Medical Geography that embraces spatial and locational perspectives of health and space/place.

The first strand of research conducted within Medical Geography can be divided into two areas, which are concerned with spatial distributions and/or location specific studies of: i) illness and disease; and ii) health-related behaviour. Studies that have explored spatial and temporal patterns of illness and disease are extensive and wide-ranging. Some of the research focuses on morbidity and mortality in general while other studies are disease specific. For example, Pampalon (1991) examined the variation in

morbidity rates across three rural areas in Québec. In a similar vein, Langford and Bentham (1996) explored regional variations of mortality rates in England and Wales. Studies which are disease specific generally examine variation in incidence rates over small (urban/rural divides) or large (county/political levels) geographic areas. Particular illnesses have received more attention than others, such as cancer (see Brody et al., 1996; Drapeau et al., 1995; Gbary et al., 1995; Schneider et al., 1993; and Thouez et al., 1994), and in more recent years, AIDS and HIV (Cliff and Smallman-Raynor, 1992; Dutt et al., 1987; Gardner et al., 1989; Glick, 1982; Loytonen, 1991; Shannon and Pyle, 1989; Thomas, 1996, Wallace, 1993; Wallace and Thompson-Fullilove, 1991; Wallace et al., 1995; Wood, 1988).

Research has also shed light on the importance of examining health-related behaviours. A few studies have done so by exploring inoculation and immunization in various contexts. For example, both Pyle (1984) and Gatrell (1986) have carried out spatial analyses of immunization - Pyle of influenza and Gatrell of whooping cough in Salford.

The second strand of research in Medical Geography can also be divided into two areas of research that mainly focus on spatial analyses and place-specific examinations of health care facilities/professionals and access/utilization of health care services. Research focusing on the spatial variation of medical facilities and medical professionals is important for exploring inequalities and identifying under or over-serviced areas (Brown et al., 1994; Cromley and Craumer, 1990). In addition, studies have examined the characteristics of health care in certain locations and across larger geographic units, paying particular attention to health policy, medical insurance, and medical coverage over

time and across space (Finkler, 1995; Rip and Hunter, 1990). Related to this, geographic techniques, such as GIS, have been employed to plan for future health care service provision and allocation in different localities (Bullen et al., 1996; Twigg, 1990).

Accessibility and utilization research has explored the factors associated with the use of physician and nursing services (Birch et al., 1993; Eyles et al., 1993; Newbold et al, 1995), specialized care (Kirby, 1995; Ross et al., 1994), hospitals and medical clinics (Bailey and Phillips, 1990; Barnett and Kearns, 1996; Kloos, 1990) as well as the factors which impede accessibility (Haynes, 1991; Oppong and Hodgson, 1994).

In summary, what is implicit across all levels of research within Medical Geography is the importance of geometric views of space and locational perspectives of place.[1] While one cannot deny the significance of spatial and locational analyses for health research, these exercises tend to limit conceptualizations of space and place to stages upon which human activities take place. As Jones and Moon (1993, p.15) argue, place is "merely the canvas on which events happen (while) the nature of the locality and its role in structuring health status and health-related behavior is neglected". In a spatial analytic viewpoint, place is viewed merely as a location while the deeply entrenched meanings of places and how they shape health are overlooked.

2.2   Shifting Paradigms: From Geometric Space to Experienced Place

Recently, critiques have been leveled against these traditional approaches to space and place (see Kearns, 1993; Kearns and Joseph, 1993; Jones and Moon, 1993; Entrikin,

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[1] Geometric conceptualizations refer to the fact that places are related in space by distance.

1991). In particular, Kearns (1991; see also Abel and Kearns, 1991) has been instrumental in promoting and emphasizing the need for a post-medical geography (i.e., Geography of Health) in which place is viewed as more than location and geographers strive to understand the dynamic relationship between health and place.

While places are related in space by distance (geometric conceptualization), Kearns and Joseph (1993) argue that we need to move beyond this valuable yet rudimentary relationship. They suggest that Health Geographers incorporate a socio-spatial conceptualization of space and place that acknowledges the close interconnections of social processes and territory. Such a relational view of space and place provides us with a more productive way of exploring the link between health and place. In particular, the integration of socio-spatial and humanistic views of space and place will allow for a better understanding of; i) the power of space as agent, ii) the underlying social structures and forces that shape spatial outcomes, and iii) how these two elements impact on perspectives of place (Kearns and Joseph, 1993).

A number of Health Geographers, following this lead, have begun to draw upon the work of the humanist tradition and cultural geography by acknowledging that places have meaning and that the meaning of places is important for health. The attribution of experience, meaning and value to places originated within humanistic geography and has seen a revival within cultural geography since the 1970s and 1980s (Gesler, 1992). This revival has led to the development of the 'sense of place' concept, one of the more well known areas of research within humanistic geography (Ley, 1981; Tuan, 1974). As Pred (1983) explains, "sense of place connotes the meaning, intention, felt value and significance that individuals and groups give to places". The importance of sense of place

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has been demonstrated within cultural geographic research that has examined the meanings attributed to places, landscape experiences as well as attachment to places (Godkin, 1980; Relph, 1981; Tuan, 1977). Sense of place allows for the examination of landscapes as social constructions that are embedded with meaning, as opposed to viewing them as just physical entities (Jackson, 1989). However, this concept should not be used without an understanding of the discourse that has shaped it.

Rose (1993) provides an excellent critique of humanistic geography. As she argues, very few feminists have used humanistic ideas because they fail to acknowledge the broader social power relations that structure experiences of place. Further, humanistic research, in the past, has often erased women and other minorities. In particular, Rose cites the ethnocentrism of Tuan's (1974) research in which he argues that the desire for place is universal. He further contends that the only differences that do exist, are between men and women and that those differences are based solely on biology. The inherent problems associated with the separation of men and women on the basis of biology have been adequately addressed elsewhere (see, Kobayashi and Peake, 1994; McDowell, 1992; Penrose et al., 1992; Rose, 1993).

While cultural geographers have embraced the sense of place concept for the last two decades, health geographers are only now beginning to realize the benefits of this research. Research within the Geography of Health has demonstrated that the meanings ascribed to places as well as individual experiences of places contribute to health and healing (Abel and Kearns, 1991; Dyck, 1995; Gesler, 1996; Kearns and Barnett, 1997). For example, Kearns (1991) examined the contribution of health services to the experience of place as well as the healthiness of the Maori population in New Zealand.

He focused his research in the Hokianga, a special medical area, which provides health and social services to the Maori population. Kearns collected his data through a number of qualitative research methods. He first interviewed employees working for the various medical clinics in the Hokianga. Second, he observed and engaged in conversations with people in waiting rooms at the clinics and also surveyed employees and patients at the Hokianga hospital. Kearns' findings showed that the form of health care in the area influenced the well-being of individuals from the Hokianga area. People visited the clinics for more than just medical reasons. They saw the clinic as a gathering place to discuss things other than health. In fact, Kearns found that the most frequent conversation category in all but three clinics was community concerns. Health on the other hand, was the second most frequent conversation category. Based on his findings, Kearns argued that these facilities contributed "to the broader health of the communities by acting as gathering places and arenas of information exchange" (Kearns, 1991, p.529). Furthermore, Kearns (1991, p.530) asserted that "what goes on within those facilities potentially contributes to the strengthening of people's belonging to, and perception of place".

While experiences of place contribute to health, the inverse also holds true. In other words, individual experiences of health contribute to the meanings people ascribe to places. In particular, Dyck (1995) has explored the links between space, place and the health experiences of women suffering from Multiple Sclerosis. Her research focused on women who had left the workplace due to their illness and the strategies they employed to make places within the home more accessible. Dyck found that many women initiated structural changes, such as the building of ramps and widening of door frames, to

increase their utilization of domestic space. Such actions allowed the women to remap their social and physical environments, providing new meanings to place in their daily lives. In a similar vein, Laws and Radford (1998) examined the place experiences of developmentally and physically disabled adults living in Toronto. Their research showed that disabilities pose space-time constraints on individuals, which restrict where and how they experience place. Further, their study demonstrates that meaning is attributed to illness within the constraints and opportunities experienced in home, neighbourhood and workspaces.[2]

In addition, an expanding body of research within the Geography of Health has begun to explore the healing benefits associated with particular places and/or landscapes. The study of landscape has been at the forefront of geographic research. Carl Sauer first introduced the concept of landscape to geography. In his work *The Morphology of Landscape*, he emphasized the agency of culture in shaping the earth's surface. In an attempt to distance the study of landscape from environmental determinism, Sauer (1925, p.343) argued that geographers must understand the ways in which the physical or 'natural' environment is transformed into a cultural landscape: "culture is the agent, the natural area is the medium, the cultural landscape is the result". In this way, landscape was defined as the material expression of the interaction between society and the natural environment.

This approach to understanding landscape took a radical turn in the 1980s within

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[2] This is by no means an exhaustive account of research that explores the dynamics between health and place. Research has also devoted importance to lay perceptions of health and health care (see Donovan, 1988; Litva and Eyles, 1994; New and Senior, 1991), and the social construction of environmental risk (see Baxter et al., 1999; Eyles et al., 1993).

the 'new cultural geography' in which it was argued that landscape is not just the material and physical artefacts of culture but also a way of seeing (Daniels and Cosgrove, 1988). Ley (1987) suggested that landscapes can be read as text in that they reveal the ideologies, beliefs and practices of the societies that have shaped them. In this way, landscapes are understood to be embedded within social power structures (Daniels, 1989). Landscapes are now recognized as symbolic systems and are shaped simultaneously by physical, social, cultural and political environments.

Situating himself between the new cultural geography and health geography, Gesler first introduced geographers to the term 'therapeutic landscapes' in his 1991 book *The Cultural Geography of Health Care*. He argued that by incorporating theory from cultural geography such as sense of place and symbolic landscapes, health geographers could begin to examine 'locations of healing' as symbolic systems. This, he felt, would move health geography beyond mere locational analyses of health care delivery to more in-depth examinations that explored places as sites of meaning. Gesler argued this was necessary for recognizing that societies, through ideologies and the use of symbols, create therapeutic landscapes of healing. For example, in *The Cultural Geography of Health Care*, Gesler explored the development of therapeutic landscapes in the treatment of the mentally ill in Europe; the protection of British Colonial soldiers from malaria in Sierra Leone; and the use of spas in the United States.

Since Gesler first introduced the concept of therapeutic landscapes in 1991, many Health Geographers have taken on the task of applying this new body of theory to our understandings of the interconnections between place, identity and health. For example, utilizing notions of sense of place and attachment to home, Williams (1999) explored the

factors relating to the place-identities of home care nurses working in a medically under-serviced region in Sault Ste. Marie, Ontario. Williams argued that the work the nurses provide, their length of residence within the community and their development of social networks contributed to their own place-identities within Sault Ste. Marie. She contends that the strong connection home care nurses have to Sault Ste. Marie enhances their health thereby making it a therapeutic landscape.

Research has also demonstrated the symbolic structures embedded within therapeutic landscapes. For example, Gesler (1991) identifies the symbolic importance of physicians' white coats. He argues that the coats symbolize an array of things to different people (e.g., hope, purity, and colonial oppression). Further, the different landscapes (e.g., hospitals and cities) within which health care is delivered are also of symbolic importance. As such, healing places symbolize social ideals, values and beliefs.

Geores (1998) takes a historical approach to demonstrate how the meaning and symbolism of the metaphor 'Health=Hot Springs' served to commodify Hot Springs, South Dakota as a therapeutic landscape in the late 18th and early 19th centuries. Her work demonstrates how a sacred Native American healing place was commodified and marketed as healing place for 'white' Americans. Similar to Kearns and Barnett's (1999) research on the importance of marketing for selling health care, Geores research demonstrates how the marketing of nature (e.g., mineral springs and fresh air) as healing sold the metaphor of Hot Springs as a therapeutic place.

The use of therapeutic landscapes within health geography is important because it provides us with an alternative way of viewing the link between health and place. It allows us to shed geometric and locational approaches to space and place by embracing

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more meaningful perspectives that view places as symbolic systems of healing. Using this body of theory, researchers have successfully demonstrated the healing benefits associated with the symbolic and material aspects of particular places such as spas, baths, places of pilgrimage, and hospitals (see Bell, 1999; Geores, 1998; Gesler, 1993; Gesler, 1996; Gesler, 1998; Palka, 1999).

In this vein, Kearns and Barnett (1999) explored the symbolism implied in naming the Auckland children's hospital "Starship" within a climate of fiscal restraint. Their research demonstrates how the name "Starship" symbolizes a change in the marketing techniques of hospitals as well as an attempt to reorient children's health. First, it was the aim of hospital marketers that the name would be "sell able", ground the hospital as a landmark and encourage sponsorship. Second, the name itself symbolized an attempt to shed the sick images associated with hospitals by employing a more playful, imaginative image, which demonstrated a general level of confidence in high-tech medicine to cure illness. In deconstructing the name "Starship", Kearns and Barnett argue that "ship" is symbolic of the voyage individuals embark on upon entering the hospital – a metaphor of illness as a journey. As such, the naming of the hospital appealed to the imagination of children, de-emphasized the medical images usually associated with hospitals and in so doing created a therapeutic landscape that appealed to parents as consumers.

While therapeutic landscapes are an informative and innovative area of research, they tend to be utilized in an uncritical fashion. I would argue that the current conceptualization of therapeutic landscapes is problematic because it overlooks the cultural and multi-scaled ways in which the links between health and place are manifested.

First, therapeutic landscapes are very much a 'Western' conceptualization that does not allow for the incorporation of 'other' ways of viewing the link between health and place. It focuses on landscapes that are mainly important in western cultures (e.g., spas and baths) yet their healing benefits are presented as holding universal meanings. In fact, there has been very little acknowledgement of the cultural specificity of these landscapes.

The complaint that health geographers fail to acknowledge the ethnic and racialized underpinnings of the relationship between health and place is not something new. For example, Rathwell and Phillips (1986), observing a need for 'socially relevant' research, edited a book that centred on health, race and ethnicity. In 1988 Pearson argued the need for a 'feminist anti-racist medical geography'. Three years later Gesler (1991, p.8) emphasized the need for health geographers to focus on ethnicity and ethnomedical systems in their examinations of health and place. Kearns and Dyck (1995, p.137) argued that "geographical studies of health and place need to be centred in 'culturally safe' research practice". That is, it is not enough to include others within our research but we must acknowledge diversity, difference and the existence of multiple identities and their role in shaping health. More recently, Rosenberg (1998) argued that health geography has failed in its attempts to develop inclusive geographies of health and place. While Gesler (1991, p.8) states that the "bridge between what cultural geographers have been doing and what medical geography might be doing has been partially filled", I would argue that there is still much work that needs to be done.

A review of recent work conducted by health geographers on therapeutic landscapes reveals that there is little or no reference to ethnicity and/or culture and their

role in shaping the link between health and place.[3]

In addition, only three articles explore therapeutic landscapes outside the geographic borders of North America, Europe and New Zealand. They are, Scarpaci's (1999) examination of the development of therapeutic landscapes in post-socialist Havana, Frazier and Scarpaci's (1998) exploration of the confluence of 'landscapes of fear' and therapeutic landscapes within the context of state violence and mental health in Chile, and Madge's (1998) work on the health care system of the Jola of The Gambia, West Africa. Of these, Madge's research is the only one that focuses specifically on cultural beliefs and values in shaping therapeutic landscapes. Her research explores the indigenous medical beliefs and practices of the Jola, documenting the medicinal uses of plants and animals for particular illnesses and ailments, and the use of indigenous medical specialists.

Madge's research is important because she demonstrates that it is not enough to include others within our research. Rather, we also must acknowledge that there are indigenous ways of knowing, which are valid and may challenge and contradict 'Western' perceptions of health and place. Similarly Kearns and Dyck (1995, p.143) argue for the importance of allowing other conceptualizations of health and place to "transform one's theoretical building blocks as a social scientist". As researchers we must be flexible enough to shed our Western lenses, for it is only when we incorporate other ways of seeing that we can begin to see the limitations of our own epistemologies.

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[3] Included in this review were five journal articles with the term 'therapeutic landscapes' in their title/abstract/key words, three papers included in a section entitled 'Therapeutic Landscapes' in the edited collection *Putting Health into Place: Landscape, Identity, and Well-Being* (Kearns and Gesler, 1998), and ten papers in Williams' (1999) edited collection *Therapeutic Landscapes: The Dynamic Between Place and Wellness*.

Second, much of our understandings of therapeutic landscapes have been limited to the healing properties of physical places that can be mapped, such as, spas, baths, sites of religious pilgrimages, and hospitals (see Bell, 1999; Geores, 1998; Gesler, 1992; Gesler, 1996; Gesler, 1998; Palka, 1999). We must begin to explore other (non-physical) dimensions of therapeutic landscapes, in particular those that do not exist solely 'on the ground' but are embedded within the belief and value systems of different cultural groups. Building upon this critique, scale has always played a pivotal role in geographic inquiry. While Gesler (1991) poses the question 'On what scale is place encountered?' in his book *The Cultural Geography of Health Care*, much of the research centered on therapeutic landscapes has overlooked the multiple scales at which these landscapes are experienced.[4] The concept of scales has been utilized mainly within geopolitics and economic geography as a way of understanding spatial-political practices. However, it should be incorporated into studies of therapeutic landscapes because it would allow for the exploration of the different levels at which these landscapes are constructed.

Finally, much of the research on therapeutic landscapes has focussed on the material and symbolic aspects of place as being positive agents for health. One exception is Frazier and Scarpaci's (1998) exploration of the effects of state violence under the Pinochet regime in Chile on mental health. Within their research they document how landscapes of fear are being transformed in therapeutic landscapes. While their discussion mainly focuses on the positive aspects of health and place, their study does indicate a need for further research that explores the negative aspects of place. This is an important

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[4] An exception is Parr's (1999) research on mental health.

issue to explore especially considering that the negative elements of the land and their implications for Aboriginal health have not been extensively addressed.

2.3 Geographic Examinations of Aboriginal Health: Traditional Approaches to Space and Place

The study of therapeutic landscapes is important for demonstrating the healing benefits of particular places (natural and built environment) and their symbolic properties. It also reveals that the importance of place for health can, and should, be examined in more than just spatial and/or locational terms. Despite the recent strides that have taken place within the Geography of Health, there is more work that needs to be done. As mentioned previously, the relationship between health and place has culturally specific dimensions but these tend to be overlooked, especially with respect to indigenous peoples. Within the Canadian context, very few geographers have explored the health of Aboriginal peoples in Canada. Further, what little research exists mainly focuses on the importance of place for health through spatial and locational analyses. Most of the research utilizes quantitative methods and therefore does not incorporate in-depth explorations of the cultural beliefs systems of Aboriginal peoples and how they shape health. While some studies have attempted to demonstrate the influence of culture on health status, these studies remain flawed by their rudimentary definitions of culture (see Newbold, 1997; Thouez et al., 1989). The next section provides an overview of the research being conducted by geographers on Aboriginal health in Canada.

A series of papers on the health status and health care utilization of the Cree and Inuit in Northern Québec was produced in the late 1980s and early 1990s (Duval and

Therien, 1985; Foggin and Aurillon, 1989; Foggin et al., 1988; Labbe, 1987; Robinson, 1984; Thouez et al., 1989; Thouez et al., 1990; Wenzel, 1981). This group of studies relied heavily on spatial analysis and rudimentary proxies of culture in their explorations of health and health care behaviours. This review focuses on three of those studies; the first dealing with respiratory health and acculturation, the second with malnutrition, and the third with general health status and health care utilization. The data used in all of the studies were obtained from the same field survey, which was conducted between 1982 and 1984 and carried out in the thirteen Inuit and eight Cree communities. Two questionnaires were administered to a sample of residents living in the 21 communities. An epidemiological questionnaire collected information on health status and a socio-cultural questionnaire was used to acquire information on the lifestyle behaviours and the physical and social environment of the Cree and Inuit (Thouez et al., 1989).

Foggin and Aurillon (1989) used statistical analysis to explore regional variations in the association between respiratory health and acculturation in the 21 communities. They used three indicators of respiratory health (acute and chronic bronchitis and pulmonary function) and calculated an index of acculturation based on education level, waged-employment, language spoken and occupational type. Chi-squared contingency tables were used to determine the level of statistical significance between acculturation and respiratory health. Their results revealed that acute and chronic bronchitis and pulmonary function were statistically associated with acculturation for men in both the Cree and Inuit populations. That is, males characterized as 'modern' (higher levels of education, speak English, partake in specialized labour and have waged-employment) were in better respiratory health than males characterized as 'traditional' (lower levels of

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education, speak little English, unspecialized labour and self-sufficient). In the next step of their research, the data were disaggregated and chi-square contingency tables were calculated for each of the 21 communities. A few of the communities manifested statistically significant relationships similar to those at the aggregate level. Further, statistically significant associations were observed between acculturation and pulmonary function for women living in Ivujivik (Inuit village) and acculturation and bronchitis for women living in Salluit (Cree community). The communities were also divided into three groups based on their degree of acculturation. The results showed regional variations in the correlation between acculturation and respiratory health.

Thouez et al. (1989) tested the hypothesis that place of residence (inland versus coastal areas) influences health to a greater degree than Aboriginal identity (Cree versus Inuit). In particular, they argued that because of their location (lower levels of accessibility to health services, reliance on traditional foods) the Ungava Bay Inuit and inland Cree would be in poorer health than the Hudson Bay Inuit and the coastal Cree. As part of the survey, respondents were asked to undergo a physical examination in which a variety of medical tests were undertaken to determine physical health (see Thouez et al., 1989, p.968). The first part of the analysis examined the percentage of individuals in each area characterized by certain medical conditions (obesity, zinc deficiency, glucose rates etc.). These results illustrated both inter and intra-group variation in health status. For example, zinc deficiencies were higher among the Ungava Bay Inuit and the coastal Cree and were also greater for women as compared to men. In terms of obesity, Ungava Bay men were found to be more obese than those of Hudson Bay and Inland Cree males were more obese than those of the coast.

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In the second phase of the study, discriminant analysis was carried out to determine if any of the relationships observed were statistically significant. The findings revealed that regional variations were statistically significant only for men. Further, they observed that characteristics related to Aboriginal identity were more important for explaining health than place of residence. Specifically, self-sufficiency was significantly related to lower levels of malnutrition. This is an important finding because it indicates that not only does lifestyle influence health but a traditional lifestyle appears to contribute to good health.

Thouez et al. (1990) analyzed health care utilization at both the aggregate and disaggregate levels in the 21 communities. Their results showed that place of residence explained a greater proportion of the variation in utilization among the Cree than for the Inuit. This indicates that place, as defined by location, is an important determinant of health care utilization. That is, some communities (possibly more remote villages) may have minimal or no access to health care services as compared to other areas. Thouez et al. (1990) assert that their research findings are useful to both health planners and health care providers in developing a well-organized health care system for these communities. However, they do not include the use of traditional medicine and healers in their examinations of health care behaviours. This should be an important element to consider in developing a culturally appropriate health care delivery system.

These three studies are important, as they have illustrated both present and potential health problems that must be addressed in Aboriginal populations. While these studies set out to examine the relationship between acculturation and health status, their definitions of 'traditional' Aboriginal cultures are problematic. For example, Foggin and

Aurillon (1989) emphasize the importance of self-sufficiency for indicating traditional Inuit and Cree culture. In addition, Thouez et al. (1990) focus only on hunting and trapping as traditional activities. As such, these studies define Aboriginal culture in a very circumscribed way that equates it with self-sufficiency and hunting and trapping activities. The researchers overlook the importance of other aspects of Aboriginal cultures such as language, beliefs, values and traditions, all of which have implications for health. In addition, the studies conduct analyses comparing two very distinct populations (Inuit and Cree) with little or no acknowledgement of the cultural differences that exist between the two groups. Foggin and Aurillon (1989) and Thouez et al. (1999) assume that 'traditional' culture is the same for both the Inuit and the Cree. More attention needed to be directed to the cultural, historical and social differences that exist between them.

Newbold (1997, 1998) using the Aboriginal Peoples Survey (1991) attempted to reveal a link between health and place through a locational analysis. Using logistic regression, he examined the determinants of health and health care utilization in relation to sociodemographic and economic characteristics in addition to: location, cultural orientation and identity (Newbold, 1997). Cultural orientation refers to an individual's orientation towards traditional Aboriginal culture. Newbold (1997) uses three proxies for cultural orientation: group identity, the ability to speak an Aboriginal language, and participation in traditional activities.

More specifically, he explored the determinants of health services utilization for Aboriginal people identifying themselves as Indian, Métis and Inuit living in four different locations: reserves, urban and rural areas and the North. Since the APS does not allow for the disaggregation of data into 'northern' and 'southern' regions, Newbold

classified 'north' as the geographic location occupied by the Inuit. The findings from his research revealed that incorporating identity and cultural orientation into models of health care utilization produced inconclusive results. For example, individuals who were fluent in an Aboriginal language were less likely to have visited a physician whereas a basic understanding of an Aboriginal language was not significantly related to physician use. Further, individuals who had participated in a traditional activity were more likely to have visited a physician. These findings are contradictory in nature. His inconclusive findings are most likely a result of the poor conceptualizations of culture utilized within the APS (see Chapter Three).

Newbold's findings did, however, reveal that place (in a locational sense) is an important determinant of health care utilization. More specifically, individuals living in isolated areas had a lower likelihood of visiting a physician. In terms of identity, the Inuit had the lowest probability of visiting a physician, which is most likely due to their relative isolation as compared to the other two groups. By dividing place into four separate and distinct groups, Newbold was able to highlight locational variations between health, health services and utilization. In this way he revealed that place has a role in explaining health and health related behaviour.

Despite the importance of this work, Newbold fails to acknowledge his problematic conceptualization of identity. The conclusions that can be drawn from his research are limited because the APS categorizes Aboriginal identity into only three groups: North American Indians, Inuit and Métis. As such, Newbold's research cannot examine the link between health, place and identity for distinct Aboriginal groups. Newbold can be criticized for his liberal use of the term identity. Classifying individuals

on the basis of Aboriginal ancestry does not qualify as an examination of identity. Identity represents much more than ethnic origin or ancestry.

Stephenson et al. (1995) provide one of the most extensive geographic analyses of Aboriginal health. This edited collection includes a wide array of historical, epidemiologic, and geographic approaches to understanding the health of Aboriginal peoples living in British Columbia. In addition, it is one of the few collections to include an Aboriginal perspective on health and health care. One chapter, in particular, by Elliott and Foster (1995), provides a thorough examination of the geography of health and health care for Aboriginal peoples living in British Columbia. Within this chapter Elliott and Foster compare health measures, such as, life expectancy and infant mortality for Aboriginal people living in Canada, Australia and New Zealand. At the national level, they compare tuberculosis rates for the Registered Indian population across the provinces. Further, given the geographic isolation of many First Nations reserves in British Columbia, Elliott and Foster explore geographic accessibility to health services.

Within their introduction, Elliott and Foster critique geographic research for its tendency to separate issues of health and place for Aboriginal peoples from issues of culture (i.e., land, spirit, body and mind). They assert that "a re-connection of mind-body-place" is necessary for understanding and improving Aboriginal health (Elliott and Foster, 1995, p.97). Further, they argue that place is an important issue to consider in the context of Aboriginal health given colonial policies that served to dispossess Aboriginal peoples from their lands. However, only a mere page was devoted to the connection of mind-body-place and its role in influencing health. While Elliott and Foster do not provide a thorough examination of Aboriginal health in the context of mind-body-place, they do

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recognize the need for geographic research that not only moves beyond geometric conceptualizations of place but also incorporates culture.

In summary, while this body of geographic research is important for its identification of health-related problems that exist in Aboriginal communities (e.g., poor health status, malnutrition and limited access to health care services), it is problematic. In particular, there is little room for other conceptualizations of health and place within this research. The very nature of locational and spatial analyses limits our understandings of place to containers or attributes of quantifiable variables (e.g., number of physician visits, disease incidence and quality of life indices), all measured for a given geographic area. Further, these studies incorporate very limited conceptualizations of culture into their explorations of health and place. For example, Foggin and Aurillon (1989) use language, education and employment to distinguish between traditional and modern Cree and Inuit peoples. In addition, Newbold relies on crude measures of ethnic origin to control for cultural identity in his analysis of Aboriginal health. Elliott and Foster, while acknowledging the inter-connections between mind, body, health and place, fail to explore them in any detail.

Research on Aboriginal health can be improved through an incorporation of epistemologies that take us beyond spatial and locational analyses and focus on the material and symbolic importance of places for health. Further, by incorporating more nuanced approaches to culture we can begin to explore fully the complex link between health and place for Aboriginal peoples.

2.4 Understanding Aboriginal Perspectives of Place: The Importance of Relationships to the Land in a Colonial and Neocolonial Context

This thesis marks the beginning of a journey that tries to map a different approach to understanding the link between health and place for First Nations peoples. Following the lead of Cultural Geographers, Health Geographers have begun to acknowledge that places are filled with meanings and values and that these factors shape health. In addition, research conducted on therapeutic landscapes has demonstrated the material and symbolic importance of places for health. While these new ways of viewing place have been explored through various avenues, Aboriginal health remains untouched by this shift in our examinations of health and place. If, as geographers, we are going to take seriously the ways in which the material and symbolic representations of place influence health then we need to develop a framework that addresses the complexities of this relationship. In particular, to understand fully the relationship between Aboriginal health and place, we need to examine the interconnected roles of culture and scale in shaping this link. One way of doing this is to examine Aboriginal health within the context of cultural beliefs surrounding the land.

Exploring the role of the land in Aboriginal cultures provides us with an ideal avenue for conducting an in-depth examination of culture, health and place. First, given its level of significance in all aspects of Aboriginal culture, the land is an important issue to consider in conjunction with Aboriginal health. Aboriginal cultures in Canada vary widely in their beliefs, traditions and approaches to health. However, a common theme is a belief in the importance of the land and a life based on stewardship and harmony with

the earth (RCAP, 1995). Aboriginal people contend that the relationship they have with the land shapes all aspects of their lives: the cultural, spiritual, emotional, physical and social lives of individuals and communities (see Akiwenzie-Damm, 1996; RCAP, 1995; RCAP, 1996b; RCAP, 1996c; Mercredi and Turpel, 1993; Shkilnyk, 1985). Therefore, if we wish to incorporate culture into our examinations of the link between Aboriginal health and place then exploring the importance of the land is one way of doing this. Second, as will become evident in the next section of this review, symbolic, spiritual and material relationships to the land exist at many different levels. This characteristic of relationships to the land allows us to explore another (Aboriginal) perspective of place (the land) and the multiple scales at which it is related to health. Third, it is necessary to recognize that colonial and neocolonial forces have resulted in the dispossession of Aboriginal peoples from their lands, which has disrupted both the social fabric of communities and has changed the ways in which they relate to the land. As such, the relationship that Aboriginal peoples have with the land is continually being reshaped. The next section of the literature review will explore Aboriginal relationships with the land in both the historical and neocolonial contexts.

Historically, the land has been a very important component of Aboriginal life and culture. Before European contact most Aboriginal groups in Canada could be described as subsistence cultures. Whether by hunting, trapping, planting crops, fishing or gathering, the diet and daily nourishment of these groups was provided by the land (Dickason, 1997). For example, those living on the coasts had an economy that included sea harvesting while those in the St. Lawrence Valley and Great Lakes region took part in agriculture (RCAP, 1996c). In this way, the land was both a source and supporter of life,

providing the nourishment necessary for survival. As a result all elements of life, such as social and settlement patterns, were tied to the land (RCAP, 1996c).

The nourishment the land provided was not limited to food sustenance. Much of the literature on Aboriginal culture argues that the land also provided (and continues to provide) spiritual nourishment. Aboriginal people believe that since the land was given to them by the Creator, everything on it and under it, is alive with spirit beings (see RCAP, 1995; Mercredi and Turpel, 1993; Shkilnyk, 1985). For example, the Cree refer to the Creator as the Great Spirit and believe that it was this spirit who created Turtle Island (North America) and in doing so, the land became filled with many spirits (Mercredi and Turpel, 1993). In addition, the Ojibway living in Northern Ontario believe that good and bad spirits inhabits the land. They also believe that it is important to mark where those spirits are so that in their travels the Ojibway can avoid the bad spirits and look to the good spirits for guidance on journeys:

> The rock painting means that there is a good spirit there
> that will help us on the waters of the English River. You
> see a cut in the rocks over there; that's where people leave
> tobacco for the good spirit that inhabits that place
> (Shkilnyk, 1985, p.71).

The recent Royal Commission on Aboriginal peoples in Canada also emphasizes the importance of the land for spirituality. In particular the Commission argues that spiritual relationships with the land have been reflected in Haida spirituality of climatic elements and Métis respect for sacred sites (RCAP, 1995). Since the land is perceived to be inhabited by spirits, many physical features such as mountains, rivers, trees and rocks (which most non-Aboriginal people would view as inanimate) are considered to be sacred by Aboriginal people.

While the land is important for the spiritual and material nourishment it provides, it is also significant for another reason. Since many Aboriginal groups lived on the same land for generations, the land also serves as a supporter of life and Aboriginal culture through the links it forges with the past. Research shows that the land, more specifically, landscape features (mountains, rivers) are important because they represent links through which Aboriginal peoples remain connected with their past.

Cruickshank (1984, 1990, 1997) has written extensively on the subject of place naming and senses of place for Aboriginal peoples of Athapaskan and Tlingit ancestry living in the Southern Yukon. During the 1970s, Cruickshank spent a number of years living in the Southern Yukon and part of her time there was spent recording the life histories of several elders. She found a common thread linking all of the life stories she recorded. Despite differing backgrounds, ages and life experiences, all of the elders she interviewed made extensive use of place names tied to particular landscape features to tell their stories. Cruickshank (1990, p.64) argues that "familiar landscape features became symbols allowing people to use powerful images from nature to talk about culture".[5]

Cruickshank's research reveals that history, events and culture are linked to

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[5] For example, Cruickshank found that place names were linked to stories of creation. For example, one elder, Mrs. Angela Sidney, talked about the creation of various animal species by Animal Mother at the beginning of time. She told how Animal Mother hung her trampoline to four named mountains surrounding the village of Carcross. Two of her resting places on the mountains are named: a cirque on Montana Mountain is called 'Xoots Tlaa Ta.eeti' which means 'Brown Bear Mother's Sleeping Place' and a cirque on Mount Lanning is called 'Yatseeneit Tlaa Ta.eeti' which translates into 'Animal Mother's Sleeping Place' (Cruickshank, 1984, p.33). Some of the names another elder mentioned were associated with; i) historic events such as 'Tacho', a woodcamp on the Yukon River in the 1920s and 1930s, and ii) personal experiences such as 'Hudzi Cho Ye Ts'intsi' meaning he cried over big caribou. In this way, names were reflective of both historical and personal events perceived to be important by individuals and their clan. The names given to places were also reflective of the way of life. For example, many place names indicated species of fish or game hunted in the area: 'Gyo Cho Chu' (Big Salmon Water) and 'Ji Tthetth 'an Ddhal' (Grouse Skull Mountain) (Cruickshank, 1990). Names were also associated with particular individuals. However, as Cruickshank notes, honorific naming does not exist in Athapaskan or Tlinglit cultures and she argues that this therefore reflects a strong tie between the person and the landscape feature.

particular places, whether they be mountains or rivers. Further, for many of the elders interviewed, their sense of self and their history were embedded in landscape features. Often for the people Cruickshank interviewed, just the sight of a particular feature triggered a flood of memories and stories about that place and clan history.

Brody (1981) also demonstrated the importance of the land for Aboriginal cultures. He spent eighteen months on a reserve in northeastern British Columbia with the Beaver Indians.[6] His research illustrates that the way in which the land was used could not be separated from the people who used it. That is, the Beaver Indians had a sense of absolute and eternal belonging to particular places, which shaped their identity (Brody, 1981).[7]

Cruickshank's (1984, 1990, 1997) and Brody's (1981) research were carried out with Aboriginal groups whose way of life involved living off the land. The individuals involved in their research grew up in the earlier part of this century, during a time when

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[6] He had been commissioned by the Northern Pipeline Agency to examine how the building of the Alaska Highway gas pipeline might affect Aboriginal peoples living in the area. Brody's goal was to have as many individuals as possible draw maps explaining their land use in the area. Through the course of the project the individuals who drew maps demonstrated the many ways in which their way of life would be affected through the disruption of the ecosystem.

[7] One person in particular, Joseph Patsah, the oldest man on the reserve, showed a particularly strong desire to live on the land of his people. During the 1920s and 1930s the moose population was quite low, bringing hardship to Patsah's family. As a result, Joseph's family moved north and west, higher into the foothills of the Rockies to the Bluestone River. Believing the area to be abundant with food, Patsah's father and uncles made a cross out of a straight pine and erected it as a sign of the area's potential. The night the cross was erected, an elder dreamed a young cow moose had entered the Patsah camp, circled the cross and then left again. Two days after the dream, hunters from the camp found moose tracks that led to the camp and circled around the cross. To the Patsah family this was a sign that the area would prove to be abundant in game. However, it was a site, ten miles northwest of the cross, located on the Sechin River, known as Quarry, which proved to be the most productive hunting area. For Joseph, the importance of Quarry was not limited to its ability to provide ample game but rather its importance lay in what it meant to have been brought up at Quarry. Over time Joseph's family moved away from Quarry and only returned to it during hunting season. Often Joseph would express to Brody his longing to be at Quarry stating it was "better to be on the trapline, at Quarry (as opposed to living lower in the foothills). And even if you die up there that's fine" (Brody, 1981, p.179). He regarded Quarry as a link with his past, with a previous way of life and as a way of holding on to his culture, identity and his family. True happiness for Joseph could only be found in living on that land.

subsistence economies and cultures were common place. The people lived off the land of their ancestors. As a result their life experiences and clan history were interwoven with the land of their people. Since each individual's sense of self and culture was tied to the land(scape), a part of their identity was lost when they were removed from those physical features. As demonstrated by Cruickshank (1984, 1990, 1997), when an individual was removed from their homeland, some of their stories were forgotten and therefore part of their culture was erased (i.e., in the sense that these forgotten stories could not be passed on to future generations).

Historically, the land has been an integral and essential part of Aboriginal life for three reasons. First, through hunting and gathering practices the land provided Aboriginal peoples with material and physical nourishment. Second, a relationship with the land was fundamental to Aboriginal spirituality and spiritual nourishment. Third, living on ancestral grounds allowed individuals to maintain a link with the past that helped to maintain and reinforce culture. Since the literature suggests that the land is an intrinsic and essential part of Aboriginal culture, exploring the importance of the land is an ideal way of examining the link between Aboriginal health, culture and place.

However, relationships to the land must be explored with an understanding of the forces that have and continue to shape them. The relationship between Aboriginal peoples and the Canadian government has been one of displacement and dispossession. Colonial laws introduced through the signing of treaties, establishment of reserves, the *Indian Act*(s), and residential schools were aimed at assimilation or as some have argued cultural genocide (see Boyko, 1998; Chrisjohn and Young, 1997). The Royal Commission on

Aboriginal Peoples argues that through colonial policies Aboriginal peoples have been physically, socially, culturally, and politically displaced (RCAP, 1996a).

The establishment of reserves denied physical access to traditional territories (Bartlett, 1990) and destroyed traditional subsistence economies (Boldt, 1993; Dickason, 1997; Harris, 1997). This has significant implications for the relationship between health and place because confining Aboriginal peoples to reserves put constraints on where traditional economic activities such as hunting, fishing, trapping and gathering could take place. This not only reduces access to food sources, which are necessary for physical nourishment, but also disrupts traditional economies. The *Indian Act* of 1876 imposed patriarchal values that discriminated against Aboriginal women by denying their participation in reserve politics and eroding their status if they married non-Aboriginal men (Peters, 1998). The same provision did not apply to Aboriginal men who married non-Aboriginal women. They retained their status and it was passed to their spouses and children. This discrimination against Aboriginal women remained intact until the passage of Bill C-31 in 1985 under which Aboriginal women and their children were allowed to apply for status. The very nature of the *Indian Act*(s) served to ensure complete government control over the social, cultural and economic lives of Aboriginal peoples.

The *Indian Act* and its numerous amendments served to physically separate Aboriginal peoples from their lands, and culturally and socially displace them from their traditions. The assimilation or cultural genocide suffered by Aboriginal peoples was most prevalent within residential schools. The *Indian Act* dictated that the government had the authority to transfer the provision of education of Aboriginal children to other parties.

Hence, most of the residential schools in Canada were run by churches on behalf of the federal government.

The first residential schools were established during the 1840's in Ontario and by 1898 54 existed nation-wide. By 1946 there were 76 residential schools in operation (AFN, 1994). It was within these schools that strategic and sadistic attacks were levelled against Aboriginal peoples and their cultures. Some residential schools were the centre of horrific mental, emotional, physical and sexual abuse. Testimonies presented to the Royal Commission on Aboriginal Peoples, and as documented within the Assembly of First Nations' publication *Breaking the silence: An interpretive study of residential school impact and healing as illustrated by the stories of First Nation individuals*, attests to the enduring effects of abuse suffered within these schools (see AFN, 1994). Many Aboriginal peoples claim that residential schools destroyed their spirits and it is only recently that communities have undergone the long process of healing.[8]

While I have provided only a brief summary of government policies related to Aboriginal peoples in Canada, it is obvious that the nature of government-Aboriginal relations has never been one of equality but rather, dominance and destruction. Colonial policies have succeeded in dispossessing Aboriginal peoples from their lands, stripping them of their languages and traditions, and destroying their autonomy. Due to these policies, many Aboriginal peoples no longer live off the land, as they once did, and some, due to Federal relocation strategies, do not live on the lands of their ancestors. While this

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[8] On March 30, 1998 the Federal government announced the establishment of the Aboriginal Healing Foundation. The foundation includes a $350 million healing fund to support the development and implementation of initiatives designed to address the healing of all Aboriginal peoples affected by the Residential School system.

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may have occurred in the past, it is important to recognize that the effects of colonialism are still experienced today. Willems-Braun (1997, p.3) uses the term 'neocolonial' to describe the ways in which colonial policies continue to impact upon Aboriginal peoples in the contemporary context:

> postcolonial theory assumes a temporality that suggests that colonialism is something that can be relegated to the past...most useful, I think, are those instances when commentators have asserted the need to think carefully about the continuity of colonial or neocolonial relations, tracing the ways that streams of the past still infuse the present.

Hence within this thesis, I attempt to avoid romanticizing the connection between Aboriginal peoples and the land. To relegate colonialism to the past would be to ignore the devastating effects of colonial power that persist in the present and have forever altered Aboriginal peoples' relationships to the land.

2.5   Summary

Recent theory in the Geography of Health, such as therapeutic landscapes, has reasserted the importance of place by embracing material, symbolic and socio-spatial perceptions of place in relation to health. While Kearns (1993, p.145) has stated that "medical geography remains an unnecessarily placeless endeavor", recent writing in this area has attempted to demonstrate the importance of place as more than just a container of things (see Abel and Kearns, 1991; Kearns, 1991; Kearns and Joseph, 1993; Litva and Eyles, 1994). Specifically, research has demonstrated the differing and important roles places have in structuring health experiences, as well as showing the role of health in structuring experiences of place (see Abel and Kearns, 1991; Kearns, 1991). However,

much of this recent research has been limited to the study of non-Aboriginal populations and has overlooked the importance of culture and scale in shaping the link between health and place. This research therefore serves an important role. By exploring Aboriginal health through a cultural perspective that lends credence to the importance of place and scale, it is my aim to begin to fill the 'hole' in Health Geography which has overlooked the importance of these factors in shaping Aboriginal health.

As demonstrated in this review, the relationship that Aboriginal peoples have with the land surpasses geographic boundaries. On a large scale, the land represents the earth in its entirety. In addition, presentations to the Royal Commission on Aboriginal Peoples documented the spiritual, historical, political and economic importance of small and large scale bounded places such as traditional territories, reserves and particular landscape features. Examining the importance of the land for Aboriginal health provides us with a different - cultural - perspective of place. It allows us to embrace a fluid sense of place that is multi-scaled. The land, as place, is not just location. It is at once material, symbolic, historical, cultural, bounded and unbounded. Examining relationships to the land in the context of health provides us with the opportunity to simultaneously explore culture and place across different scales. However, it is essential that relationships to the land are examined with an understanding of the forces that have and continue to shape them. It is naïve to assume that Aboriginal relationships to the land would have remained unchanged in the context of colonial/neocolonial forces and changing residency patterns.

The changing residency patterns of Aboriginal peoples also has implications for relationships to the land in the contemporary context. The proportion of the Aboriginal population living in urban areas is steadily increasing as a result of population growth and

out-migration from reserves. In 1991, 44 percent (or 320,000) of the total Aboriginal population were living in urban areas (RCAP, 1996e) and this figure is predicted to increase to 457,000 by 2016 (Kerr et al., 1995). In 1982 approximately 71 percent of the Registered Indian population was residing on-reserve but this proportion decreased to 59 percent by 1998 (DIAND, 2000). Despite their changes in residency patterns that have taken place over time, Aboriginal peoples argue that the land is still an essential component of their culture. Thus to understand fully the role of the land in shaping health this thesis will explore the effects of physical separation from the land, which results when an individual moves from a reserve setting to an urban environment.

Aboriginal peoples have a relationship with the land that is rooted in spiritual terms. The literature presented in this review suggests that despite colonial/neocolonial forces and changes in residency patterns, the land is still important for maintaining Aboriginal identity and spirituality. This may have significant implications for health in the contemporary context. Hence, this thesis explores the link between the land and health in the context of Aboriginal cultural identity.[9] By moving beyond traditional approaches to space and place and by incorporating cultural perspectives, place can no longer be solely viewed as a physical location imbued with meaning. Rather, as this thesis will demonstrate, the land (as place) is part of an inter-connected system of beliefs - a way of life, that includes the physical, symbolic, spiritual, cultural and the social – that exists at multiple scales and shapes health in a multitude of ways.

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[9] For an explanation of what is meant by the terms identity and culture see Appendix 1.

CHAPTER THREE
EXPLORING THE DETERMINANTS OF HEALTH FOR FIRST NATIONS PEOPLES IN CANADA: CAN EXISTING FRAMEWORKS ACCOMMODATE CULTURE?

"Aboriginal people from almost every culture believe that health is a matter of balance and harmony within the self and with others, sustained and ordered by spiritual law and the bounty of Mother Earth"
(RCAP, 1996d, p.184).

3.0   Introduction

There are two distinct bodies of literature that can be consulted in exploring First Nations peoples' health in Canada. First, there is the medical literature that identifies health inequalities and tries to explain them through a variety of models of the determinants of health (Harris et al., 1997; Hegele et al., 1997; Moffat, 1995; for a good review see Young, 1994). While an important body of research, it is flawed by the fact that few studies incorporate First Nations peoples' culture into analyses of health. There are however, a few studies which try to overcome this problem (see Bagley, 1991; Foggin and Aurillon, 1989; Newbold, 1997; Thouez et al., 1989). The second body of literature on First Nations peoples' health is characterized by qualitative research methods and attempts to link culture and health (Borré, 1994; Hagey, 1989; Lang, 1989). This chapter attempts to bridge the gap between these two bodies of literature by integrating First Nations peoples' culture, more specifically beliefs surrounding Mother Earth (the land)[1], into a quantitative analysis of the determinants of health.

While much epidemiologic research has been conducted on First Nations peoples' health, few studies have actually attempted to explore the influence of First Nations

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[1] First Nations peoples consider the land to be a female entity and a provider of all things necessary to sustain life and as such is referred to as Mother Earth (Benton-Banai, 1988).

peoples' beliefs and values on health – let alone the intricate link between the land and health. Given the important role of the land in First Nations peoples' culture, this is a necessary component of health research. As Hudson-Rodd (1998, p.55) argues, "...in order to understand health, an awareness of the dynamic between a people and their land is needed...". This chapter examines the usefulness of cultural variables, as defined in the Aboriginal Peoples Survey (APS) (Canada, 1991), that proxy a relationship to the land for understanding the determinants of First Nations peoples' health.

The first section of this chapter discusses the general demographic, socioeconomic and health status of First Nations peoples in Canada, documenting their much lower levels of health as compared to the non-Aboriginal population. The second summarizes the different conceptualizations used to explore the determinants of health, and in so doing, establishes their failure to either explicitly or implicitly incorporate culture into models of health. The third section outlines the data used in this study as well as the methods employed in the analysis. In the fourth section the results of the research are presented. In the final section of this chapter, the models and the variables available in the APS are critically evaluated and an argument is made for the use of different research methods to fully understand the determinants of First Nations peoples' health.

3.1   Basic Measures of the Socioeconomic, Demographic and Health Status of First Nations Peoples in Canada

Acquiring a profile of Canada's Aboriginal population can be a difficult undertaking due to the use of different measures by both Statistics Canada and the

Department of Indian Affairs and Northern Development (DIAND). According to the 1996 Census, there are approximately 1,000,000 people in Canada with Aboriginal origins. However, the Aboriginal identity population is reported to be approximately 800,000 or 3 percent of the total Canadian population.[2] The Census also reports that in 1996 the North American Indian identity population was 554,290 (almost 70 percent of the Aboriginal identity population). Data collected through the Indian Register by DIAND provide different figures. According to DIAND, the 1996 Registered Indian population was 610,874. The population estimates provided by Statistics Canada tend to be lower due to the fact that many First Nations reserves do not participate in the Census. In the 1996 Census seventy-seven reserves were incompletely enumerated.

Since this thesis focuses on the Registered Indian population, the remainder of this section will provide demographic and socioeconomic information for the on-reserve and urban Registered Indian populations. Acquiring comparable data for the on-reserve and urban population can be difficult. The 1996 Census provides socioeconomic and demographic information for the on-reserve population, however the urban population is aggregated into a category that represents the entire off-reserve population (i.e., urban and rural). Similarly DIAND reports current figures for the on-reserve population but once again the urban population is combined with other off-reserve areas. As a result, the socioeconomic and demographic information provided in the remainder of this section is derived from the Aboriginal Peoples Survey.

As shown in Figure 3.1, approximately 47 percent of the Registered Indian

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[2] The 1996 Census included two questions designed to measure the Aboriginal population. The ethnic origin question measures whether or not an individual has Aboriginal origins. The identity question measures whether or not an individual identifies with a particular Aboriginal group. Since an individual

population resides on reserves, 43 percent reside in urban areas and 10 percent live in rural areas. It is important to note that the reserve population includes reserves in cities. As Table 3.1 reveals there are socioeconomic and demographic differences that separate the on-reserve from the urban population. In particular, a higher percentage of the urban population is female than the on-reserve population. The urban population also enjoys higher socioeconomic status as compared to the reserve population. Over 80 percent of the urban population has at least a high school or post-secondary education in contrast to only 60 percent of the on-reserve population. In addition, unemployment is more prevalent on reserves. Finally, the income levels for the urban population are relatively higher than those living on-reserve. For example, almost 62 percent of the on-reserve population have total incomes levels less than $10,000 as compared to only 48 percent of the urban population.

It is a well known fact that First Nations peoples in Canada suffer from a poorer quality of life, as measured by mortality and morbidity, as compared to their non-Aboriginal counterparts (Enarson and Grzybowski, 1986; Hammond et al., 1988; Young, 1991). The average life expectancy of Registered Indians is approximately six years less than the overall Canadian population (DIAND, 1998). For example, in 1990 the life expectancy of male and female Registered Indians was 66.9 and 74.0 years respectively. In contrast, the male and female life expectancies for the total Canadian population were 73.9 and 80.5 years (RCAP, 1996d). Mao et al. (1992) document that Registered Indians living on reserves suffer higher mortality rates from coronary heart disease, suicide and

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may have Aboriginal origins but not identify with an Aboriginal group, the population counts for the Aboriginal ethnic origin question will be higher.

100
90
80
70
60
50
40
30
20
10
0

Percentage

46.7

43

10.3

Reserve   Urban Area   Rural Area

Source: APS, 1991   Place of Residence
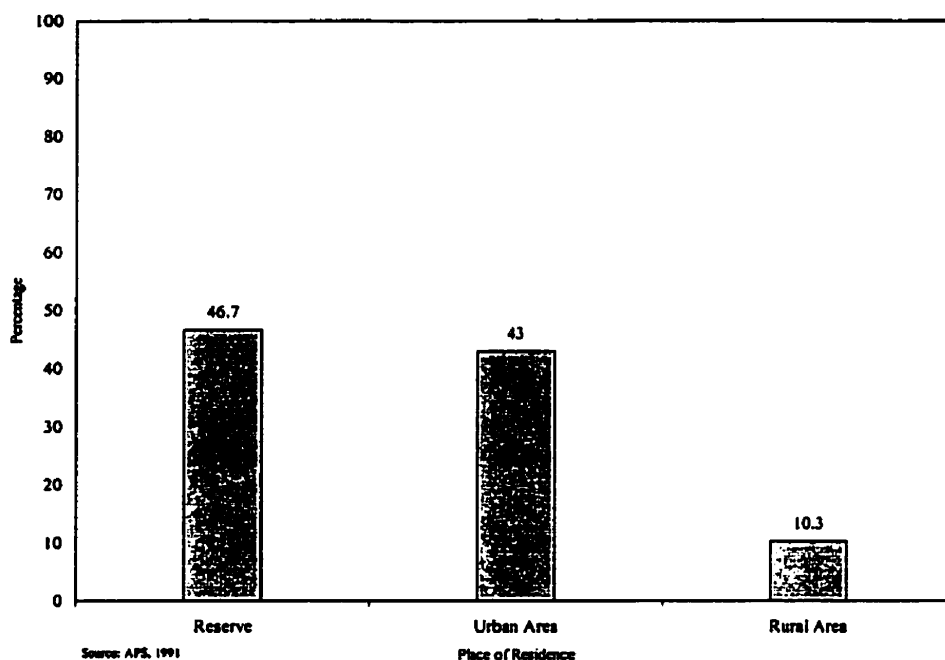
Figure 3.1: Distribution of the Registered Indian Population by Place of Residence

Table 3.1: Socioeconomic and Demographic Profile of Registered Indians by
Place of Residence

Measures of Socioeconomic and Demographic Status	*Categories*	*Place of Residence (percentages)*	
		Reserve	*Urban*
Age			
	15-24	31.5	31.2
	25-39	35.1	42.1
	40-64	26.3	23.5
	65+	7.1	3.2
Sex	Male	51.7	40.6
	Female	48.3	59.4
Education	Less than High School	42.5	16.2
	High School	38.2	49.0
	Post-Secondary	19.3	34.7
Employment	Unemployed	69.6	57.4
	Employed	30.4	42.6
Total Income	0-9,999	61.6	47.7
	10,000-19,999	23.3	25.3
	20,000-39,999	13.2	20.5
	40,000+	1.9	6.4

Source: APS, 1991

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cirrhosis as compared to rest of Canada. Further, the infant mortality rate among

Registered Indians is approximately two times higher than for Canadians generally

(RCAP, 1996a).[3]

Research on morbidity shows that a much higher proportion of First Nations

peoples suffer from certain illnesses than do non-Aboriginal Canadians. For example,

Enarson and Grzybowski (1986) examined differences in tuberculosis rates across the

country for three groups; Inuit, registered Indians and others of mainly European origin.

Their findings showed that tuberculosis rates were 16 times higher among registered

Indians and 24 times higher among Inuit as compared to the third group. Further, Mao et

al. (1992) has shown that the stroke rate for Registered Indian females is 2 times higher

than non-Indians. While rates of infectious diseases among Aboriginal peoples are

declining, rates of chronic illnesses are on the rise. For example, research has

documented the very high rates of type II Diabetes in the Aboriginal population as

compared to the non-Aboriginal population (Young et al., 1985; Evers et al., 1987).

According to 1991 figures the disability rate for Aboriginal peoples was 31 percent as

compared to 13 percent for the non-Aboriginal population (Ng, 1996). Since First

Nations peoples suffer from lower levels of health as compared to their non-Aboriginal

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[3] As Waldram et al. (1995) state, there is no convenient single source of mortality data for First Nations people living in Canada. The Medical Services Branch (MSB) collects vital statistics based on its administrative regions. However, it only serves 75 percent of the on-reserve registered Indian population. Therefore, individuals living off-reserve and the non-status population are unaccounted for by MSB. Mortality figures for Registered Indians are also obtained from the Indian Register. However, late reporting of births and deaths adversely affects the quality of this information. The Canadian Census is another source from which health information can be obtained. However, the refusal of Indian bands to participate in the Census has resulted in incomplete enumeration. Further, ethnic status within the Census is based on self-identification. Self-identified categories may not match the legal categories which form the basis for statistical data.

counterparts, this begs the question 'What determines First Nations peoples' health?'

There are two distinct bodies of literature that can be consulted for exploring this question. The first body of literature is based on the determinants of health. This area of literature includes government health policy documents as well as frameworks developed specifically for the exploration of the determinants of health. The second body of literature focuses on First Nations peoples' culture, values and beliefs, as they relate to health and well being. There is little or no overlap between these two bodies of literature and they are often presented as discrete areas of thought.

3.2   Conceptualizing the Determinants of Health

There is much discussion in the Canadian literature surrounding the determinants of health. Many of these documents are broad in their discussions of both health and the determinants of health. However, despite their wide-ranging approaches to health, few actually emphasize the importance of culture and/or ethnicity, Aboriginal or others, in producing health.

The 1974 Lalonde report entitled *New Perspective on the Health of Canadians* was one of the earliest health documents to identify factors other than the health care system (human biology, environment, life style, and health care organization) which contribute to health (see Lalonde, 1974 p.31). While it is an important document, the Lalonde report has been criticized for its failure to acknowledge the effect of social environments on health (Ontario, 1991). Despite this criticism, the Lalonde report was the impetus for a sequence of national reports that were aimed at "*Achieving Health for All*", a phrase coined by Jake Epp and the Ottawa Charter for Health Promotion (Epp, 1986; see also ACPH, 1996; ACPH, 1994; Ontario, 1991; Saskatchewan, 1997). Epp's

(1986) paper identified specific challenges faced in achieving health for all Canadians: i) reducing inequalities, ii) increasing the prevention effort, and iii) enhancing people's ability to cope. This report attempted to strike a balance between health promotion, disease prevention and health care.

In 1991 the Healthy Public Policy Committee of the Premier's Council on Health Strategy produced a document entitled *Nurturing Health: A Framework on the Determinants of Health*. The purpose of this document was to develop public policy initiatives aimed at improving the health of Ontario's citizens (Ontario, 1991). Similar to other policy documents, *Nurturing Health* provides a broad look at the determinants of health, covering a variety of factors ranging from the physical and social environment to biological endowment and health care. The Federal, Provincial, and Territorial Advisory Committee on Population Health (ACPH) produced two documents, *Strategies for Population Health: Investing in the Health of Canadians* (1994) and *Report on the Health of Canadians* (1996), that identified similar key factors that influence health. The main factors these documents identified were living and working conditions, physical environment, personal health practices, health services, and biology and genetic endowment (see ACPH, 1994; ACPH, 1996).

The social environment is an area where one might expect to find a discussion of the ways in which social/cultural factors (e.g., lifestyle behaviours and health care utilization) influence health behaviours. However, the debates surrounding the influence of social environments on health, as presented in this series of documents, only focus on such things as physical safety, social support, workplaces, social roles, unemployment, and prenatal/early childhood conditions (see ACPH, 1996; Ontario, 1991). While

important for their incorporation of both individual and social factors that influence health, none of the health policy documents outlined above incorporate culture, either explicitly or implicitly, as a determinant of health. The title of Epp's paper, *Achieving Health for All*, seems almost contradictory in that health for all Canadians cannot be achieved without an acknowledgement of the fact that Canada is a multicultural society and that different cultural beliefs, values and behaviours impact on health in various ways.

In addition to these documents, numerous non-governmental initiatives have outlined the ways researchers can effectively study the determinants of health. However, they too fail to touch upon the role of culture for health. Evans and Stoddart (1990, p.1349) propose a framework for the determinants of health that they argue is complex and "sufficiently comprehensive and flexible to represent a wider range of the relationships among the determinants of health". While they provide a fairly comprehensive model of the determinants of health, which includes the social and physical environment, genetic endowment, and health care systems, there is no explicit mention of the importance of culture. While such a factor might fit under the general rubric of the social environment, Evans and Stoddart fail to identify culture as a determinant of health. Their discussion of the social and individual factors that influence health tends to focus on the importance of social conditioning as well as the dynamics of social status and class and their inter-relationships with health. While Evans and Stoddart argue that different health policies benefit different individuals this statement is not translated into an acknowledgement that an individual's cultural beliefs and values may be one factor that determines if a health policy will be effective.

Hertzman et al. (1994) developed a framework for discussing heterogeneities in health status and the determinants of population health. According to their framework, populations are partitioned in order to define subgroups that differ in their average health status (see Hertzman et al., 1994, p. 67). Their conceptual model is presented as a cube with the three axes of the face of the cube representing the key dimensions for studying heterogeneities in health status: i) stages of the life cycle, ii) subpopulation partitions, and iii) sources of heterogeneity. In terms of subpopulation partitions, Hertzman et al. (1994, p.75) argue that "the interesting partitions are those which consistently demonstrate clear heterogeneity of health status across their subgroups in many diverse settings". According to their conceptual model, populations are partitioned by socioeconomic status, ethnicity/migration, geography, gender and special populations. While this partitioning reinforces the need to examine the relationship between ethnicity and health, ethnicity merely represents a simplified category of analysis (i.e., whether an individual belongs to a particular ethnic group). There is little room in their framework for the measurement of cultural beliefs and values associated with different ethnic groups and their affect on health.

The frameworks outlined above differ in their approaches to health. Despite their differing approaches, they are both almost exhaustive in their discussion and examination of the determinants of health. Given this, it is surprising that these frameworks fail to acknowledge the significance of cultural beliefs and values for producing health. Canada, like many other countries, is a multi-cultural society and yet these frameworks of health overlook the importance of cultural value systems and their impact on health and well-being.

This raises an important question: can culture be incorporated within the existing models of the determinants of health? The Royal Commission on Aboriginal Peoples argues that individuals, especially those living in urban areas, need access to land so that they can become reacquainted with culture in order to be healthy (RCAP, 1996a). Therefore one might expect that relationships to the land are important for shaping the health of First Nations peoples. The 1991 Canadian Aboriginal Peoples Survey provides the opportunity to examine this issue. Its uniqueness allows for the exploration of the importance of a relationship with the land for health, in the context of the more 'standard' determinants of health. In addition to the standard survey questions pertaining to health, socioeconomic status and demographic status, the survey also included questions relating to Aboriginal culture and way of life. This study is important as it not only broadens our understanding of the determinants of health but also explores the degree to culture and determinants of health can be brought together in a meaningful way to explore First Nations peoples' health.

3.3   Data and Methods

The data for this analysis came from the Aboriginal Peoples Survey (Canada, 1991). The APS is a weighted national survey of individuals, with self-reported Aboriginal identity, living on reserves, in settlements and off reserves (Canada, 1993b). The APS drew samples from the Aboriginal population based on responses to two questions in the 1991 Canadian Census. To be selected for the survey individuals had to indicate either that: i) they had Aboriginal origins (North American Indian, Inuit, Métis), and/or ii) they were registered under the *Indian Act* of Canada. Those individuals selected for the APS were then asked whether; i) they identified with an Aboriginal group, and/or

ii) if they were registered under the *Indian Act*. If an individual answered in the affirmative to either of these questions, they were asked to complete the remainder of the survey.[4]

The total sample size of the APS was 36,635 individuals, which may under-represent some groups because of their refusal to participate. Further, because the APS sample is based on those who participated in the 1991 Canada Census, APS information is unavailable for those communities that were incompletely enumerated in the 1991 Census (Canada, 1995b). In total, 78 reserves and settlements were incompletely enumerated in the census and 181 were incompletely enumerated in the APS (Canada, 1995b).

The APS collected sociodemographic and economic data as well as information pertaining to language and tradition, health and disability, lifestyle and social issues. Since the information collected through the APS is based on self-reports, the data collected are subject to recall bias (Cleary and Jette, 1984). The APS groups Aboriginal identity into three categories; North American Indians, Métis and Inuit. This analysis explores the determinants of health for only those individuals identifying themselves as registered North American Indians (16,249 of which were included in the survey). This category excludes North American Indians who are not registered under the *Indian Act* or who did not indicate their registration status within the APS. This segment of the Aboriginal population was chosen for analysis because they, unlike their non-status counterparts and the Métis, are eligible for both standard medical services as well as non-

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[4] The definition of the Aboriginal population differs between the 1991 Canada Census and the 1991 Aboriginal Peoples Survey. The Census defines the population based on Aboriginal ancestry (i.e., persons who report at least one Aboriginal origin). The APS selects individuals who not only indicate Aboriginal ancestry but also consider themselves Aboriginal. For example, a respondent may report in the 1991 census

insured medical services such as eye care, dental care and drugs through the Medical Services Branch of Health and Welfare Canada.

The dependent variable in the models is self-assessed health status, with individuals reporting their health as excellent, very good, good, fair or poor. Due to the low response rate in some of the categories, individuals reporting their health as excellent, very good or good are combined into a 'healthy' category while individuals reporting their health as fair or poor are combined into an 'unhealthy' category. Approximately 86 percent of the population falls into the healthy category while 13 percent falls into the unhealthy category. This distribution is similar to that found in other national and provincial surveys (Canada 1994-95, 1996-97; Ontario, 1990; Québec, 1987, 1992-93).

Building upon the frameworks presented earlier in this chapter, the determinants of health included in this analysis can be divided into six categories. The first five categories represent the 'standard' determinants of health: demographic status, socioeconomic status, lifestyle, access to health care, and place of residence. The last category relates more closely to culture (i.e., relationships to the land). Gender, age and marital status are used to measure demographic status while total income, highest level of schooling and employment status are used to measure socioeconomic status. Smoking and drinking habits are used as measures of lifestyle. A variable measuring whether or not an individual had visited a physician in the past two weeks is utilized to measure access to health care. Place of residence is the contextual geographic variable and is divided into four levels: reserve, Census Metropolitan Area (CMA), other urban, and

that they have Inuit origin from an ancestor but report in the APS that they do not identify with an Aboriginal group. As such, the population counts between the 1991 Census and the APS are different.

other rural. Four variables serve as a proxy for a relationship with the land; i) participation in traditional activities, ii) whether food is obtained through hunting, iii) whether or not an individual spent any amount of time living on the land, and iv) whether or not an individual can speak and/or understand an Aboriginal language.[5]

Given the dichotomous nature of the dependent variable (0,1), logistic regression is used to estimate all of the models. Logistic regression is a useful technique when you want to predict the probability of an event occurring (i.e., being unhealthy), based on a set of values of independent or predictor variables. The logistic function f(z) is defined as:

$$f(z) = \frac{1}{1 + e^{-z}},$$

where

$$z = \beta_0 + \sum_{j=1}^{k} \beta_j X_j .$$

The logistic function is s-shaped (see Kleinbaum et al., 1988) and ranges between 0 and 1 as z varies from -∞ to +∞ (Kleinbaum et al., 1998).

The logistic model describes the expected value of Y (i.e., E(Y)) according to the following formula:

$$E(Y) = \frac{1}{1 + e^{[-(\beta_0 + \sum_{j=1}^{k} \beta_j x_j)]}}, \tag{1}$$

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[5] It is possible that the variable 'participation in traditional activities' might capture some activities (e.g., hunting, trapping, and/or fishing) that are linked to the land. The language variable was included because the literature argues that First Nations peoples communicate to the land in their language (RCAP, 1996e). This was confirmed by the interviews I conducted with Anishinabek.

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where E(Y) is equal to the probability p(Y=1). Given this, the probability of an individual being unhealthy can be written as:

$$p(Y = 1) = \frac{1}{1 + e^{[-(\beta_0 + \sum_{j=1}^{k} \beta_j X_j)]}}.$$ (2)

Applying the logit transformation of the probability p(Y=1), allows for an expression of the model in a linear specification. Following Kleinbaum et al. (1998), the logit is a transformation of the probability p(Y=1), defined as the natural log odds of the event Y=1, stated as:

$$\text{logit}[p(Y = 1)] = \log_e[odds(Y = 1)] = \log_e\left[\frac{p(Y = 1)}{1 - p(Y = 1)}\right].$$ (3)

Substituting equation (2) for p(Y=1) into equation (3) we arrive at the following formula:

$$\text{logit}[p(Y = 1)] = \beta_0 + \sum_{j=1}^{k} \beta_k X_j,$$ (4)

or alternatively stated,

$$L_i = \beta_0 + \beta_1 X_1 + \ldots + \beta_n X_n$$ (5)

where,

Li   is the natural log of the probability of an individual rating her or his health in the unhealthy category;

X_n represents the independent or predictor variables; and

β_n are the estimated coefficients.

Coefficients are estimated using the maximum likelihood method (MLM) of estimation (Aldrich and Nelson, 1984). This method estimates values of the unknown parameters that result in the highest likelihood of obtaining the data actually observed.

Since the logistic regression model is non-linear, an iterative procedure must be used to find better approximations for B_n. An easy way to interpret the coefficients of a logistic regression model is to calculate odds ratios. The odds ratio is simply a measure that approximates how much more likely (or unlikely) it is for the outcome variable to be present among those with a given attribute, controlling for all other attributes (see Kleinbaum, 1994). In the case of this analysis, the odds are defined as the ratio of the probability of being unhealthy, $p(Y=1)$, divided by the probability of not being unhealthy, as given by the following formula:

$$odds(Y=1) = \frac{p(Y=1)}{p(Y \neq 1)} = \frac{p(Y=1)}{1-p(Y=1)}. \tag{6}$$

The goodness of fit of the model is measured using the likelihood ratio statistic, which requires the identification of two models for comparison (Kleinbaum, 1994). The larger model is called the full model and the smaller one, usually called the reduced model, is obtained by setting certain parameters in the full model equal to zero. The set of parameters set equal to zero, in the full model, are those that specify the null hypothesis being tested (i.e., $\beta_1 = \beta_2 = \beta_3 = ... = \beta_n = 0$). The likelihood ratio statistic (also known as model chi-square) is equal to the difference in the log-likelihoods between these two models, and ranges between 0 and positive infinity. It is close to zero when there is extreme non-significance and close to positive infinity where there is extreme significance (Kleinbaum, 1994). If the likelihood ratio statistic is statistically significant, then one can reject the null hypothesis.

Within logistic regression, the explanatory power of the model is measured using rho-squared. Rho-squared measures goodness of fit and is defined as one minus the ratio of the maximized likelihood values of the fitted and constant-only-term models (Wrigley,

1985). Rho-squared values range between 0 and 1 (McFadden, 1974). However, unlike the R-squared, which is used in ordinary least squares regression, the rho-squared is not a measure of the percentage of variation in the dependent variable explained by the model. Rho-squared values ranging from 0.2 to 0.4 represent a very good fit of the model (Wrigley, 1985, p.60; McFadden, 1974).

Since this analysis explores the determinants of health for only one segment of the survey population (i.e., Registered North American Indians), the weights have to be adjusted.[6] The original weights are based on the number of cases in the Canadian population represented by each case in the survey. Adjusted weights are specifically designed to deal with the problem of estimating parameter variances in regression models, when exploring subsets of the data. If you use the original weights, the standard errors are reported as being unreasonably small and everything appears to be significant.

For this analysis, the independent variables are recoded into categorical indicator variables. One value of each variable is chosen to be the reference category. To produce a more reliable statistical model, in most cases the value chosen to be the reference category is the one with the highest frequency (see Table 3.2 for variable coding). The output of each logistic regression model is presented in a table that includes the estimated coefficients, odds ratios, the likelihood ratio statistic, and the rho-squared value.

The predictive efficiency of each model is described in terms of sensitivity (the percentage of individuals who are unhealthy who were correctly predicted as being unhealthy), specificity (percentage not unhealthy who were correctly predicted), and the

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[6] To adjust the weights for subsets of the survey population the following steps are taken. First, calculate the average weight for the subset. Second, calculate new weights for the subset by dividing the original weight by the average value for the subset. This calculation must be done for each subset of the data used.

overall percentage of correct predictions. For ease of interpretation, the results are discussed in terms of the odds ratios.

3.4   Results

Table 3.3 presents the results of the first model, which explores the determinants of health at the national level. All of the variables are inserted into the model, with the exception of the geographic and cultural variables. In general, the relationships between health status and the standard determinants of health are as expected. With respect to demographic status the odds ratios indicate that the likelihood of assessing one's health as unhealthy increases with age. For example, relative to those aged 15-24, individuals between the ages of 40-64 are four times more likely to be unhealthy and those aged 65 and over are approximately eight times more likely to be unhealthy. Interestingly, neither sex nor marital status were significantly related to health status.

In terms of the socioeconomic variables, the odds ratios for income reveal that as income increases the likelihood of being unhealthy decreases. The odds ratio for employment status is reflective of the 'healthy worker' effect (see Dahl, 1993), with the employed being less likely to be unhealthy than the unemployed. In addition, the likelihood of being unhealthy decreases with increased education level.

In terms of the utilization of physician services the output shows that individuals who had not visited a doctor are less likely to be unhealthy than those who had. It should be noted that this variable might be measuring health status rather than access to health care (see Young, 1998, p.96). If this is the case, some of the results may be confounded.

Table 3.2: Categories assigned to each variable (reference categories indicated by bold)

VARIABLE GROUPINGS	CATEGORIES
Health Status	
Self Assessed Health Status	**Healthy (Excellent/Very Good/Good)** Unhealthy (Fair/Poor)
Demographic Status	
Age	**15-24** 25-39 40-64 65+
Sex	**Female** Male
Marital Status	**Single** Divorced/Separated/Widowed Married
Socioeconomic Status	
Total Income	**0-9,999** 10,000-19,999 20,000-39,999 40,000+
Education	**Less than High School** High School Post-Secondary
Employment Status	**Unemployed** Employed
Lifestyle	
Smoking Status	**Smoker** Non-Smoker
Drinking Status	**Drinker** Non Drinker
Health Care	
Visitied Physician in Past Year	**Yes** No
Geographic	
Place of Residence	**Reserve** CMA Other Urban Other Rural
Relationship with the Land	
Spent time living on land in Past Year	**No** Yes
Hunt for Food	**Yes** No
Participate in Traditional Activities	**Yes** No
Speak/Understand Aboriginal Language	**Yes** No

Table 3.3: General Model of the Determinants of Health for First Nations Peoples

Variable	Estimated Coefficient	Odds Ratio Exp (β)	95% Confidence Intervals for Exp (β)	
			Lower	Upper
Sex (Ref: Male)	-0.1270	0.8808	0.7495	1.0350
Age (Ref: 15-24)				
25-39	0.7235***	2.0617	1.5817	2.6873
40-64	1.4441***	4.2380	3.1734	5.6598
65+	2.0600***	7.8457	5.4276	11.3411
Marital Status (Ref: Single)				
Divorced/Separated/Widowed	-0.0818	0.9214	0.7250	1.1711
Married	-0.1602	0.8520	0.6932	1.0472
Total Income (Ref: 0-9,9999)				
10,000-19,999	-0.1751	0.8393	0.6980	1.0093
20,000-39,999	-0.6768***	0.5082	0.3891	0.6638
40,000+	-1.6267***	0.1966	0.1035	0.3734
Education (Ref: Less than High School)				
High School	-0.7190***	0.4873	0.3979	0.5967
Post Secondary	-0.6895***	0.5018	0.4058	0.6205
Employment (Ref: Unemployed)	-0.3270**	0.7211	0.5917	0.8788
Smoking (Ref: Smoker)	-0.1157	0.8907	0.7587	1.0458
Drinking (Ref: Drinker)	0.1103	1.1166	0.9394	1.3273
Physician Use (Ref: Yes)	-0.7825***	0.4573	0.3121	0.6700
Constant	-1.7139***			

Model Chi-Square	675.974***
Percentage of Correct Predictions	84.96%
Sensitivity	10.19%
Specificity	98.18%
Rho	0.134
N	5601

* p <0.05, ** p<0.01, *** p<0.001

Finally, the lifestyle variables, indicating whether or not an individual smokes or drinks, are not significantly related to health status. As a result, supplementary analysis that explored the interaction of smoking and drinking behaviours was conducted. However, the results from this analysis did not reveal a significant relationship between the combined effects of smoking and drinking on health status. There are a number of reasons why these standard lifestyle variables are not significantly related to health status.

First, the links between smoking and specific illnesses, such as cancer and heart disease, are well documented in the medical literature (Bossetti et al., 2000; Gaudette et al., 1998; Hemingway and Marmot, 1999; Makamaski-Illing and Kaiserman, 1995; Siemiatycki et al., 1995; Vlieststra et al., 1986). However, the link between smoking and self-perceived health status is less evident. It is possible that this analysis did not result in a significant relationship between self-assessed health status and smoking because individuals who smoke do not perceive this behaviour as having adverse effects on their general health status, thereby rating their health as 'excellent', 'very good', or 'good'.

Second, research has shown that there are beneficial health effects associated with moderate alcohol consumption (Poikolainen and Vartiainen, 1996). The variable used in this analysis does not distinguish between 'low', 'moderate', and 'high' alcohol consumption. This may be a contributing factor to the observed lack of significance.

Third, research has demonstrated a link between social status and lifestyle factors. In particular, smoking is associated with social position (Davey-Smith and Shipley, 1991; Nelson, 1994), while alcohol consumption is linked to unemployment (Brenner, 1987; Catalano et al., 1993). Therefore, a model that includes the interaction of social status and lifestyle may be more likely to reveal significant relationships between lifestyle

behaviours and health, as compared to a model that only explores the direct effects of smoking and drinking. Regardless of these issues, due to the non-significance of smoking and drinking status, these two variables were removed from subsequent analyses.

The model chi-square is significant, which allows for the rejection of the null hypothesis that the predictor variables are not related to health status. To assess the fit of this model we must examine the rho-squared value. While the rho-squared value for this model (0.13), appears low, analyses based on large sample sizes tend to deflate the upper bound of the rho-squared by an unknown amount (McFadden, 1974). The sensitivity of this model is low (10%), while the specificity is high at 98%. Overall, the model correctly classified 85% of respondents.

Table 3.4 summarizes the results of the second model that includes a subprovincial variable that measures geography. Within this variable, place of residence is divided into four categories: reserve/settlement, Census Metropolitan Area (CMA), other urban and other rural.

The results of this model are very similar to the first model. In particular, the odds of being unhealthy increase with age and decrease as income and education levels increase. With respect to place of residence the output shows that, relative to individuals who live in reserves, individuals who live in CMAs are less likely to be unhealthy. The fact that major metropolitan areas have better and more health services (in addition to other resources), that cannot be found on many reserves, may explain this finding. However, this result may also reflect a process of self-selection among migrants to cities.

Table 3.4: Geographic Model of the Determinants of Health for First Nations Peoples

Variable	Estimated Coefficient	Odds Ratio Exp (β)	95% Confidence Intervals for Exp (β) Lower	Upper
Sex (Ref: Male)	-0.1400	0.8694	0.7531	1.0036
Age (Ref: 15-24)				
25-39	0.7817***	2.1851	1.7182	2.7790
40-64	1.5649***	4.7822	3.6984	6.1836
65+	1.9564***	7.0740	5.1839	9.6531
Marital Status (Ref: Single)				
Divorced/Separated/Widowed	-0.1048	0.9005	0.7266	1.1160
Married	-0.2372*	0.7888	0.6553	0.9495
Total Income (Ref: 0-9,9999)				
10,000-19,999	-0.1252	0.8823	0.7505	1.0373
20,000-39,999	-0.5906***	0.5540	0.4336	0.7078
40,000+	-1.7176***	0.1795	0.0920	0.3501
Education (Ref: Less than High School)				
High School	-0.6974***	0.4979	0.4158	0.5963
Post Secondary	-0.6906***	0.5013	0.4127	0.6088
Employment (Ref: Unemployed)	-0.4050***	0.6670	0.5559	0.8003
Physician Use (Ref: Yes)	-0.7296***	0.4821	0.3479	0.6680
Place of Residence (Ref: Reserve)				
CMA	-0.2406*	0.7862	0.6418	0.9630
Other Urban	-0.1376	0.8714	0.7320	1.0374
Other Rural	0.0149	1.0150	0.8121	1.2687
Constant	-1.6333***			

Model Chi-Square	941.697***			
Percentage of Correct Predictions	83.02%			
Sensitivity	9.16%			
Specificity	98.17%			
Rho	0.145			
N	6885			

* p <0.05, ** p<0.01, *** p<0.001

Research has shown that many First Nations people migrate to the city in search of education, employment and health care (Canada, 1993a; Clatworthy, 1994). Other, statistics show that Registered Indians living off reserve enjoy higher levels of socioeconomic status as compared to Registered Indians living on reserve. For example, in 1990 the average individual income for individuals living off reserve was $12,551 as compared to $8,812 for individuals living on reserve (DIAND, 1995). Similar disparities exist for education level (Clatworthy, 1994; DIAND, 1995). Therefore, the finding that individuals living in CMAs are less likely to be unhealthy than individuals living on reserves may be a reflection of their relatively higher socioeconomic status.

The model chi-square is significant, which allows for the rejection of the null hypothesis. There is a slight increase in the rho-squared value (0.145) associated with the inclusion of the subprovincial geography variable. This model has slightly lower sensitivity (9.16%) and specificity (98.17%), as compared to the previous model. Overall, it classified correctly 83% of respondents.

The third model explores the determinants of health at the national level and includes the cultural variables (see Table 3.5).[7] Once again we see that increased age is associated with increased odds of being unhealthy, and higher levels of income and education are associated with lower odds of being unhealthy. Married respondents are less likely to be unhealthy relative to their single counterparts. This finding is consistent with previous research that suggests social support positively affects health (Bloom, 1990). In addition, the employed have lower odds of being unhealthy as compared to the unemployed.

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[7] A variable which measured whether or not an individual had visited a healer was substituted for the physician variable; however the results from this analysis showed no differences in the results.

Table 3.5: Cultural Model of the Determinants of Health for First Nations Peoples

Variable	Estimated Coefficient	Odds Ratio Exp (β)	95% Confidence Intervals for Exp (β)	
			Lower	Upper
Sex (Ref: Male)	-0.1464	0.8638	0.7409	1.0071
Age (Ref: 15-24)				
25-39	0.7666***	2.1525	1.6667	2.7798
40-64	1.5575***	4.7471	3.6105	6.2415
65+	1.8938***	6.6443	4.7675	9.2599
Marital Status (Ref: Single)				
Divorced/Separated/Widowed	-0.1487	0.8618	0.6866	1.0818
Married	-0.2389*	0.7875	0.6474	0.9581
Total Income (Ref: 0-9,9999)				
10,000-19,999	-0.1245	0.8830	0.7442	1.0476
20,000-39,999	-0.5334***	0.5866	0.4530	0.7597
40,000+	-1.9955***	0.1359	0.0610	0.3028
Education (Ref: Less than High School)				
High School	-0.6948***	0.4992	0.4110	0.6062
Post Secondary	-0.6210***	0.5374	0.4375	0.6602
Employment (Ref: Unemployed)	-0.3883***	0.6782	0.5591	0.8227
Physician Use (Ref: Yes)	-0.7268***	0.4664	0.3295	0.6601
Place of Residence (Ref: Reserve)				
CMA	-0.2246*	0.7988	0.6405	0.9963
Other Urban	-0.1317	0.8766	0.7192	1.0686
Other Rural	0.0941	1.0986	0.8674	1.3915
Land (Ref: No)	-0.2211*	0.8016	0.6617	0.9711
Hunt (Ref: Yes)	-0.1703	0.8434	0.7088	1.0035
Traditional Activities (Ref: Yes)	0.0916	1.0959	0.9435	1.2729
Speak/Understand Language (Ref: Yes)	-0.2171*	0.8049	0.6712	0.9651
Constant	-1.5526***			

Model Chi-Square	868.732***
Percentage of Correct Predictions	83.70%
Sensitivity	10.89%
Specificity	98.31%
Rho	0.148
N	6267

$*p < 0.05$, $**p < 0.01$, $***p < 0.001$

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The variables serving as proxies for a relationship with the land reveal some interesting findings. Participation in traditional activities is not statistically significantly related to health status nor is the variable that measures hunting activities. However, individuals who have spent time living on the land in the past year have lower odds of being unhealthy, as compared to individuals who have not. The language variable reveals that individuals who cannot speak and/or understand an Aboriginal language are less likely to be in poor health as compared to those who can. This seems contrary to what one would expect. The Royal Commission argues that Aboriginal peoples communicate to the land in their languages and that the land is a necessary element of health. Hence one might expect that the ability to speak an Aboriginal language could have an indirect effect on health.

Once again the model chi-square ratio statistic is significant. The inclusion of land variables has resulted in a slightly higher rho-squared value (0.148), as compared to the previous models. In addition, both the specificity (98.31%) and sensitivity (10.89%) of the model are higher in this model. Overall, this model correctly classified 83.70% of respondents.

At this level of analysis, significant relationships were observed between health status and demographic status, socioeconomic status, health care utilization, place of residence, and relationships to the land. Given these findings, an important issue to consider is the relative importance of each of these blocks of variables for understanding health status. One way of assessing the relative importance of each block of variables is to examine the percentage change in the rho-squared value, associated with the removal of successive blocks of variables. Knoke and Burke (1980, p.40) describe a similar

method in which a baseline model is selected that serves as the standard against which to judge the improvement in fit obtained by alternative models. In this case the procedure is altered slightly, with the baseline model including all of the variable blocks and the alternative models representing those models in which a block of variables has been removed. Percent change is calculated by comparing the decrease in the rho-squared value for each alternative model relative to the baseline model, as given by the following formula;

$$\text{Percent Change} = \left[\frac{(\rho_B - \rho_A)}{\rho_B} \right] * 100,$$

where

ρ_B is the value of rho-squared for the baseline model; and

ρ_A is the value of rho-squared for the alternative models.

The results of these calculations are found in Table 3.6. As shown by the column labelled 'Percent Change', the socioeconomic block of variables accounts for the largest change in the rho-squared value. When this block of variables is removed from the full model, the rho-squared value decreases by 34 percent. The next most important block of variables is demographic status which, when removed, reduces the rho-squared by 25 percent. The percent change accounted for by these two blocks of variables is substantially larger than the remaining blocks. Health care utilization accounts for 11 percent of the variation in the rho-squared and place of resident accounts for 4 percent. It is interesting to note that relationships to the land account for the second smallest amount of variation in the rho-squared value, which decreases by less than 6 percent when this

block of variables is removed. This technique suggests the primary importance of socioeconomic status for First Nations health status, as compared to the other determinants of health. This finding has also been observed for non-Aboriginal populations, both nationally and internationally.

Internationally, the Black Report is one of the most well known studies to show a strong link between health and socioeconomic status. Among the non-Aboriginal population in Canada, research has shown a link between low levels of income and education, and poor health status (ACPH, 1999; ACHP, 1996; D'Arcy, 1986; Hay, 1988; Wan, 1976; Wilkins, 1988). In addition, studies have shown that the unemployed tend to be in poorer health than those individuals who are employed (Grayson, 1993).

Table 3.6: Percent Change in the Rho-Squared Values

Blocks of Variables	Rho-Squared	Percent Change
Full Model	0.148	
Demographic	0.112	24.59
Socioeconomic	0.097	34.39
Health Care Utilization	0.131	11.52
Place of Residence	0.143	3.73
Land	0.140	5.86

It is important to take this analysis one step further by examining the relative importance of each of the socioeconomic variables for health status. To do so, the same procedure was conducted but this time income, education and employment were removed separately from the full model. The results displayed in Table 3.7 reveal that removal of education results in the largest change in the rho-squared value, as compared to income and employment.

The relative importance of education over income can be explained by the discrepancies in health status within, and between, these two measures of socioeconomic status. More specifically, the APS data reveal that health disparities between high and low levels of education are much greater than the disparities between high and low income levels. For example, among those with less than high school education, 27 percent rate their health as fair or poor. In contrast less than 10 percent of the population with high school education or higher rates their health as fair or poor. In terms of income, the disparities in health status are lower, as compared to education level. Among those with the lowest income levels, 15 percent rate their health as fair or poor, while 3 percent in the highest income category assess their health as fair or poor.

Table 3.7: Relative Importance of the SocioEconomic Variables

Socioeconomic Variables	Rho-Squared	Percent Change
Full Model	0.148	
Income	0.135	9.39
Education	0.133	10.45
Employment Status	0.146	1.65

This analysis demonstrates the overwhelming importance of socioeconomic status, as measured by income and education, for First Nations health status. The implications of these findings, in terms of health policy, will be examined in the discussion section.

While socioeconomic status is highly significant for First Nations health, it is also important to highlight the statistically significant difference in health status observed for those living on reserves as compared to those living in CMAs (see Table 3.4). Given this

finding it is necessary to explore the determinants of health within these two settings. To do so, the data are disaggregated by place of residence and the models are run for both those individuals living on reserves and those living in CMAs. Exploring the determinants of health by place of residence is important given that the proportion of the Aboriginal population living in urban centres is steadily increasing. Disaggregating the data set by place of residence allows one to explore whether or not relationships with the land affect health status differently on reserves and in CMAs.

As Table 3.8 shows, the relationship between health and three of the independent variables are similar between reserves and CMAs. In both locations, increased age is associated with higher odds of being unhealthy while being employed, and higher levels of education are associated with lower odds of being unhealthy. The results also show differences in the determinants of health between these two locations. For example, visiting a physician is only significantly related to health status on reserves. The odds ratio shows that individuals who have not visited a physician are less likely to be unhealthy, as compared to those that have visited a physician. In addition, marital status is only significantly related to health status in CMAs and the odds ratios reveal that relative to single respondents, married and divorced respondents are less likely to be in poor health.

The results reveal that only one variable, which acts as a proxy for a relationship with the land, is significantly associated with health status. In particular, for individuals living on reserves, those who have not participated in traditional activities are 1.3 times more likely to be unhealthy, as compared to individuals who have participated in traditional activities.

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Table 3.8: Determinants of Health for First Nations Peoples by Place of Residence

	Reserve				CMA			
Variable	Estimated Coefficient	Odds Ratio Exp (β)	Lower	Upper	Estimated Coefficient	Odds Ratio Exp (β)	Lower	Upper
Sex (Ref: Male)	-0.1052	0.9001	0.7513	1.0785	-0.4605	0.6310	0.3610	1.1029
Age (Ref: 15-24)								
25-39	0.7203***	2.0551	1.4639	2.8852	1.1504**	3.1596	1.4845	6.7250
40-64	1.7580***	5.8010	4.0998	8.2083	1.9296***	6.8866	2.8755	16.4933
65 +	2.2755***	9.7328	6.5243	14.5192	1.9182**	6.8084	1.8534	25.0103
Marital Status (Ref: Single)								
Divorced/Separated/Widowed	-0.1020	0.9030	0.6753	1.2075	-0.7521*	0.4714	0.2385	0.9317
Married	-0.1793	0.8358	0.6559	1.0650	-0.8340*	0.4343	0.2149	0.8777
Total Income (Ref: 0-9,9999)								
10,000-19,999	-0.0556	0.9459	0.7645	1.1704	0.3373	1.4011	0.8286	2.3693
20,000-39,999	-0.2205	0.8021	0.5731	1.1226	-0.5205	0.5942	0.2338	1.5106
40,000+	-0.6196	0.5381	0.2340	1.2375	-1.8273	0.1609	0.0078	3.3001
Education (Ref: Less than High School)								
High School	0.5273***	1.6944	1.3268	2.1638	-0.6079	0.5445	0.2795	1.0606
Post-Secondary	0.0956	1.1004	0.8220	1.4730	-1.2247***	0.2938	0.1442	0.5988
Employment (Ref: Unemployed)	-0.5543***	0.5745	0.4448	0.7420	-0.9405**	0.3904	0.2009	0.7587
Physician Use (Ref: Yes)	-0.7692***	0.4634	0.3165	0.6785	-1.2324	0.2916	0.0427	1.9897
Land (Ref: No)	-0.1175	0.8891	0.7204	1.0973	-0.9341	0.3929	0.1417	1.0897
Hunt (Ref: Yes)	-0.0419	0.9589	0.7549	1.2181	0.2203	1.2465	0.7534	2.0624
Traditional Activities (Ref: Yes)	0.2413*	1.2729	1.0574	1.5324	-0.4233	0.6549	0.4007	1.0702
Speak/Understand Language (Ref: Yes)	-0.2548	0.7750	0.5843	1.0280	-0.2363	0.7896	0.4559	1.3674
Constant	-2.0996***				-1.4457***			
Model Chi-Square	613.013***				107.972***			
Percentage of Correct Predictions	79.83%				88.46%			
Sensitivity	24.34%				10.15%			
Specificity	94.90%				98.98%			
N	3730				812			
Rho	0.16				0.19			

*p < 0.05, **p < 0.01, ***p < 0.001

Both models had good specificity, 98.98% for CMAs and 94.90% for reserves. Sensitivity was much higher for the reserves (24.34%), as compared to CMAs (10.15%), suggesting that the determinants of health are better predictors of 'unhealthy' health status on reserves than in CMAs. Overall, the models correctly classified 88.45% (CMAs) and 79.83% (reserves) of respondents.

In the next step of analysis, the relative importance of each block of variables is examined within both locations. As demonstrated by the results in Table 3.9 there is an obvious difference in the relative importance of variables between CMAs and reserves. Within CMAs, socioeconomic status results in the largest variation in the rho-squared value. However, on reserves demographic status is seen to be the most important variable, resulting in a 38 percent reduction in the rho-squared when it is removed. One explanation for this finding is that financial resources are more important for good health in CMAs because of the higher costs of living in CMAs, as compared to reserves. It is possible that the way of life on reserves is more communal with bands sharing resources. On the other hand, urban areas may foster individualism leaving relatively poorer individuals with less support.

Table 3.9: Percent Change in the Rho-Squared Values in CMAS and on Reserves

	CMA		Reserve	
Blocks of Variables	*Rho-Squared*	*% Change*	*Rho-Squared*	*% Change*
Full	0.186		0.159	
Demographic	0.146	21.55	0.100	37.36
Socioeconomic	0.066	64.12	0.120	24.47
Health Care	0.169	9.27	0.141	11.36
Land	0.142	23.52	0.154	3.65

3.5 Summary

In summary, the results from this research show few statistically significant relationships between health status and the land. Despite this, the findings from this research are important. The fact that differences in the determinants of health were observed for Registered Indians living on reserves and in CMAs demonstrates that place is an important determinant of health. In addition, assessing the percentage change in the rho-squared values demonstrated the overwhelming importance of socioeconomic status (e.g., education and income) for health.

Recent health care reforms in the province of Ontario have begun to acknowledge the importance of administering culturally appropriate health care services for First Nations health (Ontario, 1994). However, policies aimed at improvements in the provision and delivery of health care services alone are not enough. As Evans and Stoddart (1990) argue, health policy must acknowledge the importance of factors other than health care for the promotion of health. Given both their lower levels of socioeconomic status and health status as compared to the general Canadian population, policies aimed at improving First Nations health must reinforce the importance of economic security for producing health.

The main purpose of this statistical analysis was to explore the importance of relationships to the land for health status. The results show few statistically significant relationships between health status and the land. At the national level, the analysis revealed that two variables, representing relationships with the land, were significantly related to health status. When the data were disaggregated by place of residence, the results showed almost no significant relationships between the land and health status in

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both reserves and on CMAs. In addition, the relationship between participation in traditional activities and health status was only significant on reserves, leaving us with an unclear understanding of the links between health and the land. While the Royal Commission argues that the land is necessary for health, these results seem contradictory given they show that culture, as measured by relationships to the land, does not make a substantial contribution to health relative to other determinants of health. This issue will be explored in-depth through a critical examination of the APS.

3.6   Discussion

While the results provide some insight into the links between health and relationships with the land, they need to be re-examined from a critical perspective. The purpose of this chapter was to examine if the attachments that First Nations peoples have to the land could be incorporated into an analysis of the determinants of health. The results from this analysis raise a number of issues. First, the majority of the variables that were statistically significantly related to health (age, income, education, employment, access to health care and place of residence) are similar to variables that are commonly shown to be determinants of health for the general Canadian population (see Badgley, 1993; Canada, 1995c; Grayson, 1993; Wilson et al., 2001). In essence, the results produced in this study for First Nations peoples are similar to those found for the Canadian population in general. Second, the findings revealed only a limited number of significant relationships between one aspect of culture (i.e., relationships to the land) and health. Third, relationships to the land were not significantly related to health status on reserves or in CMAs.

These findings lead one to conclude: i) that a relationship with the land is not an important determinant of health; and/or ii) First Nations culture, in general, cannot be conceptualized within determinants of health frameworks. Each of these conclusions needs to be examined. While few significant relationships between the land and health status were observed, this should not diminish the high level of importance attributed to a cultural relationship with the land. Instead, we need to question the appropriateness of the APS as a tool for exploring the determinants of First Nations peoples' health, within the context of culture.

First, we must assess if the cultural variables used in these models are good proxies for a relationship with the land. A major problem with the APS is that it measures the relationship to the land in a very circumscribed way that equates Aboriginal culture to traditional or historical relationships to the land. For example, the survey defines traditional activities as "hunting, fishing, trapping, storytelling, traditional dancing, fiddle playing, jigging, arts and crafts, pow-wows, etc." (Canada, 1991, p.6). As such, the survey freezes Aboriginal culture into the past by overlooking how people relate to the land in the present context. While the relationship that Aboriginal peoples have with the land has adapted over time, it stills remains deeply rooted in spirituality. Many Aboriginal people participate in activities or ceremonies such as sweatlodges, the use of sacred medicines, and the offering of tobacco, as ways of maintaining a spiritual connection to the land (Akiwenzie-Damm, 1996; RCAP, 1996a, 1996d, 1996e). Despite the fact that Aboriginal peoples no longer hunt and gather, to the extent that they did in the past, the APS remains focussed on these historical relationships to the land, rather than acknowledging the spiritual ways in which people relate to the land.

A second problem relates to the conceptualization of Aboriginal health within the APS. Despite its section on language and tradition, the APS is mainly a survey of Aboriginal people rather than a survey rooted in Aboriginal culture. There is a lack of meaningful cultural variables. The variables produced from the survey are more representative of biomedical models of health as opposed to cultural models of health. For instance, the only question referring to general health within the APS is the one used as the dependent variable in this analysis. Within the APS, this question of self-assessed health status is followed by a series of other questions that ask respondents if they suffer from a series of physical health problems (diabetes, high blood pressure, arthritis etc.). As a result, a respondent may easily interpret this general question on health status as a question concerning just physical health. First Nations peoples have a *spiritual* connection with the land that they argue is necessary for health. However, if the dependent variable in this research fails to capture anything other than physical health then it should not be surprising that this study showed so few significant relationships between the land and health.

Third, the analysis was also constrained by the survey population. Due to reasons of confidentiality and anonymity the data can not be divided into northern and non-northern regions nor can specific bands or communities be identified. Consequently, it is not possible to explore how the relationship between the land and health varies by location. For example, it is reasonable to argue that the health experiences of an urban First Nations person living in a northern Ontario town such as Kenora would be different from the experiences of someone living in Toronto. This same argument would hold true for northern versus southern reserves. In addition to this, only 13 percent of the sample

put themselves in the 'unhealthy' category. This extreme skewness in the data can create problems for statistical modelling.[8]

Another issue to consider is multicollinearity, and its effects on the output. Multicollinearity occurs when the correlations among the independent variables are strong. It is problematic because it can lead to biased estimates and inflated standard errors. One way of assessing if multicollinearity exists is to conduct auxiliary regressions, in which each X_i is regressed on the remaining X variables, and then examine the resultant rho-squared values. Gujarati (1995, p.338) suggests using Klein's rule of thumb, which states that multicollinearity may be problematic only if the rho-squared value from an auxiliary regression is greater than the rho-squared obtained from regressing Y on the independent variables.

The results of the auxiliary regressions that were derived show very high rho-squared values for certain variables (i.e., marital status (0.167), employment (0.318), education (0.319), income (0.304), hunting (0.186), and language (0.161)). The relatively higher rho-squared values for the auxiliary regressions indicate there is some degree of multicollinearity between the independent variables. As such, the output of this analysis may be biased.

A final problem with the survey is its categorization of Aboriginal peoples into three groups: North American Indian, Métis and Inuit. Contemporary feminist literature

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[8] It is possible that the extreme skewness in the data could account for the lack of significant relationships between the variables proxying a relationship with the land and health status. To overcome this skewed distribution, supplementary analysis was conducted in which the dependent variable was recoded so that the categories excellent and very good constituted the 'healthy' group while good, fair and poor constituted the 'unhealthy' group. However, this recoding of the dependent variable did not result in the addition of significant relationships between those variables acting as proxies for a relationship with the land and health status. Therefore it is unlikely that the skewness in the dependent variable can account for the low number of significant relationships.

has explored the impact of essentialized categorization on gender, race and sexuality (Kobayashi and Peake, 1994; McDowell, 1991; McDowell, 1992; Nicholson, 1995; Penrose et al, 1992; Pile, 1994; Rose, 1993). The very basis of these categories is difference, with categories set up in opposition to one another (Kobayashi and Peake, 1994). This structure has at least two inherent problems. First, naturalized and essentialized categories limit differences to polarized opposites. Second, as Rose (1993) argues, they often deny and do not allow for radical difference within oppositions. How then does this affect the interpretation of the findings from this analysis?

At first glance, the analysis shows that, in general, relationships to the land are not important for health status. However, due to the essentialized categorization of Aboriginal identity, it is not possible to explore the relationship between the land and health status for different First Nations groups, such as the Ojibway, Mohawk and Cayuga. The Aboriginal population in Canada is not homogeneous; however, the categories 'North American Indian', 'Métis', and 'Inuit' are not sufficient for acknowledging the distinct identities within each group. As such, the survey ignores the existence of multiple Aboriginal identities. Thus, this categorization is a crude measure of ethnicity that creates three homogeneous categories of Aboriginal Peoples, which, in reality, do not exist.

Given these issues, one can conclude that the lack of significant relationships observed between the land and health in this analysis may be a result of the constraints imposed by the APS. The results from this research should not lead one to conclude that relationships to the land do not contribute to health. Rather, the nature of the questions asked within the Aboriginal Peoples Survey prevents one from adequately measuring

First Nations peoples' health and relationships to the land. What implications does this have for incorporating culture into quantitative analyses of the determinants of health?

As mentioned previously, the literature on First Nations peoples' health is dichotomous. On one side is the medical literature, which is characterized by quantitative and epidemiologic research surrounding the prevalence of illness and disease. On the other side is a qualitative body of research that is concerned with First Nations people, their culture and their health. This analysis tried to bring these two paradigms together by incorporating important facets of First Nations peoples' culture into the existing 'medical' frameworks of the determinants of health. Due to survey constraints, this proved to be problematic.

How then can we begin to incorporate culture into studies of the determinants of health? There are some serious methodological challenges that need to be addressed before culture can be adequately examined as a determinant of health. While these methodological issues are discussed mainly in terms of the APS and Aboriginal peoples, they can be applied to most large-scale surveys.

One of the main problems with large-scale surveys is that they suffer from what can be termed 'crude' conceptualizations of culture. Surveys, such as the NPHS (1996-97) and GSS (1991), measure culture through categorical variables: ethnicity, place of birth and mother tongue. Rigid categorization of culture within these surveys limits analysis conducted with these data sets. For example, the 1996-97 NPHS codes race into only two categories: 'white' and 'other'. While the problems of essentialized categories have been discussed above, I wish to emphasize that this particular categorization is problematic. The category 'other' implies some sort of homogeneity among 'non-whites',

which does not exist. Further, since these surveys tend to focus on ethnicity, place of birth, and mother tongue, culture becomes a static variable, as opposed to a system of beliefs and values or a way of life.

One way of overcoming the problems encountered within general surveys, is to conduct surveys on different cultural groups, such as was done with the APS. However, as observed in this analysis, if survey questions are not culturally appropriate and do not reflect key issues relevant to specific cultural groups, their usefulness for exploring the determinants of health is limited. As noted above, one of the main problems with the APS is that it freezes Aboriginal relationships to the land in the past. The questions are reflective of romantic 'Western' notions of Aboriginal culture, as opposed to more realistic conceptions of contemporary Aboriginal culture.

To explore adequately Aboriginal peoples' culture, in the context of other determinants of health, an improvement in survey questions is needed. For Aboriginal peoples in Canada, health is a complex notion that encompasses the physical, emotional, mental and spiritual aspects of life. However, the survey questions used in the APS limit any exploration of health to just the physical aspects of well being. Structuring questions so that they adequately represent beliefs and values is essential. A failure to do so results in what Kleinman (1987) terms as 'category fallacy' (i.e., using concepts developed for Western groups and applying them to members of another culture for whom they lack coherence). In terms of conceptualizing Aboriginal peoples' health, survey questions directed at mental and/or emotional health, or ones that specifically state health as a function of physical, emotional, mental and spiritual well being, would be better suited for exploring culture as a determinant of health. There is a definite need for surveys that

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actually focus on culture not just cultural groups. In the meantime, researchers undertaking studies with existing data sets must acknowledge that their findings are limited by the fact that they cannot adequately incorporate certain aspects of culture into their research.

In the absence of better survey questions, alternative research methods may be better suited for fully understanding Aboriginal determinants of health and for capturing the complexities of the relationship between culture and health. Quantitative research is useful for comparative analyses across space, documenting differences, as well as "identifying places and people for in-depth qualitative study" (McLafferty, 1995, p.439). However, in-depth qualitative research is better suited for the exploration of culture as a system of beliefs, values and traditions. There is still room for survey research, however, as Corin (1994) argues, small community level surveys that are designed for particular groups, are more appropriate for exploring culture and health than large scale general surveys.

This first stage of research has contributed a broad, macro-level picture of the inter-relations between the land and health. Important as this stage may be, this type of anlaysis can neither provide the information needed to understand how relationships with the land are associated with health beliefs and behaviours, nor can it explain the complex meanings behind these relationships. Hence, to explore fully the link between relationships with the land and health it is necessary to narrow the focus of this research to a smaller level of analysis. The remaining chapters will examine the importance of relationships to the land for health through the use of in-depth interviews.

CHAPTER FOUR
A QUALITATIVE APPROACH FOR EXPLORING THE IMPORTANCE OF THE LAND FOR ANISHINABE HEALTH

4.0   Introduction

As a geographer, I am concerned with the various ways in which First Nations peoples' relationships to the land manifest themselves within different locations, and how this influences health. Using quantitative methods, Chapter Three provided a broad, macro-level examination of the inter-relationships between the land and health. However, it was unable to provide a clear picture of the relationship between the land and health, and how it manifests itself within different locations. Further, quantitative research is limited by its inability to explain the result of the analyses. It can neither provide the information needed to understand how relationships with the land are associated with health status, nor can it explain the complex meanings behind these relationships. Hence, in-depth analysis was conducted to explore fully the relationship between the land and the health of First Nations peoples. The nature of qualitative research methods makes them ideal for uncovering the complex relationship between the land, identity and health, and the multitude of ways in which they are manifested within particular places.

This chapter discusses, in detail, the research methods and methodologies that framed the qualitative portion of this research. The results are presented in Chapters Five, Six, Seven and Eight. The first section below describes the processes through which I was able to gain both entry and acceptance into one First Nations reserve on Manitoulin Island, Ontario. I demonstrate the importance of reciprocity and respect for cultural beliefs and values as factors shaping acceptance. The second section discusses the steps taken to identify potential participants. In the third section, the format and design of the

interviews are described. The fourth section describes the methods utilized to analyze the interview data. This section includes a discussion of the grounded theory approach to data analysis as well as the use of computer software in qualitative data analysis. In the final section, I present a critical discussion of the politics involved in conducting cross-cultural research.

4.1 Methods

Given my interests in the importance of place (the land) for the health of First Nations people, I sought to answer the following research question:

- In what ways does a relationship with the land contribute to First Nations health and how is it manifested geographically?

To answer this question an intensive examination involving in-depth interviews was conducted with Anishinabek living on Sheshegwaning First Nation, Manitoulin Island, Ontario. The next section of this chapter describes the research setting by discussing the historical significance of Manitoulin Island and its current mode of health care delivery. Following that I discuss the research I conducted within Sheshegwaning, describing the process of establishing contacts, trust and acceptance as well as the sampling strategy used to select participants.

The Research Setting

Manitoulin Island, the largest freshwater island in the world, is located on the boundary of Lake Huron and Georgian Bay in central Ontario. It is the ancestral home of the Ojibway, Odawa and Potawatami peoples who belong to the Algonquin linguistic

family. Early inhabitants of Manitoulin referred to it as: *Ekaentoten* (a place where there are many things washed up and littering the shore); *Odawa-miniss* (isle of the Odawas); and *Manitowaling* (den of the spirit), The first French-speaking missionaries called it Isle de Sainte-Marie, and ninteenth century surveyors labelled it the Grand Manitoulin (West Bay First Nation, 1993).

The Odawa are believed to be the first inhabitants of the island and artefacts recovered at two locations on the Island, Sheguindah and Providence Bay, indicate that the island has been inhabited for at least ten thousand years (Smith, 1995). According to Smith (1995), Jesuit missions on Manitoulin began in the 1650s but ended quickly due to warfare between the Hurons and the Iroquois. By 1652 most of the Odawa had been killed or had left the island due to Iroquois invasions. Beginning some time during the 1700s, the island became deserted for over one hundred years. It is unclear as to why the island was deserted for such a long period of time but Odawa lore suggests that;

> evil spirits descended on the Island, causing much sickness and troubles. To drive out these spirits, the people set fire to the woods during the dry season. The fire swept over the whole Island, leaving only desolation behind (Fox, 1978, p.4).

In 1825, missionary work aided in bringing Aboriginal people back to the island. Father Proulx and a band of Odawas, Ojibway and Potawatamis returned and founded a mission at Wikwemikong. In the 1830s, the British government initiated a program that required the forced settlement of Aboriginal people on the island (Smith, 1995). In 1836, a treaty was signed in which the whole of Manitoulin Island and the islands surrounding it were set aside for the mainly Odawa people living there. Following the signing of this treaty, increased numbers of Odawa, Ojibway and Potawatami settled on the island.

These three groups formed a confederation known as the Three Fires, which refers to an agreement reached by the three tribes to share Manitoulin Island when their traditional migratory patterns were disrupted by European settlement (West Bay First Nation, 1993). The government, under pressure from European settlers who argued that the relatively low Aboriginal population (1,500) did not justify their habitation of the entire island, drafted a second treaty (Pearen, 1996). On October 6, 1862, a second Manitoulin Island treaty was signed, in which the island was surrendered for sale and the Aboriginal population was divided into separate reserves.[1]

Today, Manitoulin is home to over 11,000 full-time residents approximately 25 percent of which are Odawa or Ojibway (Anishinabe). Most Anishinabek living within the district of Manitoulin, reside on one of seven reserves: M'Chigeeng, Sheguindah, Sheshegwaning, Sucker Creek, Wauwauskinga, Wikwemikong, and Zhiibaahaasing (see Figure 4.1). In 1979 the United Chiefs and Councils of Manitoulin (UCCM) Tribal Council was formed to preserve and protect the rights as well as the economic well-being of Anishinabek living within the Manitoulin District. UCCM provides numerous services such as police, alternative education, health services, and justice projects, to each of the communities.[2]

Sheshegwaning First Nation is an Ojibway/Odawa community that was established in the 1830s. As mentioned, there were two treaties signed concerning Manitoulin Island. Under the Treaty of 1836, Manitoulin was ceded to the Crown on the condition that it would be protected as First Nations territory. However, faced by pressure

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[1] One section of the island, Wikwemikong First Nation was never surrendered for sale.

[2] All of the First Nations, with the exception of Wikwemikong Unceded First Nation, belong to the UCCM Tribal Council.
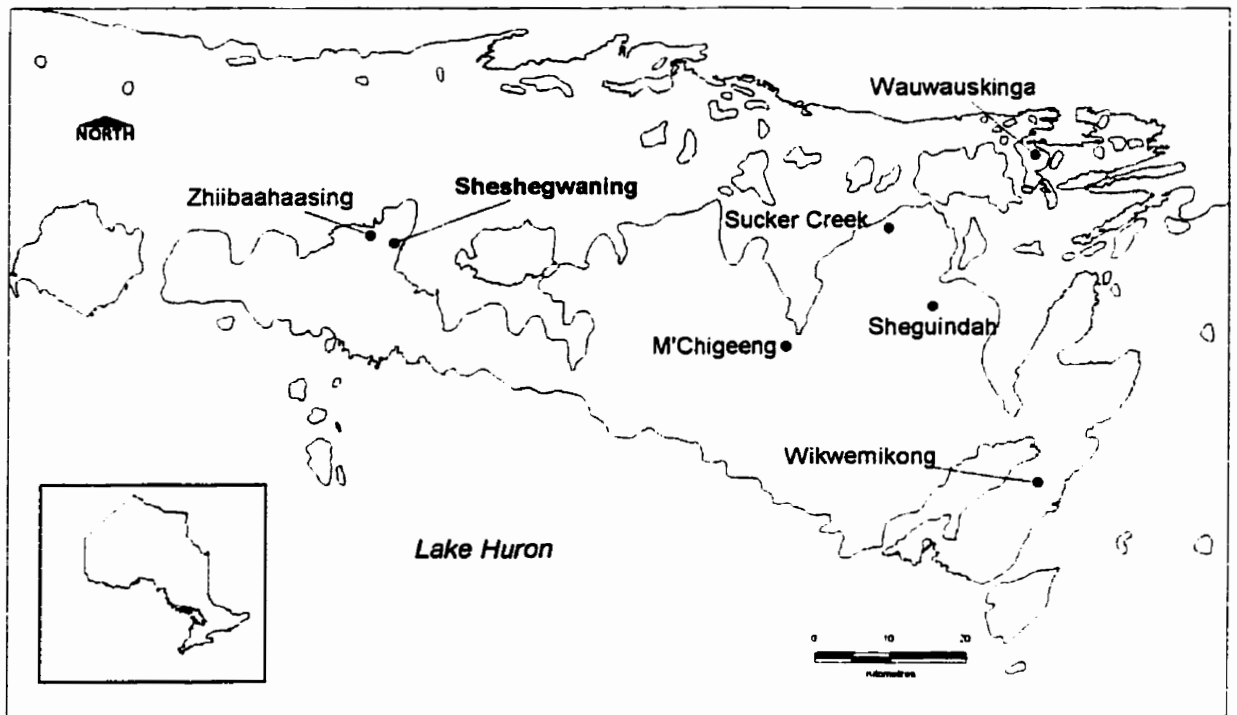
Figure 4.1: Location of Study Site, Manitoulin Island, Ontario

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from eager settlers, agents of the crown, in the early 1860s, tried to convince the Ojibway and Odawa to surrender portions of the island. The climate of negotiation for the second treaty was very tense, with the First Nations peoples arguing that the government was betraying its promise of 1836. Chief Edowishcosh, from Sheshegwaning, issued a statement to the Crown protesting the Crown's attempt to take the island from them:

> I have heard what you have said, and the words you have been sent to say to us. I wish to tell you what my brother Chiefs and warriors, women and children say. The Great Spirit gave our forefathers land to live upon, and our forefathers wished us to keep it. The land upon which we now are is our own, and we intend to keep it. The whites should not come and take our land from us, they ought to have stayed on the other side of the salt water to work the land there. The Great Spirit would be angry with us if we parted with our land, and we don't want to make him angry. That is all I have to say (cited in RCAP, 1996a, p.157)

Much of the opposition to the second treaty came from the population on the eastern end of the island. Due to their protests, William McDougall, one of the treaty commissioners, excluded the territory and inhabitants of the eastern portion of the island from any further negotiations.[3] The Treaty of 1862 was therefore signed on October 6 with residents living in the central and western portions of the island. The chiefs who entered the treaty-making process were not always willing participants and claims have been raised that not all signed. In fact, Sheshegwaning First Nation protested the Treaty of 1862 arguing that "the time when they were to sell was unknown to us. It was only when we entered into the council place that we heard them accomplishing the sale. And we were not pleased with it, and are not now." (cited in Sheshegwaning First Nation, 1979, p.22). The Chief

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[3] The eastern portion of the island excluded from negotiations is the present-day Wikwemikong First Nation. It is still unceded land.

of Sheshegwaning stated that "I make it known that I agree with the men of Wikwemikong in regard to the decision they have come to, to keep, this Island for themselves" (cited in Sheshegwaning First Nation, 1979, p.23). The protest of Sheshegwaning is a source of pride for many of its residents.

Sheshegwaning is located in the Robinson Township, on the western end of Manitoulin Island (see Figure 4.1). It is relatively isolated and is located approximately 56 km from the nearest town. The closest city is Sudbury, which is located approximately 240km from Sheshegwaning. According to community statistics, Sheshegwaning has 335 registered band members, 126 of which reside on reserve. The population in Sheshegwaning has doubled since the late 1970s (see Figure 4.2). The population is relatively young with slightly more than fifty percent of the population between the ages of 16 and 45 (see Figure 4.3). There is an even distribution of men and women. In terms of socio-economic status, unemployment is quite high. Approximately 25 percent of the population of working age are employed. The First Nations' band council is the main employer with 83 percent of the employed working through the band. Most individuals work in either the band-office or the Health Centre. Approximately three to four individuals work off-reserve for forestry or logging companies.

In terms of services, the community has a band run school that educates children from kindergarten to grade six. For grades 7 through to 13, students are transported to M'Chigeeng First Nation. The community has a drop-in centre that runs mainly social programs for elders. In May 1999 a craft and clothing goods manufacturing centre was opened in Sheshegwaning. Individuals on social assistance work at the centre five days a week making bead work and leather goods. The community also has its own store, which
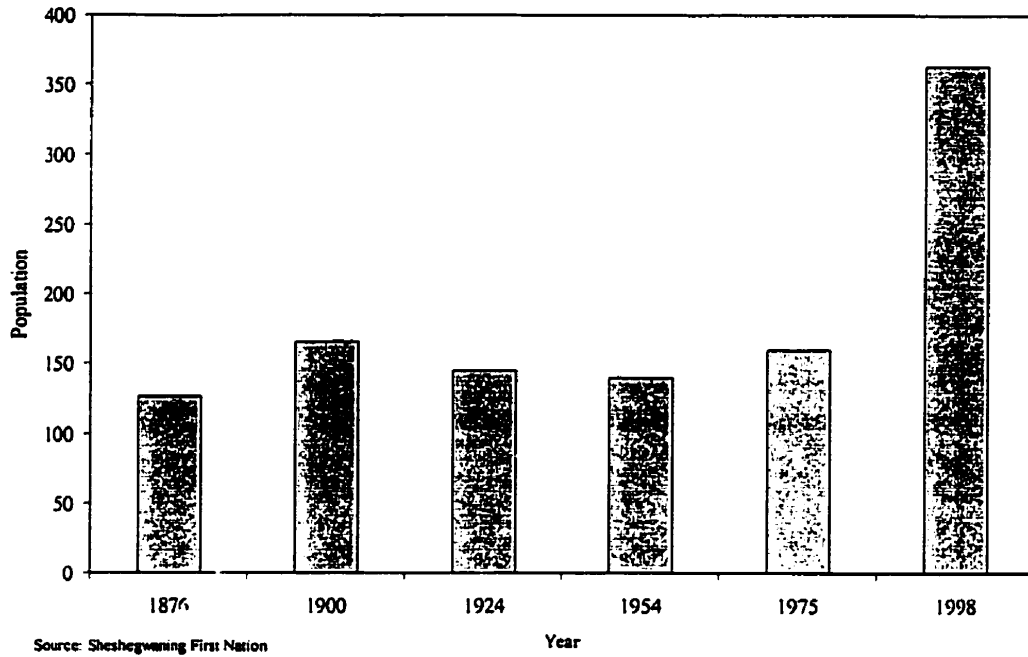
Figure 4.2: Population* Growth in Sheshegwaning First Nation

* Population figures for 1876 to 1975 were acquired by the community from DIAND. The 1998 data is based on community estimates. Sheshegwaning First Nation was incompletely enumerated in 1981, which is the last census for which population figures are provided.
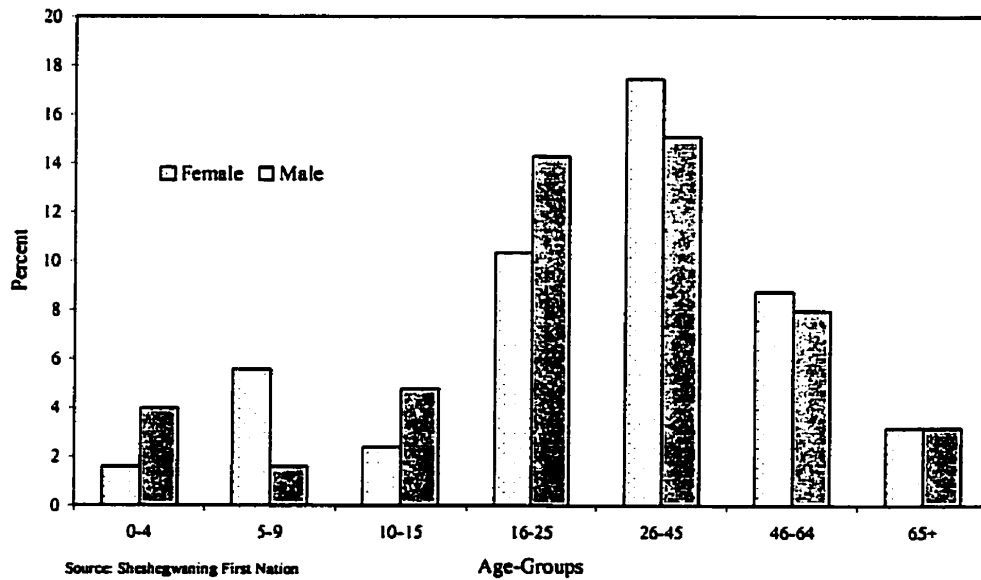
Figure 4.3. Age and Sex Distribution of Sheshegwaning First Nation

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is independently owned and operated by one family. Residents of Sheshegwaning can purchase mainly non-perishable food items in the store. However, much of the grocery shopping must be done in the town of Gore Bay.

Sheshegwaning First Nation receives the services of numerous health professionals hired under UCCM Mnaamodzawin and the Noojmowin Teg Health Access Centre, which are the Federal and Provincial health strategies operating on Manitoulin Island.[4] These health professionals work on a rotating basis with the First Nations communities on Manitoulin Island. The quantity of services provided to each community is dependent upon their population size. Within Sheshegwaning, health professionals provide health care to community members at the community health centre and make home visits. Table 4.1 outlines the number of days of service provided by various health professionals within the community. Individuals who require the services of a doctor or specialist outside of Sheshegwaning are provided with free medical transportation provided that they do not own their own vehicle. In addition, one woman in the community is employed as a home and personal support worker. She assists with activities of daily living such as cooking, laundry and housework.

In addition, full-time health care is provided in Sheshegwaning through the services of a Community Health Representative (CHR), a health prevention and promotion worker, a community wellness/outreach worker, and a medical transportation/referral clerk, all of whom work within the community health centre. All of these positions, with the exception of the wellness/outreach worker, have been filled by community members. The CHR and the health prevention/promotion worker provide a

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[4] See Appendix 2 for a clearer discussion of health care delivery on Manitoulin Island.

number of services to the community: i) provide health information; ii) organize yearly health fairs; iii) make medical appointments, and iv) serve as liaisons between community members and health care professionals.

Table 4.1: Health Care Services Provided in Sheshegwaning First Nation

Health Professional	Number of Days of Service Provided
Physician	0.5 per month
Community Health Nurse	1 day per week
Nurse Practitioner	0.5 bi-weekly
Psychiatrist	0.5 bi-weekly
Mental Health Worker	0.5 per week
Dietician/Nutritionist	0.5 bi-weekly
Diabetes Educator/Traditional Healer	0.5 bi-weekly
Long-term care Coordinator	1 day per month

Source: UCCM, 1997

Conducting Research within First Nations Communities: Establishing Contacts

Much has been written about the issues researchers should consider when engaging in projects with Aboriginal peoples. An important doctrine of any research project should be cultural sensitivity (Brant, 1990; Keeshig-Tobias, 1990; Ross, 1992; Spielmann, 1998; Warry, 1990). While an important issue, it mainly becomes a concern once a researcher has gained entry into a community and is about to embark on their field research. The literature tends to overlook the processes by which a researcher, in particular a non-Aboriginal researcher, can gain entry into an Aboriginal community. Based on my own personal experiences, I would argue that the key factor in determining my entry into the community was the use of a 'contact'. By contact I mean someone who

is closely associated with the community, is respected by them, and can serve as a character reference. I was fortunate to have such a contact.

My supervisor, Dr. Evelyn Peters, was acquainted with Ms. Marlene Nosé, one of two Health Directors working for the seven First Nations communities on Manitoulin Island. Ms. Nosé agreed to assist me with my research endeavours by negotiating my entry into Sheshegwaning First Nation. During the month of May 1998, I contacted Ms. Nosé by phone. At that time we discussed my proposed thesis research and she agreed to meet with me to discuss my research in greater detail. In July, I met with Ms. Nosé and Ms. Marion Maar who is employed as a research evaluator for the First Nations communities on Manitoulin. During our meeting we developed a strategy for gaining entry into one of the First Nations communities, Sheshegwaning First Nation.

Initially, I was unsure as to which community I would be working in. I had never been to Manitoulin Island before and was therefore open to any suggestions supplied by either Ms. Nosé or Ms. Maar. Ms. Nosé felt that the people in Sheshegwaning First Nation would benefit from having a health needs assessment survey conducted within their community. The community was in a 'remote' location compared to many of the other First Nations on the island, and this made it unique with respect to the delivery of health care services. As such, the setting for my doctoral research was selected on the basis of which community could benefit the most from a health needs assessment survey.

Once the community had been selected we then began the process of obtaining permission from Chief and Council to conduct both the needs assessment survey and my doctoral research. I first put together a research proposal outlining the community health needs assessment survey that I would be conducting (Appendix 3). Ms. Nosé then

presented this proposal at a monthly meeting of the Community Health Representatives (CHRs) from the First Nations on Manitoulin. At the meeting, she proposed that Sheshegwaning participate in a health needs assessment. Linda[5], the CHR from Sheshegwaning, expressed an interest in participating and agreed to meet with me to discuss the terms of the arrangement.

In August, Ms. Maar accompanied me on a visit to Sheshegwaning. At that time we met with Linda, the community outreach worker, the community health nurse (CHN) and the mental health worker, to discuss the health needs of the community. While Linda was very eager for her community to participate in the research, she informed me that Chief and Council would have to approve of the health needs assessment survey before it could be conducted. Following this meeting, I returned home to wait for approval. Approximately five weeks later, I received a phone call from Linda informing me that Chief and Council had approved of the research. In addition to this, she had found a woman in the community who was willing to rent a room in her house to me. We both felt that living in the community was the best arrangement since it would make me visible on a daily basis. Linda felt that by living in the community, it would be easier for people to get to know me and would build trust. Living in the community proved to be advantageous for both the survey and my own research.

Gaining Acceptance and Establishing Trust

On October 4th, I literally set sail for Manitoulin Island aboard the Chi-Cheemaun ferry. I recall sitting in the visitors' centre in Tobermory patiently awaiting the arrival of the Chi-Cheemaun. I distinctly remember feeling quite calm and confident regarding the

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[5] Pseudonyms are used to preserve the confidentiality and anonymity of my informants.

research on which I was about to embark. It struck me as quite unnerving that I was not feeling nervous or apprehensive about my impending field research. I was not sure what to expect but I knew that what I was about to learn would be far richer and more educational than any textbook or journal article that I had ever read on Aboriginal health. The Chi-Cheemaun ferry departed from Tobermory and made its way to Manitoulin Island, crossing through the waters of Georgian Bay and Lake Huron, finally arriving at its destination point, South Baymouth, two hours after the trek began.

Shortly after arriving in Sheshegwaning, I arranged a meeting with the Chief to explain the purpose of my own research and how I would be conducting it. I was uncertain of the social dynamics within the community and the underlying 'rules of behaviour' (Brant, 1990). Hence, I wanted to discuss with the Chief any concerns he had or restrictions Chief and Council wished to place on my research. As it turned out, they were quite open to my doctoral research and did not express any concerns regarding it.[6] Despite their apparent lack of concern, I still made every attempt to carry out the research in cooperation with the community so that both their needs and mine could be met. As John (1990, p.129) argues;

> allowing one's hosts to define research issues or explain
> what they feel is important to know about their individual
> and collective experience is completely consistent with the
> goal of understanding people on their own terms.

Upon my arrival, I immediately began working in the Sheshegwaning Health

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[6] During my first week in Sheshegwaning the Chief invited me to accompany him and the CHR to a two-day health conference in Sudbury. The conference was sponsored by the Union of Ontario Indians which is the Provincial Territory Organization to which all First Nations on Manitoulin Island belong. The Chief felt that attending the conference would provide me with a better understanding of the health issues facing Anishinabek.

Centre. During the course of the first two weeks I developed a rapport with the community health workers as well as the professional health and social services workers who came into the community. It was through talking with these workers, especially the community health nurse and mental health worker, that I received the most support and guidance. While the community had initially requested that I conduct only a health needs assessment survey, upon my arrival, Linda asked me to carry out additional research with the youths living in the community. It seems that the community health workers were concerned about the dissatisfaction and boredom expressed by many youths.

During the months of October and November I remained focused on the research I was conducting for Sheshegwaning First Nation. The first week of November was dedicated to implementing the youth survey. The purpose of this survey was to uncover and understand the social pressures facing the youths in Sheshegwaning and to gather their opinions regarding ways to improve their well-being. The health needs assessment survey was designed to determine the present health needs and future health priorities within Sheshegwaning. In addition, individuals were also asked to evaluate the health care services they received and to make recommendations as to how services could be improved. From the first week of November until the end of the first week of December, home visits were scheduled with community members. During each visit, I explained the purpose of the needs assessment and why it was important for people to participate. After explaining the survey, each person was given the option of completing the survey on his or her own.

I resided in Sheshegwaning for two separate periods of time. My initial visit lasted for three months during the fall of 1998, and my second visit was for a period of

three months, during the spring of 1999. Living in Sheshegwaning was one of the most incredible opportunities that I have ever experienced. As I write this chapter, I can still vividly recall the warm welcomes I received from so many people during my first week in the community. Living in Sheshegwaning not only aided my understanding of Ojibway/Odawa culture but it also paved a path for the development of friendships. I developed a close friendship with the woman that I lived with and we would often find ourselves talking until the late hours of the night. She and her extended family took me in as one of their own and included me in many of their outings. They proved to be pillars of support during some periods of homesickness. What I recall most about my time spent in the community is the laughter that I shared with so many people. I often stopped by the community store where many people would gather during the day and the evening. My visits to the store were mainly rooted in a strong desire to meet people.

The store serves as a centre of social activity. Kearns' (1991) research on the contribution of health services to the experience of place for the Maori population in New Zealand also documents the importance of particular sites for social activity. His research showed that health clinics are not only used for medical reasons but also serve as a gathering place. Kearns argued that these facilities contributed "to the broader health of the communities by acting as gathering places and arenas of information exchange" (Kearns, 1991, p.529). During my time in Sheshegwaning, I observed that many individuals gather at the store during break time, in the evenings and on the weekends for conversation and social visits. The lively conversations and friendships I made at the store are among my fondest memories of the time I spent in Sheshegwaning. In addition to conducting the health and youth surveys, I would also help one of the health workers

in conducting outreach work with some of the community members. For example, on one occasion we took an elder who liked to collect old bottles on a scavenger hunt, exploring deserted homes and buildings in towns close to Sheshegwaning.

There came a point in time when I realized that I was no longer regarded as an outsider but as a friend by many. For the first two months I lived in the community, many individuals referred to me as *zhaagnash-kwe*, which is an Ojibway word for 'white woman'. At first, I thought it was an insider term, used to distinguish me from the community members, and I did not associate value with it. One day I was engaged in a conversation with Susan, a woman from the community. She was describing a disagreement she had with a non-Aboriginal woman earlier that day. I knew the woman she was referring to and responded by saying 'I know her. She is *Zhaagnash*, like me'. However, Susan quickly replied 'No. She is *zhaagnash*. You are not'. It was at that point, that I truly realized the value-laden meanings of the term *zhaagnash*. The way in which Susan used it was akin to an insult: she was associating this woman's stubborn behaviour with the fact that she was *zhaagnash*. Shortly thereafter the Chief named me *Mskwaadabej*, which translates roughly into "the one with the red head", a reflection of the colour of my hair. For the remaining month that I lived within the community, not a day went by when I did not hear someone calling that name out of their truck or house window as I passed by. To me that symbolized a transformation in the relationships that I had forged within the community. I was no longer regarded as just a researcher - an outsider - but also a friend, a symbol of acceptance. That was the greatest honour. It was at this point, when I had established trust, that I began seeking people to interview for my own research.

Selecting Participants

After having resided in Sheshegwaning for a period of two months and establishing what I felt was an appropriate level of trust, I began asking people to participate in my research. Kirby and McKenna (1989) and Johnson (1990) identify a number of factors to take into account when selecting participants for research. They argue for selecting individuals who are: i) geographically accessible; ii) willing to participate in the research and share their experiences; and iii) are thoughtful. Werner and Schoepfle (1987) describe thoughtfulness as the degree to which an individual has reflected and thought about the research issues at hand.

While all of these issues are important, there are other factors that are important to take into consideration when conducting research with First Nations peoples. First, colonial policies have served to disrupt and, in some instances, alter the ways in which First Nations peoples relate to the land. There were a handful of individuals in Sheshegwaning who themselves had attended or whose parents had attended residential school. Hence, many individuals grew up in an environment where spiritual beliefs and teachings were suppressed. Some are now undergoing a process of re-gaining those teachings. Since individuals begin the learning process at different stages in their lives, it did not make sense to choose interviewees based on age. For example, in talking to people I found that some younger individuals knew more about Anishinabe spirituality than some middle-aged individuals. That is, while I did try to include people who I thought had an intimate knowledge of the land, I was also very open to interviewing anyone who was willing to speak to me. As such, the spirituality of the people I interviewed varied, ranging from what some termed as 'just learning' to others who were

very knowledgeable and held important spiritual roles within the community. This brings me to a second important issue in selecting respondents – elders.

The term elder in First Nations communities refers to an individual with knowledge of traditional ways, teachings and ceremonies and uses this knowledge to teach others (Medicine, 1983; Stiegelbauer, 1996; Waldram, 1993). The knowledge that elders have is gained through life experience. As such, the term tends to be associated with more senior individuals. However as McLeod-Shabogesic (1998) notes, the term also refers to an individual "gifted with the ability to learn more things and be able to pass them on regardless of age". Since elders hold important status within First Nations communities as both teachers and role models I wished to include them in my research. I was fortunate to have been able to interview three elders (two women and one man) during my time in Sheshegwaning.

Conducting the health needs assessment survey provided me with an ideal opportunity to identify prospective respondents. It gave me the chance to meet with many different people, discuss my own research and establish the trust necessary for encouraging individuals to take part in my interviews. In addition to this, I accepted the assistance of an employee at the Health Centre who identified community members that she felt would be willing to speak to me. Initially I had hoped to interview 20 people, aged 15 years and older. Issues surrounding representativeness did not influence my choice of sample size because I was more concerned with *understanding* as opposed to establishing *generalizability*. As Valentine (1997, p.111) states, "the aim of an interview is not to be representative...The emphasis is on considering the meanings people attribute to their lives and the processes which operate in particular social contexts". I agree with

Miles and Crush (1993) who have argued that one interview is just as valid as one hundred when your goal is to understand the different ways in which people make sense of their lives.

In this research, my main goal was to acquire an understanding of the importance of health, culture and place for Anishinabek. Therefore, my choice of sample size was driven mainly by issues of feasibility. I felt that twenty was a practical number of interviews to conduct, given the time frame for the research. Nevertheless, my hopes quickly vanished soon after I began trying to recruit individuals to participate. During the month of December I approached 13 community members, described my research to them and asked them to participate. At the end of my stay, I had only conducted 8 interviews with community members. In spite of this, I was able to conduct three additional interviews with a traditional healer, medicinal harvester and a former Fish and Wildlife Director. Neither the traditional healer nor the medicinal harvester live in Sheshegwaning. The United Chiefs and Council of Manitoulin, the tribal council on Manitoulin Island, employed all three individuals.

I was very disappointed with the low number of interviews I had been able to obtain. However, I decided to return to the community in the spring to try to conduct additional interviews. During the months of January to April, I spent the majority of my time analyzing the youth and health needs assessment surveys and writing two separate reports based on the results. In early May 1999, I returned to live in Sheshegwaning for a period of approximately three months. It was during this second stay in the community that people expressed a greater level of interest in my research. In fact, I was able to conduct six additional interviews. I attribute the increased number of individuals

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expressing interest in my research as a direct response to the work I conducted for the community. More specifically, I had fulfilled my promise of completing the reports and presenting the results.

A total of 17 in-depth interviews were conducted during the fall of 1998 and the spring of 1999, 14 of which were conducted with community members. Nine of the interviews were with women and five were with men. Table 4.2 provides a profile of the 14 individuals from Sheshegwaning who participated in this research (see Appendix 4). All of the individuals I interviewed are Registered under the Indian Act of Canada.[7] Initially, I had asked 21 community members to participate but only 14 agreed. The reasons I was given for refusal varied from a 'lack of time' to individuals stating that they did not know enough about their culture and their spirituality to participate in my research. In fact, one woman stated that because of the residential school system and the influence of the church she was neither taught nor was she allowed to practice her traditions.

Despite the six additional interviews I was able to conduct during my second visit, I was still disappointed by the overall low number of participants. However, the main issue at hand is not the quantity of interviews conducted but rather the quality of each interview. The individuals that I spoke with ranged in knowledge, beliefs, and practices and this allowed me to capture a diverse understanding of the relationship between the land and health.

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[7] Some of the women that I interviewed were registered under Bill C-31.

Table 4.2: Profile of Participants from Sheshegwaning

	Sex	Age Cohort	Marital Status	Employment Status
Allan	M	45-64	D/S/W	Employed part-time
Catherine	F	25-44	Married	Employed part-time
Helen	F	Elder	Married	
Jean	F	Elder	D/S/W	Employed part-time
Joanne	F	25-44	Single	Employed full-time
John	M	45-64	D/S/W	Unemployed
Kate	F	45-64	Married	Employed full-time
Lynda	F	45-64	D/S/W	Unemployed
Matt	F	45-64	Married	Employed full-time
Michael	M	Elder	D/S/W	Employed part-time
Nicole	F	25-44	Single	Employed part-time
Patricia	F	25-44	Married	Employed full-time
Ryan	M	45-64	Married	Unemployed
Sandra	F	25-44	D/S/W	Employed full-time

Data Collection: The Interview Format

Before beginning the interview, the purpose of the research was explained to each participant. Informants were requested to sign a consent form that acknowledged five things: i) their participation in the research was voluntary; ii) they could stop the interview at any time during the questioning; iii) they could withdraw their participation from the research at any time; iv) their identity would remain anonymous; and v) that any information provided would remain confidential and would not be made accessible to other researchers (See Appendix 5). They were also asked to indicate whether they agreed to having the interview tape-recorded as well as providing authorization for the use of quotes obtained during the interview. All but six individuals allowed me to tape-record the interview in addition to recording interview notes. For the others, only intensive interview notes were taken during each session. Taking interview notes allowed me to highlight key issues arising during the session, record themes for further analysis, and describe the general atmosphere of the interview.

The interviews were semi-structured in design and detailed theme areas were identified prior to the interviews (see Appendix 6). Each interview started with a general statement that asked individuals "to describe their relationship to the land" and developed from that point forward. Open-ended questions were asked, followed by probes that tried to cover each of the theme areas.

Each interview was more reflective of a conversation between myself and each respondent, rather than a structured interview session. In fact, the structure of the interview and the questions asked changed with each individual. For example, when interviewing the Traditional Healer the questions I asked focussed on such issues as; the importance of the land for medicines, accessibility to medicines, and healing ceremonies. In contrast when speaking to a hunter or trapper, the questions centered on the importance of these activities for health.

In essence I tried to create a dialogue between each informant and myself so that we became co-producers of the data. I chose this style of interviewing because the conversations I had with different First Nations peoples, prior to conducting this research, revealed that direct questioning (e.g., questions requiring 'Yes/No' for answers) is an inappropriate method to use with most First Nations groups. This is supported by both the linguistic and medical literature which argues there is a need for ethno-specific communication methods, such as indirect questioning, when conducting research with Aboriginal peoples (see Briggs, 1986; Macauley et al., 1989; Spielmann, 1998; Valentine, 1996).

Analyzing the Data

Once all of the interviews had been completed and transcribed they were analyzed. The process of analysis utilized in this research is characteristic of inductive approaches to research, which begin with observation and end with theory development (Chalmers, 1982). The development and testing of theory is a key function of social research (Hammersely and Atkinson, 1982). However, the main goal of qualitative research is not the development of grand theories and universal claims to truth, but rather to understand particular phenomena and how people create meaning in their lives (Eyles, 1988). One way of achieving this is through the grounded theory approach to analysis. Grounded theory is a process of analysis in which theory develops in close relationship with the data. As Straus (1987) notes, the development of theory occurs through a process of continual review and comparison of the data collected. This ensures that the developing theory is not speculative, but firmly grounded in the data.

Within the grounded theory approach, theory develops through the identification of themes and concepts within the data. It is through the process of coding the interview data that themes arise. Coding can proceed as either an inductive or deductive strategy. Deductive coding involves the development of codes prior to analyzing the text. However, when using deductive coding strategies, the researcher must avoid forcing the data to fit into pre-identified categories. Inductive coding is the process by which developing codes and analyzing the data occurs simultaneously. In this case, the data direct the development of categories/codes. Inductive coding techniques are the most appropriate way of developing grounded theory (Strauss and Corbin, 1998).

The approach I undertook for coding the interview data follows the suggestions of Strauss and Corbin (1998), and proceeded through open, axial and selective coding. Open and axial coding involve line by line coding of the data – or microanalysis. During open coding, the data is examined and initial themes and concepts are generated. This process involved reading through each interview line by line looking for themes and concepts relating to "the land" and "health".

The purpose of axial coding is to re-examine the themes and concepts identified within open coding by identifying their inter-relationships (i.e., the networks and hierarchies that exist among and between them). As Strauss and Corbin (1998) note, while microanalysis is a time consuming process it is often the most generative. Axial coding resulted in the development of an array of inter-relationships between the various themes identified during open coding. While these themes of culture, health and place will be discussed in greater detail in Chapters Five and Six, they warrant some initial discussion. Coding revealed that the land, in the image of Mother Earth, is at the core of Anishinabe culture. There are a multitude of ways in which Anishinabek connect to the land (physically, spiritually and symbolically) that are shaped by a system of beliefs in which Anishinabek are perceived to be stewards of the land. An Anishinabek way of life requires living in balance with the land and with others and this is achieved, in part, by respecting the land. It is through living in balance with the land that Anishinabek maintain the balance necessary for health.

In the final stage, selective coding is used to integrate and refine the categories and subcategories identified through open and axial coding. This requires the identification of central categories that represent the main theme of the research. Strauss

and Corbin (1988, p.146) define a central category as one that "has the ability to pull the other categories together to form an explanatory whole". These central categories form the larger theoretical framework. There were two main categories that surfaced from the interviews that tied each of the subcategories together. First, the land as Mother, represents more than just a physical location. It is at once physical, symbolic and spiritual and all of these elements shape health. This issue will be explored within Chapter Five. Second, the physical, symbolic and spiritual elements of the land are manifested across three different geographic scales. In particular three geographies exist in which relationships between the land and health are manifested in connected symbolic, social and physical spaces. There is a sense of fluidity in this relational structure in which relationships to land are not hierarchical but rather are simultaneously large scale, small scale, bounded and unbounded. It is the physical, spiritual and symbolic connections that Anishinabek have with the land that allows them to 'jump scales' between large scale unbounded places and smaller scale bounded places. On a large unbounded scale the land, in its entirety, is the symbolic and spiritual representation of Mother Earth. However, Anishinabek have a need to physically and spiritually connect with the land and this takes place within smaller scale bounded places such as particular landscape features contained within large scale bounded places such as reserves. These arguments will be developed further within Chapter Six.

Field and interviews notes supplemented the coding process and were used to place the various themes identified into context (Kirk and Miller, 1986). Once all of the major themes and concepts were identified, NUD·IST, a qualitative software package, was used to code the interviews. There are a number of advantages associated with using

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computer software, such as NUD·IST, to assist in qualitative data analysis (see Richards and Richards, 1992). First, it allows the user to search text by key words, phrases and codes. Second, NUD·IST makes it is easier to cross-reference interviews. Third, the coding system used in NUD·IST is hierarchical in nature, which makes it convenient to relate codes to one another.

Writing the Text: Establishing Credibility and Trustworthiness

Recent writing in feminist and social geography has criticized the ways in which researchers present and discuss research methods and methodologies in a non-critical manner (see England, 1994; McDowell, 1998; Staeheli and Lawson, 1994; Wright, 1997). Increasingly academics are imploring researchers to be more reflexive in writing by asking 'How do we evaluate the findings of qualitative research?' However, as Baxter and Eyles (1997) note, there is little explicit reference to the principles adopted to enhance 'rigour' within social geography.[8] Similar to the arguments of Lincoln and Guba (1985), Baxter and Eyles argue for a general set of criteria for evaluating qualitative research. They argue that all qualitative research should be assessed on the basis of four principles: credibility, transferability, dependability, and confirmability. They assert that such evaluation "allows qualitative research to demonstrate the relevance of the single case (credibility) and to move beyond it (transferability) with a degree of certainty (dependability and confirmability)" (Baxter and Eyles, 1997, p.521). One cannot deny that qualitative research must be designed in such a way as to ensure that the data

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[8] By 'rigour', Baxter and Eyles (1997, p.506) are referring to "the process of critical appraisal by which it is determined if a study is worthy of attention".

gathered, interpretations formed and conclusions drawn from the analysis capture the beliefs, values and attitudes of respondents.

I hesitate, however in supporting Baxter and Eyles' (1997) 'one size fits all' framework by which all qualitative research should be evaluated and judged worthy of merit. I hesitate because their arguments assert the primacy of the generalizability of research findings both within and outside the research setting (i.e., 'rigour' is the main goal of qualitative research). The main goal of qualitative research should be to provide better understandings, rather than producing generalizable results. As Mattingly and Falconer-Al-Hindi (1995) note, researchers need to put limitations on the conclusions they draw by not making grand claims about their universal transferability. It is essential to recognize that all knowledge is limited, situated and socially constructed (see next section for further discussion).

I do not claim that the findings of this research are applicable beyond the geographic boundaries within which this research was conducted. However, I did take steps to ensure that this research is credible and trustworthy. That is, the data gathered, interpretations formed and conclusions drawn from the analysis capture the beliefs and values of the participants. This was achieved through the combination of a number of different methods; prolonged observation, the use of field notes, source triangulation, negative case analysis and member checks (see Baxter and Eyles, 1997; Kirby and McKenna, 1989; Lincoln and Guba, 1985; Woolcott, 1990). These methods will be described below.

Living within Sheshegwaning (prolonged observation) provided me with an intimate look at the daily interactions between people and the land, Anishinabe culture,

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the social dynamics within the community, as well as the structure of the health care delivery system. Being a visible part of the community, on a daily basis, also aided in establishing trust with many community members. Trust was an important factor for encouraging individuals to take part in my research and to share their beliefs and ideas. In addition, prolonged engagement gave me the opportunity to observe the community for a sufficient length of time so as to acquire as much information as needed. Re-visiting the community also gave me the opportunity to re-interview individuals and clarify areas of concern.

The use of field and interview notes was also a helpful technique. Participant observation notes were recorded during the time I spent living in Sheshegwaning. Kirk and Miller (1986) argue that field notes are important as they can be used to place observations into perspective. Referring to my field notes during the analysis and writing stage allowed me to place my observations into perspective (Kirk and Miller, 1986). While I tried to record my thoughts and observations on a daily basis, sometimes this did prove to be impossible. In addition to recording the activities that I observed, field notes were also used as a frame of reference for future research. I would often note observations or conversations that I had with individuals and investigate them further at later points in time.

The process of coding employed in this research also aided in increasing credibility and trustworthiness. Coding cannot be a static, inflexible process. Rather researchers must engage in a coding process that not only involves developing themes but also includes moving back and forth between the data and the codes to look for concepts that support and contradict the developing theory. One of the best ways to ensure that

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perceptions and interpretations are adequate is to present informants with the findings. Returning to the community for a second stay made it possible to re-interview individuals by asking for their comments on my interpretations. Many researchers advocate this type of 'member-checking' because it allows respondents to correct and challenge interpretations, provide additional information and assess the overall adequacy of the study and its results (see Baxter and Eyles, 1997; Lincoln and Guba, 1985).

However, neither Baxter and Eyles nor Lincoln and Guba acknowledge that this form of member-checking is not always culturally appropriate. Brant (1990) has argued that certain ethics and rules of behaviour are characteristic of Aboriginal peoples in North America. One such 'rule' is non-interference meaning that as a sign of respect for independence, "coercion of any kind, be it physical, verbal, or psychological" is discouraged. While Brant documented this behaviour between Aboriginal peoples, both Ross (1992) and Spielmann (1998) have demonstrated that non-interference also occurs during interactions between Aboriginal peoples and non-Aboriginals.[9] As a result, I was careful in the manner I chose to approach member-checking. I realized that by asking the question 'Is this statement correct?', I ran the risk of receiving an affirmative answer when this might not have been the case. It is quite difficult to avoid the use of leading questions that require 'yes' and 'no' responses. Further, I did not want to run the risk of insulting my informants by having them think that I was questioning what they had told me.

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[9] Roger Spielmann (1998) describes an incident that occurred while he was living in the Algonquin community of Pikogan in Northern Québec. Spielmann had gone fishing with a man from the community and was not having much success in catching fish. Instead of criticizing the location Spielmann had chosen to fish from, the man stated 'One time my uncle tried fishing there. He didn't catch anything. Then he moved over to where the rocks are. He caught lots of fish there' (p.37). Rather than directly telling Spielmann where to fish, this man indicated indirectly the best location through the use of a story.

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In terms of the presentation of the text, source triangulation, which is the use of more than one source from the data set is used to corroborate the theoretical constructs that I identified (see Baxter and Eyles, 1995; Eyles and Donovan, 1986). This involves the presentation of quotations from several different respondents in order to link data and substantiate or refute findings across individuals and places (James and Eyles, 1999). Negative case analysis (see Lincoln and Guba, 1985; Olesen, 1994) is another important tool to utilize in improving credibility and trustworthiness. Negative case analysis involves looking for data that refutes my hypotheses or constructs. In doing so, this can demonstrate that my constructs may be incorrect or that since each informant is unique certain findings may only be particular to them.

At all times, I have tried to present quotes that represent the diversity of each respondent and their distinct perceptions of the land and its importance for health. The quotations are presented verbatim so as to preserve the language in which they were expressed. However, the use of multiple methods and the presentation of diverse quotes from interviews do not ensure credibility and trustworthiness. This is especially true when conducting cross-cultural research. One of the most important factors I made myself aware of at all times was cultural sensitivity. For example, within First Nations cultures elders and healers hold very respected roles. Each time I visited with an elder or a healer, I presented them with tobacco, as a sign of respect.

Brant (1990) has outlined, and others (Ross, 1992; Spielmann, 1998; Valentine, 1995) have substantiated, the existence of 'principles of behaviour', intrinsic to Aboriginal cultures, which are not evident in non-Aboriginal cultures: non-interference; emotional restraint; repressing signs of gratitude; Aboriginal concepts of time; and non-

competitiveness. I made every effort to take these principles into account during my interviews and my day-to-day interactions with people from the Sheshegwaning. Building upon this, something must also be said about the issue of reciprocity and research. When conducting research with a community or group of individuals it is important that researchers ensure reciprocity. That is, a researcher should always 'give back' to those who participate in the research. Many First Nations communities are reluctant to participate in research, arguing that they have been 'researched to death' (O'Neil et al., 1998) and have been exposed to decades of 'safari' or 'helicopter' research.[10] This had led to distrust (see O'Neil and Waldram, 1989) and demands by First Nations peoples for more involvement in research projects and full control and ownership of data. As such, giving back has become an essential part of research protocols with First Nations peoples (see O'Neil et al., 1998; Warry, 1990). Reciprocity or giving back can take many forms including providing volunteer work to the community and/or presenting the results of the research (Montour and Macauley, 1988). For me, reciprocity took the form of the youth and health needs assessment survey, which I conducted within the community.

While the need for reciprocity has been established on a moral and ethical basis (Bosk, 1989), Adams (1998) argues that researchers all too often describe reciprocity as being 'unambiguously desirable'. She further asserts that power differences, cultural differences and membership status can pose problems for the subjects and the research when reciprocity is involved. Adams draws these conclusions after a careful and critical re-examination of her own fieldwork, conducted with Chilean women. Problems arose in

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[10] 'Safari' or 'helicopter' research refers to projects in which researchers 'drop into' communities, conduct research, obtain data, and then leave, never to return again (see Freeman, 1998).

Adams' research when she failed to acknowledge the cultural values of the women in her reciprocal actions.[11] While I believe that certain types of reciprocity can be problematic (e.g., providing financial support to informants), my engagement in reciprocity did not prove to be detrimental to the community or my own research.

There were, however a handful of individuals who were, at first, suspicious of my involvement in the community needs assessment survey research. In particular, two men were under the impression that I was being paid to conduct the survey and felt bitter about the community supposedly providing me with money. When confronted by them I explained that I volunteered to conduct the surveys as my way of saying 'thank you' to the community for allowing me to do my own research. They had only one further question, 'What kind of person would agree to do this much work for free?'

In spite of this, most community members appeared to appreciate the work I conducted and were pleased with the final reports and recommendations. To argue that only the community benefited from this form of reciprocity would be false. Conducting the surveys was beneficial for my own research. It provided me with an ideal opportunity to 'search out' prospective informants for my own research. Further, the surveys gave me an intimate, first-hand look at the main health and social issues facing both adults and youths within Sheshegwaning. While this form of reciprocity was a time consuming process, I would not have traded the experience for anything. It was my way of saying

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[11] Adams' (1998) research examined political art movements among women in a 'shantytown' in Chile. As she discusses, her own ignorance of cultural values resulted in repeated attempts to enforce her own 'Western' values upon the women she interviewed. On one occasion Adams encouraged a woman to attend a workshop for micorentrepenuers. Adams hoped that it would help the woman in the selling of her art. Despite her 'good intentions', Adams pressured the woman to attend the workshop despite her protests that her husband and children would resent her not being at home.

'thank you' to the people of Sheshegwaning for allowing me to be a part of their community.

In the next section I will discuss my own position, how it shaped the research process, and how I made a conscious effort to ensure that my position did not overshadow any attempts to make this research credible.

4.2   The Politics of Cross-Cultural Research

Position or one's place (e.g., social, sexual and/or racial) in society, is an important issue to consider with respect to research. In the past it has been used by individuals, at the 'centre' (i.e., members of the dominant group), to assert the authority necessary to speak for marginalized groups. Historically, it has placed researchers above informants, relegating them to the role of 'subjects', not allowing them to have a voice.

Feminist researchers, in geography and other disciplines, have levied a series of critiques against this process, imploring researchers to be more reflective and critical of the ways in which their own positions influence methods and texts (see Alcoff, 1991; hooks, 1990; Kobayashi and Peake, 1994; Mattingly and Falconer-Al-Hindi, 1995; McDowell, 1992; Moss, 1995; Penrose, et al., 1992; Rose, 1993; Trebilcot, 1988). Alcoff (1991) has identified the two main problems position poses for research: i) it can distort the meaning and truth of what another says; and ii) speaking from privileged locations may result in the reinforcement or further oppression of groups who are spoken for. This critique has raised a number of questions within academia. With whom do we conduct our research? Who can we speak for? Should individuals conduct research on groups to which they do not belong? If so, can the pitfalls of speaking for others be avoided? There

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has been much discussion in the feminist literature regarding these issues, but no consensus has been reached.

On the one side are researchers who feel that they can only speak for groups of which they are members (Chouinard and Grant, 1995; hooks, 1990; Trebilcot, 1988). Trebilcot (1988, p.10) describes three principles that guide her own research and, she argues, they should be used by other researchers: "i) I speak only for myself; ii) I do not try to get other wimmin to accept my beliefs in place of their own; and iii) only I speak for myself". While she argues that speaking only for oneself avoids the pitfalls of speaking for others, her retreat response is problematic in nature. In particular, it assumes that in retreating from all practices of speaking for others, one cannot make claims beyond one's own narrow individual experience (Alcoff, 1991). Speaking only for oneself can result in what Alcoff (1991) describes as a 'narcissistic lifestyle', with privileged individuals avoiding taking responsibility for others and society as a whole. This form of silent complicity cannot erase oppression.

The alternative then is to engage in research 'with', as opposed to 'on', other groups. Researchers who choose this alternative are faced with a major challenge; How can one engage in research that does not result in speaking for and/or representing others? There are a number of ways in which these challenges can be addressed.

Alcoff (1991) proposes that instead of speaking for others, we should work towards speaking with and to the 'other'. Further, Lugones and Spelman (1986) argue that talking and writing should be done by both the researcher and their informants. They claim that by engaging in dialogue, the researcher and the 'other' are put in a position that enables them to give a better account of each other's experiences. One way of

achieving this is to let the voices of informants 'speak' through quotations in the text. There is an essential need for voices because to ignore them is to "continue the imperialist project" (Spivak, 1988, p.288).

However, it is not enough to give voice to individuals. We must continually stress that our knowledge is limited, socially constructed, and informed by the positions that we hold within society. We should not strive for traditional objective research but work towards what Haraway (1991) terms 'feminist objectivity'. This objectivity insists on the partiality and embodiment of all vision, as opposed to what she calls 'masculinist objectivity', which is focused on discovering truth and universality. According to Haraway (1991, p.187), the paradox of masculine objectivity is that it focuses on "how to have simultaneously an account of radical historical contingency for all knowledge claims and knowing subjects,...AND a no-nonsense commitment to faithful accounts of the 'real world'". She asserts that this is an undesirable way to conduct science (research) because one is constantly caught in the dilemma of producing research that accounts for both absolute and relative truth. Haraway suggests that we discard masculinist versions of objectivity and embrace a feminist version of objectivity that searches for richer and better accounts of the world shaped by partial sight and limited voice.

As researchers we must constantly question and critically reflect upon our research. How is it conducted? With whom do we conduct our research? How do we produce our texts? How does our position affect our methodologies and epistemologies? How can we avoid representation and work with 'others' to allow them to speak for themselves? We will always be in a continual search for the answers to these questions. While trying to find the answers to these questions, it is important to acknowledge that

we cannot represent or speak for others. Nor can we immerse ourselves in cultures or groups of which we are not a part. If we focus on understanding, as opposed to representing, 'others' we might be able to produce better, more reliable accounts of 'others' (Haraway, 1991).

My own research can be viewed as both a success and a failure. Success was achieved in the sense that I was able to gain entrance and acceptance into a community that was culturally different from myself. Further, many people were genuinely interested in my research and took a substantial amount of time to answer my questions. In contrast, it can also be perceived as a failed research endeavour in that neither entry nor acceptance was granted by all. As such, some perspectives have been missed. However, this should not diminish the importance of the findings from this research. It was not my aim to present an authoritative account regarding the link between health and relationships to the land for Anishinabek, but rather to understand the complex processes through which they are manifested. I will explore these issues of 'success' and 'failure' by examining how my position as a white, female researcher shaped the direction and outcome of this research.

It is rare to find published material by researchers engaging in discussions of failed research projects. It would be naïve to assume that this is because we all succeed as researchers. England (1994) has provided one of the most explicit and insightful discussions of 'failed' research. She explains how her position as a straight woman prevented her from gaining entry into the gay community in Toronto. Her commentary demonstrates how the power relations that exist when researching marginalized groups can affect the success/failure of research.

Historically, Aboriginal peoples have been exploited by non-Aboriginal researchers and this has resulted in their distrust (see O'Neil and Waldram, 1989; Warry, 1990). Waldram et al. (1996, p.19) state that "while there was a time when Aboriginal medicine was open to non-Aboriginal people, more recently the notion that healing and other spiritual activities are 'secret' has become pervasive". Over one hundred years of hiding rituals and traditions may have left many Aboriginal people suspicious of non-Aboriginal observers. As Keeshig-Tobias (1990, p.67) notes;

> I am automatically on guard whenever white people speak
> or write about Indians (sic). What do they want this time? I
> ask. What are they looking for – adventure, danger,
> material wealth, spiritual power, a cause, a book, or maybe
> just a story? It matters not if this person is invited: the
> history of the relations between European Canadians and
> Natives...allows no kinder response.

Despite every effort to diassociate myself with the colonizing role, the mere colour of my skin brought it to the foreground. My being 'white' made some individuals suspicious of my motives. For example, when discussing the effects of residential schools, some informants would make general statements like "what you white people did to us was horrible". Comments like this served to reinforce a grounded sense of difference and inequality between myself and the people that I interviewed.

While living in Sheshegwaning, it became apparent that being 'white' coupled with being a woman posed some difficulties. In particular, there were three brothers in the community of whom I often thought, their sole purpose in life was to make me miserable.

They would often 'visit' me at the house where I was living or at the Health Centre where I worked. Their 'visits' amounted to what felt like interrogation sessions

and they often left me feeling harassed.[12] Their questions covered a number of issues ranging from my motives for living in the community, the 'real' purpose of my research to probing for details regarding my relationship with my fiancé. One cannot ignore the power relationships that exist when researching marginalized groups. I think that their actions and questions were ways of asserting power over me. That is, they turned the direction of research scrutiny back upon myself. It was their way of making me feel researched and dissected.

I was always aware of the differences that separated me from my respondents during both the research process and the writing of this text. This thesis is based on my interpretations of the relationship between First Nations health and the land. As such, I cannot avoid all instances of speaking for others. However, rather than speaking for 'others' it is my hope that this research has served as a medium through which the First Nations peoples involved in this research can speak. I have encouraged this by giving people the opportunity to make suggestions regarding my research, listening to criticisms, and making changes based on them. These were necessary steps for creating a rich environment of mutual learning. Further, I have tried to intertwine many different voices, within the text, to demonstrate the diversity of my informants. This has allowed me to

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[12] I remember one incident most vividly. One Saturday afternoon I was working at 'home' alone when there was a knock at the door. Danny stopped by for a visit. It seems that he had heard there was a redhead living in the community and he wanted to 'check out the situation'. After discussing in detail the research I was conducting, Danny informed me that neither he nor his brothers liked me very much. He then proceeded to tell me a story about why Anishinabek 'do not like redheads'. He informed me that in 1895 a group of Anishinabek men attacked a white settlement on Manitoulin Island. During the attack, all of the white men were killed and the Anishinabek men took a redheaded woman as a prisoner. Upon bringing her back home they raped her and during this she bled on them. According to Danny, the woman's bleeding was believed to be a curse and that is why many Anishinabek fear redheads. After telling this story, Danny commented that while he wasn't scared of me he did not like the way I looked at him. After an hour or so, curiosity satisfied, he left. I tried to verify Danny's 'story', however, no one I spoke with had ever heard of such an incident taking place.

avoid the production of a hegemonic discourse and prevented the further oppression and domination of the 'other'. The use of voices, in the form of quotations, to support the identification of themes and ideas is very strategic. In deciding whose voices and what text to include I tried to select those statements that best captured the ideas I was trying to convey. I do not claim that these findings capture the voices and beliefs of all Anishinabek. Rather, I hope it provides a 'window' from which we can glean a better understanding of the importance of place for Anishinabek health.

I am well aware of the criticisms that might be directed my way because I am a non-Aboriginal person studying First Nations health. On one occasion I was criticized by an Aboriginal male, from another university, who told me that non-Aboriginals have no place in researching Aboriginal issues. His comment made me stop, re-evaluate this research and question my motives. Having completed this research, I do not claim to be an expert on First Nations health nor do I feel that I can speak for the people involved in my research. I can however, speak from my position as a non-Aboriginal Health Geographer and discuss the ways in which this research informs our understandings of Aboriginal health and gives us, as geographers, a new way of examining place.

CHAPTER FIVE
SHKAGMIK-KWE AND HEALTH ON MANITOULIN ISLAND: EXPLORING THE IMPORTANCE OF PLACE, CULTURE AND HEALTH

5.0   Introduction

In recent years, Health Geographers have adopted a new way of examining the link between health and place by acknowledging the importance of meanings and values, which are ascribed to places, for shaping experiences of health and health care delivery. As argued in Chapter Two, while this new way of viewing place has been applied in many ways, there is still work that needs to be done. In particular, geographic research overlooks the importance of culture (i.e., beliefs, values and traditions) in shaping the link between health and place. Thus this chapter presents the results of in-depth interviews conducted with Anishinabek living in Sheshegwaning First Nation, Manitoulin Island, Ontario. In doing so, this chapter focuses on the complex link between culture, identity, place and health as manifested in relationships to the land.

The results are presented in two sections. In the first section, I will discuss the role of the land for Anishinabek in the contemporary context. This discussion is important because it provides the context for understanding the role of the land in shaping Anishinabe health. In particular, I will examine the importance of the land, in the image of Mother Earth, as the basis of Anishinabe identity and spirituality. Next, this chapter will discuss the 'codes of conduct' by which Anishinabek are expected to live their lives in relation to the land on a daily basis. This section will demonstrate that the ways in which individuals relate to the land and the ways it shapes their identities are not limited to physical places, but also include symbolic elements. Turning attention to the

importance of cultural beliefs about health, this chapter will then discuss Anishinabe conceptions of health and examine how the land supports health by contributing to the four aspects of life: the physical; emotional; mental; and spiritual. The fourth section will briefly explore the ways in which the land is perceived to be negatively associated with health. In the final two sections of this chapter, the key findings from the interviews will be summarized and the implications they have for future geographic studies on First Nations peoples, identity and health will be discussed.

As discussed in Chapter Two, the relationship between First Nations peoples and the Canadian government has historically been one of displacement. Colonial policies have resulted in the dispossession of First Nations peoples from their lands, which has disrupted both the social fabric of communities and has changed the ways in which they relate to the land. As such, within the neocolonial context, the relationship that First Nations people have with the land is continually being reshaped. This chapter gives some insight into the strategies that Anishinabek are using in reconstituting their own relationships to the land. The approaches they use are strategic in that they reinforce a separation between Anishinabe identities and the identities of non-Aboriginal people.

5.1   Culture, Identity and Place

5.1.1   Shkagmik-Kwe, the land as Mother

Anishinabek perceive the land to be a female entity and a provider of all things necessary to sustain life and as such is referred to as *Shkagmik-Kwe* (Mother Earth). For example, when I asked Allan to describe the land, he replied:

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> I believe that we came from the earth - just like everything is alive, potatoes, plants, anything comes alive and flourishes with flowers. The earth provides everything, wild animals, insects. The earth provides for us. The earth provides strength, that's why we call it mother. She provides life...helps us live. Without her we would not live.

When describing Mother Earth, most people referred to her as encompassing the earth in its entirety and contributing to all aspects of life. As one elder told me:

> Mother Earth is everything that you see. You look everywhere on earth and you see Mother Earth. The way you raise your children, the way people do things together, the way we live among our people. She is in everything we do.
>
> (Helen, elder)

Research conducted within Health Geography has demonstrated that both the physical and symbolic elements of places are important for health. Recall Kearns and Barnett's (1999) discussion of the Starship hospital in New Zealand. As a physical place, the hospital contains doctors, nurses, and medical equipment all of which influence health. In addition to this, the hospital is also of symbolic value for those receiving health care. The Starship symbolizes medicine, healing, and the metaphor of illness as a journey. Places hold symbolic meaning for individuals. In particular, the land represents more than just the physical space in which people carry out their daily activities. It is also a symbol of identity. There is a firm belief, among the people I interviewed, that the land is the basis of their cultural identity as Anishinabek.

There are two important points that can be gleaned from this observation. First, from an Anishinabek perspective there can be no separation of identity from the land. Second, within the neocolonial context, the land is used as a strategic marker of identity.

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The meaning of the land for Anishinabek is the foundation of their identity. For Anishinabek, the land is Mother – the provider of life. As such, the relationship between identity and place for Anishinabek presents itself at a much deeper level than what has been demonstrated in much of the geographic literature. The land is not just seen as shaping identity but being an actual part of it. This belief is illustrated by the following quote from one elder:

> We truly believe that we are part of it (Mother Earth). We come from her and someday we will return to the earth...When we connect with the earth through meditation, we ground ourselves to the earth.
>
> (Jean, elder)

Within geographic research, places are argued to *shape* identity or as Gesler states (1991, p.8) "places *influence* personal identity" (emphasis added). As such, there is a sense that identity and place are separable from one another. However, the above quote exemplifies the relationship individuals have with the land which cannot be captured by the simplified notion of being 'close to nature'. Rather, the land is viewed as a fundamental and integral part of each person's being. An Anishinabe perspective provides us with a different way of understanding the link between place and identity.

This belief in an intimate and inseparable connection with the land challenges 'Western' dualistic thought, which has traditionally separated 'man' from 'nature'. The relationship between these oppositional categories has historically been one of dominance, with 'man' valued over 'nature'/'Other' (McDowell, 1991). However, within Anishinabek culture the land is not dominated. This way of viewing 'nature' challenges 'Western' discourses because it does not allow for a hierarchical relationship between

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Anishinabek and the land. When I asked individuals to describe their relationship with the land, themes of balance, as opposed to dominance, were expressed:

> The European based point of view is that you can rape the land, mine all of the ore, catch all of the fish, and cut down all of the trees. That is not very traditional. Anishinabek live in balance with the land.
>
> (Ryan)

Similarly, Sandra stated:

> We just believe that everybody has a spirit like including us but we're I guess if there was to be a hierarchy we would be at the bottom of that hierarchy because if it wasn't for all of those other things we wouldn't be able to survive on Mother Earth.
>
> (Sandra)

As alluded to in Ryan's quote, there is a strategic use of the land as a marker of Anishinabek identity. In particular, a clear distinction is made between Anishinabek relationships to the land and the ways in which 'others' (i.e., non-Aboriginals) relate to the land. This is an important element in the politics of identity construction for Anishinabek. While their identity is defined through a shared connection to the land, it is also constructed through difference. When I asked individuals to describe their relationship to the land many described it in relation to what it is not. That is, individuals distinguished between 'Anishinabe' and 'non-Aboriginal' perceptions of the land. For example, Patrick, who works as a medicinal harvester on Manitoulin Island, in describing how Anishinabek identity comes from the land, separates these two perspectives:

> The land is who we are, where we come from. It is a part of us. It is vital to us. White people have the perception that they can own the land. The Native perception is different. We do not own the land. We are from the land and it is part of us. We are not above it.

'Western' thought (i.e., the colonizing mind) is seen to devalue the 'nature' side of the binary and by default tends to view any group that is close to nature as having no culture and therefore in need of being civilized (see Akiwenzie-Damm, 1996; Hogan, 1995). Aboriginal peoples, since the time of contact, have been perceived by the colonizing culture as lacking culture - as being savage - because of their close link to nature (the land) (Goldie, 1989; Pearce, 1965). However, by presenting Anishinabek relationships to the land as preferable to non-Aboriginal relationships, there is an attempt to invert and valorize the 'man/nature' 'white/other' dualisms. In this way, within Anishinabek belief systems, non-Aboriginals become 'othered' and their connections to the land are relegated to the devalued side of the binary.

The land is perceived not only to be the source of Anishinabek identity but also Anishinabe spirituality. Roger Spielmann (1998), a linguist specializing in Ojibwe discourse, hesitates in using the term 'spirituality'. He argues that it too closely resembles organized religion and cannot capture the "deeply entrenched sense of what it means" (Spielmann, 1998, p.245). I agree with Spielmann that we cannot think of Anishinabe spirituality as something separate from the self. In fact, I was scolded for my own limited perception of the depths of Anishinabe spirituality. During one of my first interviews, I asked an elder "Do you ever have any difficulties practicing your spirituality?" My use of terminology was immediately corrected. He replied by saying "Spirituality is not something you can practice like going to church. It cannot be turned on and off. It is something you live."

Regardless, I use the term spirituality for two reasons. First, the people in Sheshegwaning used this term when asked to describe their relationships to the land. It

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could be argued that the use of the term spirituality by my informants might have been a function of who I am (i.e., a practicing Catholic). That is, the people I spoke with may have chosen to use the word spirituality so they could explain their relationship to the land in terms that I could understand. However, spirituality is a fairly common term in the Aboriginal literature (see RCAP, 1996a).

Second, I have failed in my attempts to come up with another word that might come close to describing their system of beliefs. In using the term spirituality, I recognize that it is not separate from the self but is part of a way of life.

Within the Anishinabek worldview humans share the land with 'other-than-human' beings (spirits). The land, and all that is on it, is believed to be alive with spirits:

> When I was a young child my grandparents and the elders always taught us that the land was the giver of life, food, nutrients, giver of all things that are alive. He (grandfather) told me that all things in the world are alive, a tree, a plant, even a rock is alive.
>
> (Allan)

> We believe that everybody has a spirit because we are all part of creation and we are all living – from the trees, to the rocks and the water, everybody is supposed to have a spirit. We connect to each other and to the Creator through our spirits.
>
> (Sandra)

This belief in the spiritual realm is the basis of the Ojibway and Odawa languages. Unlike non-Aboriginal languages, nouns are not categorized according to gender (i.e., masculine and feminine). Within Ojibway and Odawa languages nouns are categorized on the basis of whether they are perceived to be animate or inanimate. Valentine (1995) notes that while people, animals, and plants are categorized as animate and things are

considered inanimate, there are exceptions. For example, articles used in ceremonies (e.g., tobacco and pipes), personal belongings, rocks, and stones are also considered to be animate. As Spielmann (1998, p.46) states, this categorization of nouns demonstrates a world view of "person-objects which are other than human beings but which have the same ontological status – that is, the same qualities as beings".

Building upon this theme of language, it is important to note that language is a key component of Anishinabe identity and spirituality. During the interviews and conversations that I had with Anishinabek in Sheshegwaning, it became obvious that language underlies the spiritual connection Anishinabek have with the land. Many individuals told me that their language is the key to communicating with the Creator, Mother Earth and spirits. The belief in the power and the importance of the Ojibway language was expressed by many. In fact, some stated that if an individual cannot speak the language they are lacking a significant part of their Anishinabe identity:

> Our language is based on life itself. We have to have our language to become whole people, to know who we are. A person may know about the culture and may give thanks and all sorts of things but if they do not know our language then they are not whole. Our language is what gives things meaning. Using the language is a way of honouring things.
> (Ryan)

Communicating in the language is not always an easy exercise. Historically, the use of Aboriginal languages was forbidden in residential and church-run schools located on reserves. As a result, many Aboriginal peoples, especially those in the younger generations, cannot speak Aboriginal languages. According to the 1996 Census of Canada, approximately 25 percent of the Aboriginal population reported that they had an Aboriginal language as mother tongue (i.e., it was the first language they learned at home

in childhood) (Canada, 1998). Further, the Census indicates that only 15 percent of the entire Aboriginal population reported that they actually spoke an Aboriginal language at home. A recent study conducted by Contendo (1993) suggests that of the 53 Aboriginal languages that exist in Canada, only Ojibway, Cree and Inuktitut are expected to survive the next two decades. A survey conducted within Sheshegwaning revealed that the use of Aboriginal languages in Sheshegwaning is higher than what was reported in the Census.[1] Fifty-three percent of the population indicated that Ojibway or Odawa was their mother tongue. Further, while no one indicated that Ojibway/Odawa is the only language spoken at home, 38 percent stated that they speak a combination of English and Ojibway/Odawa to their children.

The loss of language has catastrophic effects. As Hendry (1969, p.63) argues, "[w]hen language dies, much of the vitality of a way of living and thinking dies with it". Given the loss of language that is occurring, there exists a language revival movement in Sheshegwaning that is aimed at teaching the youth to speak Ojibway. There is a full-time language instructor who works in the reserve's elementary school. A core part of the school curriculum is Ojibway language instruction. The centrality of the Ojibway language, within the school's curriculum, is evident upon walking into the classroom. All objects (e.g., tables, chairs and activity centers) are labeled with Ojibway words. I spoke with Kate, the language teacher, about the importance of teaching children the language:

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[1] This information is taken from the community health needs assessment survey that I conducted.

To have a connection with the land it is important to have the language. When I first started teaching language courses I didn't realize how important the connection was. Months down the road I realized it doesn't work without the language. I can't really explain how you are connected. The language is right there with Mother Earth even the ways that you teach. The language is always there inside of you. I never knew that until I heard an elder speak. Every one of those kids you teach, they have the language. It just takes some time. It is difficult to teach the language. I am fortunate to be fluent in my language. Growing up from the time I was born...I was born with it and into it...I didn't understand that. My mom sang to me and talked to me in the language. It was a shock to me when I first heard English. I never started speaking English until I was 5 or 6 years old because I needed English for school. It was then that I learned English. Today all of the kids speak English first. I tried what my mom did. I spoke to my babies in the language even when they were inside of me.

Kate's quote demonstrates that language, identity and the land are intricately woven together and reinforce each another.

While language is an important part of the connection to the land, not all people are fluent in Ojibway. Those who are in the process of learning Ojibway told me that they use a combination of English and Ojibway when connecting to the Creator and the land.

In summary, the land is perceived to be the provider of all things necessary to sustain life and, as such, symbolizes the image of Mother Earth (*Shkagmik-Kwe*). Many of the people I interviewed spoke of the importance of the land as the foundation of Anishinabek identity and spirituality. It is necessary to understand that Anishinabek in Sheshegwaning are continually reshaping their relationships to the land. As this section indicates, communicating to Mother Earth in Ojibway is argued to be a fundamental part of reformulating relationships to the land. This is something that is recognized by First Nations peoples across Canada:

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> ...I know that the proper way for Mohawk people to address Mother Earth is through the Mohawk language, just as Algonquin people address Mother Earth in Algonquin. I have also learned that Mother Earth responds best to the languages of the people who have sprang from her and then returned their bodies to nurture her...The proper way of respecting and relating to her will be found in the language of the land and in its people. That's the easy part of the answer, but how do I explain to my child that those languages are disappearing all over the world? (Lahache, cited in Spielmann, 1998, pp.43-44).

As evident in Louise Lahache's quote, there is a real sense of fear associated with the loss of languages. It is feared because language is an integral part of connections to Mother Earth. Therefore language revival movements in Sheshegwaning are not only aimed at preventing further loss of language but also preserving connections to the land. Language revival movements are an integral part of current attempts to reformulate relationships to the land.

It is important to understand that claims surrounding the significance of the land for Anishinabek identity and spirituality and the importance of language for those relationships, reflect the strategic ways in which Anishinabek are actively reconstituting their relationships to the land within a neocolonial context. Colonialism has affected traditional relationships to the land and therefore current attempts to reformulate those relationships are not pure. Herein lies the predicament of interpreting culture and/or cultural change. As Clifford's (1988) research on the Mashpee Wampanoag Tribal Council's 1970s civil suit for title to tribal lands demonstrates, to assume there can be an authentic culture existing continuously within the context of strong external forces, such as colonialism, is naïve.

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As Clifford (1998, p.289) argues, Mashpee identity was presented as "a borderline case...Looked at one way, they were Indian; seen another way, they were not". This conceptualization denied the possibility that Mashpee identity could undergo change, revival, reinvention, struggle and/or negotiation. Such is the problem of binary thought, that is, anything, and everything, must either be 'A' or 'Not-A' (i.e., Indian or not-Indian) (see Berg, 1994). Since 'A' and 'Not-A' occupy two opposite poles of a binary there is no continuum. Individuals, as in the case of the Mashpee tribe, are forced to identify with only one side of the dualism. However, in reality, neither the Mashpee nor other Aboriginal peoples can claim the existence of cultural purity, unchanged by the forces of colonialism.

Within my own research, it was clearly evident that colonialism and neocolonialism has and continues to impact upon Anishinabek identities. In speaking with Ryan, it became very evident that, within the neocolonial context, relationships to the land are much different from what they were during the pre-colonial period. However, the forces of colonialism and neocolonialism did not produce two distinct identities: 'Anishinabek' and 'non-Anishinabek'. Rather, a multitude of identities were created, shaped by both Anishinabek and colonial/neocolonial cultures:

> There are four to five different types of Anishinabek because of assimilation. There are those who are not traditional in any way at all. They go to Christian church, drink all weekend, sober up for church and then start again. Then there are those who, because of assimilation, have changed. They want the big bucks and they take advantage of the land. For them, finanicial gain is more important than the land.

The assimilating Indian has been trained and is now in an altered state of being to meet the European model of civilization...Assimilization came from the church and Christians who encouraged and manipulated people to shy away from their cultural and spiritual connections with the land. A loss of connection leads to the phony identity that these two groups have.

...Traditionalists, they are trying to re-group. They wear their hair long, wear traditional garb and do the Pow Wow circuit but are still doing European stuff. The international human beings, that is what I am, are more balanced. They have reconnected their spirituality. They have re-united with the spiritual part of their being. They become more concerned with the environment and their relationship with the earth. They will not put financial gain on the land - mining, cutting down all the trees, dumping sewage. There are some who would do it and would justify damaging the land.

There always was a connection with the land. It was part of our culture, value system, economy, our living, governments...The basis of our life was our connection with Mother Earth...Today many do not care. Do not kid yourself. There are many people who do not respect the land. Values have changed drastically with the influence of Christianity and religions. They have violated the sanctity of Anishinabe spirituality.

(Ryan)

Two important points can be drawn from Ryan's quote. First, there exist multiple Anishinabek identities created from the fusing of two worlds: Anishinabek and non-Anishinabek. Within cultural and postcolonial studies, such a process is often referred to as 'hybridity' (see Bhabha, 1990; Hall, 1990). While I am critical of the term hybridity because it is often associated with negative connotations such as inferiority and impurity (see McDowell, 1999; Young, 1995), it is a useful concept. Hybridity disavows binary thought and embraces the existence of multiple identities that are continually recreated. Second, Ryan's quote demonstrates that colonialism and neocolonialism have altered

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Anishinabek cultural identities, spirituality and thus relationships to the land. As such, Anishinabek are constantly renegotiating and reinventing their identities. Part of that process involves a reformulation of their relationships to the land. Within the neocolonial context, this reformulation involves a strategic use of relationships to the land as markers of identity. As Ryan goes on to say:

> There is a movement to recreate that sense of spiritual connectedness. It's part of who we are, of our identity.

Research conducted on indigenous peoples elsewhere has demonstrated that the recovery of Aboriginal identities involves a reinvention of both self and community in relation to 'others' (see Hobsbawm, 1984; Webster, 1993). As such, Anishinabek are continually reformulating their identities in such a way that sets them apart from non-Aboriginals and reinforces their unique cultural, spiritual, and social identities.

5.1.2 Anishinabe Roles and Connections to the Land

As discussed in the previous section, Anishinabek believe that the land is the foundation of their identity. This belief in an inseparable connection to the land shapes the ways in which Anishinabek relate to it on a daily basis. Since Anishinabek believe that the *Gitchi-Manitou* (Great Spirit/Creator) gave them the land, they hold strongly to the belief that they must live their lives as caretakers of the earth. In fact, many told me they believe that one of their main roles in life is to serve as stewards or protectors of the land:

> It (the land) is not something that is ours. It is something
> that the Creator has given to us to take care of and it will be
> destroyed if we don't take care of it. It will be gone. It is
> part of our responsibility as people, as Anishinabek people.
> We used to live off that land and part of that responsibility
> was taking care of the land and looking after it and the
> water and the trees and picking up garbage.
>
> (Nicole)

When I asked individuals what their responsibilities as 'caretakers of the earth'

entailed, a number of themes emerged. Many individuals spoke of the importance of

respecting the land. Delving deeper into this issue of respect, I found that it is expressed

in many ways, such as giving thanks for what Mother Earth provides, practicing

conservation, and not polluting. For example, when hunting, fishing or harvesting food

and/or medicines, individuals are expected to put down tobacco as a sign of gratitude.

Tobacco was the first medicine given to the Anishinabek and so they use it for giving

thanks to the Creator and Mother Earth for what has been provided to them:

> We show thanks by first of all respecting her and we offer
> tobacco first before we pick whatever we're picking. Like if
> it's medicines or a rock or anything that we are getting from
> Mother Earth, we offer tobacco. We could offer a prayer or
> tell them (spirits) what we are going to be using that certain
> thing for. Like if it's for medicinal purposes or healing or
> guidance or whatever it is we offer that to them and we ask
> them to help us.
>
> (Sandra)

In addition, when hunting, trapping and harvesting, individual behaviours are

guided by a belief in conservation. Many individuals told me that when they do take

things from the land (e.g., deer, plants, etc.) they only take what is needed:

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> Mother Earth shows us how to live in balance. We don't
> take too much from her. When we take something from her
> we put down tobacco.
>
> (Catherine)

Similarly, Matt stated:

> You should only take what you need. Like for me that is
> important. That is my belief. I wouldn't kill 10 deer for
> myself when I hunt. I would take just one and even that I
> couldn't eat all by myself so I would give part of it away to
> other people in my family.

Also evident in Matt's quote is an emphasis on the importance of sharing. As

Brant (1990) notes, the ethic of sharing is common to many Aboriginal cultures and it has

historic roots in the importance of group survival. He argues that while the main purpose

of sharing was to ensure survival in the event of starvation, it also served to reduce the

likelihood of conflict based on greed and/or envy.

However, as Spielmann (1998) argues, the introduction of technology altered

many Aboriginal values such as sharing. For example, with the introduction of freezers, it

is now possible for people to save meat during the winter, rather than share it with others.

One elder told me about the changes in values that she has observed with the introduction

of technologies:

> Well we didn't have hydro or freezers and I still remember
> that and I was maybe 10 years old. When a moose or deer
> was shot it was brought into the community, cleaned and
> then distributed to the whole community whether you had
> enough for one or two meals out of it. And it's so funny
> because now today you don't see it in the communities.
> You don't see that sharing any more. It might still be there
> but not in that way. I don't think...it's not done with the
> whole community the way it used to be. We've become
> more modernized now so too. Now we have freezers.
>
> (Helen)

Based on the statistical results presented in Chapter Three it was suggested that income was less important for health on reserves, as compared to urban settings, because reserves foster a sense of community with individuals sharing necessary resources. While sharing does not take place as a community activity in Sheshegwaning, it does exist at an individual level. The high level of poverty suffered by numerous individuals in Sheshegwaning requires it. Many individuals are unemployed and/or do not hunt or fish for their own food. Often times I witnessed people sharing food with them. For example, the woman that I lived with was unemployed with her main source of income coming from social assistance. During the first two months that I lived with her, two different men stopped by, one bringing her venison and the other some fish. In this sense, sharing is done out of economic necessity. While the tradition of sharing may have changed over time from a community level activity to an individual one, it can still be observed in various forms. Kate expressed the pride she felt upon learning that her son was practicing the tradition of sharing:

> My son killed his first deer last fall. After he killed it, he went to every house and asked everyone if they wanted some meat. At the end he was only left with a little bit for himself. We don't talk about it (the concept of sharing) but it was passed on to him. My husband came to me and told me that he had shared with everyone and I breathed a sigh of relief because I knew he was learning.

Sharing can take many forms. During the spring of 1999, UCCM hired a number of individuals from various reserves on Manitoulin Island to work as diabetes educator assistants. Part of their job involved the gathering and preparation of traditional medicines to be used in the treatment of diabetes (UCCM, 1999). This work required working long days and nights in the bush harvesting plants and then preparing them as

medicines. I spoke with one man, named Patrick, who was hired as an assistant.[2] He told

me that in addition to harvesting medicines, the work crews were also harvesting

traditional foods. Once harvested, the food is divided into portions and then distributed to

elders on the island who do not have the abilities to harvest their own food:

> The elders need these traditional foods. A lot of them have
> been eating junk food and are becoming ill. They are
> suffering from diabetes and need the comfort eating
> traditional food. They need these traditional foods to be
> healthy and they are not getting them. Their children aren't
> getting it for them for whatever reasons so we are working
> to provide traditional foods to elders within the
> communities and it is helping them.
>
> (Patrick, medicinal harvester)

This quote illustrates a sense of responsibility to elders and to the land by using

foods in a responsible way. Further, it demonstrates recognition, on the part of the UCCM

tribal council, that sharing is necessary for health and can be successfully integrated

across communities.

Respect for the land involves more than showing thanks, conservation and

sharing. Across Canada, Aboriginal peoples have argued that, as stewards of the land,

they have a responsibility to prevent the destruction of the earth. The First Nations

Environmental Network (FNEN), which was officially established in 1992, is an example

of a national movement whose goal is "protecting, defending and healing Mother Earth".

The FNEN has been involved in a number of environmental issues nation-wide, some of

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[2] I interviewed Patrick during both my stays on Manitoulin Island. During my second visit I was very
fortunate, in that Patrick invited me to spend an entire day with him while he searched the island for plants
to harvest. At the end of the day, he took me to a spot in the bush where we both put down tobacco and
picked leeks together. On another occasion, Patrick also asked me to participate in the preparation of
traditional medicines.

the most well known being protests over clearcutting at Clayquot Sound, British Columbia and the protection of old growth forests in Temagami, Ontario.

While Aboriginal peoples have been very outspoken and active in preventing the destruction of the land, sacred sites, burial grounds (e.g., Oka, Québec) and the protection of 'traditional' food resources, no similar organized forms of activism were observed in Sheshegwaning. However, at an individual level, there certainly was a sense of environmental consciousness. Individual actions ranged from picking up litter to openly discouraging other individuals from littering. Joanne told me about an occasion when the littering she observed in Sheshegwaning became 'too much to handle'. As a result, she published a letter in the monthly community newsletter expressing her disappointment with it:

> You take care of Mother Earth, Mother Earth will take care of you. If you pollute, throw garbage or stuff that is disrespectful... Not too long ago I um wrote something in the newsletter. One weekend here I was driving down the road and I seen an empty box of beer on the road and go up a little farther and there was a whiskey bag on the road. I was just so disgusted and I couldn't believe it. I put a letter in the community newsletter and I said "Do we disrespect our Mother Earth that much that we throw garbage on her?" That's what I said. That's what I said anyways. They could probably see a little bit of anger in that letter if they read it. Why do they?...It's embarassing you know. If strangers come in and that's the first thing they see and they think "Oh my god, a beer box right there on the reserve. Oh yeah that's the way it must be on a reservation" or something.[3]

When I asked if her letter had an effect, she replied "Like since that letter it's been good."

It is important to understand that these different elements of respect are not perceived to be something that an individual practices. Rather, these actions of giving

thanks, sharing and conservation are believed to be a way of life, something to be lived on a daily basis. In fact, a number of individuals indicated that these actions are part of their identity as Anishinabek. As such, being Anishinabe involves more than just being born into the Ojibway/Odawa nations. It is a way of life. During my interview with Ryan it was obvious that to him respect for the land is part of Anishinabek identity:

> You must have respect for the land. You take only what you need, no more than what you can use. For example, if you kill a deer you use all of it. You do not waste the hide or let it rot. Some people when they fish will put a net into the water and take more than they need and let the rest rot.
>
> Today many do not care. Do not kid yourself. There are many people who do not respect the land. Values have changed drastically with the influence of Christianity and religions. They have violated the sanctity of Anishinabek spirituality. There is a movement to recreate that sense of spiritual connectedness. It's part of who we are, of our identity.

In addition, Matt's testimony reveals that being Anishinabe is more than just a birth-right. There is a sense of responsibility that goes along with Anishinabe identity:

> Showing respect for the land is important. I don't like seeing pop cans on the ground. I invited Anishinabek hunters from different tribes to come hunt here. Part of my tribe were on the road those hunters used and saw pop cans and chip bags. I don't like that. I told them, 'I invite you here and you should respect the land here'. Maybe they are too used to it where they come from. They don't hunt the Anishinabe way.

In summary, there are a number of important points that can be gleaned from this description of the ways in which Anishinabek connect to the land. First, for Anishinabek the land represents more than just physical space. The land is a symbol of their cultural

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[3] It is obvious from her statement that Joanne was also concerned that people might perceive the community in a stereotypical way (i.e. 'drunk Indians').

and spiritual identities as Anishinabek. The relationship individuals have with *Shkagmik-Kwe* cannot easily be mapped because it exists on both physical and symbolic planes. These findings support recent arguments in the Geography of Health literature, which argue that place must be viewed as more than just a physical location. Place has come to be acknowledged as a loci of social relations and human experiences. For Anishinabek, the land, as place, represents more than just a physically grounded entity. It also includes symbolic and spiritual elements, all of which are part of Anishinabe identity.

Second, the Anishinabe way of life is guided by a system of beliefs surrounding the sanctity of the land in the image of Mother Earth. This system of beliefs requires that an individual lives in balance with the land and their people. Through such actions as conservation and sharing Anishinabek can connect to the land in a positive way on a daily basis. As such, the land also represents a site within which individuals carry out their daily lives. This has significant implications for health.

5.2   Culture, Health and Place: *Mno Bmaadis* and the Land

To understand fully the link between the land and health, it is first necessary to explore Anishinabe conceptions of health. In Chapter Three it was argued that the questions asked in the Aboriginal Peoples Survey could not adequately measure health, as perceived by First Nations peoples, because the survey only emphasized physical health and did not acknowledge other aspects of health. In speaking with Anishinabek about their perceptions of health, this argument was confirmed. The interviews revealed that being healthy involves more than just being physically well. By exploring Anishinabe

conceptions of health, cultural beliefs in the importance of balance between all aspects of life, not just the physical, became clearly evident.

There is no Ojibway/Odawa word that translates into health, and certainly not as 'Western' culture has come to define it. The Ojibway word *mno bmaadis*, which translates into living the good life encapsulates Anishinabe beliefs in the importance of balance. The concept of health or living the good life is a complex notion and its basic tenets are explained through the medicine wheel. As illustrated in Figure 5.1, the medicine wheel is divided into four sections that represent the four directions: *Giiwednong* (North), *Waabnong* (East), *Zhaawnong* (South), and *Epngishmok* (West).

According to beliefs, all four elements of life, the physical, emotional, mental and spiritual, are represented in the four directions of the medicine wheel. These four elements are intricately woven together and interact to support a strong and healthy person. One of the main teachings of the medicine wheel is that balance between all four elements is essential for maintaining and supporting good health (Bopp et al., 1984; Canada, 1997a; Dyck, 1996; RCAP, 1996d). Balance extends beyond the individual realm such that good health and healing also requires that an individual live in harmony with others, their community and the spirit worlds (Malloch, 1989). As such, the wheel also represents such things as the four colours, the four sacred medicines, the four seasons, and the four elements (see Table. 5.1). Each direction in the medicine wheel provides many different gifts. In particular, *Waabnong* is the direction of spring, which represents birth and rebirth. It is the source of light into the world and the direction that provides guidance and leadership. *Zhaawnong* is the direction of summer, fullness and of youth. Physically it is the time when people prepare for the fall and winter and

symbolically it is the time of preparing for the future. *Epngishmok* is the direction of fall, the time for meditation. This direction teaches Anishinabek to accept themselves as both spiritual and physical beings and to realize their connection with the spiritual part of nature. *Giiwednong* is the direction of winter, of the elders. It is the place of wisdom (Union of Ontario Indians, 1995b).

In more simplistic terms, the Medicine Wheel symbolizes the belief that all things in life are circular and are interconnected (Kinoshameg, 1994). The teachings of the medicine wheel, which are an integral part of Anishinabek culture, apply to all aspects of life.[4] To be healthy an individual must embark upon a journey that takes them beyond physical health and requires balance between all aspects of life. It is when one area becomes unbalanced that ill health is the result. If one element within the wheel is neglected or receives too much attention then health suffers in all four areas (Malloch, 1989).

This ideology of health is distinct from 'medical' approaches to health. The concept of health within medical professions has undergone significant changes over time. Initially, biomedical models dominated approaches to health. Biomedical models constitute linear approaches to knowledge in which disease is seen as a discrete (isolated) event that is treatable by the intervention of health care. In this sense, health is defined as merely the absence of disease. In essence, it is a negative definition of health described by

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[4] The actual teachings of the medicine wheel are much more complex than the general description I have provided. In addition, many contemporary adaptations of the wheel are being used for health promotion. These medicine wheels focus on diabetes education, proper nutrition, maternal health, benefits of exercise, and benefits of breast feeding, to name but a few (see Canada, 1997a; Kinoshameg, 1994; Union of Ontario Indians, 1995a; Union of Ontario Indians, 1995c, Union of Ontario Indians, 1995d).

Figure 5.1: Anishinabe Medicine Wheel

Table 5.1: Characteristics of the Anishinabe Medicine Wheel

| Aspects of the Wheel | The Four Directions | | | |
	East (Waabnong)	South (Zhaawnong)	West (Epngishmok)	North (Giiwednong)
The Four Colours	Yellow	Red	Black	White
The Four Aspects of Life	Spiritual	Emotional	Physical	Mental
The Four Stages of Life	Child	Youth	Adult	Elder
The Four Sacred Plants	Tobacco	Cedar	Sage	Sweetgrass
The Four Elements	Fire	Earth	Water	Air
The Four Seasons	Spring	Summer	Fall	Winter

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what it is not (i.e., death, disease) (Young, 1998). Over time perceptions of health changed from a negative focus of disease and illness to more positive ones. The World Health Organization (WHO) has supplied one of the most well known definitions of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 1948).[5] This definition reflects movements toward holistic approaches to health, which have come to dominate health care delivery and the development of policies.

Despite its integration of physical, mental and social factors, this conception of health does not encompass Anishinabe cultural ideals of *mno bmaadis* (i.e., balance between all aspects of life). Instead, we must look to the advances that have been made in psychiatric medicine and holistic nursing, which embrace bio-psycho-social-spiritual conceptions of health.

The bio-psycho-social-spiritual model of health is a multi-faceted perspective of health that emphasizes the interaction of the biological, psychological, social and spiritual aspects of individuals in determining health. This four-part approach to healing is similar to Anishinabe perceptions of health as represented in the medicine wheel. In particular, it embraces a holistic approach to health that acknowledges the importance of spiritual factors.

The incorporation of the spiritual realm is a very important aspect of this perspective. Mental health research has demonstrated the importance of spirituality and/or religion for coping with stress (Miller, 1995; Rothrock, 1994). For example, Koenig et al. (1995) demonstrate that religious coping is associated with low levels of depression,

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[5] The World Health Organization ammended this definition in 1999 to include spiritual well-being.

boredom and restlessness. Further, in examining the effects of spiritual beliefs on psychiatric disorders such as schizophrenia and manic depression, Sullivan (1993, p.125) argues that "[s]pirituality can serve as an effective buffer against negative events and as a source of social support, and may provide a sense of meaning and coherence to life". Holistic approaches to nursing care have also demonstrated the importance of combining physical, social and spiritual approaches to health care delivery (see Astedt-Kurki, 1995; Ailinger et al., 1995; Clark, 1991; Highfield, 1992; Long, 1997; Taylor, 1995).

Anthropological research has demonstrated the importance of exploring health in terms of cultural ideals expressed within actions of everyday living (see Adelson, 1998; Worsely, 1992). For Anishinabek, *mno bmaadis* requires that an individual balance the four aspects of life on a daily basis. When I asked individuals what *mno bmaadis* meant to them, the most common responses emphasized the importance of balance. For example, Allan commented that:

> I see it as all one. If you have that balance in life you are healthy. If one is lacking you are not very healthy. You have got to have that balance in your life. It provides a healthy lifestyle. If you have that, you don't need to see a doctor, mental health worker or psychologist. If you are in balance in life you don't need those people.

Matt also described what *mno bmaadis* meant to him;

> Living right and eating right, good family life, have to follow the important family values what you have been taught, respect, not criticize other people. If you do bad things to people it will come back to you. It will affect your health and bother you. Your mental health will suffer because you are worrying about this. Every Sunday people should go somewhere....like maybe somewhere Christian or somewhere spiritual...you will be happy in life. You should hunt deer and moose because of the things you see. Cows are sick animals like the mad cow disease that was in

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> England. Animals are full of chemicals, pesticides,
> antibiotics and steroids. They are not natural.

What is important to note in Matt's testimony is the underlying theme of balance. While he does not explicitly state the word 'balance', his discussion of 'eating right, 'respect', and 'spirituality' certainly does imply a sense of balance.

Given that all four elements of life are represented in the four directions of the medicine wheel, I sought to understand the ways in which the land contributes to physical, mental, emotional and spiritual health. The interviews revealed that Mother Earth supports all four elements of life through what she provides and this in turn supports health. It is by utilizing what the land provides that individuals are able to maintain the balance necessary for health. For reasons of simplicity, I will briefly discuss each of these four aspects separately while acknowledging that they are inter-related.

5.2.1 Physical Health

Mother Earth appears to contribute to the physical health of individuals in three ways. She provides food, medicines, and to a lesser extent, a means of financial security.

Food and Medicines

Anthropological research on Aboriginal peoples in North America as well as indigenous peoples elsewhere has demonstrated that food is an important component of indigenous health for two reasons. First, it provides the nutrients necessary to sustain health. Second, food symbolizes medicine and healing. In terms of food provision, Matt commented:

> We depend on her for life. She provides us with water that is carried and food. It has everything for survival. You can grow things on it. If you put down a corn seed, corn will grow...you go into the bush and get a deer if you need some meat. It is like when you open a refrigerator, what you need is in there.

It is important that a distinction is made between 'traditional/country' food and 'modern' (store bought) food. There is a perception among the people I interviewed that traditional foods (i.e., food that has been hunted, trapped, harvested etc), such as deer, moose, and fish, are healthy, while food that has been purchased from a store (modern) is not healthy.

Many individuals commented that the consumption of store-bought foods is the cause of many illnesses suffered by Aboriginal peoples. One elder commented on the changes in food consumption styles that she has observed and the effects that this has had on health:

> To me Mother Earth is important for health...I think about death and people a long time ago used to live long in those days, past 80 years old. My mother is still alive and she is 95. They lived longer because they looked after themselves...They harvested their own food. They picked berries in the summer and grew things in their garden and harvested everything. No one ever went to town (to buy food from the store), especially not every day. It would be something if they even went to town once a month...That's what I often think is why people lived long. You never heard about the diseases that people suffer from today like cancer and diabetes.
>
> (Helen, elder)

Anthropological research among other Aboriginal groups in Canada and the United States has demonstrated similar belief systems that associate traditional food with health. Research conducted on specific illnesses such as diabetes (Hagey, 1989; Lang,

1989) and high blood pressure (Garro, 1988) has revealed that food which has not come from the land is perceived to cause illness while country food is necessary to restore and maintain health. An example of this is Garro's (1988) research that explored the cultural meanings of high blood pressure for a group of Ojibway living in Manitoba. The Ojibway felt that the change in their diet from the consumption of wild foods to one that exclusively relied on store-bought foods caused their high blood pressure. Many believed that the chemicals and pollutants sprayed on store-bought food disturbed the balance of their body, which in turn caused ill-health.

The food provided by Mother Earth also supports health through its medicinal properties. Research conducted in various parts of Africa and India has explored the therapeutic use of plants by indigenous groups to treat such afflictions as gastrointestinal disorders (Etkin and Ross, 1982), malaria (Etkin and Ross, 1991) and weak blood (Ross et al., 1996). Gardner (1995, pp.126-127) provides an extensive table which illustrates the wide range of both plants and animals used for healing, strengthening and protecting the body in India.

Similar research on the healing properties of plants and animals has been conducted with Aboriginal peoples in Canada and the United States. The Navajo believe that four plants are sacred, corn, beans, squash and tobacco, and they are used for medicinal and nonmedicinal reasons (Raichelson, 1979). Raichelson (1979) argues that both the plants and the act of gathering them represents a way of defending against undesirable incidents, powerful beings and potential hazards of surrounding environments. Borré's (1991, 1994) research also demonstrates the link between the type of food consumed and healing. The Inuit of Baffin Island believe that health is achieved

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when the body is warm and that sickness occurs when the body becomes cold. They feel that through the proper consumption of country food, in particular seal, health can be restored. The blood of the seal is thought to be warm and therefore it is consumed not just for dietary reasons but also for treating illnesses ranging from earaches to head lice.

There is a strong link between food and medicine for Anishinabek. Certain plants, berries, and animals are not only consumed for nutritional reasons but can also be used in the production of medicines. For example, cedar tea is consumed for stomach pain and raspberry tea is used to reduce labour pains during childbirth. In addition, numerous people testified that there are traditional remedies for headaches, insomnia, diabetes, cancer and AIDs. However, only a handful of individuals I spoke with actually had the knowledge necessary to prepare medicines. In fact, the community health needs assessment survey revealed that while 58 percent of individuals had some knowledge of traditional medicines very few had the training to prepare them. Some indicated that they could make less complicated things like cedar and raspberry teas but mainly they receive their medicines from a healer. Sandra is fortunate because her mother is an elder in Sheshegwaning and she has knowledge of traditional medicines:

> My mom makes a lot of medicines like with golden seal or fungus from trees or tree roots and barks and different things. If I'm sick with an illness I'll just ask her to go and make me some medicine and she goes out and ten minutes later she is back with these things and she is making me something. It is pretty funny because I always say we don't have a 24 hour pharmacy on the island but I guess in a sense we do.

Implicit in Sandra's quote is the fact that there is an abundance of plants, herbs and animals on Manitoulin Island for making traditional medicines. Similarly during my

conversation with Patrick, he also expressed sentiments regarding the availability of medicines on Manitoulin Island. Patrick suffers from diabetes and he discussed the medical treatment he underwent to treat his diabetes. At first, Patrick tried 'Western' medicines (insulin) but he found it was not effective in regulating his diabetes. He spoke with a healer who gave him traditional medicines and now his diabetes is regulated. He no longer uses insulin but rather combines a healthy lifestyle (eating properly and exercise) with traditional medicines. In my conversation with him, his strong belief in the effectiveness of traditional medicines became apparent:

> I don't touch Western medicine. I never put Tylenol or Advil in my body. If you have a headache, toothache or backache there is Native medicine that will cure you of all of that. You don't need pills or drugs. Why would I ever want that? The forest is my pharmacy.

Jean, who is an elder in the community, also testified to the healing benefits of traditional medicines:

> I have rheumatoid arthritis. Can you believe that? I was diagnosed about five years ago. I am okay now because I took Native medicines. I believed that they would work for me. You have to believe. I tried medicine from the doctor for pain but it only worked for a little while. I suffered for a month and then I went to the healers. The doctor in Gore Bay told me I would have to take stronger drugs for the pain but that I would not be cured. I said there is no way I am going to be a cripple. Traditional medicine helps.[6]

In summary, the land is important for physical health because it provides food, in the form of plants and animals, which are important for daily nutrition. In addition to their nutritional benefits, plants, animals and berries are used in the production of traditional

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[6] I interviewed Jean while she was kneading cookie dough. In observing her physical strength throughout my stay in Sheshegwaning, it was hard to believe that she suffers from rheumatoid arthritis.

medicines, which are used in the treatment of illnesses and ailments such as diabetes, colds and arthritis. This in turn supports physical health. At the beginning of this section, quotes were presented that highlighted a cultural system of beliefs that value traditional foods over modern/store-bought foods. In addition, it is important to also consider the value of traditional foods and what they symbolize within the neocolonial context. The hunting, trapping, gathering and consumption of traditional foods are also important in the reformulation of Anishinabek identities. In particular, these activities represent a strategy that allows Anishinabek to distinguish themselves from non-Aboriginals. As Feit (1991, p.261) notes:

> [T]he value of bush foods may also reflect the fact that bush food production has become a symbol for distinctive Indian (sic) identities, Indian skills and knowledge, and Indian rights, in the midst of increasing contact with local and national Euro-Canadian society.

In this sense, the hunting, trapping, harvesting and consumption of traditional foods by Anishinabek serve to symbolize their distinct cultural and spiritual identities as compared to non-Aboriginals. As such, plants, animals and berries are not only important for their nutritional value but also for their cultural significance. This further supports the claim that the recovery of Aboriginal culture and spirituality involves a reformulation of identity in relation to others (non-Aboriginals). It is essential that contemporary relationships to the land are not romanticized by presenting them as pure or traditional. To do so would deny the devastating effects colonialism and neocolonialism have had on Aboriginal cultures, spirituality, and identity. Further, it would prevent one from acknowledging the agency of Aboriginal peoples, within the neocolonial context, which strategically enables them to shape their own distinct identities.

Economy

Very few communities, especially those in southern areas, live off the land to the extent that they did in the past. However, research has shown that many individuals still work the land through fishing and agriculture and combine these activities with such things as wage labour and government transfer payments (RCAP, 1996b; see also Elias and Weinstein, 1992).

As stated previously, a high percentage of the population living in Sheshegwaning are unemployed. The approximate unemployment rate within the community is 25 percent, which is slightly lower than the average unemployment rate (27 percent) in First Nation's communities across Canada (DIAND, 1997).[7] A report published by DIAND on socio-economic status in First Nations' communities argues that two of the main factors in determining labour force participation in First Nations reserves are community size and location (DIAND, 1997). DIAND argues that a lack of employment opportunities in rural reserve communities coupled with an unwillingness to relocate contributes to high unemployment rates. Sheshegwaning is located approximately 240km from Sudbury, which is the nearest urban centre. Distance combined with low vehicle ownership makes commuting for employment undesirable. As such, the only means of income available to many individuals is social assistance.

A handful of people within Sheshegwaning First Nation supplement either part-time or full-time work with traditional activities such as bead work, making traditional clothing and trapping. Michael, is an elder in Sheshegwaning, who works part-time but

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[7] The unemployment rate measures the number of people who are unemployed as a percentage of the number of people in the labour force aged 15 and over. Included in this calculation are individuals who work full-time and part-time.

also traps for extra income. He had been an avid trapper up until 1998 when the price of pelts fell to such a low rate that he could not justify spending the time on it. Therefore Michael loaned his traps to another man, who is unemployed, and this man now traps:

> I trap beavers, muskrat, mink, and otters. I set the traps and check them every 2-3 days. One year I trapped 80 beaver alone and I got between $80-85 for each pelt. The money you get depends on the size of the pelt and the condition of the fur. I didn't trap this year though because the money was so low. They were only paying ten dollars per pelt and that wasn't worth it to me. Someone else who only works part time did trapping this year. At least for whoever is trapping, it puts some bread and butter on the table. It really helps if you are only working part time.

In addition, while I was living in Sheshegwaning, the band was in the process of re-building their sugar camp. According to community records, historically the sugar camp was an important part of Anishinabe way of life in Sheshegwaning. During the early spring, small groups would move to the sugar camp, tap trees and collect maple sugar (Sheshegwaning First Nation, 1977). Matt spoke of the stories his mother told about the times she spent at the sugar camp when she was a young girl:

> We are trying to bring back the place where people, a long time ago, worked in the sugar bush. This way we are still practicing the harvesting of maple syrup. Our ancestors did it and this way we are bringing back a bit of the culture that was here years ago. My mom told me that when she was little she would go to the sugar camp with her mother and others from the beginning of March until the end of April. There used to be many different cabins out there but right now there is just one being built.

In this sense, the re-building of the sugar camp symbolized a return to traditions. However, there was also an economic incentive for building the camp. The actual construction of the sugar camp provided a number of men with short-term employment.

Further, the Chief and Council in Sheshegwaning hoped that the camp would attract tourists, which would support seasonal employment:

> We found a place where we can buy implements to boil the sap. The economic development officer and I are looking into getting money for the camp. There might be $70,000 available to create work. The sugar camp can create jobs.
> (Matt)

Hence the construction of the sugar camp not only symbolized a 'return to traditions', it also symbolized the harsh economic realities that exist in many First Nations communities (see Armstrong, 1999).

5.2.2 Spiritual Health

It is important to recognize that the land represents more than just a physical location of healing. It must be understood as part of an intricate relationship between the physical, spiritual, and symbolic realms of Anishinabek identities. Relationships to the land do not just exist solely on the ground but also in the minds of individuals. As Lynda commented, it is not enough to be physically connected to the land, there must also be a spiritual connection:

> She (Mother Earth) is something that heals you if you let it.
> You don't always feel it. You have to be thinking about it.
> You can't just go out for a walk and feel it. You have to be spiritually connected to feel her.

One of the main ways that individuals connect with the land is through their spirituality. It is by participating in different activities and ceremonies, either individually or as a group, that individuals are able to sustain their spiritual health. As mentioned earlier in this chapter, the term spirituality cannot adequately express the deeply

entrenched sense of Anishinabek connections to the land. While the individuals I interviewed did use the term spirituality, it is necessary to acknowledge that a clear distinction was made between spirituality and religion. The interviews suggested that religion is something that is associated with Christianity whereas spirituality reflects a total way of life. As Ryan states, spirituality involves a deeper connection with the Creator and Mother Earth on a daily basis:

> There is a difference between religion and spirituality. There is a big difference. Spirituality, Native spirituality, is an individual choice. It is a lifestyle that is self-rewarding, not self-indulgent. It is a connection. Communication to the Creator is based one-on-one. You do not need to dress up in front of people like they do in church.

> The assimilating Indian has been trained and is now in an altered state of being to meet the European model of civilization. They have a disconnection from the spirit. Assimilation came from the church and Christians who encouraged and manipulated people to shy away from their cultural and spiritual connections with the land. A loss of connection leads to a phoney identity...Once you are disconnected you do not speak from the heart, you cannot relate to Mother Earth or reflect purpose to that connection.

In discussing the ways in which the land contributes to spiritual health, this section will focus only on Anishinabe spirituality, which encompasses relationships to the Creator and Mother Earth. Reference is not made to the importance of organized religions, to which individuals may belong, as a source of spirituality. However, before proceeding further it is important to acknowledge that some individuals do successfully combine Anishinabe spirituality with organized religion. The first Catholic Church in Sheshegwaning was built in the early 1900s and one still exists today (Sheshegwaning

First Nation, 1977). As Lynda's quote indicates, there are some individuals who attend

mass on a regular basis and balance this with Anishinabe spirituality:

> I go to church regularly when I can but I also put down
> tobacco and go to sweats. I mean it seems natural to me to
> do it that way. I was brought up in the church and it's only
> recently that I started to learn about Native spirituality. My
> parents went to residential school. That's where the....I
> guess that's where the church came in and we dealt with the
> church instead of the culture. The culture itself wasn't...I
> wasn't taught. I didn't know.[8]

Spirituality is an important part of health for Anishinabek. However, research

conducted within the medical field has shown that, in general, the importance of

spirituality for health is poorly understood (Morrison, 1990). I was fortunate enough to

interview a healer during my time on Manitoulin Island. The healer spoke to me about the

importance of traditional medicines, stressing the significance of the spiritual aspects of

these medicines for health. He told me that spirituality is an important part of health that

cannot be achieved through Western medicine:

> Herbal medicines can't be arranged like Western medicine
> because there is a spiritual component which becomes
> weaker when it is analyzed. It is difficult for medical
> professions in the Western world to understand
> it...Western medicine is the physical, mental, emotional but
> not the spiritual. I find it's not there. In the Native world
> everything comes from the heart. That's where it is.
> (Traditional Healer)

Individuals connect spiritually to both the Creator and Mother Earth through their

medicines and this helps to maintain health. Cedar, sweetgrass, sage and tobacco are

considered to be sacred medicines and they are used in a variety of ways to connect with

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[8] I am Catholic and therefore I attended mass regularly in Sheshegwaning. In so doing I was also able to
'observe' which community members combined their Catholic faith with Anishinabek spirituality.

Mother Earth and the Creator. As mentioned previously, some people put tobacco down on the land as way of thanking the Creator and Mother Earth for what they provide. When I asked Lynda why she puts down tobacco, she replied:

> Gratitude. To give thanks. For guidance. You put it down and ask a question that you need an answer to or for advice. It's a way of starting the day off right. Yeah, it's sort of like instead of having your first cup of coffee in the morning. You put down tobacco instead.

In addition, smudging, which involves the burning of the sacred medicines and the symbolic washing or healing of the body, mind and spirit, is also done by some Anishinabek. Patrick told me that he views smudging as "the fibre optic cable that provides a direct link to the Creator". In addition, Sandra stated that; "Tobacco is your 911 connection to the Creator. We believe that our prayers get offered up to the Creator through the smoke". These statements demonstrate how traditional spirituality has been modernized through the use of technical imagery. In particular, it illustrates how Anishinabek reformulate relationships to the land in a way that meshes traditional practices with a modern way of life. In terms of the therapeutic benefits of using these medicines, many commented that smudging is healing:

> It's just a belief that we are purifying our mind and our body and our spirit. Like when you see people smudging I don't know if you noticed but they rub it on their hair and that's to clean their hair and their minds and stuff. They'll make smoke go to their eyes so that they'll see good things. They'll make the smoke go to their mouth so that they'll say good things and they'll make the smoke go to their ears so that they'll hear good things and to their heart so that there's good things in their heart. Then they'll smudge the rest of their body.
>
> (Sandra)

The Role of Spiritual and Symbolic Relationships to the Land in Shaping Health

The literature on therapeutic landscapes emphasizes the importance of symbols and symbolic landscapes in shaping health (see Kearns and Barnett, 1999; Scarpaci, 1999). For example, Gesler (1991) identifies the symbolic importance of physicians' white coats. He argues that the coats symbolize an array of things to different people (e.g., hope, purity, and colonial oppression). Further, the different landscapes (e.g., hospitals, cities) within which health care is delivered is also of symbolic importance (see Kearns and Barnett, 1999; Williams, 1999). While this thesis does not explore the formal landscapes of health care delivery, it does shed light on the symbolic importance of cultural land(scapes). Greider and Garkovitch (1994, p.8) argue that:

> Cultural groups socially construct landscapes as reflections of themselves. In the process, the social, cultural, and natural environments are meshed and become part of the shared symbols and beliefs of members of the groups. Thus the natural environment and changes in it take on different meanings depending on the social and cultural symbols affiliated with it.

This suggests that landscapes, as place, are both physical (real) and symbolic (perceived).

Exploring symbols sheds insight into both the lived and perceived ways in which Anishinabe spirituality comes from the land and its importance for healing. James Waldram (1997) has argued that health in Aboriginal populations requires both physical (removal of disease) and symbolic (balance between the individual, society, and the spiritual realm) healing. He goes on to say that symbolic healing is dependent upon "the use, interpretation, negotiation, and manipulation of cultural symbols as central to the process of healing" (Waldram, 1997, p.71).

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One of the most visual cultural symbols found on the land is the sweat lodge. In a sweat lodge, saplings are tied together to construct a dome-like structure. In the middle of the sweat lodge there is pit in which the grandfathers (rocks) are placed. During a sweat lodge ceremony, the inside is made completely dark and water is sprinkled on the grandfathers, which creates intense heat. Within the sweat lodge individuals come together for praying, drumming and singing.

The function of the sweat lodge is multifaceted: it is used for prayer, to maintain health and for particular health or social problems (Adair et al., 1988; Kunitz, 1989; Waldram et al., 1995; Wilbush, 1988). In the contemporary context, sweat lodges are used for many health and social problems such as alcoholism and drug addictions (see Grobsmith and Dam, 1990; Hall, 1986). Sweat lodges have also been successfully used within correctional facilities in Canada (see Waldram, 1993; Waldram, 1997).

While its therapeutic benefits have been noted widely, what is interesting is the deeply rooted symbolism of the sweat lodge. Through prayer, singing, drumming and sweating, the sweat lodge provides one of the most direct spiritual and symbolic links between an individual, Mother Earth and the Creator. Further, the dome-like shape of the sweat lodge is highly symbolic of the relationship individuals have with the land, in the image of Mother Earth. Allan described what the sweat lodge means to him:

> One way to get in tune with the earth is to go to a sweat lodge. The lodge represents Mother Earth's belly, her womb. You go into the sweat praying and sweating. It is a cleansing and the whole time you are in there, you are praying. When you crawl out, it is like you are re-born, like a child. You feel so good when you come out of there.

The healing properties of the sweat lodge were described by a number of individuals. Most of the individuals that I interviewed had themselves gone through a number of sweats. One woman in Sheshegwaning is the keeper of the sweat lodge and it is located in her backyard. While many spoke of its healing properties, none of the testimonies were as powerful as that of Ryan. Ryan has lived in the community all of his life. He is a victim of abuse and is a recovering alcoholic. While he himself did not attend residential school, his parents did and this had a devastating effect on him:

> I suffer from the syndrome of residential schools. I myself did not go but my parents are survivors. They were influenced by the priests and nuns and stripped of their dignity. They could not smudge to cleanse themselves or take a cedar bath. They had a fear of God rather than love of God and they lost their language.

During one of my conversations with Ryan, he described how due to the abuse he suffered at the hands of teachers and priests, and the fact that he never learned Anishinabe spirituality, he had for a long period of time lost his spirit. As he describes it, he did not know who he was:

> I became assimilated. I had a loss of my identity. I tried to become a white-man. I had no sense of myself. I had a false sense of identity and I drank to pretend that I was real. I lost my culture and myself through assimilation, sexual abuse...and other things. A combination of things take away your identity. A little piece of me died with each thing. Each time I was hit for speaking my language, each time I was assaulted, each time I was called a name. The governments and systems allowed this to happen.

The sweat lodge served an important role in Ryan's life. It was through a sweat lodge ceremony that he began to regain his identity and have a better understanding of who he was:

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Finding your identity is a learning process. My connection to the land and the spirits came back to me in a sweat lodge. I had to do the sweat twice to get it.

The medicine man sent me twice to the sweat...I walked up the hill to the sweat lodge and there were these guys there who were big and macho and really cooking it up. It was very hot in there. They told me if it got too hot to lean on the ground towards the corner and to put some cedar in my mouth. I went through the sweat and then I came down the hill and the medicine man was still sitting there and I walked over to him and he said 'Go up and do it again'.

I walked back up the hill and told the men I was supposed to do it again. They put in huge grandfathers this time. They were being super macho. I could hear them really pouring it (the water) on. But as I was sitting there being so freaking macho it got so powerfully hot. I remembered what happened to me back in Grade 5 getting the strap from a teacher, whack, whack, whack. I remembered the incident so clearly, but at the time I had been able to make my arm go numb from my elbow to my finger-tips so it didn't hurt. The teacher's veins were popping on his head. I got worried about him. I thought he would die. I finally let out a whimper and he said 'There I made you cry you little bastard' and he whacked me on the back. While I was in the sweat lodge I thought 'If I could do that from my finger-tips to my elbows I could do it to my whole body' and I did not feel the heat.

There was a man in the lodge who sprinkled medicine on the grandfathers and these little sparkles appeared.[9] This one sparkle stayed over his head. I was watching it and it stayed but did not think much of it. Then he sprinkled more medicines and the light bounced on the grandfathers and then hit me square on the top of the head. The sweat lodge was over and I came down the hill.

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[9] The appearance of 'sparkles' during sweats and/or visions has been documented by other First Nations peoples (see CheeChoo quoted in Smith, 1995).

The medicine man was still sitting there and he smiled at me and got up. I had done it right and it was beautiful. At the time I did not know what happened. Months later I told an elder about it and he told me that at that moment I got my spirit back. He said that my spirit had left me a long time ago. I was surprised that my spirit would leave me. He said "Your spirit not your soul. Your spirit is what guides you. What self-respecting spirit would stay in a body with no morals and full of alcohol?" I was wondering around like a zombie. I didn't give, didn't share, no purpose, didn't care if I hurt anyone. Yeah, I lost it until I got it back. All it was, was just a little wee light, a flicker.

Ryan's story of how he regained his cultural identity, demonstrates that the spiritual ways in which individuals relate to the land are continually undergoing change. Colonial policies forbade Aboriginal ceremonies, traditions, and teachings across the country. While many of the traditions were lost there is a movement to re-gain them. The change in traditions and the process of re-learning is clearly evident when exploring the contemporary use of tobacco. Historically, tobacco was the most important plant for indigenous spirituality in North America (see RCAP, 1996a). As Reading (1996) notes, during the pre-contact period, the ceremonial use of tobacco was widespread. However, with colonialism there was a decrease in the ceremonial use of tobacco and an increase in the recreational use of tobacco. Reading (1996) argues that mental, emotional and physical abuse suffered in residential schools may be linked to the rise of both tobacco and alcohol addictions, which are prevalent in many Aboriginal communities today.

The survey I conducted in Sheshegwaning revealed that 70 percent of respondents smoked. In addition, many of the people I interviewed smoked. A number of my informants told me that they did not receive explicit teachings regarding the use of tobacco and its importance for Anishinabe spirituality. However, some are embarking on

a journey to stop their recreational use of tobacco and focus only on using tobacco in ceremonial settings. The following two testimonies illustrate the distinct learning journeys that many Anishinabek are embarking upon. Lynda smokes and while she did not indicate a desire to quit, she also uses tobacco for spiritual reasons:

> It is important to learn the spirituality. I never knew that rocks had life and trees had life. Before it was pick up your rosary and now it is put down tobacco. I never knew that tobacco could be used for anything but smoking.

In contrast, Kate is a former smoker who now only uses tobacco for spiritual reasons:

> Tobacco is a gift and it should not be abused. It was not meant to be smoked and it should be used for what it was meant. I used to be a smoker and I quit for my health. I asked the Creator to help me use tobacco in the right way - to offer it. I just quit smoking cold turkey and then I began to offer tobacco to Mother Earth.

When I asked Kate the reason why she did not learn about the importance of tobacco, she replied:

> I watched my parents while I was growing up but so much of it was hidden. My dad would make medicines that he had learned from his parents. I remember when I had a cold or something he would make medicine and would say "Take this" but he would never say what was in it or how it was made. I remember him making it and giving it to me but I don't know what was in it. They were afraid to talk about it.

In summary, the land has a very important role in shaping spiritual health. Individuals support their spirituality in a number of ways such as putting down tobacco, smudging, using traditional medicines and taking part in sweats. Further, it is believed that western modes of health care delivery ignore the spiritual aspects of health. Thus, an individual must use traditional medicines and participate in traditional healing

ceremonies to maintain the spiritual balance necessary for health. This section has also demonstrated that the spiritual relationships Anishinabek have with the land are currently being rediscovered and reformulated. For example, Ryan believed that he had lost his cultural identity but was able to regain it within the sweat lodge. Further, in the discussion pertaining to the importance of tobacco, it was revealed that many Anishinabek have only recently begun to use tobacco as a sacred medicine. During my interview with Catherine she indicated that while she was growing up in Sheshegwaning she was not taught a number of things about Anishinabe culture:

> I didn't learn medicine from my family. When I was young and living here no one was practicing like that out in the open. So I didn't learn it. When I moved away to the city and I came back people were doing it. They had rediscovered it.

Once again we see the theme of cultural rediscovery and reformulation being raised. The individuals I interviewed do not suggest that their relationships to the land are pure and static. Rather, the sentiments they expressed during the interviews revealed that all aspects of relationships to the land (i.e., the physical, the spiritual, the symbolic) are being reshaped in the neocolonial context.

5.2.3   Emotional and Mental Health

In talking to Anishinabek, I tried to get a clear sense of what constitutes each of the four aspects of life. While I recognized distinctions between physical and spiritual health, I had a hard time understanding the separation between emotional and mental health. Perhaps this is a reflection of the fact that the four aspects of life cannot be

separated from each other.[10] However, a more likely explanation is that I myself, being a *Zhaagnaash-kwe*, do not have the ability to understand clearly the difference between emotional and mental health from an Anishinabek perspective. As such, I discuss these two aspects together. In examining the importance of the land for emotional and mental health, I will first explore the spiritual realm demonstrating that the belief in the existence of spirits helps to maintain mental and emotional health. Following this I discuss how specific activities, such as putting down tobacco, hunting, and harvesting medicines, make people feel good.

Laws and Radford (1998) argue that by conceptualizing places as social relations and practices, the link between place, identity and health becomes explicit. They assert that places are loci of social relations and practices that operate among different people. These social relations shape both the experience of place and an individual's sense of self, which are both central to health. Obviously, much of the research that examines the link between place, identity and health focuses on social relations among people (see Laws and Radford, 1998; Williams, 1999; Wilton, 1999). Since the Anishinabe world-view involves the existence of other-than-human beings, it is necessary to examine how relations to spirits serve to maintain health.

Given the strong belief that all things on earth are alive and contain spirits, the land represents a site within which Anishinabek relate to other animate beings. This connection lends itself to positive emotional and mental health. Numerous individuals told me that they communicate with the spirits of rocks and trees when dealing with

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[10] In their discussion of the effects of residential schools, the AFN do not make a distinction between mental and emotional violence. Rather, they combine the two (see AFN, 1994).

problems, and/or conflict. It appears that this gives individuals a way of meditating and gaining focus on a situation. While not everyone I interviewed indicated that they do this, some individuals prefer to communicate with spirits, as opposed to humans:

> It doesn't matter where you go. If I have problems I take a walk in the bush. I talk to the trees and they listen. They take my problems away.
>
> (Allan)

> We connect to each other and to the Creator through our spirits and that is why if we are ever stuck somewhere where we feel that we need help or guidance or we want to talk but we don't feel that we can talk to another human, then we would talk to the tree spirits or the water spirits.
>
> (Sandra)

The children in the community are also being taught about the importance of connecting to Mother Earth when they are in need of help. Kate (the language teacher) told me how she uses tobacco in the classroom on a daily basis to help the children connect with Mother Earth in order to deal with problems:

> In the school we used to have behaviour problems. When a child was acting out I would take him or her outside and have them sit on the ground and touch Mother Earth and ask her to help them. I would have them talk to her. We would sit together and they would talk. As they sat and would talk to Mother Earth eventually they would come out of the behaviour. After we were finished we would put tobacco down. There is an area in our classroom where the children can sit with tobacco in their hands. Each morning we would bury our burdens in the ground with the tobacco they used from the day before. The children really participate in this and they respect it. They don't need to ask to go to that area. They know they must respect it and I never ask them why they are there.

As mentioned in the section pertaining to physical health, the land contributes to health by providing individuals with the foods and medicines necessary to be well. When

an individual is feeling ill, traditional medicines can be used to alleviate illness. In this sense, the nutritional properties of food and the healing benefits of medicines are necessary for health. Borré's (1994, p. 6) research on the consumption of seal by the Inuit demonstrates that "feeling good is dependent on eating the animals that are found in nature". While I would agree with this statement, it is also important to acknowledge the important emotional healing benefits associated with the physical and spiritual aspects of hunting, trapping, fishing and harvesting food and medicines. For example, Patricia described the way these activities make her feel:

> I hunt, I camp, I fish and I have always done that and I always feel good when I'm out there in the bush. To me it's almost like a cleansing. I can go out there and I just feel so good, like my mind gets so cleared. I love it.

This statement encapsulates the idea that these activities provide a direct link between Anishinabek and the land, which in turn supports health and healing. Similarly, Patrick described the healing benefits he experiences while working as a medicinal harvester:

> I came up with a phrase the other day that describes how I feel, "Harvesting medicine is medicine". I really think about the therapeutic aspect involved in knowing that you are out there being spiritually connected with Mother Earth and what she provides for you. You are picking plants and putting down tobacco, thanking her for what she has given but at the same time you are rejuvenating yourself. You are healing yourself within. You are making yourself feel good.

These quotes demonstrate that the activities individuals participate in are important for physical, emotional, mental and spiritual health. Activities such as hunting and harvesting are not only of nutritional benefit, which supports physical health, they also allow individuals to connect spiritually with Mother Earth, the Creator and spirits while being on the land. This is important because it allows individuals to pursue physical and

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spiritual connections to the land simultaneously that are important for emotional and mental health. This helps to maintain a sense of balance.

5.3   Relationships to the Land and Poor Health

So far this chapter has focussed on connections to the land and positive health. To understand fully relationships to the land it is necessary to explore the negative aspects of those relationships and how they influence health. As mentioned previously, Anishinabek believe that balance is necessary for *mno bmaadis*. In constrast, ill-health is believed to occur when an individual becomes unbalanced. As Sandra described it:

> Everything works in balance and you have to make sure that you are paying attention to all those four aspects of your life your physical, emotional, mental and spiritual self. Some people will say your mind, body and spirit like you have to keep all of those in check. You can't just focus on one area because the other areas will suffer and you will get sick and then the area that you were concentrating in will eventually suffer also.

Individuals stay balanced by eating properly, exercising, nourishing their spirituality either through traditional activities such as putting down tobacco, sweat lodges, and communicating with spirits and/or attending church. Hence, there are a number of ways in which an individual can become unbalanced. In this section I will focus on those actions and behaviours that cause one to become unbalanced, which are directly related to the land. In particular, I will focus on three main perceived causes of illness all of which represent some form of disrespect for the land: a lack of respect for sacred sites and/or ceremonies, bad medicine, and pollution/environmental contamination.

5.3.1   Lack of Respect and Bearwalking

The practicing of bad medicine and disrespect for sacred sites could be argued to fall under a 'supernatural' category of illness causation (Hallowell, 1963; Kunitz, 1989; Murphy, 1964; Ritzenthaler, 1963). That is, illness occurs because an individual fails to respect the spirits and/or they misuse (e.g., waste and/or overharvest) plants and animals. For example, if an individual acts in a disrespectful way towards a sacred site, it is believed that the person could be harmed or become ill. Sandra told me about a visit she took to Dreamer's Rock when she was a young girl and how she believes that her lack of respect for this sacred place caused her to become ill. Dreamer's Rock is located on Wauwauskinga First Nation and it is the site where vision quests used to take place for the Anishinabek of Manitoulin Island. As such, Dreamer's Rock is a very sacred site for Anishinabek:

> I was young and it was shortly after we moved here from the city and I didn't know too much about my culture and that's when everybody was starting to learn about it... It's (Dreamer's Rock) a really beautiful spot and I was always told to respect the land and I knew all of this but because I was young and there was a few other people with me and we went hiking up to Dreamer's Rock and then there is a trail you follow and you walk on it.

> We got up there and we looked around and we were horsing around and carrying around up on that spot and then we all decided that we were going to be cool and instead of going down the path the way we should have we went straight down the side of this cliff...We made it down and then shortly after that I became really sick and I ended up spending over a year in the hospital and nobody could figure out what was wrong with me and my mom told me maybe that's what happened to me was because I wasn't being respectful.

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Like something will always happen to you if you don't respect things. My mom was telling me that maybe that's why that happened to me is because I didn't respect Mother Earth and I wasn't behaving the way I should have because it is a sacred place. I guess that would be just like for a non-Native going into church and swearing and carrying on hanging from the statues (laughs). So I was really sick for over a year and a half eventually they found out and it was a bacteria in the lining of my stomach. But that's what my mom always kept saying probably because I misbehaved up there. I didn't respect the earth.

In addition to respecting sacred grounds, anthropological research has documented the importance of upholding cultural 'codes of conduct' to avoid illness or harm (see Murphy, 1964). In his observations of the Seneca, Parker (1909) noted that the Seneca believed that a failure to sing songs of praise or offer gifts to the spirits of animals killed during a hunt caused illness. Similar themes arose during my conversations with people about the causes of illness. There is a strong belief that if an individual disrespects Mother Earth by not showing proper thanks, illness and/or harm can occur. For example, individuals must not participate in ceremonies (e.g., dancing at Pow Wows and drumming), teachings or pick medicines if they have consumed alcohol or drugs. Alcohol and drugs are believed to contain negative spirits, which can cause harm to individuals. Therefore Anishinabek must be clean for at least four days prior to taking part in any of these activities. Kate described the fear she experiences when she attends Pow Wows and sees people drumming while under the influence of alcohol:

When you drum you must be sober. The stories I have heard about people who abused their responsibilities are horrible. There have been fatalities and other things. When I am at a Pow Wow I ask the Creator to watch over the drum group and I offer my tobacco or I will ask a dancer to do a healing dance to heal the drum group because anyone

could be harmed in any way if one of them has been using alcohol.

Since alcohol and drugs contain bad spirits, it is important that an individual be free of these bad spirits when dancing, drumming, attending ceremonies and picking medicines. Patrick, the medicinal harvester, spoke with me about the harm that can occur when picking medicines while under the influence of alcohol and/or drugs. Patrick is a supervisor of one of the crews hired by UCCM to pick medicines and he ensures that all of the men that work for him are clean:

> If you are picking medicines and you have those evil spirits
> of alcohol or drugs inside of you then you could pass those
> bad spirits into the medicines and they won't be effective or
> they might actually harm people that you give them to. I
> always make sure that the guys working for me are clean.
> They know better. When they first started working, I asked
> them "Do you want the responsibility of having someone's
> death over your head because you are not clean?"

Individuals also expressed fear concerning bad medicine, or what is referred to as bearwalking. Bearwalkers are individuals who practice bad medicine and are believed to be able to change forms at will. They are most often seen as lights (fireballs) travelling at night but are also known to take the form of dogs and bears (Smith, 1995). Valentine (1995) argues that bearwalking has been observed among the Ojibway in Southern Ontario, especially among those living on Manitoulin Island. Bearwalkers are believed to possess evil powers and use these powers to cause harm, sickness or even death. They often use strands of hair and fingernail clippings from their victims. A number of my informants suggested that an individual living close to the community is a bearwalker.[11]

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[11] One evening I was sitting with the woman with whom I was living. At approximately 11:00pm her nephew John dropped by and he was visibly shaken. He told us that he and his brother were driving back to the reserve when a flash of light streaked across the road in front of them. She told him that it was a fireball,

In speaking with Nicole it became obvious that she is very concerned about

bearwalking:

> I don't throw my hair in the garbage. I put it in the sacred fire. You never throw your hair away because of what it represents. The sweetgrass represents mind, body and spirit, the braid represents the braid of Mother Earth that is why we have to take care of our hair. We never leave it lying around because it has that strong connection to the individual and if someone gets a hold of it they could do damage if they really wanted to. If they knew how. You have to be careful. I am really careful now.

In addition, Joanne described an event in her life in which she was the victim of

bearwalking:

> A couple years ago I began feeling very ill and I was losing lots of hair. The doctors couldn't do anything for me. I went to see a medicine man and he began to pull items off of my clothing. I was like so surprised. I didn't know what was happening. He told me that someone had been practicing bad medicine and had put something on me which was causing me to be ill. After my visit to the healer I started to feel better.

Anthropological research among other indigenous groups has shown that object intrusion

is believed to cause illness. Objects such as worms, snakes, and insects (see James, 1956;

Vogel, 1970), in addition to hair, bones, wood and other objects (Ritzenthaler, 1963)

enter an individual's body through some form of bad medicine. According to beliefs, a

person cannot become healthy until the object is removed. Healing requires the

knowledge of a traditional healer.

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a sure sign that someone was practicing bearwalking. She warned John that someone might be trying to harm him or someone in his family. Two days later, she consulted a healer and he told her that John must return to the spot where he saw the fireball and put down tobacco. That same day I drove John to the spot and he put tobacco down as an offering.

Warry (1998) suggests that part of the fear surrounding bearwalking is due to the influence of Christianity and the penetration of Western biomedicine, which has turned people against traditional medicine. Despite the reasons for their underlying fear, bearwalking is a serious concern for Anishinabek on Manitoulin Island. One recent event clearly indicates a strong belief in the existence and power of bearwalking. In June, 1997, Leon Jacko, an Anishinabe from Sheguiandah First Nation, was acquitted of manslaughter charges in the June 30, 1995 beating death of Ron Thompson, also from Sheguiandah First Nation (*The Alberta Report*, 1997). Mr. Jacko claimed self-defence on the grounds that he was defending himself from a bearwalker (Mr. Thompson) (*The Manitoulin Expositor*, 1997). According to Crown witnesses, Mr. Thompson was known to brag about his use of bad medicine. In his ruling, Judge Richard Trainor acquitted Mr. Jacko of murder, stating "I accept the evidence of native spirituality as being a sincerely held belief " and further commented that he believed Mr. Jacko was acting in defence of himself and the residents of Sheguindah First Nation (*The Alberta Report*, 1997). A lack of respect and bearwalking are just two ways that illness can occur in relation to the land.

5.3.2 Pollution and Contamination

Given the importance of the land for physical, emotional, mental and spiritual nourishment and its centrality in Anishinabek culture, it is necessary to explore if individuals can experience *mno bmaadis* if the land is not well. The Royal Commission on Aboriginal peoples argues that environmental degradation can have devastating effects on Aboriginal peoples because of their close ties to the land (RCAP, 1996d). The Commission argues that contamination from industrial development disrupts wildlife

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habitats and reduces the purity of traditional foods and medicines, all of which impact upon the physical and spiritual health of Aboriginal peoples.

Numerous studies conducted in the Arctic reveal that due to anthropogenic activities, environmental contaminants (e.g., mercury and PCBs) are entering the traditional food systems of Inuit populations (Bard, 1999; Hermanson, 1998; Lagueux, 1999; Pearce, 1997). Research conducted among southern populations also reveals that Aboriginal peoples are exposed to contaminants through the food chain. For example, research conducted on contamination in the Great Lakes revealed that elevated mercury and polychlorinated biphenyls levels among Ojibway were associated with fish consumption and age (Gerstenberger et al., 1997). Anastasia Shkilynk's (1985) well known book *A Poison Stronger than Love: The Destruction of an Ojibbwa Community* documents the devastating health, social, cultural and economic effects of mercury contamination in the English-Wabigoon River for the Ojibway of the Grassy Narrows and White Dog reserves. In addition, the high risk of environmental contamination faced by Aboriginal peoples, due to their consumption of traditional foods, was identified in the federal government's Green Plan of 1990:

> Native people are particularly at risk from environmental hazards due to traditional lifestyle patterns and food sources. Of concern are native populations in the Great Lakes basin. The government will undertake a comprehensive study in co-operation with native people. It will assess the health risks that contaminants pose for native people living in the Great Lakes basin, and will develop mechanisms to protect their health (Canada, 1990, p.14).

In response to the Green Plan, the EAGLE (Effects on Aboriginals from the Great Lakes Environment) Project was established as a joint initiative of Health Canada and the

Assembly of First Nations. The project, which was conducted between 1990 and 1999, examined the effects of environmental contaminants on the health of the approximately 100,000 First Nations people living in 63 communities in the Great Lakes Basin (Assembly of First Nations, 1993). The EAGLE Project is founded on the recognition that Aboriginal peoples are more likely to be exposed to bioaccumulating contaminants than the non-Aboriginal population due to their high consumption of traditional foods (e.g., fish and wildlife).

Individuals in Sheshegwaning expressed similar concerns regarding contamination in the food chain. Their testimonies highlight their perceived vulnerability within the food chain:

> The island is so polluted today that even the deer are eating that pollution. It is getting in their meat. The same thing with the fish. The deer meat doesn't taste right anymore. You can taste it when you eat it. I won't eat the meat until I boil it right down.
>
> (Allan)

> The fish are contaminated but it never used to be like that. The water used to be pure...even the animals they don't seem to be the same - like the size, they are not growing the way they used to. Some birds too the eggs...the shells are thin. It never used to be like that. It isn't good. We eat that.
>
> (Jean, elder)

> Like even though I don't live close to the city or whatever but like all of that stuff (pollution) eventually comes to us because it travels through the air and wherever the wind carries it. It affects our water. It affects the foods that we eat so I guess in a sense there is really no safe place or one specific place that can keep you healthy.
>
> (Sandra, continued on next page)

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> I have a friend up north and she says the waters are clearer
> up there but I imagine there is probably some
> environmental impact up there too that it's just not as
> noticeable yet but it will become noticeable. It goes in our
> food chain and in our soils and like even if you wanted to
> eat off the land now I don't think it's 100 percent safe like
> it was one hundred years ago.
>
> (Sandra)

Since the consumption of traditional foods is an economic necessity, contamination raises issues that extend beyond nutritional and health problems. Due to the poor economic conditions that exist in many Aboriginal communities, the consumption of traditional foods is an inexpensive and ideal alternative to store-bought food. Therefore within the contemporary context, contamination is not just a physical health issue but also an economic one (VanOostdam et al., 1999).

Pollution and environmental contamination also have implications for healing. Greider's (1993) research on low level military aircraft noise and Native American healing practices demonstrates that noise pollution interrupts healing ceremonies that symbolically transform plants into medicine. He argues that this form of pollution can impede or prevent healing. Medical anthropologists have documented similar findings elsewhere for indigenous cultures. For example, Green's (1994 and 1997) research conducted with traditional healers in southern and eastern Africa revealed that health is believed to require cleanliness and environmental sanitation and that they (healers) place value on clean, pure food. Therefore pollution is a concern not only for food consumption but also for its effects on traditional medicine.

During my interview with the healer, he expressed a belief that traditional medicines are not as effective as they used to be as a direct result of pollution:

> Some of the herbs are affected by pollution. I showed
> someone from MNR what happens when the chemicals that
> were sprayed for bugs get on the medicines.[12] I need to
> know what type of medicines they are spraying there. Even
> in the areas where you harvest wood for logging and other
> things, if you turn the soil over you will see the damage to
> the medicine is there. I have to be cautious myself and
> make sure that there is no spraying.
>
> The medicines today are not as pure as 500 years ago. I
> know this. I don't know how to measure it but the effect is
> there because of pollution.
>
> You can see the damage. It can affect the herbs, trees and
> shrubs. It is not safe now to pick medicines near the
> highways because of the car exhaust. I must go back
> sometimes 5 miles into the bush to find them. I'm even
> afraid to go where the streams are. Medicines are in the
> streams. Their roots are there and even that is a caution.
> You have to be cautious. I'm worried at times. I have been
> up to James Bay to pick herbs for medicine like Labrador
> Tea but they don't have the medicines that are needed here
> for illness like cancer, diabetes, high cholesterol and high
> blood pressure. Those medicines are here but I'm worried
> that they are too polluted.

The connection that individuals have with the land sustains physical, emotional,

mental and spiritual health. There was concern expressed by many that pollution enters

the food chain and causes health problems. As noted above, individuals have indicated

that there has been a change in the taste and appearance of traditional foods, which is

attributed to pollution. However, the effects of pollution are not just limited to physical

health. Since the land is the foundation of Anishinabek identity and spirituality, any threat

to the health of the land is also a threat to the spiritual, mental, emotional and physical

health of Anishinabek. Patrick discussed his own feelings upon seeing the pollution that

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[12] Refers to the Ministry of Natural Resources.

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exists in Southern Ontario, particularly in the city of Toronto:

> I was in a car with some friends and we were on the Lakeshore. I looked over by the water and I saw this horrible brown-like substance in the water. I said to my friend "Is that what I think it is?" I knew immediately that it was Mother Earth. I became very, very sad. I wanted to cry and I had a sick feeling. I couldn't look at it. I couldn't even say anything. When I saw it I felt sick. I felt like puking. All I could think was "She is so sick down here". It is a shame what people are doing to her. They are not caring about her. They are not caring for her at all.

Similarly, Lynda expressed frustration and fear surrounding pollution and its impacts on healing:

> But um I see plastic bottles all over the place. It's so much easier just to put it in your garbage or a plastic bag and bring it home and throw it out. Last fall some people were out by the cape in a boat and found a plastic bag floating in the water. They went over and took it in and opened it and inside were beer cans. They were American and they could have floated this way. It hurt them to find pollution in such a special place. The cape is a therapeutic place for many people and it is now touched by pollution.

Cultural ideals regarding the land also shape perceptions of pollution and contamination. Individuals were very quick to point out that the land itself does not cause illness. It is believed that what the land provides is pure and beneficial for *mno bmaadis*. However, it is through human agency that the land is transformed and its gifts become harmful to health:

> I was always told by my mom and my grandmom and other elders that there is no bad medicine. Like the Creator didn't put anything bad here for us. Like everything is good. It only turns bad with the way we use it. So I'm always told that there is no bad medicine but I guess people believe that um if you misuse the medicines or if you use them for a way they were not intended that they can cause harm to you or somebody else too. Generally the belief that I have

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> always heard is that there is no bad medicine. The Creator
> didn't put anything bad down here for us. Like even the
> mosquitoes that you say bug you or something they have a
> purpose down here. Everything has a purpose in creation
> and it is all good for us even though we are afraid of the
> bear or the rattlesnakes they all have a purpose and they are
> here to help us too.
>
> (Sandra)

An elder's comments also revealed a similar belief:

> No places are bad for health but if you are not respectful of
> it then it could be bad. The lakes, water, if you have respect
> for it then it's good.
>
> (Jean)

These quotes demonstrate that Anishinabek do not believe that the land is innately

harmful to health. Rather, they believe that it is the myriad of ways in which humans

alter the land (e.g., pollution and contamination) that causes ill-health.

5.4   Re-formulating Language, Traditions and Spirituality: The Politics of Health

As discussed throughout this chapter, many Anishinabek living in Sheshegwaning

First Nation are undergoing a process by which they are relearning their language,

traditions and spirituality. While none of the people I interviewed attended residential

school, many of their family members (e.g., parents, grandparents, brothers, sisters, aunts

and uncles) did. Many spoke of growing up in an environment in which traditions and

teachings were hidden from the watchful eyes of the Church. No one could tell me at

what point in time traditions and teachings came to be openly discussed. However, they

did indicate that there is a process of cultural reformulation taking place and it is

dependent upon the use of elders:

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> Elders are not going to be around. If you don't learn now, who are you going to ask? You have to live it. That's the way survival will be.
>
> (Traditional Healer)

> I learned about traditional medicine from elders and pipe carriers and traditional healers just by listening and learning what they teach. You have to seek out that knowledge.
>
> (Catherine)

Within the neocolonial context, elders often represent a bridge between traditional and modern ways of life (AJIC, 1999). Due to the effects of colonial policies, many traditions and teachings were lost or became hidden. Hence, part of cultural rediscovery and reformulation involves individuals seeking out information on traditions and teachings from elders (see Couture, 2000; RCAP, 1996d). Many of the people I interviewed indicated that they made a personal choice to seek out teachings from elders:

> I learned more about our culture after I got older. That's pretty much what I did. I went to a lot of workshops and listened to elders. But there is so much more (that is to be learned). It's a good feeling you know to know there is something else.
>
> (Lynda)

> Today I practice what I've learned from my mom and dad. Some if it, my parents never told me what they were doing or what they were making so now I have to go to the elders and I have to relearn those things. Like now I will go into the bush and recognize plants that my parents used but I don't know what they were used for... I learned many things just through conversation. You can talk just like you and I are sitting and talking here and having a conversation.
>
> (Kate)

Couture (2000) argues that in the contemporary context elders are faced with increasing demands from people seeking advice, counsel, healing and teaching. As the above quotes demonstrate, elders are a valuable source of information for Anishinabek

living in Sheshegwaning First Nation. They play an important role as First Nations peoples across Canada attempt to rediscover and reformulate their cultural identities.

Communities also serve an important role in the context of cultural rediscovery. They are the historic sites of traditions, ceremonies and culture and they are present-day locations of learning and rediscovery. Anishinabe beliefs dictate that each individual must make a conscious decision to seek out teachings and embrace an Anishinabe way of life. Communities are thought to be one of the places where cultural rediscovery and learning should be supported.

As mentioned in Chapter Four, health care in Sheshegwaning is provided through federal and provincial health programs. The services provided are mainly geared towards western health care. For example, individuals have access to physicians, nurses, psychologists, mental health workers, and nutritionists. All of these health care professionals are important for maintaining health, however there is very little focus on traditional healing as compared to western healing. There are some traditional health programs offered through UCCM Mnaadzawin and Noojmowin Teg. For example, a traditional healer is employed who works as a diabetes educator. This healer visits Sheshegwaning for one half-day bi-weekly. He works in conjunction with a nutritionist and provides nutritional advice. In addition, he also works as a medicinal harvester supplying individuals from the various First Nations with traditional medicines. However, because he maintains a home in Wikwemikong First Nation, he is geographically inaccessible to residents of Sheshegwaning.

The First Nations on Manitoulin in conjunction with the Ojibwe Cultural Foundation (OCF) sponsor the visits of traditional healers to Manitoulin Island. These

healers come mainly from Toronto and Sault Ste Marie, Michigan. Visits are arranged two to three times per year. During these visits a healer's time is spent in all of the First Nations communities thereby making access limited. Healing ceremonies are also organized within the healing lodge in the Health Access Centre at Sheguindah First Nation. However, Sheguindah is located on the eastern end of Manitoulin making it very difficult for residents of Sheshegwaning to travel to receive care at the Centre.

The Ojibwe Cultural Foundation (OCF), which was established in 1974, is a non-profit organization that serves to preserve and promote the culture and heritage of the Ojibway, Odawa and Pottawatomi Nations. The OCF, which is located in M'Chigeeng First Nation, offers teachings and workshops in such areas as drumming, dancing, singing, traditional food preparation, storytelling, bead working, leather crafts, drum-making and rattle-making. It promotes an 'Anishinabe way of life' and works to bring traditional teachings to First Nations peoples located both on and off Manitoulin Island. The OCF organizes some events within each of the communities but many are held within M'Chigeeng First Nation.

While there are a number of traditional services offered through Mnaadzawin, Noojmowin Teg, and OCF, Sheshegwaning's location on the western end of Manitoulin makes it geographically distant from many traditional activities. Therefore in order to support individual efforts to rediscover Anishinabe culture and traditions, it is essential that Sheshegwaning First Nation provides its own traditional activities. Nonetheless, community politics and dissension between community members often makes it difficult to organize teachings, workshops and ceremonies. For example, in 1993 the community held its first Pow Wow. However, due to little community involvement and tension

between the organizing committee, Pow Wows are no longer held in Sheshegwaning. During my stay in Sheshegwaning very few community organized traditional ceremonies took place.[13]

In the section on spiritual and symbolic healing, it was demonstrated that in addition to its healing benefits, the sweat lodge also provides a very important connection between individuals, the Creator and Mother Earth. However, despite the fact that a sweat lodge exists in Sheshegwaning, during the time that I spent in the community, no sweats took place. Many of the individuals I spoke with told me that they attend sweats in other communities. I asked a number of individuals why it was not being used and most of their replies focussed on perceived tensions within the community and conflicts that exist between individuals. As such, the sweat lodge also serves as a symbol of conflict:

> When I go to ceremonies I feel the negative vibes because of the politics here. Our community is divided in half and that prevents a lot of things from happening. Yes there are healing ceremonies but we don't have them because of the politics. People can't get along well enough to have the ceremonies. So you have to work on your health and be well for yourself.
>
> We need a peace pipe ceremony because that is a ceremony of unity but I don't think it will happen. Not as long as people are fighting. There is someone I know who isn't from here and could see the fighting and that worries me that people can see it from the outside. I think that is why we don't have ceremonies or Pow Wows.
>
> (Lynda)

Nicole described how Sheshegwaning is not a place that she usually looks to for healing. She goes to other communities on the island for ceremonies and sweat lodges when she needs them:

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[13] In October 1998, there was a Feast for the Dead.

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It is sad to say but I find that our leadership isn't there to the extent that we need them there you know. There is a lot of in-fighting and the leadership needs to take control so we can be healthy. In this community especially there is not a lot of sweat lodges and those kinds of things happening but there are other communities where it takes place.

I had to go find these things elsewhere. I searched for them and that is how I was able to find a lot of things. I wanted it so bad and I wasn't getting any of it down here so I looked elsewhere to find people and that's how I got on this kind of road that I am on.

Jean who is one of the elders in the community has knowledge of many Anishinabe ceremonies. She told me that she is often invited by other First Nations on the island to lead the Sunrise Ceremony and the Full Moon ceremony but is not asked to do the same in Sheshegwaning:

I am not respected here like I am elsewhere. I go to other communities to teach others. They ask me to come back to teach them more. I think the politics here get in the way. They don't ask me to do things.

These quotes illustrate an important issue. Individuals cannot be healthy when the community is not healthy. Individuals can strive on their own to maintain balance in their lives, but without the support and guidance of Chief and Council many feel that *mno bmaadis* cannot be achieved. When I asked Patricia if community politics have a negative effect on health, she replied:

I think sometimes it does. Yeah because it starts to cause hard feelings you know and then anger builds up and then from the anger it extends into violent actions or abusive language towards one another. I feel it affects it a lot.

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Sandra expressed similar sentiments:

> I think it (community politics) adds a lot of stress on people...and people...they kind of have tunnel vision and they only look out for themselves or each other or their family and friends when they should be more focussing on the bigger picture and looking to the future too. Like how is it going to affect the future? I think it happens in every community and it does affect a lot of people's health.

> We have a lot of people that are sick or that have hypertension and all of those things that are stress related illnesses so I think it affects every community and it affects the health of people in the community including children.

To understand fully how relationships to the land are being reformulated, it is essential to explore this process within the context of contemporary issues such as community level politics. Elections for the positions of Chief and Council members in First Nations tend to divide communities, in extreme cases, into 'haves' and 'have-nots'. Accusations of corruption and mismanagement of funds in First Nations reserves across Canada, such as the Stoney First Nation in Alberta, have made national headlines (Globe and Mail, 1997; Yukon News, 1997). In addition, members of the Ekasoni and Acadia Bands in Nova Scotia have complained that their chiefs have annual six-figure salaries while many band members are struggling to survive on social assistance (Canadian News Digest, 2000). While the income differentials in Sheshegwaning are not extreme, perceived favouritism among members of Chief and Council exist. While individuals strive to maintain their own connections to the land, as the above quotes demonstrate, *mno bmaadis* cannot be achieved without assistance and support at the community level.

5.5 Conclusions

5.5.1 Linking Culture, Health and Place

Much of the research conducted within the Geography of Health has overlooked the importance of culture (i.e., system of beliefs, values and traditions) in shaping health. Further, research conducted on the health of Aboriginal peoples tends to focus on traditional approaches to space and place, thereby ignoring the meaning of place for the health of Aboriginal peoples. The purpose of this chapter was to overcome these two problems by incorporating a cultural approach for understanding the link between health and place for Anishinabek living on Sheshegwaning First Nation, Manitoulin Island. In so doing, this chapter examined the importance of the land, as place, for Anishinabe health.

This research is important because it demonstrates that geographic research on Aboriginal health can be improved by including cultural conceptualizations of health and place. The findings from this research revealed that the land represents more than just the physical space in which Anishinabek carry out their daily lives. Individuals have physical, symbolic and spiritual relationships to the land. Physically, individuals connect with the land by putting down tobacco, hunting, trapping, fishing, harvesting food and medicines and taking part in ceremonies. Symbolically, the land represents the connection Anishinabek have with the earth in the image of Mother. Further, Anishinabek contend that the land, in the image of Mother, is the foundation of their cultural identities. Relationships to the land also include a spiritual element. Anishinabek believe that the land is alive and contains spirits. As such, the land represents a site within which Anishinabek can communicate and relate with spirits. All of these aspects of relationships to the land are necessary for maintaining the balance in order to achieve *mno bmaadis*.

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This research has also demonstrated that Anishinabe identities, including relationships to the land, are fluid. Colonial policies served to physically, socially, culturally and politically displace First Nations peoples from their lands. Hence, relationships to the land are being continually reformulated within the neocolonial context. Anishinabek are learning about their history, ceremonies, medicines, and traditions and reshaping them to fit within their contemporary lives. This involves a complex struggle to negotiate relationships to the land in the context of contemporary issues, such as loss of language, pollution and contamination, and community politics. The learning process is not an easy task, but many are successful in their attempts to balance relationships to the land. Within the neocolonial context, the reformulation of relationships to the land represents a strategic marker of cultural identity that reinforces the separation between Anishinabek and non-Aboriginals. To argue that relationships to the land have remained continuous and untainted from the forces of colonialism and neocolonialism denies the devastating effects colonialism has had (and continues to have) on First Nations peoples. Further, it re-victimizes First Nations peoples by disavowing any form of agency they might have in recapturing and reshaping their cultural identities in a strategic way.

5.5.2 Therapeutic Landscapes: An Exercise in 'Intellectual Imperialism'?

As mentioned in the beginning of this chapter, culturally specific dimensions of health and place tend to be overlooked within the Geography of Health. This chapter has demonstrated that Anishinabek have distinct cultural conceptions of health that emphasize the importance of balance between all aspects of life. While incorporating

culture provides insight into any research project, as Kearns and Dyck (1998) argue, it is not enough to include others within our research. We must acknowledge the significance and validity of other ways of knowing.

This research has demonstrated that Anishinabek have conceptions of place that differ from our own. The land represents more than just physical or symbolic locations of healing. It represents the complex intersection of culture, identity and health. The research conducted on therapeutic landscapes, while useful, constitutes western conceptions of health and place. This body of research overlooks the complex ways in which the link between health and place is manifested simultaneously in physical, symbolic, spiritual, cultural and neocolonial relationships to the land. Phillips and Rosenberg (2000) argue that research conducted within the Geography of Health tends to be an exercise in 'intellectual imperialism'. That is, much of the research is conducted within English-speaking countries and there exists little room for exploring *how* theoretical arguments might be applied within the context of developing countries (Phillips and Rosenberg, 2000, p.14 emphasis added). Their characterization of intellectual imperialism needs to be extended further. We must question *if* western theoretical arguments should be applied in other settings. Applying western theoretical arguments and constructs onto cultural groups for which they have very little or no meaning could be argued to be another form of intellectual imperialism. It has been suggested that the scope of therapeutic landscapes be expanded so as to include holistic (Williams, 1998) and indigenous (Madge, 1998) medicine. However, to apply this body of theory uncritically to other cultural groups is an exercise in intellectual imperialism. Therapeutic landscapes are reductionist in their approaches to health and place. They

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leave little or no room for the spiritual elements of place, which are integral to First Nations health. Further, they fail to recognize the different scales at which the link between health and place is realized. Geographic research conducted in other subdisciplines has demonstrated that socio-spatial practices are negotiated within a complex interaction across multiple geographic scales (Oakes, 1993). This issue will be explored in Chapter Six by discussing the inter-connected scales in which the link between relationships to the land and health are manifested.

CHAPTER SIX
USING THE CONCEPT OF SCALE TO UNDERSTAND
RELATIONSHIPS TO THE LAND

6.0   Introduction

The previous chapter explored the link between Anishinabe culture, identity,

health and place (the land). Geographic research has shaped our understandings of the

ways in which identities are linked to places. In particular, geographers have argued that

the meanings given to places become an integral part of the identity of those experiencing

them (Buttimer, 1980; Eyles, 1985; Rose, 1995; Tuan, 1977). Further, these place-based

identities can exist at multiple scales: local; regional; national; and international.

Historical geographers have demonstrated how places, monuments, and landscape

features imbue identity at national, regional and local levels. For example, research has

drawn a link between social memory, monuments and the development of national

identities (Gillis, 1994; Peterson, 1988). While the link between identity, health and place

is important, as discussed in Chapter Two, much of the research centered on therapeutic

landscapes has overlooked the multiple scales at which these landscapes are manifested. I

argue that including scale within geographic examinations of the links between health

and place is necessary for understanding the different levels at which they exist. The

findings from the interviews suggest that scale is an important factor in understanding the

link between Anishinabek health and relationships to the land.

This chapter will take the analysis one step further by examining the usefulness of

scale for understanding the relationship between the land and health. It will first briefly

discuss the epistemological framework utilized for understanding how relationships to the

land are scaled. It will then proceed to examine how relationships to the land for

Anishinabek are manifested across connected physical, symbolic and spiritual spaces. This chapter will conclude by discussing the importance of incorporating issues of scale into explorations of health and place.

6.1   The Geographic Dimensions of Relationships to the Land

The concept of scale in relation to space and place has been utilized mainly within the areas of geopolitics and economic geography as a way of understanding spatial-political practices, capital accumulation and global-local relations. For example, the concept of nation-state has been used to explore the scales at which national power is organized (see Goodwin et al., 1993; Jessop, 1994). Research has also explored state power and its implications for the ways in which governance at different scales (e.g., cities, regions, nations) operates (see MacLeod and Goodwin, 1999). Within economic and political geography, research has also emphasized the importance of viewing scales within a framework that allows one to relax areal boundaries. For example, MacLeod and Goodwin (1999), in exploring London's governance in the 1990s, have demonstrated the ways in which state politics are multiscaled. An important issue underlying this body of work is that scales do not solely operate within a hierarchical structure. Rather they exist within a relational network that links scales (Howitt, 1998; Jonas, 1994; Smith, 1984; 1993).

Howitt (1998, p.52) argues that scale must be conceptualized in terms that recognize it as being more than just 'size' or 'level' but as a relational tool for examining the interconnections between such things as geopolitics, territory, structure, and culture. In addition, Cox (1998) uses five case studies to demonstrate that political scales defy

territorial boundaries. His research demonstrates how local level opposition groups can successfully 'jump scales' in order to fight local issues at the national level. Smith (1993, p.90) defines 'jumping scales' as the ability to "organize the production and reproduction of daily life and to resist oppression and exploitation at a higher scale". While this thesis does not explore resistance, the notion of 'jumping scales' is a useful way of thinking about relationships to the land.

In applying a relational conceptualization of scale to this research, I argue that three particular geographies exist in which relationships between the land and health are manifested in connected symbolic, social and physical spaces. The first is associated with relationships that manifest themselves across large scale, unbounded places, as denoted by Mother Earth in its entirety. These relationships include, but are not limited to, ideas of the earth as a provider, living in balance with the land, and stewardship for the environment. In general, these beliefs are shared by First Nation's peoples across Canada. The second category of relationships is bounded within a large scale. It includes relationships with the land that are important and meaningful for individuals, the band and the broader nation, such as traditional territories, hunting and trapping grounds and Manitoulin Island. The third category is also bounded but on a much smaller scale. It refers to particular places or landscape features that hold cultural significance and meaning at mainly an individual level.

It is important to note that in approaching relationships to the land through scale, I am not presenting them as discrete entities existing at different geographic levels. While relationships to the land are physical expressions of Anishinabek culture, as demonstrated in Chapter Five, they are also symbolic and spiritual. Further, building upon Smith's

(1993) notion of 'jumping scales', I argue that relationships to the land can simultaneously represent the three geographies as outlined above. Thus, there is a sense of fluidity in this relational structure in which relationships to land can be simultaneously large scale, small scale, bounded and unbounded. In using scale to understand relationships to the land, I am not arguing that scale has ontological status (Jones, 1997). Rather, I use this framework as an epistemological structure, which provides us with a tool for understanding the ways in which relationships to the land are manifested geographically.

6.1.1 Large-Scale Unbounded Connections to the Land

On a large unbounded scale, Anishinabek view the land in the image of Mother Earth. Since the land is thought to provide all things necessary for survival (e.g., food, water, shelter, and medicines), it is perceived to be the Mother of First Nations peoples:

> Mother Earth is really respected in Aboriginal communities because it is part of creation and...Native people regard her as their Mother so we have to respect her in everything that we do. Like we are supposed to walk softly on her...We associate Mother Earth as being our Mother and that we have to take care of her and give her thanks.
>
> (Sandra)

Further, Michael's testimony reveals that all things necessary for survival come from the land:

> Mother Earth is the only thing that keeps us alive...Everything we need, food, shelter, and even clothing it comes from the land in one way or another. Do you see that chair you are sitting on? What is it made out of? Wood and where did that wood come from? The trees that Mother Earth gave to us.

Within geography, geographic borders delineate much of our thinking about place. However, in conceptualizing the land in the image of Mother, there can be no geographic boundaries. Mother Earth and all things on it and under it are believed to be a gift from the Creator. As such, Anishinabek feel a very strong connection to the earth in its entirety. As Ryan commented, "the land is everything to us".

As discussed in greater detail in Chapter Five, the perception of the land as Mother Earth is associated with an important level of responsibility. Since the Creator gave the land to them and Mother Earth continues to provide for them on a daily basis, Anishinabek, like other First Nations peoples, believe that they serve an important role as protectors of the land. The previous chapter demonstrated that responsibilities for the land come in many different forms, all of which are based on the ethic of respect; not polluting, sharing, conservation, and giving thanks. While Anishinabek have a strong connection to the land across large scale, unbounded places (e.g., Mother Earth), it is necessary to explore other dimensions of this relationship.

6.1.2 Relationships to the Land as Manifested within Large Bounded Scales

Geographic research has demonstrated the importance of a 'sense of belonging' to particular places when exploring issues of identity and place (Eyles, 1985; Relph, 1976, Tuan, 1977). Belonging and rootedness to places are developed through a 'sense of place', which refers to the meaning, intentions, felt values and significance that individuals and groups give to places (Pred, 1983). In exploring the importance of place for health, one cannot overlook the significance of home.

Home has been argued to be key in the development of a sense of place. Relph (1976) argued that one must be fully 'inside' a place to grasp its meaning and he points to the importance of home, where place is experienced without deliberate and self-conscious reflection. Sopher (1979) argued that home is important because it is the centre of social relations. Similarly Tuan (1977, p.189) stated that "home or home base are intimate places to human beings everywhere".

Home is important because it is a site of strong personal attachments, a sense of belonging, and rootedness, all of which give meaning to life (Williams, 1999). Home is therefore a significant element in shaping health. As Jackson argues (1985, p.13 cited in Williams, 1999, p.74), home is "deeply relevant to the basic need for internal cohesion, mental health, a sense of security and direction, and a feeling of relationship with the world around one". Williams' (1999) research on the place-identities of home-care nurses in Sault Ste. Marie demonstrates that long-term residence contributes to the shaping of identity, which, in turn, promotes positive health.

Strong attachments to home were expressed by many of the people that I interviewed. These attachments to home manifested themselves within large scale bounded places such as the reserve, Manitoulin Island, and Turtle Island. The reserve is important because it is a place within which individuals have developed strong social and cultural relationships:

> I feel a sense of belonging here (reserve) because I know
> my ancestors were here for many, many years.

> (Sandra)

I like the idea of living on a reserve. Most people think that people living on reserves is 'oh how sad' when in actuality, you know, living on a reserve is like, you know, you can let people come in or you can ban them from the community and you can say you are not allowed to come into this reserve, which I think is good. You know, there's some privacy, isolation. For the younger kids they probably don't like the isolation because there's less to do but I like the quiet and the isolation. I like living on this reserve for that simple reason that people just can't come in. You know I hope I don't insult you with this but white people can't come in and say I want to build a house here. That's not allowed so I think that's really great. The reserve preserves who you are and your culture.

(Lynda)

The reserve is home. I couldn't live anywhere else. If you took me to another reserve I could not live there. This is where my family is from. This is home.

(Helen, elder)

These quotations demonstrate that meaning is attributed to the reserve through individuals' perceptions and attachments to it. A sense of place refers to the fact that, over time, people living in a place come to associate a variety of feelings and emotions with being in that place: "the feelings evoked among people as a result of the experiences and memories that they associate with a place, and to the symbolism that they attach to it" (Knox and Marston, 1999, p.237).

Research has shown that the landscape features (mountains, rivers) are important to Aboriginal peoples because they represent the links through which they remain connected to their past (see Cruickshank, 1984, 1990, 1997). While few of my informants identified that particular landscape features keep them connected to their past, the reserve and the island are symbols of Anishinabek history. For Sandra and Helen, the reserve is an important place because it is the source of their cultural roots. Sheshegwaning has been in existence since the early 1800s. It is a site of history, stories, legends and myths.

To live within the community is a constant reminder of the past. For Lynda, Sheshegwaning is also important because it is a place of safety – cultural safety. The reserve separates Anishinabek from non-Aboriginals and symbolizes a place that Anishinabek can call their own.

While the reserve is a site of cultural, historical and spiritual significance, one cannot overlook its importance as a physically bounded location. Massey (1993) cautions against conceiving of places as bounded by lines and borders. She argues that in doing so, it represents "another form of the construction of a counterposition between us and them" (Massey, 1993, p.64). However, for Anishinabek, the establishment of borders between 'us' and 'them' is a strategic way of constructing and demonstrating differences between Anishinabek and non-Aboriginals. As discussed in Chapter Five, within the neocolonial context, relationships to the land are used as markers of Anishinabe identity. Such a strategy enables Anishinabek to recreate their own cultural identities in such a way that they are distinct from non-Aboriginal identities. Viewing the reserve as a bounded location, which does not permit the entry of non-Aboriginals, is another strategic way in which Anishinabek reinforce their distinct identities. As reflected in Lynda's quote above, the drawing of borders around the reserve aids in preserving Anishinabe culture. In this sense, the reserve represents a geographic space within which others (i.e., non-Aboriginals) cannot freely enter. Therefore, a sense of belonging to the reserve is especially important for the reformulation of identities when spaces external to the reserve are perceived as harsh and threatening (see Tuan, 1996).

The reserve is also important because it contains the spiritual, symbolic and physical places where individuals feel strong connections to Mother Earth. For example,

within the community there are sacred grounds. While at present they are not being used for community ceremonies, individuals do go to these locations to connect to the land.[1] A number of people go to Cape Robert, located at the western end of the reserve, when they want to connect to the land. At the cape there is a very high bluff that looks out over the North Channel. A number of the elders told me that ceremonies used to take place there in the past. Today Cape Robert is not used for ceremonies, however, it was cited by a number of individuals (see Joanne's quote on page 212) as being the site where they feel very strong connections to the land:

> At Cape Robert there used to be pow wows and at night
> you could hear the dancers. When I do my fast I go there.
> This is where traditional people gathered.
>
> (Ryan)

In addition to the reserve, Manitoulin Island also represents a large scale bounded site within which individuals feel a strong connection to the land. Manitoulin Island is a significant site because it is the historical centre of Anishinabe culture and spirituality. Further, it contains sites of cultural significance, such as Dreamer's Rock and Bells Rocks, which are important not just to individuals but to Anishinabek people in general. Manitoulin Island is also an important place for Anishinabek because it is the home of the *Gitche Manitou* (Great Spirit). Ojibway and Odawa legends state that:

> *[t]he Great Spirit wished for an island retreat, so he created Manitoulin Island...only the choicest pieces of Creation were used. From the waters he took the most bluest and most sparkling lakes and streams. From the heavens were selected the whitest and fleeciest clouds and only the brightest stars. From the land he took the greenest forest. He fashioned them all into an enchanting island, which he gently laid on the broad waters of an island sea.*

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[1] One woman was married at the sacred grounds. She allowed me to view her wedding video and was filled with pride that her wedding ceremony included both Catholic and Anishinabek traditions.

> *The island drifted along until it came to rest on the north shore of Lake Huron. Gitche Manitou decided that no finer setting could be found, so he anchored his island to this special place. Then he proclaimed to all the world that this was Manitou Minissing —Island of the Spirits* (West Bay First Nation, 1993, p.5).

When I asked individuals in what ways Manitoulin supported a strong connection to the land, many indicated the importance of the island as being the home of the *Gitche Manitou*. For example, Allan stated "Manitoulin Island is where Gitche Manitou lives", and Lynda said, "The Great Spirit made the island. It is a beautiful island."

Historically, Manitoulin Island served as a focal point for Anishinabe culture. According to legends, the Great Chiefs, medicine men and women, warriors and leaders of the Ojibway, Odawa and Pottawatami tribes were brought to Manitoulin to be buried (West Bay First Nation, 1993). Further, there are two sites on the island that are of great historical and cultural significance to most Anishinabek. The first are the Bell Rocks located just north of the island on the La Cloche mountain chain. Legend states that when the rocks were struck, they would sound across the entire island. As such, the rocks were struck to announce the death of a chief or to signal the arrival of enemies. While the rocks are no longer used for these purposes, each year a group of Anishinabek travel to the rocks, offer sweetgrass and strike them (Smith, 1995). The second site of cultural significance for Anishinabek is Dreamer's Rock.

Dreamer's Rock is located on Wauwauskinga First Nation and it is the site where vision quests took place. Historically, vision quests represented a 'rite of passage' for Anishinabek men.[2] During a vision quest, an individual would fast and remain in isolation awaiting a vision. During this time it was hoped that a *manitou* (spirit) would

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[2] As Smith (1995) notes, while women did embark on vision quests, unlike men, it was not required of women.

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visit and an individual would receive a vision. It is believed that the vision would pave the future for the person receiving it.

The puberty vision quest is not currently being practiced and as Smith (1995) notes, it has not been practiced at Dreamer's Rock for at least three generations. Despite this, many individuals from across Manitoulin Island still go to Dreamer's Rock to receive visions, guidance and inspiration. For example in 1977, The Ojibwe Cultural Foundation (OCF) chose Dreamer's Rock as the site for a summer arts program designed to further the growth of Anishinabek artists (Southcott, 1984). A former director of OCF described why Dreamer's Rock was the ideal site for the program:

> In the past...the young men came to fast and pray, so that they would receive their dream or vision of what direction their lives would follow. Perhaps a man would become a medicine man, a man of healing powers, a chief or a great warrior. Their dream or vision would guide them in achieving this special status. Also a vision of their guardian spirit might be revealed to them...So it was for these reasons that this place was chosen to bring young artists together (cited in Fox, 1978, p.10).

More recently, in July 1998, Anishinabek from the twelve Aboriginal health access centres across Ontario gathered at Dreamer's Rock to discuss the importance of traditional healing (UCCM, 1998).

Given the historical importance of Manitoulin Island for Anishinabe culture, it serves as a symbol of both cultural identity and the healing power of the land. When I asked Kate why Manitoulin Island was important for her connection to the land, she referred to its historical importance as the home of Anishinabek:

> This island is important. It is the area of the drums. Many years ago you could hear the drums beating from one end of the island to the other. The tribes would hear it and begin drumming until it reached the other end of the island.

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> Drums were used to give warning, to announce a passing of
> an elder or someone else. There were certain ways to use
> the drums, long and shorts drums, so you would know what
> is it for.

In addition, the traditional healer told me that the island is important for Anishinabek

because of its healing powers:

> There are a lot of medicines here and that is why this island
> is called Great Spirit Island. This is where the Great Chiefs
> and medicine people gathered because there are so many
> medicines here.

As mentioned previously, both Manitoulin Island and the reserve are symbols of

'home'. In thinking about home, it is also necessary to acknowledge Turtle Island as the

shared 'home' of Aboriginal peoples of North America. Turtle Island refers to the whole

continent of North America.[3] The notion of Turtle Island takes us beyond

conceptualizations of home as a dwelling or, in the case of this research, a reserve. As the

Royal Commission on Aboriginal Peoples notes, many First Nations people prefer to use

the term 'Turtle Island', as opposed to North America, because it reinforces beliefs

systems that view the land as a living entity and it stresses the importance of balance

(RCAP, 1996a, p.107).

Large scale bounded places are important to Anishinabek for a number of reasons.

First, Manitoulin Island, Sheshegwaning and Turtle Island represent home in a myriad of

ways and thus individuals feel a strong sense of belonging to these places. As Jackson

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[3] According to the Ojibway story of the Great Flood, the new earth was formed from a piece of the earth recovered by a muskrat from the bottom of the ocean. The turtle offered its back to bear the weight of the new earth. The tiny piece of earth began to grow and it formed Turtle Island (North America) (Benton-Banai, 1988). While creation stories differ between First Nations groups, a common theme is a belief that North America was formed on, and is still supported on the back of a turtle (RCAP, 1996a). Further many First Nations groups believe that North America is shaped like a Turtle: "Ellesmere Island in the north representing the head, Labrador representing one of the flippers, Florida another flipper, Mexico the tail, California another flipper, Alaska another flipper" (RCAP, 1996e, p.107).

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(1985) argues, attachments to home are an integral part of health. Second, as the quotes presented in this section demonstrate, Manitoulin Island and Sheshegwaning are also important because they contain sites, such as Dreamer's Rock and Cape Robert, within which Anishinabek relate to the land. While no longer being used in a traditional way, Dreamer's Rock continues to be a significant source of culture, identity and spirituality at an individual level. Manitoulin Island and Sheshegwaning First Nation are perceived to be foundations of Anishinabek history, identity and spirituality. Third, Sheshegwaning's relatively remote location on the western end of Manitoulin Island serves to reinforce a feeling of cultural preservation and separation from the non-Aboriginal population that reside on the island. Other reserves on the island such as Sucker Creek, M'Chigeeng and Sheguiandah are broken up by main highways and roads. As such, these communities receive high volumes of traffic, tourists and non-Aboriginal onlookers. The physical location of the reserve reinforces the strategic reformulation of a distinct Anishinabe identity.

6.1.3   Small-Scale Bounded Connections to the Land

Since I was interested in trying to understand the different scales at which relationships to the land are manifested, I asked individuals if there were particular places where they felt a strong connection to Mother Earth and the spirits. The answers to this question revealed that small bounded places like particular landscape features are where individuals feel their connection most strongly. There were 'special' places that each individual talked about or showed me, where they go to put down their tobacco and communicate with the spirits. These small bounded places mainly hold significance at an

individual level, with each individual mapping different locations of their connection to the land. These places and the ways in which Anishinabek relate to them are conducive to both emotional and mental healing. That is, being at those places and/or communicating with the spirits located within those places make individuals feel good:

> Yeah, I do have a special place that I can go to no matter what time of day or night it is and that's at the back of my house. There is a spruce tree with a rock and that is where I put my tobacco down and just sit...It makes me feel good. It helps because it is one way of relating to Mother Earth. Both the tree and the rock, they are alive and have life and it makes me feel good to relate to them.
>
> (Lynda)

> Oh yeah. Yep, there's special places that I always go like the water. I go to the water if I need help and I ask for help. I put my tobacco down and let them (water spirits) know what is going on and ask for help. You feel better afterwards, a lot better. At the cape it is really nice, up on top of the bluff. Oh man, I just love being up there and the feeling I get from it.
>
> (Joanne)

Another important link between the land and health, which is manifested in small scale bounded places, is represented by the sweat lodge. As discussed in Chapter Five, the sweat lodge is an important part of physical, spiritual, emotional and mental healing. The lodge represents a geographically bounded site within which healing takes place. The physical structure of the sweat lodge is a symbolic representation of the connection Anishinabek have with the land in the image of Mother Earth:

> We have a sweat lodge where actually in the lodge they dig a hole in the middle for the grandfathers, which are the rocks, and the hole in the earth is supposed to represent the womb that you were in.
>
> (Sandra)

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> The land is everything to us. The rocks, they have a
> purpose. When we bring them into the sweat lodge they are
> called the Grandfathers. We have both animate and
> inanimate objects. When the rocks become heated in the
> sweat their spirits are freed and they then begin to teach us
> what we need to know.
>
> (Ryan)

The sweat lodge, in its physical structure, is manifested within a small scale bounded

level. However, within a large scale unbounded level, it is symbolic of the spiritual

relationship individuals have with the land in the image of Mother Earth.

It is by exploring and visualizing the land in terms of Anishinabek spirituality that

the meanings and values associated with it becomes evident. Part of that visualization

requires 'seeing' beyond the tangible and looking for the deep spiritual meaning of the

land.

In "*The Beholding Eye: Ten Versions of the Same Scene*", Meinig (1979) outlines

the different ways in which landscapes can be experienced or 'read'. Meinig argues that

landscape can be 'read' as nature, habitat, artifact, system, problem, wealth, ideology,

history, place, and aesthetic. What is important about this piece of work is that it

demonstrates that landscape should not be viewed as just 'physical' locations.

Despite the importance of the humanist tradition for bringing us beyond

geometric definitions of place, much of the work on therapeutic landscapes focuses on

particular physical locations of healing and what takes place within those locations. The

literature on therapeutic landscapes makes little acknowledgement that these landscapes

of healing are not always physically bounded but exist at different levels.

It is the spiritual connection that Anishinabek have with the land that allows them

to 'jump scales' between large scale unbounded places and smaller scale bounded places.

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On a large unbounded scale the land, in its entirety, represents Mother Earth. However, Anishinabek have a need to physically and spiritually connect with the land and this takes place within smaller scale bounded places such as particular landscape features.

On a small bounded scale, particular landscape features such as rocks, trees and the sweat lodge, provide individuals with direct links to the Creator, Mother Earth and spirits. Thus small bounded places are not only physical locations. They are also symbolic and spiritual representations of Anishinabek relationships to the land. Further, while rocks and trees represent relationships to the land, as manifested within small scale bounded locations; they also represent relationships that are manifested on a large unbounded scale in the image of Mother Earth. Research conducted on therapeutic landscapes highlights the symbolic importance of bounded places for health. However, this body of research overlooks both the spiritual aspects of these places and the multiple scales at which they exist.

6.3   Conclusions

Relationships to the land exist at three different scales, each of which are important for health. On a large scale, the land in its unbounded form as Mother Earth is perceived to be the provider of all things necessary to sustain health. As discussed in Chapter Five, Mother Earth provides both traditional foods and medicines in the forms of plants and animals. The nutritional and spiritual components of food and medicines are believed to be an integral part of the healing process. Further, Mother Earth is seen to be the foundation of Anishinabek identity and spirituality. In perceiving the land in the image of Mother Earth, it becomes difficult to place geographic boundaries on

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relationships to the land because Anishinabek feel a strong connection to the Creator, and all things on and under the earth.

The reserve, Manitoulin Island and Turtle Island are large scale bounded places to which individuals feel a strong sense of belonging. Many individuals stated that living on the reserve and the island is important for their culture, identity, spirituality and health because of the sense of belonging they feel within these places.

Small bounded places like rocks and trees are important because they are the sites within which Anishinabek physically and spiritually connect to the land. Landscape features are believed to be alive and contain spirits and therefore it is at these sites that individuals feel very strong connections to the land. Further, as noted in Chapter Five, individuals often communicate with the spirits of these landscape features when dealing with problems and/or conflict. This communication with spirits aids in sustaining emotional and mental health.

As argued in Chapter Two, research conducted on therapeutic landscapes has focussed mainly on western perceptions of healing places. As such, our understandings of these landscapes are limited to ideas of physically bounded places such as spas and hospitals where healing occurs. Williams (1998) argues that therapeutic landscapes provide an ideal theoretical framework for exploring Aboriginal health. She contends that sense of place and symbolic landscapes are necessary elements for understanding fully Aboriginal health.

This research has demonstrated that strong attachments to physical and symbolic places (e.g., the land in the image of Mother Earth, Manitoulin Island, the reserve, rocks, trees, the sweat lodge) are important elements of Anishinabe health. However, the land

represents much more than Williams' (1998) suggestion. The land is the basis of Anishinabe identity and spirituality and it shapes health across different geographic scales. In their present conceptualization, therapeutic landscapes are insufficient for explaining the link relationship between the land and First Nations' health. While therapeutic landscapes do embrace the symbolic importance of places for healing, they remain reductionist in their approaches to health and place. In particular, this body of research has overlooked the importance of scale for understanding the link between health and place.

Scale, as Smith (1993) argues, contains both social activity and provides a partitioned geography within which social activity takes place. In this sense, scale is a useful tool for examining relationships to the land because it allows us to understand the different geographies within which relationships are contained. While relationships to the land are manifested and contained across scales, it is not enough to acknowledge the importance of scale as size or level for shaping the relationship between the land and health. It is necessary to understand the relational character of connections to the land.

As demonstrated within this chapter, there exists a process of 'jumping' scales wherein relationships to the land exist simultaneously at many different levels. These findings are similar to Hay's (1998) research on Maori sense of place, which shows that ties to place, based on culture and spirituality, develop across different scales: home, family, community, and culture. From a geographical perspective, while the land represents the earth on a large unbounded scale, relationships to the land are also actively pursued within small and large bounded scales. More specifically, relationships to the land are fluid and cannot be limited to one geographic location. For example,

Anishinabek can feel the strongest connection to the land, in the image of Mother Earth (large scale, unbounded), when communicating with spirits at a particular landscape feature, such as a rock (small scale, bounded), located within their reserve (large scale, bounded). Thus, relationships to the land are simultaneously manifested within and across large, small, bounded and unbounded locations.

In thinking about place, Massey (1993) argues that geographers require a more progressive sense of place - one that recognizes them (places) as more than just areas with boundaries placed around them. While relationships to the land are manifested within physically bounded geographic locations (e.g., Sheshegwaning First Nation, Manitoulin Island), one must acknowledge the symbolic importance of those places. The reserve and Manitoulin Island are not only physical locations within which Anishinabek live and relationships to the land are manifested. They are also symbolic representations of culture, identity, spirituality and history. Such symbolic significance cannot be contained within geographic borders because they exist within the minds of individuals. The importance of the land for culture, identity, spirituality and history does not cease to exist outside the borders of the reserve or Manitoulin Island. It is important to recognize that while physical boundaries do exist, the imagined geographies of the land go beyond those borders. The spiritual relationships that Anishinabek have with the land are at once lived, perceived, bounded and unbounded. To understand fully the health of First Nations peoples, one must recognize the geographic complexity of the inter-relationship between health, identity, spirituality, and place as manifested in relationships to the land across different geographic scales.

CHAPTER SEVEN
SEVERING THE TIES?
EXPLORNG RELATIONSHIPS TO THE LAND FOR URBAN ANISHINABEK

'You can make a place for it"
(Marianne, Wauwauskinga First Nation, Toronto).

7.0   Introduction

Chapters Five and Six focussed on the importance of relationships to the land for the health of Anishinabek living on a reserve setting. These chapters highlighted a number of significant findings. In particular, it was demonstrated that a more nuanced exploration of health and place can be undertaken by viewing physical, symbolic and spiritual aspects of place. In addition, relationships to the land exist simultaneously across three different scales. The manifestation of relationships to the land across multiple scales has two important implications for the urban Anishinabek population. First, Anishinabek feel a strong sense of belonging to the land within large scale bounded places such as Manitoulin Island and Sheshegwaning First Nation. Second, these two 'physical' places are argued to be the basis of Anishinabek identity and relationships to the land. This system of beliefs raises significant issues given the migration patterns of First Nations peoples.

The proportion of the Registered Indian population living off-reserve is steadily increasing (see Figure 7.1).[1] In 1991, 44 percent of the total Aboriginal population was living in urban areas (RCAP, 1996c) and this figure is predicted to grow by another 43 percent over the next 25 years (Kerr et al., 1995). According to the APS, non-status

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[1] It is important to note that the off-reserve figures do not equal urban figures because off-reserve includes people living in rural areas, on Crown land and in urban areas (see DIAND, 2000).
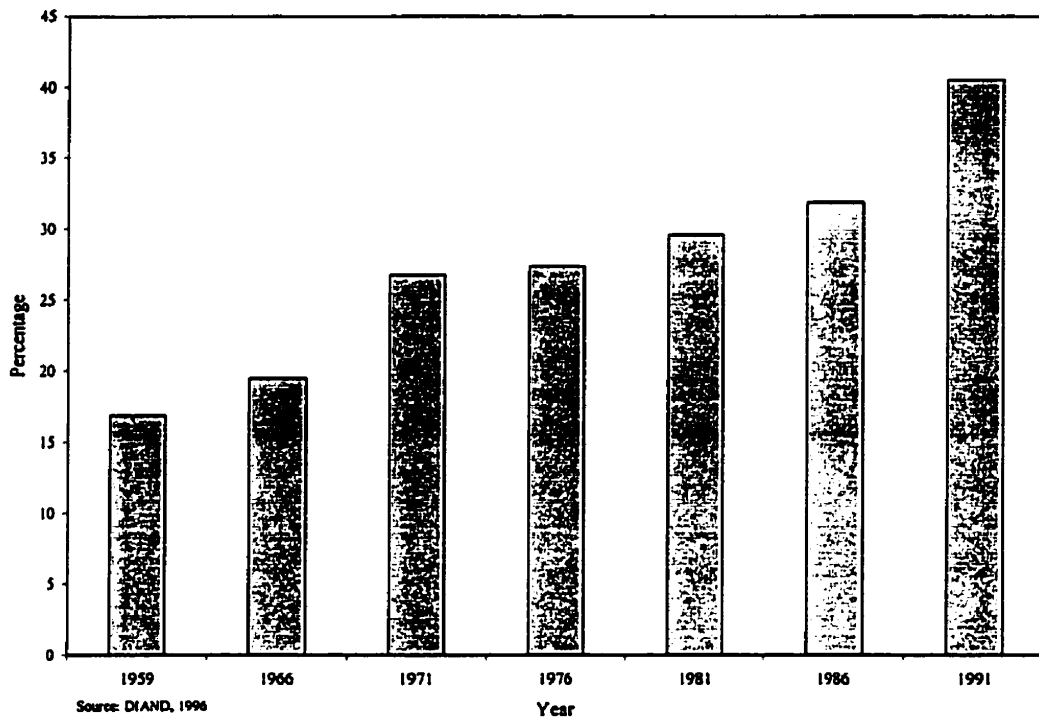
Figure 7.1: Proportion of the Registered Indian Population Residing Off-Reserve
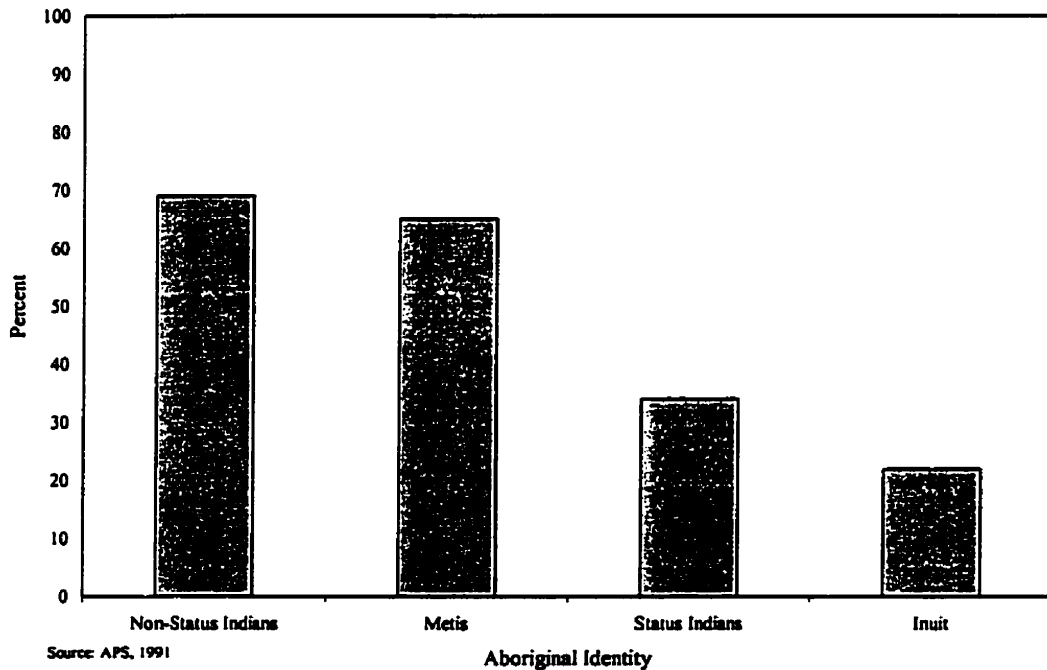
Figure 7.2: Proportion of the Aboriginal Identity Population that is Urbanized

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Indians are the most heavily urbanized, followed by the Métis, Status Indians and Inuit (see Figure 7.2). Further, according to the 1996 Census, approximately one-fifth of Aboriginal peoples are concentrated in seven census metropolitan areas: Winnipeg, Edmonton, Vancouver, Saskatoon, Toronto, Calgary and Regina.

The urban First Nations population faces many challenges such as abject poverty, racism and lack of access to adequate housing. The Royal Commission on Aboriginal Peoples in Canada argues that one of the greatest challenges they face is maintaining their cultural identity as First Nations people while living in urban environments (RCAP, 1996c). Further, the Commission asserts that Aboriginal peoples, especially those living in urban areas, need access to land so that they can become reacquainted with culture in order to be healthy (RCAP, 1996a). As Peters (1996, p.321) argues, few urban Aboriginal institutions have "as their primary mission the promotion or support of aboriginal culture and identity". In fact, recent writing on migration contends that First Nations peoples who move from reserves to urban areas face lower levels of access to their culture and the land (Duck, 1993; Redwolf, 1995; Richardson, 1993; Waldram, 1990).

Given the increasing numbers of Aboriginal peoples residing in urban areas, this chapter presents the methods employed in conducting interviews with Anishinabek who had migrated from reserves on Manitoulin Island to three urban locations in Ontario: Hamilton, Sudbury and Toronto. It also provides a profile of the participants and discusses the problems they face in maintaining relationships to the land while living in an urban, non-Aboriginal setting. This chapter sets the context of analysis for Chapter Eight, which explores the multi-scaled process of negotiation Anishinabek undertake when they struggle to maintain their links to the land.

7.1 Research Questions

The purpose of the research conducted with urban Anishinabek was to understand if and how one aspect of Anishinabe culture, more specifically, relationships to the land, is manifested within urban settings. To understand fully the ways in which Anishinabek maintain relationships to the land once they move to urban environments, this research sought to answer the following question:

- Can Anishinabek beliefs regarding the land and health be transplanted and accommodated within urban settings?

7.2 Searching for Participants within Three Urban Locations

First Nations vary widely and by implication, beliefs surrounding health, health care behaviours and the land also vary widely. The literature surrounding Aboriginal perceptions of disease illustrates that theories of disease causation vary between groups (see Hallowell, 1963; Murphy, 1964; Ritzenthaler, 1963; Swanton, 1928). To control for cultural differences, the urban population included in this research was from Manitoulin Island. Initially, I had hoped that the urban population would consist only of migrants from Sheshegwaning. However, the small size of Sheshegwaning made this virtually impossible. To ensure that I had a sufficient number of interviews, I broadened my research to include all Anishinabek from the seven reserves within the district of Manitoulin. One of my main criterion was to interview individuals that were similar in age to those interviewed in the community. Therefore individuals 27 years and older were sought. For comparative reasons, I also ensured that everyone I interviewed was registered under the Indian Act of Canada.

From June 1999 to September 1999, a total of 18 interviews were conducted in three urban locations: Hamilton; Sudbury; and Toronto (see Figure 7.3). Each city was selected for different reasons. Sudbury was chosen because it is the closest city to Manitoulin Island. It is approximately 200 km from the centre of the Island, thereby making it the most accessible city. Many individuals from Manitoulin Island relocate to Sudbury for school and/or employment opportunities.

The First Nations population in Sudbury is mainly comprised of Ojibway and Odawa people. Three percent of Sudbury's population is Aboriginal and they represent 1.5 percent of the total urban Aboriginal population (see Figure 7.4 and Table 7.1). Toronto was chosen as it contains a relatively large percentage of the total urban Aboriginal population (5 percent); however, they account for less than 0.4 percent of the total population of Toronto. It is one of the most diverse cities in Canada, with members from various First Nations groups residing there. The city of Hamilton is unique since it is located in Mohawk territory and any cultural services offered would be characteristic of the Mohawk Nation. Less than 1 percent of the population in Hamilton is Aboriginal; however, it does contain almost 2 percent of the total urban Aboriginal population. Hamilton and Toronto are located approximately 640 km and 570 km respectively from Manitoulin, making it more difficult for Anishinabek to travel back and forth for ceremonies and teachings.

A very flexible search strategy was employed for use in the urban areas. First, a snowballing technique was used in which I asked individuals from Sheshegwaning to identify band members that were living in urban areas who might be willing to participate
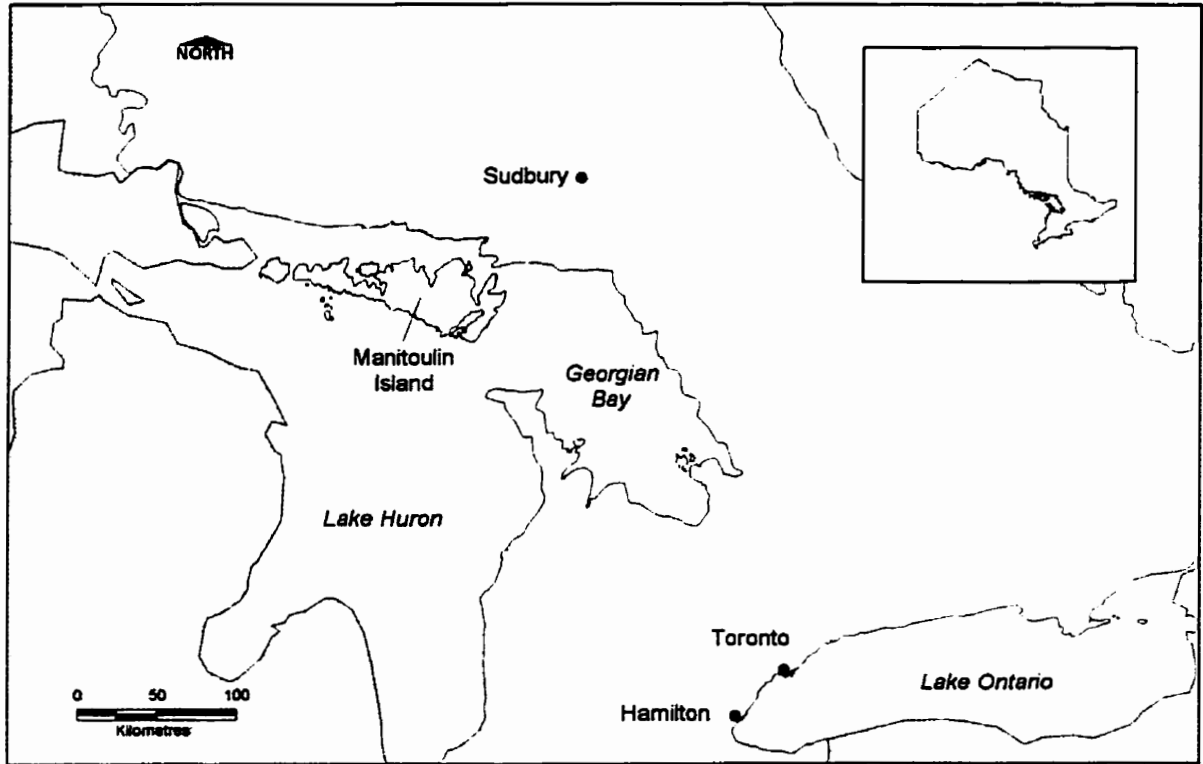
Figure 7.3: Location of Urban Study Sites

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Figure 7.4: Proportion of CMA Population Accounted for by Aboriginal Peoples

Table 7.1: Aboriginal Identity Population in Selected CMAs

CMA	Total Population of CMA	Total Aboriginal Population (%)	Proportion of the Aboriginal CMA Population as a Proportion of the Total Urban Aboriginal Population (320,000)
Calgary	815985	15195 (1.86)	4.75
Edmonton	854230	32825 (3.84)	10.26
Hamilton	617815	5460 (0.88)	1.76
Montréal	3287645	9965 (0.30)	3.11
Ottawa-Hull	1000935	11605 (1.16)	3.63
Québec	663885	2605 (0.39)	0.81
Sudbury	158935	4625 (2.91)	1.45
Toronto	4232905	16095 (0.38)	5.02
Vancouver	1813935	31140 (1.72)	9.73
Winnipeg	660055	45750 (6.93)	14.30

(Source: Statistics Canada, 1996)

in the research. Second, I contacted various Aboriginal organizations in Hamilton, Sudbury, and Toronto and asked them to put me in contact with people from Manitoulin Island. Third, after informants were contacted and interviewed, the snowballing technique was once again employed to identify other prospective informants. Using the personal networks of my informants to expand my search was a useful way of identifying and establishing contact with individuals from Manitoulin as well as "information-rich key informants" (Patton, 1990, p.176). In addition, it enabled me to establish and build trust with each participant as the research progressed. The success of each of these three strategies varied by location.

Since various community members in Sheshegwaning had family and friends living in Sudbury, the snowballing technique worked relatively well in that location. Using the personal networks of individuals from the community, I was able to find four informants.

A community member from Sheshegwaning put me in touch with Lynn, an Aboriginal woman working for an organization in Sudbury.[2] Lynn was an incredibly resourceful contact and worked very hard to recruit individuals for my research. Through Lynn, I was able to conduct eight other interviews in Sudbury. While I had another contact (John) in Sudbury who worked for Laurentian University, his ability to find volunteers for my research proved to be less successful. John was able to arrange three interviews but two of the interviewees failed to show up at the arranged time.

There are a number of reasons why John was a less successful contact. While John is widely respected by the First Nations community in Sudbury, he is non-Aboriginal. Lynn on the other hand, is Aboriginal and the nature of her job requires her to

work directly with other First Nations peoples on a daily basis. In essence, she is an insider while John, even though respected by many First Nations people, remains an outsider.

Residents of Sheshegwaning knew far fewer people living in Toronto and Hamilton. Therefore the snowballing method did not work well in these two places. In Hamilton I was able to find Anishinabek through the Aboriginal Health Access Centre. Susan, an employee at the centre, was very helpful in trying to locate individuals from the Island. However, due to the low numbers of individuals from Manitoulin Island actually living in Hamilton, she was only able to arrange three interviews.

Accessing the Toronto First Nations population proved to be the most difficult and frustrating experience. I contacted a total of five Aboriginal organizations within the city of Toronto and only one organization was willing to assist me. This organization was able to identify six Anishinabek who were originally from Manitoulin Island. However, when I contacted these six individuals, all but one individual refused to participate in my research. Through some other contacts I was put in touch with eight other Anishinabek from Manitoulin Island. While four individuals agreed to participate in the interview, only 2 kept the interview appointments. I tried to reschedule the other two interviews, but my phone calls were not returned. In total, I was put in touch with 14 individuals living in Toronto but was only able to interview three people.

Initially I was surprised at the low levels of response my requests for interviews received in Toronto. When I first began my research, I assumed that I would have the hardest time gaining entry into a reserve community. To me, a reserve represented a geographically bounded location, in which outsiders were prevented from entering.

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[2] The director asked that I not identify the organization in my thesis.

However, this was not the case in Sheshegwaning First Nation. The people of Sheshegwaning welcomed me and allowed me to live among them for six months. I felt very much like a part of the community. In contrast, while I have spent all of my life living in a city, it was in Toronto that I felt like I was an outsider. When trying to find people to interview in Toronto, I felt like I was imposing, like I did not belong, like I did not have a place.

Perhaps the lack of cooperation is a reflection of the process of negotiating space and territory, which takes place among Anishinabek living in urban areas. Toronto is a large, multi-ethnic centre and Aboriginal peoples account for only 0.4 percent of the total population. Therefore Aboriginal peoples must constantly reinforce and renegotiate their place in the city. Part of that negotiation might be to deny others access into their spaces. When people refused to participate in my research, the most common reasons for refusal were "I am not interested" and "I don't have the time". There is a strong sentiment among Aboriginal peoples that they have been 'researched to death' (see O'Neil et al., 1988; Warry, 1990). Hence, the resistance I faced may have been a reaction to the numerous requests Aboriginal organizations receive to participate in research projects. It is possible that if I had been able to arrange some form of reciprocity with organizations in Toronto, I might have gained access to the Anishinabek community living there.

Williams (1997) encountered similar difficulties of access when she tried to conduct research on the poverty of Aboriginal women living in Toronto. Williams reports that when she first presented her project to the Native Womens Resource Centre she faced much resistance. The Centre was suspicious of any research project that would be conducted by a non-Aboriginal and would be of little benefit to them. It took Williams

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over a year to establish a rapport with the centre. Further, it was only when Williams could offer the Centre something in return that they agreed to give her access to their data (Williams, 2000).[3]

While my inability to provide some form of reciprocity may have influenced access, I believe that being non-Aboriginal was a main factor in my failure to gain entry to the Anishinabek community living in Toronto. For example, I had a lengthy telephone conversation with one female representative from an Aboriginal organization. She expressed interest in my research and stated that "more people need to look at the problems we have accessing our culture in Toronto". Further, she told me that I would not have any problems finding people to interview and that her organization would be able to put me in contact with Anishinabek living in Toronto. However, before hanging up the telephone, she asked me if I was 'Native'. When I responded 'no', there was some hesitation and then she told me that someone *might* get back to me. Needless to say, I did not receive any further communication from that organization and they did not return my subsequent telephone calls. Despite the problems I encountered in Toronto, being white did not appear to be a problem in Hamilton or Sudbury. One of the main reasons for this is that I had Aboriginal contacts, or gatekeepers, that granted me access to the Anishinabe communities in Hamilton and Sudbury.

Burgess (1984, p.115) defines gatekeepers as "those individuals in an organization that have the power to grant or withhold access to people or situations for the purposes of research". Both Lynn and Susan played the role of social gatekeepers and it was through them that access to Anishinabek was gained. Without their assistance, conducting interviews would have been very difficult. Having Lynn and Susan serve as

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[3] The Centre was looking to move to a new location and Williams conducted a locational analysis for them.

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liaisons between me and the Anishinabe community was an important step in establishing trust and encouraging individuals to participate in my research (Rainbird, 1990). As Hammersley and Atkinson (1995) state, seeking the aid of gatekeepers is often an important first step in gaining access to informants. In addition to controlling access, gatekeepers also shape the research process. The majority of my urban interviews were obtained through the assistance of Lynn and Susan and therefore, they played a major role in determining who participated in this research. For example, of the 13 informants I gained access to through Lynn or Susan, 10 were women. Hence, the gender of my gatekeepers was an influencing factor in determining who was included. Further, my being a woman may have affected Lynn and Susan's decision to put me in contact with more women than men.

It is important to note that while being a woman gave me access to other women it did not serve to remove unequal power relations that existed. The attempt to overcome problems of power relations cannot be solved simply through the administration of same-sex interviews (McDowell 1992b; Schoenberger 1992; Herod 1993). As Herod (1993, 308) contends, gender relations still "contour behavior and personal interactions, albeit in different ways" when the interviewer and interviewee are of the same sex.

7.3   Data Collection: The Interview Format

Through in-depth interviews I tried to gain an understanding of the experiences individuals face when migrating from reserves to cities. The interviews conducted in Hamilton, Sudbury and Toronto followed a similar format to those conducted in

Sheshegwaning. In total, 18 interviews were conducted with 15 women and 3 men.[4] The theme areas covered in the urban interviews were similar to those conducted on the reserve. However, in the urban interviews I tried to ascertain general information concerning reasons for movement, length of residence, and mobility patterns (See Appendix 7). Chapter Five demonstrated that a relationship with the land is necessary for physical, spiritual, emotional and mental health as well as for the maintenance of culture and identity. The report of the Royal Commission on Aboriginal Peoples argues that severing relationships to the land can result in psychological health problems. Hence, within the urban interviews I also tried to understand: the difficulties Anishinabek face when migrating from Manitoulin Island to urban settings; the barriers cities pose with respect to participating in cultural ceremonies and traditions; and how relationships to the land are sustained in urban settings.

7.4   Profile of Respondents

Table 7.2 provides background information on the individuals I interviewed in Hamilton, Sudbury and Toronto, including place of birth, migration patterns, years lived off-reserve, as well as socioeconomic and demographic status. More detailed information is provided in Appendix 8. The majority of the individuals I interviewed are employed on a full-time basis and only a handful are unemployed. With respect to demographic status, most of the individuals I interviewed were female and married. Most of the individuals I interviewed migrated from three reserves: Sheshegwaning First Nation, Wauwauskinga

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[4] During my stay on Manitoulin Island I was able to conduct three additional interviews with individuals who spent time living off-reserve and had recently moved back to the Island. These three Anishinabek spoke to me about their urban experiences and their reasons for returning 'home'.

First Nation, and Wikwemikong Unceded First Nation. While the amount of time each participant had spent living off-reserve varied from less than 2 years to 35 years, the average number of years spent living off-reserve was 16. Further, the majority of the people I interviewed had been living in cities for more than 20 years (see Figure 7.5).

Despite the fact that all of my respondents originated from Manitoulin Island there are many differences between them, especially with respect to cultural beliefs and spiritual practices. As discussed in Chapter Five, colonial policies altered ties to the land and changed Aboriginal cultural identities forever. As such, Anishinabek are undergoing a process of cultural recovery. Many of the people I spoke with did not grow up in an environment where culture and spirituality were explicitly talked about or taught:

> On the reserve I didn't have those things like traditions and teachings. My parents had the language but they didn't teach us anything because of residential school. In the schools if you spoke it you would be punished and it's not all that long ago. The teachers on our reserve were all white. They told us there was no reason to speak in our language. They told us there are only two languages here, French and English.
> (Hilary, M'Chigeeng First Nation, Toronto)[5]

> I never really think about it (relationship to the land). It is there. It is inside of me but it isn't something I am conscious of. Growing up, that spirituality wasn't there. I was raised Catholic. I didn't grow up learning things and I wouldn't say that now I am very traditional. My parents never taught us those things. It just wasn't something that was talked about. I mean we did things and it was there. The respect was always there.
> (Sue, Wikwemikong Unceded First Nation, Sudbury)

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[5] The following information is included in each parentheses: pseudonym for each participant; First Nation they are from; and city where they are currently living.

	Sex	Age Cohort	Marital Status	Employment Status	Place of Birth	Years Resided Off-Reserve
Hamilton						
Carrie	F	45-64	Married	Employed full-time	Wikwemikong	35
Henry	M	25-44	Married	Unemployed	Wikwemikong	<2
Stacey	F	25-44	Married	Employed full-time	Hamilton/Wikwemikong	<2*
Sudbury						
Clare	F	25-44	Married	Employed part-time	Wauwauskinga	9
Dan	M	45-64	Single	Unemployed	Wikwemikong	25
Janet	F	25-44	Single	Employed full-time	Sheshegwaning	10
Janice	F	45-64	Married	Employed full-time	Toronto/Wauwauskinga	27*
Jennifer	F	45-64 (elder)	Divorced/Separated	Employed full-time	Wikwemikong	20
Lindsay	F	25-44	Married	Employed/student	Wikwemikong	10
Lisa	F	25-44	Married	Employed full-time	Sudbury/Wikwemikong	12*
Louise	F	45-64	Married	Employed full-time	Sheshegwaning	27
Marion	F	45-64	Divorced/Separated	Employed full-time	Sheshegwaning	23
Sharon	F	25-44	Single	Employed part-time	Wikwemikong	9
Sue	F	25-44	Married	Employed full-time	Wikwemikong	15
Vic	M	25-44	Married	Employed part-time	Wikwemikong	11
Toronto						
Hilary	F	25-44	Single	Employed full-time	M'Chigeeng	10
Jim	M	25-44	Divorced/Separated	Unemployed	Wikwemikong	24
Marianne	F	45-64	Married	Employed full-time	Toronto/Wauwauskinga*	*

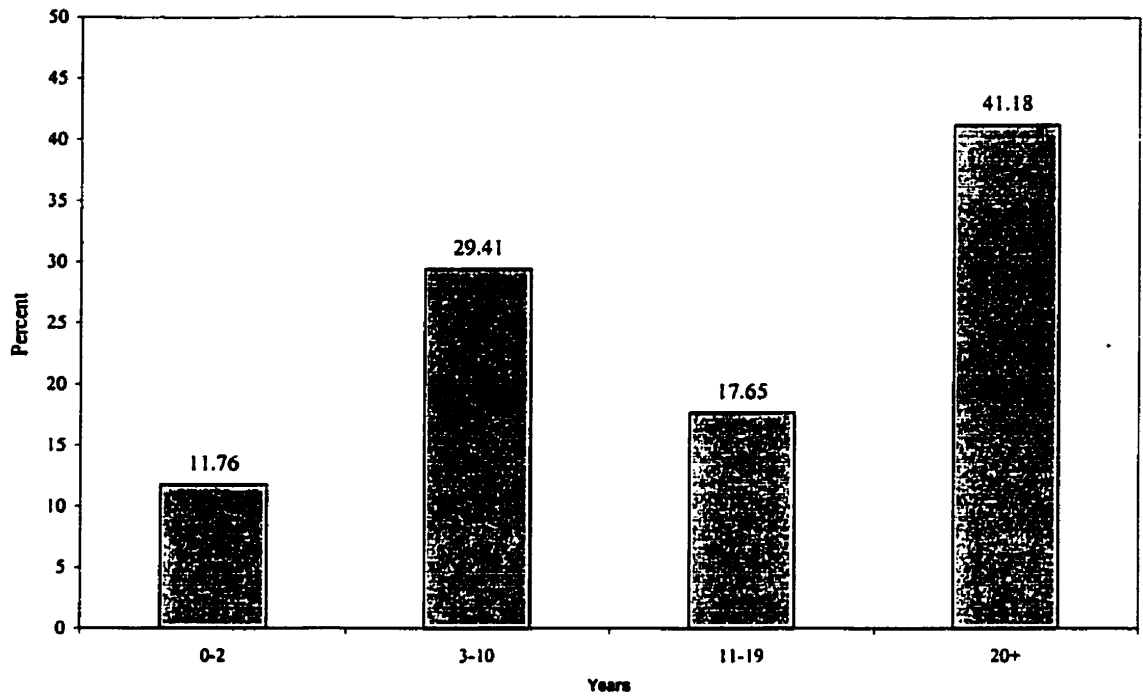* see Appendix 8 for further clarification

Figure 7.5: Profile of Years Resided in Urban Settings

There were things that I observed my father do when I was growing up. You have to understand that at the time the church had a very big influence in the communities. Because of that influence, all of our native traditional spiritual things you almost hid them. We had a small attic in our house and my Father would often go up there. We always understood that it was his spot. It had this opening in the roof. I didn't know at the time but he had this black pot with ashes in it and in the spring before planting he would smudge with cedar or sweetgrass. He was making an offering to the Creator for the harvest. But those things were never talked about or taught openly. My parents never told us what they were doing and why they were doing it. We would see them doing things but because of the fear from the church they were not open about it.

(Carrie, Wikwemikong Unceded First Nation, Hamilton)

While the majority of the people I interviewed were not explicitly taught their spirituality,

a number of my respondents were raised in a traditional environment.

I was raised in a Roman Catholic home. As dad got older though more of his traditions came out. He would burn sweetgrass and cedar. Like growing up, I didn't go through the fast but I was isolated during my first cycle. We followed those things. When we took anything we left tobacco. We apologized when we had to kill something. That was normal for us. There was a strong emphasis on treating others with respect. We still do that today.

(Janice, Wauwauskinga First Nation, Sudbury)

I think about the way I have been raised (traditionally) and the way I have been taught really helped me because I know people that have been raised in the city and they are Native and they think differently. Like they're different. I have relatives like that who live in Toronto and I'll talk to them and they think I'm way out there but really I'm not. I even have friends in Wiky who think – they weren't raised my way like not everybody is raised traditionally and uh they think 'she's weird you know'. Like my own friends but I don't care.

(Lindsay, Wikwemikong Unceded First Nation, Sudbury)

As the above series of quotes demonstrate, the individuals I interviewed come from

diverse backgrounds. Some were raised within an environment where their spiritual

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traditions were not openly practiced let alone even discussed. In contrast, a handful of respondents were raised in households and families where spiritual beliefs and traditions were not hidden but were openly embraced.

7.5 Reasons for Migration

The literature on Aboriginal mobility suggests that individuals who migrate from reserves to urban areas do so for mainly economic reasons. McCaskill (1981) found that the main determinants of migration amongst First Nations peoples in Edmonton, Toronto, Vancouver and Winnipeg were the desire for employment and education. Further, Frideres (1983, p.15) argues that "most Natives decide to leave the reserve only when they are forced to by an absence of housing and employment opportunities". While economic reasons are obviously important, other research suggests that gender and characteristics of reserves (location, housing, community development) also influence the desire to migrate (see Clatworthy, 1980; Gerber, 1977).

It is difficult to gather a clear understanding of Aboriginal migration in Canada because there is no convenient data source from which one can explore migration patterns and/or reasons for migration. The Census does not publish reserve to urban migration rates. Figures published by DIAND only make a distinction between individuals living on-reserve and those living off-reserve. As a result, patterns of migration from reserves to urban settings are difficult to explore. While the APS collected information on migration, its public use data set does not provide data on reserve-to-urban migration figures.

By creating a sub-set of data from the APS, which includes only Registered Indians living in an urban location, I was however able to explore some basic migration

patterns. The results of this analysis revealed that, of those Registered Indians presently residing in an urban setting, only two percent were on-reserve at their previous place of residence. In contrast, 62 percent migrated from an off-reserve location (rural or urban area). Therefore the APS included only a very small percentage of the Registered Indian population that migrated from a reserve setting to an urban location. By exploring the data further it became evident that socioeconomic factors were the main determinants influencing migration from an on-reserve location to an urban location. For example, 26 percent migrated for educational reasons and almost 15 percent migrated for employment reasons.[6] Controlling for gender, 30 percent of men move for educational reasons, as compared to 22 percent of women. Further, 16 percent of men and thirteen percent of women migrate for employment reasons.

The individuals I interviewed reported similar factors motivated them to migrate. Two main reasons cited for migration were employment and education. For example, my respondents moved to urban locations to attend school and for employment reasons:

> I've been living in Sudbury now for two years and that's because of going to college and before that I was living in other places going to school and working and that is the only purpose why I haven't been living on the reserve now. It's because of education and employment.
> (Lindsay, Wikwemikong Unceded First Nation, Sudbury)

> I came here 10 years ago. I am 28 now. I came to go to school and I stayed...I wanted to come here because there are more opportunities in Toronto than on the reserve or even in other cities like Sudbury.
> (Hilary, M'Chigeeng First Nation, Toronto)

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[6] These figures were calculated by defining the Registered Indian population, living in urban areas, who reported their last place of residence was on reserve. Once this population was identified, I then explored the variable that measured specific reasons for moving to present residence.

In general, most of the people I spoke with left their reserves at a fairly young age to further their education. While the average age at migration was approximately 19.5 years, it ranged from 16 to 29 years. The demographic profile of migrants in this research is similar to the findings of other research conducted on Aboriginal migration to urban settings (see Clatworthy, 1980; Clatworthy and Gunn, 1981), which has shown that migrants tend to be young and single. For example, Clatworthy (1980, p.17) examined the sociodemographic profile of First Nations migrants to Winnipeg and found that "the majority of recent migrants were young or mature families". Most of the Anishinabek I interviewed left their reserves after they had graduated from high school and moved to the city to attend college or university. Upon completion of their post-secondary education they remained in the city for employment.

The majority of the interviews were conducted with Anishinabek living in Sudbury. As such, it is hard to make comparisons between the experiences of Anishinabek living in Hamilton, Sudbury and Toronto. While one can get a sense of the different ways in which relationships to the land are manifested in these three cities, it is impossible to make broad generalizations about experiences in each location. I have only interviewed a very small number of Anishinabek from each city and therefore the findings and conclusions drawn from this research are limited to the small group of individuals with whom I spoke. As stated in the introduction to this thesis, the purpose of this research is not to make grand claims and universal conclusions regarding Anishinabek health and relationships to the land. Further, it is not my intention to explore all aspects of the impact of urban life on health and relationships to the land. Rather, it is my goal to demonstrate that there is a need for health geographers to acknowledge that

there are other valid ways of understanding the link between health and place. The next section of this chapter will discuss the challenges Anishinabek face in trying to maintain relationships to the land.

7.6 Migration from Reserve to Urban Settings: Implications for Cultural Beliefs and Values

When I initially set out to conduct this research, I intended to explore if relationships to the land could be maintained within urban environments and how migration to such settings impacted upon perceptions of health. To assume that migration would alter beliefs surrounding the land and health reflected my own naiveté of the importance of Anishinabe relationships to the land. Cultural beliefs surrounding the land and health do not cease to exist outside the physical boundaries of a reserve. These beliefs are deeply entrenched within the cultural identities of Anishinabek and therefore continue to flourish regardless of where they reside. The Royal Commission argues that in order to maintain identity, Aboriginal peoples must "remain firmly grounded in traditional values while living and working in an urban milieu" (RCAP, 1996e, p.612). Further, as Waldram (1990, p.326) argues, migration to urban areas does not indicate a desire to acculturate nor an abandonment of Aboriginal heritage: "the traditional health and illness beliefs of migrants would continue to have relevance even where individuals were literally surrounded by a myriad of biomedical facilities and services". Cultural beliefs are not cast aside with migration to urban areas.

The Anishinabek living in Hamilton, Sudbury and Toronto, expressed similar sentiments regarding the importance of the land for cultural identity and health, as did

those living in Sheshegwaning First Nation. For example, Carrie is from Wikwemikong Unceded First Nation and is presently living in Hamilton. When she talked about her own relationship to the land, it was evident that she believes it is an essential part of her identity as an Anishinabe:

> It is difficult to put into words where we come from and where we are going. Most gatherings take place outside on the land and that is the focus of what I am. If I am troubled or confused, I stop and reflect on that thought of where I came from. The land is the essence of survival – of surviving through life.
> (Carrie, Wikwemikong Unceded First Nation, Hamilton)

Anishinabek living in Hamilton, Sudbury and Toronto also stressed the importance of relationships to the land for maintaining *mno bmaadis*. Similar to Anishinabek living in Sheshegwaning, those I interviewed within urban environments expressed beliefs that the land contributes to all four aspects of life:

> Mother Earth is a big part of health because if you are not well in one of those four areas, she will try to help you in some way. Everything is connected to her. In the medicine wheel we have the four directions, and we have mental, emotional, spiritual and physical health. The wheel is round just like Mother Earth is round. Everything is connected.
> (Lindsay, Wikwemikong Unceded First Nation, Sudbury)

Since Anishinabe beliefs in the importance of the land for cultural identity and health persist with migration, I will not re-present the ways in which the land supports physical, emotional, mental and spiritual health. Instead this chapter will focus upon the problems Anishinabek face in maintaining their spiritual relationships in urban settings. This is an important issue to explore because research has demonstrated that First Nations peoples living in urban areas have different levels of access to traditional services (Fuchs and Bashshur, 1975; Waldram, 1990) and face greater problems in practicing their

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spirituality (Duck, 1993; Redwolf, 1995; Richardson, 1993), as compared to those living on reserves.

Much of the research on migration from reserves to urban areas focuses on the social and economic problems First Nations peoples endure within cities. For example, it is well documented that the urban First Nations population faces many challenges such as abject poverty, racism and lack of access to adequate housing. The Canadian Council on Social Development released a report entitled *Urban Poverty in Canada*, which noted that 56 percent of Aboriginal peoples in cities were living in poverty compared to 24 percent of the non-Aboriginal population (Lee, 2000). While their low socioeconomic and health status has been documented, less is known about the problems First Nations peoples face in trying to practice their spirituality and express cultural beliefs.

Data from the APS indicate that Registered Indians living off-reserve participate less in traditional activities (i.e., hunting and fishing) than those living on-reserve. A lower percentage of Registered Indians who live off-reserve obtain food through traditional activities (hunting and fishing) as compared to their counterparts who live on reserves. About 14 percent of the on-reserve population reported that most of their meat, fish and poultry is obtained through hunting or fishing while only 5.5 percent of the off-reserve population reported this. Forty percent of those respondents living off-reserves stated that they do not obtain any of their food through hunting or fishing. These findings imply that the urban population does not live off the land to the same extent as the on-reserve population. However, it is important to recognize, as demonstrated in Chapters Five and Six that relationships to the land involve more than just hunting, fishing or living off the land. Relationships to the land also involve offering tobacco, attending

sweat lodges and communicating with spirits. Therefore it is difficult to acquire a complete picture of access to the land in urban areas by using the APS.

Once Anishinabek move to the city they are faced with a myriad of problems when trying to maintain links to the land. The problems identified by the individuals I interviewed fall into three main categories: i) little time and less flexibility to pursue a relationship actively and/or participate in ceremonies/activities; ii) physical separation from the land which reduces access; and iii) diminished access to culturally appropriate ceremonies. Each of these problems will be explored in turn.

First, when I asked individuals what problems they encountered in maintaining their relationships to the land, many commented that they have relatively less time to participate in activities involving Mother Earth as compared to when they lived on the reserve. In delving deeper into this issue, individuals told me that the demands of urban life place restrictions on the amount of time they can devote to spiritual relationships to the land. Upon migrating to cities, individuals are faced with increased housing, transportation and food costs.

Most of the First Nations on Manitoulin Island provide housing at little or no cost to band members. Hunting, fishing and the existence of community level sharing provide a cheap source of food for those living on reserves. As such, the cost of living for Anishinabek living in Hamilton, Sudbury and Toronto is higher compared to when they lived on Manitoulin Island. Anishinabek are required to seek out employment in order to pay for these additional costs of living.

Many spoke to me about the amount of time they spend working, which they argue interferes with their abilities to attend ceremonies and/or take time to nourish their

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own relationships to the land. For example, Janet is 29 years old and has been living in Sudbury for 10 years. She works full time and expressed frustration about her inability to balance employment and spirituality:

> It is hard. It is because you have your daily life here and it is routine and you go to work and you have work when you get home. You've got things to take care of when you get home. You can see your medicines sitting there but it's like they are sitting there just tossed away to the side and you feel bad. You think I should be doing this more often and it's like when I moved into my new apartment - what I should have done was smudged it all with medicine, purifying it because someone else was living there before me which may have had bad vibes. So, I haven't done that yet. I keep saying I have to smudge my apartment. It's hard.
>
> (Janet, Sheshegwaning First Nation, Sudbury)

The timing of ceremonies often conflicts with work schedules and this makes it very difficult for Anishinabek to participate. Many Anishinabek expressed frustration because ceremonies are usually offered during work hours and individuals, especially those working in non-Aboriginal organizations, cannot take the time off to attend these ceremonies:

> If a ceremony interests me I will go to it. I'll go to Pow Wows and Sunrise ceremonies. It is hard during the week when I'm working but if it is on the weekend I go. Like if there is a sunrise ceremony on Friday morning, I'll get up early and go before work. Like if the health centre has health related information sessions that deal with a traditional way of life and it fits into my schedule I will go.
>
> (Sharon, Wikwemikong Unceded First Nation, Sudbury)
> Finding time for ceremonies. Biggest, biggest challenge...There are so many ceremonies. It would be so nice to do them. Like we can't do them in the city but I mean with the island we have relative access. The only thing is that the work ethic...Like you know, you're only certain...some places aren't as forgiving when you take time off to go to ceremonies in the middle of the solstice or whatever. It's not like...we don't have this Sunday go to

> church type of thing to practice our ceremonies you
> know?...But if you work on the reserve there is a lot more
> flexibility, a lot more flexibility. The people are more
> understanding and there's ways of working around those
> things...Christmas I mean that's a huge Judeo-Christian
> thing and then like our winter ceremonies happen in
> January. We don't get a week off for our winter ceremony.
> You know and if we want to take it off, it's our own
> holidays.
>> (Lisa, Wikwemikong Unceded First Nation, Sudbury)

Low levels of social support were also identified as one factor that prevented

Anishinabek from devoting time to their spiritual relationship with the land. Individuals

without family living in the same city commented that they did not have anyone they

could depend on for such things as child-care when they wanted to attend a ceremony or

a teaching. For example, Clare is a single mother who has three children and works part-

time. She told me that while she was not raised in traditional ways, when she moved to

the city she felt a strong desire to seek out teachings. However, she gave up trying to

practice her spirituality because she found it hard to balance work and family

responsibilities with teachings, circles and ceremonies:

> I am not involved in spiritual ceremonies. There are a
> number of reasons for that. Like I said I wasn't brought up
> that way and right now I just don't have time. You have to
> go to do it and with my kids it is hard. They want me to
> stay at home with them. They don't even like it when I go
> out to work.
>
> When I come home for lunch they always say "Please Mom
> can't you stay home with us?" Maybe once they are older I
> will participate because I will have more free time.
>> (Clare, Wauwauskinga First Nation, Sudbury)

The demands of city life, such as finances, employment and education often take

precedence over spirituality within urban environments. Individuals are faced with high

levels of stress when they migrate from reserves to cities. In addition to coping with the

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stress of leaving friends and family, they are faced with increased costs and must balance the demands of work/school and family responsibilities. Often times this means that relationships to the land are neglected.

A second problem faced by Anishinabek who move to urban areas is lower levels of access to culturally appropriate (i.e., Ojibway) ceremonies. The origins of Aboriginal peoples living in urban areas vary across Canada. With respect to the three cities included in this research, Toronto contains the most diverse Aboriginal population relative to Hamilton and Sudbury. For example, according to the 1996 Census of Canada, at least eight Aboriginal languages were identified as being the mother tongue of Aboriginal peoples residing in Toronto (see Figure 7.6). This is in contrast to only three Aboriginal languages reported in Sudbury and one in Hamilton (Canada, 1996).[7] Due to the diversity of the Aboriginal population living in Toronto, one would assume that the services and traditional ceremonies offered reflect the diversity of the population.

The Anishinabek of Manitoulin Island are from the Ojibway and Odawa Nations. In Sudbury, 83 percent of the Aboriginal population identify Ojibway as their mother tongue, compared with 62 percent in Toronto and none in Hamilton. Given the high proportion of Ojibway living in Sudbury, it stands to reason that the ceremonies provided would be Ojibway in origin. In contrast, the Aboriginal population living in Hamilton is comprised mainly of migrants from the Six Nations reserve with very few people of Ojibway origins. As such, the programs and services offered in Hamilton reflect the

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[7] Not all Aboriginal languages are reported in the Census. In particular, the mother tongue reported by respondents in Hamilton was classified as 'other'. Since the nearest Aboriginal settlement to Hamilton is Six Nations, one can assume that 'other', in this case, refers to the Mohawk language.
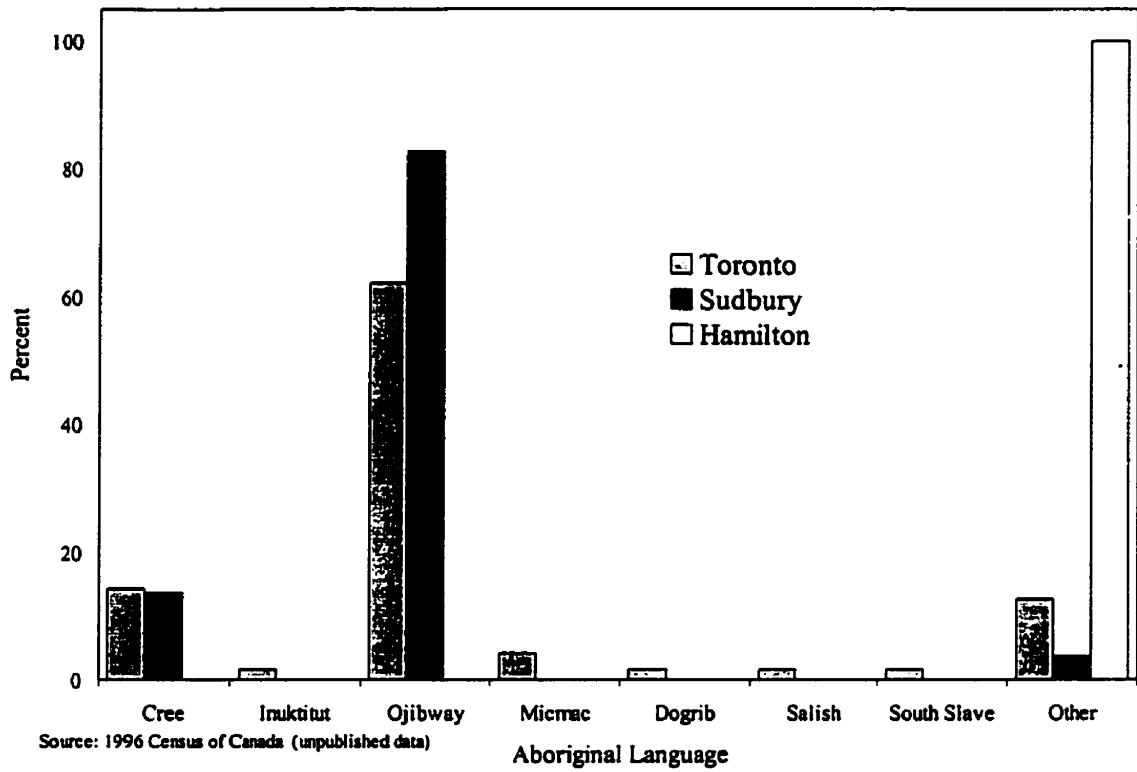
Figure 7.6: Aboriginal Mother Tongue by Place of Residence

traditions of the Mohawk Nation.

During my interview with Carrie, she expressed disappointment that most of the ceremonies offered in Hamilton are done in the Mohawk language:

> Sadly, I wish I was closer to my people in terms of more frequent participation. Six Nations is very close to me. We are different but we do share the same value system. So I can take part in those things but I really miss the language. I am fluent in Ojibway but I don't get the chance to speak it here. It is the language. When you translate something from Ojibway into English the flavour isn't there. My mother was a great storyteller. The connection I feel when I speak the language is incredible. I miss the opportunity to speak the language.

Participants living in Toronto raised similar issues. For example, when I asked Marianne if she experienced difficulties in maintaining a connection to Mother Earth, she responded affirmatively. Marianne identified the diverse Aboriginal population in Toronto as being the main reason why it is hard to find solely Ojibway ceremonies and teachings:

> Yeah, because there are all three (Cree, Mohawk and Ojibway) different nations. Now we all believe in the Creator and we all believe in the medicine wheel and each one is a little different and each one has a different slant on it. But we are all clumped together here in one pot and so...As well we have MicMac and we have Bella Coola. We have Salish. We have all the other...Inuit. We have Plains Cree. We have Northern Cree. We have Algonquin. We have...pick one and they are all here in one place and it is difficult.
>
> Not politically...um not so much with the politicians but politically within all of the different nations all coming together...and we can't always give a ceremony open to the immediate world. It can't always be Ojibway. Sometimes it has to be Mohawk and sometimes it has to be MicMac and sometimes it has to...It depends on who is in the circle and so you have to respect all the other nations and where they come from too. Whereas back on the reserve everything is

> Ojibway and visitors to the reserve will adapt to our
> way...Here it depends on who is running it and which elder
> is facilitating the ceremony. Sometimes I know in the
> Sunrise Ceremony I use my friend, [name withheld], who is
> Mohawk. So it has a distinct Mohawk flair to it. Um,
> sometimes we will use an Ojibway elder and it will have a
> distinct Ojibway flair. So it just depends on who is there at
> the time.

The third challenge urban environments pose for Anishinabek trying to maintain a connection with Mother Earth is physical separation from the land. Hamilton and Toronto are major metropolitan areas and were often referred to as 'concrete nations' by a number of the people I interviewed. Many stated that it is hard to get access to the 'bush' when living in these two cities. In contrast, many of my respondents who live in Sudbury argued that because it is in 'the north' and the city is surrounded by bush this makes it easier for individuals to get access to the land.

Since Manitoulin Island is a source of Anishinabek relationships to the land and contains specific landscape features where they connect to the land, it is important that Anishinabek have access to Manitoulin Island. Toronto and Hamilton are located a greater distance from Manitoulin Island, as compared to Sudbury. Therefore Anishinabek living in these two cities have greater difficulty travelling to Manitoulin Island in order to nourish their relationships to the land. In contrast, Anishinabek living in Sudbury have greater accessibility to Manitoulin Island, thereby finding it relatively easier to travel home for ceremonies, Pow Wows and sweat lodges.

For example, Jim lives in Toronto; he is unemployed and attends school part-time. He does not own his own vehicle and therefore finds it very difficult to travel to Manitoulin Island for ceremonies:

> I think this year I was back 4 times... I'd probably go back a lot more if I had a car...Yeah, oh yeah. Just take you know, my school is Monday to Wednesday. I'd go Thursday, Friday, Saturday, Sunday or something and then come back. Yeah. They cut out all of the services where I used to go on the bus...They cut out the middle E lines. That's what they were called. You get off at Espanola and there was an 8 seater or 12 seater and they would drive you to the Island. Now you can't do that.
>
> (Jim, Wikwemikong First Nation, Toronto)

In contrast, Anishinabek living in Sudbury discussed how easy it is to travel to Manitoulin Island because of the short commuting distance:

> Yeah, like that's the good feeling. I like being in Sudbury because I can go home in like a 2 hour drive.
>
> (Lindsay, Wikwemikong Unceded First Nation Sudbury)

Lisa is originally from Wikwemikong Unceded First Nation and had just recently moved to Sudbury from a city in Eastern Ontario. When I asked her if she is able to make trips back to the Island, she responded:

> Now I do. I mean like when I was living in Kingston it was a nine hour drive to go to the island. Now it's like two hours so I'm there a lot. It is great because I can go home any weekend I want for a sweat lodge. I don't have to wait for one of the centers here to organize one.

As these quotes demonstrate, Anishinabek living in Sudbury find it relatively easier to travel home for ceremonies, sweat lodges and Pow Wows, as compared to Anishinabek living in Hamilton or Toronto. Therefore the physical separation of Anishinabek living in Hamilton and Toronto from home means that they often cannot participate in traditional ceremonies.

This section has demonstrated that in addition to the social and economic hardships endured by Anishinabek living in urban environments, they must also contend with lower levels of access to cultural ceremonies and activities. In particular, the

demands of urban life place financial and time constraints on Anishinabek, which prevents them from taking part in spiritual activities involving the land. Within most urban environments Anishinabek are also faced with low levels of access to culturally appropriate ceremonies and physical separation from the land. If these challenges cannot be overcome, this often results in the neglect of spiritual relationships to the land. However, through struggle and negotiation, it is possible for Anishinabek to maintain their spiritual links to the land. Before exploring the strategies urban Anishinabek employ to overcome these challenges, it is first necessary to explore the health implications of separation from the land.

7.7   Implications for Health

The literature focussing on the health of urban Aboriginals examines such things as utilization of health care services, health problems and cultural barriers affecting use of services (see Shah and Farkas, 1985; Waldram and Layman, 1989). While an important body of literature, it overlooks the problems urban environments impose on Aboriginal peoples trying to maintain cultural practices and traditions and the implications they have for health. The remainder of this chapter will examine how lower levels of access to the land within urban environments influences health.

Much of the literature that explores relocation/loss of land and how it impacts upon health comes from the Royal Commission on Aboriginal Peoples. Individuals representing many displaced Aboriginal communities across Canada presented evidence of the devastating effects forced relocation had on physical, spiritual, emotional and mental health. As a result, the Royal Commission argued that forced relocation affected

health in three ways.

First, Aboriginal groups that lived off the land had a cultural and spiritual knowledge that intimately connected them with their physical homeland (RCAP, 1996a). On their land, Aboriginal groups had the cultural knowledge necessary to make them self-sufficient (i.e., knowledge of game in their territory, migration patterns, and the location of hunting and trapping grounds) which provided ample nourishment. However, when moved to another physical location with which they were unfamiliar, Aboriginal people no longer had the cultural and spiritual knowledge necessary for survival. Traditional activities such as hunting and trapping decreased in many communities, resulting in nutritional deficiencies.

Second, removing Aboriginal peoples and communities from their homelands severed the spiritual relationship they had with the land. The Royal Commission contends that relocation was nothing more than the dispossession and alienation of Aboriginal people from the land that nurtured their culture and spirituality. Cousins (1996) asserts that separating Aboriginal peoples from their land can result in a slow, spiritual death. It has also been argued that when Aboriginal peoples are relocated beyond the spiritual realm of their land they lose a vital balance in their life (see Johnson, 1988; and Shkilnyk, 1985).

Third, Aboriginal culture and lifestyle were tied to specific landscape features. Therefore when a group was removed from those features it was difficult for them to hold on to and maintain their previous way of life. Both Cruickshank (1997) and Brody (1981) argue that a separation from landscape features can result in feelings of loss and longing for home.

Presentations to the Royal Commission as well as research conducted by Brody (1981), Cousins (1996) and Shkilnyk (1985) have demonstrated that loss of land, resulting from forced relocation, causes both psychological and physical health problems. Despite these well document health effects, one must question the extent to which the health problems documented by First Nations peoples that have undergone forced relocation are characteristic of the problems suffered by individuals who choose to migrate from reserves to urban settings.

While individuals who migrate from reserves to urban areas do so mainly by choice, it is important to note that decisions to migrate are influenced heavily by the poor social and economic conditions that exist on reserves across Canada (see Armstrong, 1999). In this sense, individuals are forced to migrate because most reserves offer little opportunity for advancement in terms of education and/or employment (Roote, 1998).

While this research focuses only on individuals who voluntarily migrate, there is reason to believe that voluntary separation from the land (regardless of how initiated) could have negative implications for health:

> Relocation can be seen to create stress brought about by a major reduction in cultural inventory due to a temporary or permanent loss of behavioral patterns, economic practices, institutions, and symbols. *This affects all relocatees, both forced and voluntary*...It tends to be most serious when relocatees are moved as a community to a dissimilar habitat where they must coexist with unfamiliar hosts (emphasis added) (Scudder and Colson, 1982; cited in Canada, 1996a, p.492).

While some of the effects of voluntary migration are similar to those of forced location (e.g, longing for land and homesickness), there are differences and these types of relocation should not be confused.

A small, but growing, body of literature argues that access to "culture is a prerequisite for coping in an urban environment" (Peters, 2000, p.254). This suggests that low levels of access to cultural ceremonies and activities may have implications for the health of reserve-to-urban migrants. Redwolf (1995) outlines eight problems faced by First Nations peoples when they migrate from reserves to cities. The sixth problem Redwolf cites is separation from Mother Earth. He argues that the inability to offer tobacco, dance or sing can result in a slow spiritual death. A poem entitled *I Forget Who I Am* by Edith Duck (1993) also describes the spiritual suffering that occurs when a First Nations person migrates to an urban location (see also Richardson, 1993).

When I asked individuals how separation from the land affected their ability to maintain *mno bmaadis*, contrary to the evidence presented to the Royal Commission by relocated Aboriginal peoples, very few Anishinabek indicated that they experienced physical health problems as a result of their decision to relocate. However, some individuals did indicate that because there is limited access to the land in urban areas, they rarely participate in 'traditional' activities such as hunting and fishing. As a result, they consume lower levels of 'traditional' foods as compared to when they were living on the reserve.

Higher levels of consumption of 'modern' food was perceived to be associated with particular illnesses such as diabetes and heart disease:

> I really enjoy it when we can get some wild meat. You know it's a real treat. But like maybe if we were living in Moose Factory it would be easier to live on wild meat. I don't know...um to have some land to hunt on...I'm sure I'd be healthier. I'm positive I'd be a lot healthier if we lived on the traditional foods. I know I wouldn't have diabetes and all that you know.
> (Lisa, Wikwemikong Unceded First Nation, Sudbury)

In addition to consuming lower levels of 'traditional' foods, being surrounded by concrete was also argued, by some, to make them feel physically ill:

> I think being in buildings without being able to see the ground makes you sick. I think you always have to be able to see some ground somewhere. You have to be able to feel it. You have to be able to touch it. Without that I think you are sick.
>
> (Marianne, Wauwauskinga First Nation, Toronto)

While very few physical health problems were cited, many Anishinabek discussed the ways in which separation from the land affected their spiritual and/or emotional/mental health. For example, during my interview with Carrie, she told me that her spirit is presently suffering. She lives in Hamilton, which is surrounded mainly by First Nations peoples from the Mohawk Nation. As a result, she finds it difficult to communicate in her language and participate in Ojibway ceremonies. Carrie is longing for home and feels that her spirit will not be well until she returns to Wikwemikong:

> Mother Earth helps to maintain balance. I feel like there is something missing when I don't smudge. It is so important for my spiritual and emotional well-being. Right now though in my life I need something more. Like if I need a sweat I have to do that with a group. I can't do that by myself. But I don't know what it is that I need. Part of my spirit isn't being fed right now. I want to go home for a sweat...I feel more comfortable at home.
>
> (Carrie, Wikwemikong Unceded First Nation, Hamilton)

Jim lives in Toronto and is rarely able to travel back home for ceremonies or to visit with family and friends. During our interview he spent a great deal of time discussing how he feels when he is separated from 'home' for extended periods of time. He often talked about the difficulties he faces in trying to maintain his spirituality while living in Toronto:

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The city can suck you up. There are times when I feel disconnected from my identity. Living away from home makes me feel that way.

(Jim, Wikwemikong Unceded First Nation, Toronto)

Separation from the land affects people in varying degrees. Patrick, who now works as a medicinal harvester on Manitoulin Island, lived in Toronto for a number of years while he attended college. He describes himself as being raised in a very traditional home and stated that it was very hard for him to be separated from the land, home, and his family while he was living in Toronto. As a result, Patrick moved back to the Island after living off-reserve for ten years. During one conversation that I had with him, he expressed a firm belief that the city is an unhealthy place for Anishinabek to live in:

When I was at George Brown College I was very down. It was the end of my last term there and I wanted to quit. I didn't want to be there. I was at my lowest one day. I was lying in bed one night and I fell asleep. The next thing I knew I was awake and my body was moving out the window, out of the city, through the fields over these tall trees over water and then I landed on Dreamer's Rock.

While I was there an eagle flew by and the sun began to rise and it was at that point that I knew it was time to leave. I leaned over the edge of the rock and jumped off. I flew back over the water, and the trees, back over the fields and into the city through the window and back into my body. I woke up immediately and there was a bright light shining through the window. It was the sun rising. I burst out of bed with so much energy and rejuvenation and felt reconnected.

That is what I needed. I was full of so much energy that I didn't even need to eat that day. My spirit felt better. I called my mom and told her what had happened. She told me that my spirit was suffering and it brought me back to Dreamer's Rock. My spirit was longing for the land. When I talk to my friends who are living in the city I tell them that they will find only misfortune in the city. If they are down and not doing well, I tell them 'I know what is wrong with you and why you are sick. You should leave there. It

is not where you belong.' They need to be here like me
surrounded by Mother Earth and the land.
                    (Patrick, Wauwauskinga First Nation)

As demonstrated by these quotations, few Anishinabek perceive separation from

the land to cause physical health problems. Rather, many of the health problems urban

Anishinabek experience due to separation from the land are spiritual and/or

emotional/mental in nature. Separation from the land causes some to feel like their spirits

are suffering, while others endure feelings of homesickness and longing for the land.

7.8   Conclusions

There are a multitude of factors that prevent Anishinabek living in urban

environments from experiencing similar relationships to the land as those living on-

reserves. The increased expenses associated with living in a city mean that individuals

must work to pay for housing, food and transportation. Working full-time often means

that Anishinabek have less time to devote to ceremonies, teachings, and the land. A

physical separation from the land results in lower levels of access to the land and

ceremonies associated with healing (e.g., sweat lodge, offering tobacco). Hence, within

urban environments, relationships to the land can be neglected as a result of the continual

challenges posed by employment/family responsibilities and/or lower levels of

accessibility.

However, Anishinabek contend that it is possible to maintain relationships to the

land while living and working in an urban environment. There is a strong belief that

maintaining a relationship to the land is necessary for both *mno bmaadis* and for

surviving in urban settings. The next chapter will explore the process of negotiation

Anishinabek undertake in order to sustain their spiritual relationships to the land, thereby

maintaining the balance necessary for health.

CHAPTER EIGHT
NEGOTIATING THE 'BOUNDARIES' OF URBAN ENVIRONMENTS

8.0   Introduction

Chapter Seven provided some insight into the myriad of challenges urban Anishinabek face in trying to maintain their spiritual relationships to the land. This chapter presents a discussion of the ways in which Anishinabek negotiate within urban environments to maintain relationships to the land. In particular, it examines the scaled strategies Anishinabek employ to sustain links to the land. Chapter Six demonstrated that the land, as place, represents more than just a physical location. Rather, it exists within a physical, spiritual and symbolic plane that stretches across geographic scales. In particular, relationships to the land are multiple and fluid, manifested simultaneously within large, small, unbounded and bounded scales. While relationships to the land are multi-scaled, so too are the strategies Anishinabek undertake to maintain links to the land while living in an urban environment. Scale, therefore, is not only important for understanding relationships to the land but also for understanding the ways in which Anishinabek negotiate to maintain those very same relationships while living in urban environments.

This chapter will focus on three scaled strategies Anishinabek employ to maintain a connection with the land, thereby sustaining their cultural identity. First, it will explore the embracement of 'pan-Indian' beliefs in the sanctity of Mother Earth as a way of sustaining spiritual and symbolic links to the land. Second, it will discuss the ways in which Anishinabek create small-scale bounded places of cultural safety in which they can express their spiritual relationship to the land. Finally, this chapter will examine urban-to-

reserve mobility as a strategy that allows Anishinabek to maintain their relationships to the land within a large bounded scale.

8.1   First Nations Peoples in Urban Settings: Is There a Place for Culture?

While one can ascertain a socioeconomic and demographic profile of the urban First Nations population (see Chapter Three), trying to understand the experiences of First Nations peoples living in urban settings can be a difficult undertaking. Very little research addresses the urban population – in particular, those individuals who have migrated from reserve settings to urban locations. The Royal Commission has argued that non-Aboriginal researchers overlook the urban population due to pervasive and persistent ideas about where First Nations people belong (RCAP, 1996e). That is, there is a history in Canada of putting First Nations people in their place on reserves, away from urban areas and a belief that First Nations identity can only exist on reserves (see Peters, 2000).

As Peters (2000) argues, non-Aboriginal writing on the urban Aboriginal population can be broken up into three periods. From the early 1960s to the late 1970s, the urbanization of Aboriginal peoples was framed as a problem. Migration to cities was presented as threatening, due to increased demands on urban resources, and culture was believed to be a barrier to successful adjustment to urban life. For example, in his study of the urbanization of 'Indians' in Toronto, Nagler (1970) explores the process by which Indians adjust to city life. According to Nagler, culture change is necessary for successful adjustment to city life. He argues that many elements of an urban lifestyle (i.e., responsibility and work ethics) are incompatible with Indian culture:

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> Indians recently arrived in the city are so confused by the conflict between the teachings of their elders and those of the white man, that they tend to set aside the whole problem of morality as meaningless or insoluble...Indians thus experience difficulty in adjusting to a new environment because their conceptions of living do not involve punctuality, responsibility, hurry, impersonality, frugality, and the other social practices which are part of the urban environment (Nagler, 1970, p.25).

Similarly Frideres (1983) argues that 'Natives' who do not integrate into 'white' society cannot participate in the social and economic fabric of urban society. Frideres explores the influence of various urban organizations on Native adjustment to urban life. Frideres argued that those service organization that encourage and support Native values and lifestyles do not adequately prepare Natives for white society, but rather produce marginal Natives.

In yet another study of Aboriginal ubanization, Dosman (1972) describes Indians as an Urban Dilemma. He divides the urban population into three categories: affluent, anomic and welfare. The affluent constitute what Dosman terms a 'Native aristocracy' within the city. They are the professionals and white-collar Natives who have successfully adapted to the urban environment. In contrast, Dosman describes the welfare groups as those who oppose the urban value system. Anomic is the term Dosman uses to describe the segment of the Native population who fall between the affluent and the welfare classes. This group, in contrast to the other two, attempts to integrate their Indian heritage into urban life. In doing so, "they suffer personal disorientation, anxiety and social isolation of such magnitude that they either are forced down into the Welfare or return dejectedly to the reserve" (Dosman, 1972 p.84). Dosman presents attempts to successfully combine culture and urban life as futile and as being incompatible. He

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suggests that the only way for the anomic segment of the population to survive in cities, is to live in isolation within urban enclaves:

> The Indian enclave would draw together into a protected environment the families who cannot by themselves master these multiple obstacles to successful adaptation (Dosman, 1972, p.186).

Similarly McCaskill (1981) argues that 'Indians' exhibit low levels of adjustment because they "do not commit themselves to an urban lifestyle". In addition, a 1962 report on Aboriginal urbanization argued that temporary 'cultural overlapping' is required for successful adjustment to urban areas. The report states that "cultural values from the Native culture [must] remain until values of the larger culture can be taken on" (Indian-Eskimo Association of Canada, 1962, p.13). Evident in this quote is a belief that success cannot be achieved until Aboriginal peoples embrace urban values and culture.

In summary, this body of literature suggests that First Nations peoples who migrate to cities must choose between retaining their cultural beliefs or accepting the values consistent with urban environments. Hence, acculturation is presented as a necessary element for successful integration into cities.

In the 1980s a new theme in the literature emerged that was reflective of social welfare issues. Within this period of research, many authors argued that urbanization is 'problematic' because individuals face increased levels of poverty and very low levels of access to affordable housing (Antony, 1982; Clatworthy, 1983; Hull, 1984; Siggner, 1992). For example, research showed that a higher proportion of the Aboriginal population lived in substandard housing as compared to the non-Aboriginal population. In particular, they were more likely to live in housing that required major repairs, lacked basic facilities and were too small to accommodate family size than were non-

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Aboriginals (Clatworthy and Stevens, 1987, p.xxiii). In addition, researchers demonstrated that the urban Aboriginal population suffered from lower levels of education, employment and income as compared to their non-Aboriginal counterparts.

While such social and economic issues play an important role in influencing the ability of Aboriginal peoples to adjust to urban environments, an important area of discussion is missing from this literature. Culture and its role in shaping adjustment tended to be overlooked during this period. As Peters (2000, p.253) argues, "the invisibility of Aboriginal culture in this literature suggests that it has no role in urban life – that it is irrelevant". However, during the 1990s a new body of literature emerged, mainly written by Aboriginal peoples, that focussed on urban experiences from a cultural context. This literature suggests that Aboriginal culture is both important and necessary for successful adjustment to urban life (RCAP, 1996e; Redwolf, 1995). For example, presenters to the Royal Commission argued that the maintenance of cultural identity, in particular, spirituality, language and land, is necessary for coping with the challenges posed by urban environments.

In summary, earlier researchers on Aboriginal urbanization framed it as a problem. Aboriginal culture was viewed as being in direct contradiction to urban values and lifestyles, thereby posing as a barrier to successful adjustment to cities. While more recent research has begun to acknowledge that Aboriginal culture can persist and be successfully integrated within urban environments, 'historic' views about where culture flourishes still persist. For example, in their examination of Native American urbanization, Joe and Lonewolf Miller (1997) argue that urbanization poses a threat to cultural continuity. Further, they state that the geographical boundaries of reserves

maintain culture and that urbanization breaks down the boundary of cultural continuity. In contrast to the bulk of literature produced during the 1960s to 1980s, my research demonstrates that Anishinabek can successfully adjust to the demands and challenges of urban environments while maintaining their distinct culture, in particular, relationships to the land.

8.2 Scale, Place and Culture: Relationships to the Land in Urban Settings

In Chapter Two, it was argued that scale is a necessary component of any research project seeking to explore the ways in which First Nations peoples relate to the land. Building upon this argument, Chapter Six demonstrated that scale is a useful tool for examining relationships to the land because it allows us to understand the different geographies within which links between the land health are manifested. Further, it showed that it is insufficient to only acknowledge the importance of scale as 'size' or 'level' (i.e., as containers of social activities). Rather, as Howitt (1998) argues, it is necessary to understand the relational characteristics that exist between scales. The results presented in Chapter Six clearly showed that there exists a process of 'jumping' scales wherein relationships to the land exist simultaneously at many different levels.

From a geographical perspective, while the land represents the Earth on a large unbounded scale, relationships to the land are also actively pursued within small and large bounded scales. More specifically, relationships to the land are fluid and cannot be limited to one geographic location. For example, Anishinabek can feel the strongest connection to the land, in the image of Mother Earth (large scale, unbounded), when communicating with spirits at a particular landscape feature, such as a rock (small scale,

bounded), located within their reserve (large scale, bounded). Thus, relationships to the land are simultaneously manifested within and across large, small, bounded and unbounded locations. As such, scales are not discrete entities but are complexly intertwined within space.

While scale is an effective tool for understanding the ways in which on-reserve Anishinabek relate to the land, it is also useful for understanding the processes by which urban Anishinabek maintain links to the land. Anishinabek who migrate from reserve to urban locations do not cast aside their traditional beliefs and values simply because they are residing in predominantly non-Aboriginal environments. Rather, they hold tightly to cultural beliefs and traditions. The Anishinabek I interviewed believe that embracing and reinforcing cultural traditions on a daily basis is more important within urban environments than on reserves. This is because urban Anishinabek are separated from their people and territories and therefore need to reinforce their distinct cultural identities.

For example, Janice told me that she realized there was a constant need to reinforce her spirituality on a daily basis once she moved from her home in Wauwauskinga First Nation to Sudbury:

> I need to maintain my health. There tends to be a stronger
> need to be part of the culture when you are in the city. At
> home it is there wherever you go but here it's not
> everywhere. If you are part of it, it reinforces it.

Further, many of the urban Anishinabek I spoke with indicated there is a need to negotiate and adjust within the boundaries of the city so that links to the land and the balance necessary for health are maintained:

We urban Natives have many responsibilities and issues
that we must face that are different from on the reserve. We
have to adjust and make changes but it is possible. People
have to want it.
(Jennifer, Wikwemikong Unceded First Nation, elder
Sudbury)

As Jennifer's quote illustrates, there is a process of negotiation Anishinabek

undertake within urban environments in order to maintain their spiritual relationships to

the land. Through a process of negotiation, Anishinabek adjust their relationships to the

land in a way that successfully allows them to overcome the challenges posed by urban

environments. Scale provides the ideal framework for understanding the strategic ways in

which Anishinabek negotiate within urban environments to maintain links to the land.

Recent literature within social and economic geography has argued that there

exists a need for different perspectives of scale. Smith (1992a) critiques traditional

approaches to scale, which he argues treat it as merely the backdrop on which social

activity takes place. Both Smith (1992a, 1992b, 1996) and Agnew (1993) state that too

often scale is presented as size or in terms of levels of analysis (i.e., a method used to

distinguish areas of study) with little or no recognition that scale is socially produced. As

Agnew (1993, p.264) states, scale needs to be "implicated *in* social processes rather than

being a backdrop or a board *upon* which social processes are inscribed".

Conceptualizing scale as actively produced, rather than as dead space allows us to

begin to acknowledge its role in shaping social processes and identities. Smith (1992a)

argues that by recognizing that scale is produced one can begin to understand the ways in

which political struggles are spatialized. It is the constant creation and re-creation of scale

that enables social actors to achieve empowerment. For example, Marston (2000)

examines how late 19th and early 20th century women constructed and reconstructed scale

in order to negotiate social ideas about their proper 'place' in society. Marston argues that the strength of the women's movement allowed women to gain control over such issues as childbearing (scale of the body), domestic practices (scale of the home) and suffrage (national scale). By using home as a scale of social and political identity, women were able to broaden their 'place' beyond the home into other scales of social activity.

Smith's (1992b; 1993) research on the homeless also demonstrates how marginalized groups can use scale as a tool for empowerment. He uses the examples of the Poliscar and the Homeless Vehicle to demonstrate how they enable the homeless to redefine their own scales of social activity and expand beyond the social and political boundaries that contain them. The Homeless Vehicle and Poliscar were designed by Krzysztof Wodiczko, a New York artist, and facilitates the basic needs of the homeless (i.e., shelter, transportation, sleeping). In addition to this, Smith argues that these vehicles allow the homeless to reconstruct the scales of their social lives. These vehicles allow for the concrete reproduction of scale as a strategy of resistance. The vehicles, as a mode of transportation, provide the homeless access to spaces previously denied to them. Further, the physical appearance of these vehicles allows the homeless to resist any attempt to 'erase' them from public view. The Poliscar and the Homeless Vehicle enable the homeless to recreate the geographical scales of their daily lives and break through the boundaries of oppression, which previously limited the scales at which they could exist.

As stated in this introduction, this chapter will focus on three scaled strategies Anishinabek employ to maintain a connection with the land, thereby sustaining their cultural identity as Anishinabek. These scaled strategies enable Anishinabek to struggle against oppressive forces that limit the existence of culture to geographically bounded

areas (i.e., reserves). The respatialization of Anishinabe culture into urban settings is achieved through the negotiation of geographical scale. It allows Anishinabek to expand the boundaries that previously limited where values, traditions and ceremonies could exist

8.2.1 Negotiating Across Large Unbounded Scales: Embracing Pan-Indian Beliefs in Mother Earth

The acceptance of pan-Indian beliefs in the importance of Mother Earth is an essential strategy utilized by urban Anishinabek. There are two scaled dimensions to this strategy of negotiation. First, it is scaled in the sense that it is difficult for Anishinabek to maintain relationships to the land that are manifested across small, unbounded and large, bounded scales. Therefore, they tend to emphasize their symbolic and spiritual relationships to the land, in the image of Mother, which does not necessarily require physical access to the land. Second, embracing pan-Indian beliefs allows Anishinabek to renegotiate their identities from local scales (e.g., home, Manitoulin Island) to the national level. This in turn enables them to form strategic alliances and enhances their participation in cultural services provided in urban areas. Each of these dimensions will be explored.

As demonstrated in Chapter Five, Mother Earth represents more than just the physical space in which Anishinabek carry out their daily lives. The land, in the image of Mother Earth, is believed to be the basis of Anishinabek cultural identity. However, within urban environments, Mother Earth becomes an important symbol of pan-Indian identity. First Nations peoples make up a small percentage of the population living in

Hamilton, Toronto and Sudbury. Anishinabek account for an even smaller proportion of the total population living in these cities. Therefore when Anishinabek move to an urban environment from a reserve setting, they find themselves surrounded by both non-Aboriginals as well as other First Nations peoples. While living amid such population dynamics, the shared belief in the sanctity of Mother Earth allows Anishinabek to develop inter-tribal bonds with other First Nations peoples from across Canada.

The land as personified in the image of Mother Earth is a belief shared by First Nations peoples across Canada as well as indigenous cultures around the world (Wearne, 1996). The belief in the sanctity of Mother Earth is an important identity marker for the urban First Nations population. Within the boundaries of their reserves and Manitoulin Island, Anishinabek live and practice their spirituality with each other. The ceremonies, traditions and practices are from the Ojibway and Odawa cultures. However, once Anishinabek relocate to urban settings they find the ceremonies, languages, and traditional practices are no longer solely Ojibway or Odawa.

Many of the individuals I interviewed told me that the cultural services offered in cities differ from those provided on Manitoulin Island. In particular, some ceremonies contain cultural aspects from different First Nations. Therefore, rather than focussing on one First Nations group, which could inadvertently exclude others, ceremonies often 'appeal to the masses' (see Marianne's quote in Chapter Seven, page 248). I was told that the spiritual nature of the ceremonies offered depends on the cultural background of the elder leading them. In some instances ceremonies are led by an Ojibway elder but other times the elder may be Mohawk, Cree or Mic Mac.

When I asked individuals how they survive living in an urban environment with a diverse First Nations population, many stated that they began to overlook differences between themselves and other First Nations peoples and embrace their common beliefs in the Creator and Mother Earth. It appears that accepting the beliefs and customs of other First Nations peoples is crucial for developing a First Nations community within urban environments:

> Everybody just adapts to it and we become very sort of neutered – nation-neutered. Um just being native is enough sometimes...uh rather than having people be their own nation. It is just the fact that you are part of Canadian First Nations from this whole country. That's enough. Here in Toronto when I wake up I know I'm Native but the world doesn't. When I walk out into the street they don't know me any different from anybody else. The only way we have an identity is when we get together to do this - a perceived identity. An awareness in the community is when we do get together and perform our ceremonies and to take part in those ceremonies and to have people know we are Native.
> (Marianne, Wauwauskinga First Nation, Toronto)

> Native people are getting together despite their differences. In the city we have to look beyond those differences and come together as native people...Some people call it pan-Indianism or something like that but it is sort of inevitable when you move to the urban centre.
> (Lisa, Wikwemikong Unceded First Nation, Sudbury)

Research conducted in the United States has demonstrated that supra-tribal Indian or pan-Indian identities emerged among Native Americans as a result of threat to identity posed by urbanization, loss of language and inter-tribal marriages (see Cornell, 1988; Hertzberg, 1972). Anthropologist James Howard studied the emergence of competitive pow wows on the American Plains in the 1950s as one form of pan-Indianism. Howard (1955, p.215) argued that these pow wows were part of an emerging pan-Indianism,

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which he defined as "the process by which certain Indian groups are losing their tribal distinctiveness and in its place are developing a generalized non-tribal Indian culture". He argued that the pow wows he observed drew on Plains Indian culture but borrowed from other tribes across North America. Similarly Lurie (1971) argued that pan-Indian pow wows developed in response to threats to Indian identity and in efforts to reinforce intertribal unity. Many Aboriginal tribes embraced pan-Indian activities because their own tribal practices and traditions were being lost (Howard, 1955).

The development of pan-Indian identities represents one strategic way in which Aboriginal peoples maintain their distinct identities within non-Aboriginal environments. In addition to this, pan-Indian practices enable Aboriginal people to revive their cultures within urban settings (Lerch, 1992). While much anthropological research has focused on pow-wows or sweat lodges as symbols of pan-Indianism (Lerch, 1996; Waldram, 1993; Waldram, 1997), Jarvenpa (1985) argues that attachments to land are another important symbol of pan-Indianism. Trottier (1981) makes a similar argument for the importance of the land for developing pan-Indian identities but does so in relation to treaty making processes. In addition, The Royal Commission argues that despite the differences that exist between First Nations peoples, a common bond is a belief in the importance of Mother Earth (Canada, 1995).

Through the course of my interviews it became evident that the land is an important and strategic marker of pan-Indian identity for Anishinabek living in urban environments. More specifically, embracing shared beliefs in the importance of the land allows Anishinabek to develop alliances and support systems with other First Nations peoples living in cities. Further, Anishinabek presented a very fluid sense of cultural

identity in which they proudly clung to their Ojibway/Odawa roots while simultaneously enjoying pan-Indian heritage (i.e., history and belief systems shared with other First Nations peoples).

Research on migration and identity, such as the work done by Stuart Hall on the Chinese disapora in Britain, has revealed that for individuals who migrate identities are unfixed, destabilized and are continually reshaped (Hall, 1990). Further, the literature in cultural and feminist studies has demonstrated that for migrants, identity is more than just territorially based, it also becomes dependent on the development of social networks between members of a community (McDowell, 1999). While urban Anishinabek still hold strongly to their distinct identities as Anishinabek, they also embrace the history and beliefs they share with other First Nations peoples. Hence, their identities become less fixed by boundaries or territories (i.e., Anishinabek from Manitoulin Island) and become more fluid.

This very flexible and fluid process of self-identification has also been observed among Native Americans in the United States and indigenous peoples elsewhere (see Cornell, 1988). This notion of pan-Indianism and the creation of the monolithic categories such as First Nations, Aboriginal and Native have serious implications for identity and difference. Constructing the category First Nations has some advantages for people living in cities. First, it allows them to celebrate and embrace their common Aboriginal identities while living in a non-Aboriginal environment. Second, it allows First Nations people to undertake common goals in fighting against oppressive forces and recapturing their cultural identity. Despite these advantages, creating the essentialized category First Nations can be problematic. On the surface, it appears to suggest that the

belief systems between First Nations groups are fundamentally the same (denies differences) when in reality the opposite is true.

However, pan-Indianism has been demonstrated as a successful strategy when it used by First Nations peoples living in predominantly non-Aboriginal settings. James Waldram has conducted work with the First Nations population in prisons. His research found that pan-Indianism is a strategy used by many when faced with lower levels of access to aspects of culture. In particular, his research revealed that elders who provide spiritual ceremonies in prisons enhance the common aspects that exist among First Nations cultures as a means of establishing a base for healing to occur (Waldram, 1993, p.355).

Waldram's research, as well as work conducted on other indigenous peoples (Gupta and Ferguson, 1997; Warren, 1998; Wearne, 1996), demonstrates that strategies like pan-Indianism seek recognition of the fact that there are shared indigenous ways of knowing, which are distinct from non-indigenous cultures. Further, it is necessary to recognize that these strategic markers of identity exist at different scales.

First, attachments to the land, in the image of Mother Earth, represent a large scale unbounded marker of pan-Indian identity. As demonstrated in Chapter Seven, it is difficult for urban Anishinabek to maintain similar physical connections to the land as those Anishinabek living on reserves. Lack of time, finances and geographic inaccessibility often prevent individuals from offering tobacco, hunting, fishing or attending sweat lodges. Since physical connections to the land are difficult to sustain in urban settings, symbolic attachments to the land serve a prominent role in maintaining identity. In particular, the symbolic and spiritual relationships Anishinabek have with the

land, in the image of Mother, becomes a significant symbol of their identity. Symbolic and spiritual connections to the land are important because they reside in the minds of individuals and therefore do not always require physical access to the land.

For example, Marianne discussed the fact that if you are sick, you cannot always go to a sweat lodge or participate in healing ceremonies that take place 'on the land'. However, she argued that Anishinabek can maintain connections to Mother Earth in their minds:

> It doesn't have to be structured and we don't also have to be structured as well so it can be done anywhere. You can make a space for it. You can make a place for it. It would be nice if it could be done on the land but sometimes it is not possible. You know in a hospital room if someone is sick you can't possibly drag them outside and you know and say "Here stand on the ground" and he (healer) will do this outdoors where it's supposed to be. It can't be done so sometimes it is impossible so you do what you can and you adapt. Native people are very adaptable or else we would have been gone 500 years ago.
> (Marianne, Wauwauskinga First Nation, Toronto)

The persistence of spiritual links to the land outside the bounds of the reserve contradicts much of the literature on First Nations relocation, which implies that spiritual connections to the land are bounded within specific territories or landscape features (see RCAP, 1996a; Shkilnyk, 1985). For example, both Johnson (1988) and Cousins (1996) argued that when Aboriginal peoples are relocated beyond the spiritual realm of their land, they lose a vital balance in their life. While relocation does result in the physical separation of Aboriginal peoples from their land, this literature assumes that spiritual relationships to the land cease to exist outside the boundaries of reserves and traditional territories. This literature also overlooks the importance of spiritual relationships to Mother Earth, which cannot be delineated by geographic borders. The relationship that

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Anishinabek have with the land in the image of Mother Earth cannot be bounded within particular geographic locations. Hence, relationships to the land can persist and flourish within urban, non-Aboriginal environments.

Second, embracing pan-Indian beliefs in the sanctity of the earth is also a scaled strategy of identity re-creation. The strategic use of Mother Earth as a marker of pan-Indian identity demonstrates a flexible process of identity recreation in which the development of national-level identities begins to have prominence over the localized Anishinabek identity (e.g., Sheshegwaning First Nation, Manitoulin Island). For example, during my time on Manitoulin Island, I observed that the individuals I spoke with emphasized their unique beliefs and practices as Anishinabek (local identity), often drawing distinctions between 'them' and 'other' First Nations groups. In contrast, the Anishinabek I spoke with in Hamilton, Sudbury and Toronto often referred to themselves as belonging to the 'concrete Nation' and/or referred to themselves as being 'Native'. Compared to those I interviewed on-reserve, urban Anishinabek identified fewer differences between themselves and other First Nations peoples and emphasized their common struggles and beliefs as First Nations peoples. While an Anishinabe identity continues to be important within urban environments, this recreation of identity at the national level also becomes a crucial strategy for survival.

Nowicka (1981) conducted historical research on intertribal alliances among North American Indians and demonstrated that when confronted by the onslaught of European culture, tribes embraced similarities and created 'Indian cultural communities'. Further, Waldram's (1993) research showed that when First Nations peoples face lower levels of access to their own cultures, a common national-level identity is created. This

demonstrates the existence of a very flexible and fluid process of identity recreation that cannot be bounded at the local level. Similarly Wearne (1996, p.21) describes indigenous identity as a 'moving target', arguing that indigenous peoples take on different identities simultaneously and move in and out of them at will.

It is necessary to recognize that geographic borders cannot contain indigenous identities. Wearne (1996) also notes that while indigenous groups have distinct identities that are bounded locally, regionally and nationally, global indigenous identities also exist. In particular, the land is an important symbol of a global indigenous identity. For example, in 1985 the World Council of Indigenous Peoples issued a decree, stating "Next to shooting indigenous peoples, the surest way to kill us is to separate us from our part of the earth" (cited in Wearne, 1996, p.23). For First Nations peoples in Canada and indigenous peoples elsewhere, the land is argued to be the basis of identities. It is this common connection to the land that allows Anishinabek to form a spiritual and social alliance with other First Nations peoples while living in urban, non-Aboriginal environments. The creation of a common First Nations identity allows Anishinabek to reinforce their distinct identities as compared to the non-Aboriginal population. As Gupta and Ferguson (1997, p.13) argue, this process of identity creation "is never simply the recognition of cultural similarity or social contiguity but a categorical identity that is premised on various forms of exclusion and constructions of otherness". The coming together of First Nations peoples from diverse groups into one First Nations community within an urban environment is strategic. The development of a national level First Nations identity founded in the common belief of the sanctity of Mother Earth, is a strategic way of 'othering' non-Aboriginals. First Nations peoples find themselves in the

minority within most cities across Canada and therefore this form of identity recreation allows for the development of alliances and reinforces the separation between First Nations peoples and non-Aboriginals.

In summary, symbolic and spiritual relationships to the land as manifested across a large unbounded scale in the image of Mother Earth has become an important identity marker for Anishinabek living in cities. Building a common First Nations identity, based on shared beliefs in the sanctity of Mother Earth, allows Anishinabek to reinforce their distinct Aboriginal identities while living in a non-Aboriginal environment. Further, overlooking differences and embracing shared beliefs is a strategy Anishinabek employ when faced with lower levels of access to their own ceremonies and teachings. Emphasizing the commonalities that exist amongst First Nations peoples' cultures allows Anishinabek to accept other First Nations peoples and participate in the diverse ceremonies and teachings offered in urban environments. Finally, since physical access to the land diminishes with movement from reserves to cities, spiritual and symbolic relationships become important. Relationships to the land do not always take place 'on the ground' but rather exist in the minds of individuals. However, this does not mean that physical relationships to the land cease to exist outside the boundaries of reserves. In contrast, through a process of negotiation and struggle, Anishinabek can maintain physical relationships to the land, such as offering tobacco, which take place in small bounded places.

8.2.2   Negotiating Across Small Bounded Scales: Creating Spaces of Cultural Safety

As discussed in Chapters Five and Six, an important part of the connection individuals have with the land is manifested within small scale bounded places. For example, it was demonstrated that the sweat lodge not only symbolizes the important connection individuals have with the land, in the image of Mother, but also contributes to healing. Further putting down tobacco and/or communicating with spirits within particular landscapes features are argued to be important for emotional, mental and spiritual health. Anishinabek who migrate to urban areas are faced with much lower levels of access to the land, as compared to those living in reserve settings. Further, due to work constraints, increased costs and time constraints, it is very difficult for individuals to return to Manitoulin Island for ceremonies that help in maintaining a connection with the land.

As a result, many of the people I spoke with altered their approach to the land. Rather than expressing lament, Anishinabek searched for spaces within the city where they could feel at one with the land. It is through the creation of cultural spaces within the city that Anishinabek can maintain strong, yet different, connections to the land while living in a non-Aboriginal environment. This creation of spaces within which physical, symbolic and spiritual relationships to the land can be expressed, occurs mainly within backyards (where possible) or public parks:

> I believe that um there's places we can find within the
> city...if we have to physically put ourselves in a spot. In
> Toronto I used to find places. High Park is big and then
> there's the ravine system around the Don Valley.
> (Lisa, Wikwemikong Unceded First Nation, Sudbury)

I can't take tobacco or sweetgrass to work and smudge with
it but I can go to a small park and find a tree. All you need
is a quiet spot for your offering. I feel good about doing it
without fear of being scolded or shunned. No one can take
that from you. It wasn't easy though. It took me years to
feel comfortable, to feel okay about doing it.

(Carrie, Wikwemikong Unceded First Nation, Hamilton)

Sure it was difficult but eventually when I could, I did
something about it. I bought a house with a nice backyard. I
have a garden and I am transplanting wild plants. I have
cedar, apples and catnip. I am planting wild strawberries,
high bush cranberries, yellow flag and hawberries. I have a
wild flower garden, choke cherries and raspberries.

(Janice, Wauwauskinga First Nation, Sudbury)

First Nations peoples often occupy marginalized spaces within cities. Aboriginal

people living in urban areas have lower levels of education, are two times more likely to

be unemployed and have average income levels that are 33 percent lower compared to

their non-Aboriginal counterparts (RCAP, 1996e). Despite their marginalization, it is

possible, as evidenced in the above quotes, for Anishinabek to create spaces of safety

where they can practice their spirituality. It is important to recognize that the spaces

Anishinabek create are both physical and symbolic. That is, while the spaces they create

are physically grounded, real entities, these spaces are also imagined.

There are a number of different theoretical conceptualizations that we can utilize

to understand the creation of spaces. For example, we can draw upon Soja's (1996) and

Bhabha's (1990; 1994) writings on Thirdspace/Third Space and Rose's (1993) discussion

of 'paradoxical spaces'. In their discussions of Thirdspace/Third Space, Soja (1996) and

Bhabha (1990) contend that new sites are always being opened up where individuals can

negotiate to resist hegemony. Bhabha's work on Third Space focuses on cultural diversity

and difference. Further, since he is a postcolonial theorist and not a geographer, he is not

concerned with the actual production of space but rather the creation of multiple hybrid identities. While Bhabha's discussion of Third Space does not center on the spatial, he provides a useful discussion on the 'location of culture', imploring us to look beyond the barriers and boundaries that limit identity. In contrast, Thirdspace as envisioned by Soja and paradoxical space as proposed by Rose focus explicitly on the spatial.

Building upon Lefebvre's notions of perceived, conceived and lived spaces, Soja (1996) argues for a postmodern approach to the production of space. He states that three types of space exist: Firstspace (the material/real), Secondspace (imagined) and Thirdspace (lived realities as practiced). Soja argues that for too long geographers have examined space and identity in discrete ways by separating conceived (real) and perceived (imaginary) spaces. He maintains that there is a need for geographers to incorporate Thirdspace into explorations of space and identity. Soja contends that since Thirdspace contains both the real and imagined spaces that individuals create, it can bring us beyond binary conceptualizations of space. Thirdspace is a result of the "thirding of the spatial imagination, the creation of another mode of thinking about space that draws upon material and mental spaces of the traditional dualism but extends well beyond them in scope, substance and meaning. Simultaneously real and imagined and more (both and also...)"(Soja, 1996, p.11). As has been argued throughout this thesis, the relationship that Anishinabek have with the land is both physical and symbolic. As such, it is useful to think about the manifestation of relationships to the land within real and imagined spaces in urban environments.

The individuals I interviewed negotiate to create spaces (both real and imagined) within cities where they can connect with the land. For example, the health access centre

in Sudbury is located within close proximity to the downtown core. The centre offers both western and traditional medicine and located within the centre of the building, surrounded by the offices of western medical professionals, is a healing room. Janet spoke to me about the healing benefits of that room:

> Did you see the traditional healing room? It's nice eh? We just sat there yesterday. I had my other sister with me. It was quiet and I don't know. The smell, you could smell the cedar. I sat there absorbing what was in that room. The medicines were all laid out. It was like solitude in that room. Calmness. So if you shut that door and closed your eyes...Even though it's in the middle of doctors and nurses, you forget about that when you are in the room. Yeah. There's a real calmness attached to that room.
> (Janet, Sheshegwaning First Nation, Sudbury)

As Janet's quote attests, the First Nations community in Sudbury was successful in creating a traditional healing environment in the midst of western health care. It is important to recognize that the imagined or symbolic properties of these spaces are just as important as their physical characteristics. Even when surrounded by the concrete, traffic and congestion of an urban environment, Anishinabek are able to create imagined and real spaces for themselves:

> It doesn't matter if I'm on the street corner in downtown Toronto. I close my eyes and just by being in touch with Mother Earth, I am back on the land.
> (Jim, Wikwemikong Unceded First Nation, Toronto)

One cannot overlook the creation of such spaces as a strategic way of resisting marginalization. Soja contends that his Thirdspace is what bell hooks refers to as 'spaces on the margins'. hooks (1990) claims that the margin can be more than just a site of oppression. It can also be a site of resistance – a site of 'radical openness'. hooks argues that by simultaneously occupying both the center and the margin, others can begin to

resist marginalization and produce a counter-hegemonic discourse. Soja (1996) argues that individuals, by choosing to locate themselves within the margins, can resist oppressive forces and create empowering spaces for themselves. Thirdspace recognizes the importance of occupying positions at both the centre and the margin. However, this is not always an easy task and Soja too often presents Thirdspace in an idealized manner that overlooks the continual struggles others must endure to create empowering spaces.

Soja misuses the voices of Bhabha and hooks by massaging them in such a way that they support his own conceptualizations of Thirdspace. The work of Bhabha and hooks continually stresses the existence of multiple and fragmented identities, which are constantly situated and re-situated. While Soja (1996, p.154) argues geographers should be critical of the "adaptation of any single conceptualization of Thirdspace", he often presents it as being a static and essentialized space. In contrast to Soja's essentializing tendencies, Rose (1993) proposes the existence of paradoxical space in which imagined spaces are not constructed through 'masculinist claims to exhaustiveness'.

Rose (1993) argues there is a need to think about spaces of resistance without reverting to "all-encompassing views" (see Soja, 1996, p.46). Therefore, she attempts to build a spatial imagination that tries to shake off the bounds of masculine claims of knowledge. For Rose (1993, p.140), paradoxical space is "multidimensional, shifting and contingent". Like Soja, she argues that such a space can overcome the binary of centre and margin because they are occupied simultaneously. Rose contends that it is within paradoxical spaces that others can resist marginality. She argues that identities are continually reshaped through the processes of deterritorialization and reterritorialization. As such, individuals must constantly create, re-create, occupy and abandon spaces in

order to resist hegemony and embrace difference. Speaking about women, Rose (1993, p.147) argues that "we are physically restricted, but there is also a sensation that the limits of what we are and can be have already been mapped by somebody else". Similarly, the territorial limits of First Nations cultures and identities have also been mapped not by First Nations peoples, but rather external forces.

The Royal Commission has argued that the urban Aboriginal population is often overlooked due to pervasive and persistent ideas about where they belong (RCAP, 1996e). There is a history in Canada of putting First Nations peoples in their place on reserves, away from urban areas and a belief that First Nations identity can only exist on reserves (see Peters, 2000, 1996). Rose's conceptualization of paradoxical spaces is useful because it allows for the paradox of claiming space even when it can only be imagined or symbolized. Paradoxical spaces allow for identity to flow between and within spaces without limiting where those identities can exist. This is especially important for Anishinabek living in cities because it makes room for the existence of their cultural identities outside of the bounds of their reserves and it reinforces the validity of imagined or symbolic spaces.

Both Rose's and Soja's conceptualization of paradoxical/Thirdspace are useful ways of envisioning the creation of space. Their discussions of spaces that are both real and imagined, center and margin are beneficial because rather than oscillating between these poles, they can be occupied simultaneously. Despite their usefulness, they are problematic. Both conceptualizations of space have been created from positions of privilege and as such, often present the occupation of both center and margin, the creation of real and imaginary as a smooth process. While Rose (1993) does acknowledge that

paradoxical space may not always be emancipatory, Soja presents a less realistic notion of the production of Thirdspace. He fails to recognize that others on the margins, even if they have created empowered paradoxical or third spaces, are still marginalized.

Soja continually argues that others can choose the margin as a site of resistance. Soja (1996, p.84) states that hooks has "consciously chosen to envelop and develop this marginality...as a space of radical openness, a context from which to build communities of resistance and renewal that cross the boundaries and double-cross the binaries of race, gender, class, and all oppressively Othering categories". However, he fails to recognize that others, including hooks, do not choose the margins. As Price (1999) suggests, marginality is not chosen, it is accorded. When Anishinabek move to the city, they are forced to occupy social, economic and geographic margins. Further, creating some sort of Third or paradoxical space for themselves is not always empowering because they are continually forced to occupy the margins. There are processes at play that continually reinforce their marginality and their outsider status. Even if Anishinabek can create their own spaces of cultural safety, whether real, imagined or both, they still feel vulnerable.

For example, Janet spoke to me about the difficulties she faces when trying to smudge on a daily basis. She lives in an apartment building and used to smudge quite regularly. However, upon smelling the scents from the burning medicines, her landlord accused her of smoking marijuana and threatened to evict her:

> He (landlord) came to the door one day because he could smell it. He told me drugs weren't allowed in the building. I tried to explain but he wouldn't listen. I don't have anywhere else to go so now I really don't smudge. It hurts. I need to do it but I can't even in the comfort of my own home.
>
> (Janet, Sheshegwaning First Nation, Sudbury)

Hilary recounted a similar incident. Tenants in Hilary's building complained to the landlord about the smell when she smudged and now, to prevent the smell from spreading, she smudges in her bathroom:

> I need to smudge. I need to do it because it makes me feel so good. It refreshes me and I feel like I am back in touch with the Creator and Mother Earth. But I look at my medicines in the bathroom and I know they are not supposed to be there. To see them there makes me feel sick. But I need to smudge and I won't do it where people can see me or smell it. I don't want to deal with that again. They don't understand.
> (Hilary, M'Chigeeng First Nation, Toronto)

As these quotes demonstrate, creating spaces of cultural safety is not an easy task. Even if individuals are successful in creating space for themselves, they are still vulnerable and remain marginalized. Soja tends to paint the creation of Thirdspace as a smooth transition from the margin, rather than a complicated and continual struggle. He does not acknowledge that the creation of Third/paradoxical space is not always emancipatory (see Rose, p.160) and does not represent "a smooth passage of transition and transcendence" (Bhabha, 1994, p.5). Rather, the creation of spaces of resistance involves a continual struggle to overcome the power of hegemony.

Regardless of what we term it (e.g., paradoxical/third/middle passage/radical openness), Anishinabek do create spaces for themselves within urban environments. It is within these spaces that they can continue to seek out relationships to the land – albeit in different ways. Thirdspace and paradoxical space are helpful ideas for exploring how identity is played out within space. Soja argues that Thirdspace allows for the continual questioning and reformulation of identity. Relationships to the land, as the basis of Anishinabek identity, are played out and reformulated in urban environments within

continually recreated spaces of cultural recovery. These spaces of cultural recovery are both real and imagined. Further, as Soja and Bahbba note, this type of negotiation should not be devalued as mere compromise. Rather, for Anishinabek living in cities, it is a means of survival. Through the creation of these spaces, Anishinabek remap the city as a space of cultural recovery. The spaces that they create through negotiation and resistance become part of their cultural identity (Pile, 1997):

> I can go outside, take my tobacco outside everyday and lay it by a tree. That keeps me connected to Mother Earth. It keeps me connected to who I am as an Anishinabe, connected to the community. So, it is possible. I think it's very possible to be a native growing up in the city and really, really feeling you are native without hurting people, without hurting yourself.
> (Jim, Wikwemikong Unceded First Nation, Toronto)

> I do what I can. I improvise. Like I've heard when I've talked to elders and I tell them I really miss the bush or um I miss being home, they say 'well go to water and put tobacco down no matter where you are or go to where there's trees' and it's um...I'll do that...and that helps me but it's not the same. I know Mother Earth is all the same so I try to go where it's really quiet like I'll ask my partner let's go for a drive and he'll say okay and we'll try to do it that way and we do smudge every morning.
> (Lindsay, Wikwemikong Unceded First Nation, Sudbury)

It is possible for Anishinabek to create spaces within urban environments where they can practice their spiritual relationships to the land. This is important because it challenges historical ideas concerning where First Nations peoples belong and where culture can exist. The ability of Anishinabek to create spaces of cultural safety within cities disavows claims that relationships to the land cease to exist beyond the territorial boundaries reserves. The creation of such spaces is, as Rose (1993) suggests, a process of spatial resistance that redraws the boundaries of identity and struggle. The creation of

such spaces disrupts and displaces theories of First Nations identity, which argue that cultural identity is cemented in particular locations (i.e., on reserves). Further, it demonstrates that Anishinabek can come from the margins and create small bounded spaces of openness within urban settings that challenge hegemonic constructions of place and identity (hooks, 1990; Pile, 1996 and 1997).

8.2.3   Negotiating Across Large Bounded Scales: Migration and Mobility Patterns

Chapters Five and Six demonstrated that relationships to the land, which are expressed in large scale bounded places are important for *mno bmaadis*. The reserve and Manitoulin Island are important because they contain particular landscape features that are important to Anishinabek culture (e.g., Dreamer's Rock). Further, the reserve and Manitoulin Island also serve as symbols of home. While Anishinabek can negotiate their identities and create spaces for themselves within urban environments, cities like Hamilton, Sudbury and Toronto, can never be home. Therefore the struggle to maintain relationships to the land often leads Anishinabek back home.

Much of the earlier work on First Nations mobility documents patterns of return from cities to reserves. For example, Frideres (1983) argued that the urban First Nations population could be divided into four groups: transients, migrants, commuters, and residents. Commuters are classified as those who spend large amounts of discontinuous time in the city and have strong ties to the reserve. Nagler (1970) contended that following migration, reserves continue to act as social and cultural centres for many Indians. More recently, Norris (2000) has noted that due to push-pull factors such as jobs, housing and family-related issues, migration to and from reserves continues to persist and

that reserves serve as a home base for migrants, to which they can always return. As McMaster (1995) notes, returning home takes place daily or seasonally for a variety of reasons, such as, ceremonies, pow wows, and weddings.

Returning home is a strategy employed by many of the people I interviewed. Socioeconomic status and geographic accessibility are among the most important factors that shape the frequency with which this strategy is utilized. For example, those individuals who are employed and own a vehicle make more frequent trips home, as compared to those individuals who were unemployed or in school. Further, since there is no bus service that provides transportation to Manitoulin Island, Anishinabek who do not own cars must rely on family members or friends to bring them home. Hence they tend to make fewer trips home.

Jim is currently unemployed and attends college on a part-time basis. Money is often tight and he cannot afford his own vehicle:

> I have to rely on other people to bring me home. I only get
> to go home maybe three or four times a year. If I had a car
> and a license I'd probably go back a lot more.
> (Jim, Wikwemikong Unceded First Nation, Toronto)

Nagler (1970) observed similar patterns among Indian migrants in Toronto. His research revealed that white collar workers and skilled blue collar workers maintained strong ties to their reserves and made more frequent trips home than unskilled blue collar workers or the unemployed.

In terms of geographic accessibility, many indicated that the distance to their reserves and long travel-times make it difficult to travel back home. In general, Anishinabek living in Sudbury indicated that they make more frequent trips home as compared to those I interviewed living in Hamilton or Toronto. For example, Janice left

her home in Wauwauskinga First Nation over 20 years ago and has been living in

Sudbury since 1984. She told me that when she first moved to Sudbury she went home

every weekend:

> Before I had my own backyard I went to the reserve a lot
> before then....When I moved to Sudbury it was hard
> because I wanted to be home. I had a really hard time. I
> was never home in Sudbury on the weekends. I had to go
> home to the reserve. It was like I was a teenager and had to
> get out.

Since Sudbury is located closer to Manitoulin Island it is much easier to make

trips home than from Hamilton or Toronto. For example, Vic left his home in

Wikwemikong Unceded First Nation eleven years ago and moved to Toronto to find

work. While he was able to find steady employment, he found himself very homesick and

'longing for the land' while living in Toronto. After residing in Toronto for only eight

months, Vic moved to Sudbury so he could be closer to home:

> In my own way I have a close relationship with Mother
> Earth. I go out and hunt and fish but not necessarily to get
> anything but just to be there. I feel so good. I feel refreshed.
> I love to be out there. Some people can't understand why I
> like to be out there so much. I moved to Toronto for a while
> and that was hard for me. I only stayed there for 8 months
> because just to come up to hunt on the reserve was a 6 hour
> drive. We did it one weekend and it was too much. When
> you are living up here (Sudbury), it is only a 10-15 minute
> drive and you are in the bush.
>
> There is a big hunting territory here...I liked Toronto but
> for me to get out into the woods was too far for me to drive.
> After September I go home a lot. It is only a two-hour drive
> from here. Even being in Toronto for only 8 months, I said
> "I gotta go". I had to be here. My spirit suffered.
> (Vic, Wikwemikong Unceded First Nation, Sudbury)

Regardless of how often individuals return home, it appears that the trip home

allows them to maintain connections to the land. Despite the fact that urban Anishinabek

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can create spaces of cultural safety for themselves, there still exists a desire to return home. It appears that returning home provides Anishinabek with a connection to the land that they cannot experience within cities. For example, Janice's quotes indicates that despite attempts to create spaces in which she can maintain links to Mother Earth, the connection can never be the same as on Manitoulin Island:

> On the reserve the way we lived was much different. We really lived off the land. I tend to feel a better connection when I'm out where I was raised. I am by the water, the rocks and the trees and all the islands. To me that is where I belong. Here, I don't have that connection.
> (Janice, Wauwauskinga First Nation, Sudbury)

Many Anishinabek told me that they return home for sweat lodges, Pow Wows, to pick medicines and to see healers. Despite the fact that many of these things are available within urban environments, it appears that Anishinabek feel most comfortable doing these things at home. While the majority of individuals I interviewed return home temporarily for weekend visits or holidays, there are some Anishinabek who return permanently.

During the time I spent living on Manitoulin Island I encountered a number of individuals who spent many years living in cities but eventually returned to their reserves permanently. I was fortunate to interview three such Anishinabek. They spoke to me about their experiences living in cities and what influenced their decision to return home. For example, Gloria is originally from M'Chigeeng First Nation. She left home when she was 17 and lived in Toronto for 10 years and Sudbury for 12 years. She met her husband while living in Toronto and raised her two boys off-reserve. Gloria returned home two years ago and is presently living with family members. She decided to move back home so that her two boys could learn about their culture:

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> I used to live in the city. I left here when I was 17 to go to
> school. I lived there for a long time and I would talk to
> other Native people I met and we would all say that we are
> not learning anything about our culture it is so hard here. I
> would think because I had two boys then and they were just
> small and I thought they are not learning anything about the
> culture here. There is no sense of belonging here the way
> there is back home. So I decided I would move back for
> them.

As Gloria's quote demonstrates, not all Anishinabek who migrate to cities remain permanently. For some, the city provides the ideal environment for employment, education and spirituality. However for others, there is always a longing for home that cannot be quelled over time. As such, many return home. This was clearly evident while I was living on Manitoulin. Only one of the Anishinabek I interviewed from Sheshegwaning had spent their entire life on the reserve. Some were born in the city and moved to the reserve with their parents, while the majority left home at a young age to seek employment and returned after many years.

In summary, Anishinabek who have migrated from reserve to urban settings maintain strong ties to home. As McCaskill (1981, p.89) argued, Indians "often exhibit a dual-orientation pattern of urban accommodation, exploiting the city for economic purposes while at the same time looking to the reserves in terms of ideology, cultural identity, and social ties". While Anishinabek are able to create spaces of cultural safety for themselves, their reserves remain a focal point for their cultural identities.

8.3 Conclusions

This chapter has demonstrated that it is possible for Anishinabek to maintain connections to the land while living in cities. Sustaining physical and spiritual links to the

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land requires constant struggle, negotiation and re-negotiation of scale. It requires that Anishinabek renegotiate the boundaries of their relationships to the land, thereby renegotiating the boundaries of their identity. This chapter revealed that Anishinabek employ three scaled strategies, which enable them to maintain their physical, spiritual and symbolic links to Mother Earth.

First, urban Anishinabek attempt to overlook the differences that exist between them and other First Nations peoples by embracing their common beliefs and heritage. More specifically, creating a pan-Indian identity, based on shared beliefs in the sanctity of Mother Earth, allows Anishinabek to reinforce their distinct Aboriginal identities while living in a non-Aboriginal environment. Accepting the existence of similar beliefs systems allow Anishinabek to participate in the sometimes (culturally) limited ceremonies and teachings offered within urban environments. Further by emphasizing the spiritual and symbolic importance of the land in the image of Mother Earth Anishinabek are able to cope with diminished access to the land. Since Anishinabek have less opportunity to express their physical relationships to the land, their spiritual and symbolic connections to the land become very important. These relationships tend to exist within the minds of Anishinabek as opposed to existing on the ground.

Second, while physical relationships to the land are diminished within urban environments, they still exist. Anishinabek are able to maintain their physical relationships to the land through the creation of spaces of cultural safety. Anishinabek are able to find particular places in public parks or private backyards where they can offer tobacco or communicate with the spirits.

Finally, this chapter demonstrated that urban-to-reserve mobility (i.e., temporary trips home) allows Anishinabek to maintain their relationships to the land within a large bounded scale. The continual employment of these three strategies makes it possible for Anishinabek to maintain their spiritual and physical connections to the land while living in an urban, non-Aboriginal environment. However, there are other issues that have not been addressed and need to be considered.

First, while it is possible for Anishinabek to maintain their cultural identities in urban settings, cities are not always appropriate locations for certain ceremonies. For example, some Anishinabek believe that sweat lodges cannot be held within the confines of the city. Therefore many Anishinabek are forced to travel home to Manitoulin Island in order to participate in sweats:

> This is not the place for a sweat lodge. A sweat lodge must be in a pure community, in the wild, outside where Mother Earth is, where the trees are, where the stars and sun can be seen where there is flowing water. There's no place in the city for that and it's contaminated by non-native things and is contaminated by the closeness of alcohol and drugs and everything else. You would have it back on the reserve...You wouldn't have it here.
>
> I mean even though there is, I mean even in my backyard. Even though I have a very large backyard and I have room to put a sweat lodge I wouldn't put it there because it would be um disrespectful to the meaning and the essence of a sweat lodge to put it in the middle of a city, in the middle of honking horns and gas fumes and buses and non-native people staring and watching and doing and you know everything that's around. It has to be someplace that is clean and where it is fresh and where you can actually commune with nature so to speak.
> (Marianne, Wauwauskinga First Nation, Toronto)

Second, as Sack (1997) notes, different mixes of nature and culture are developed within different places. This raises an important issue regarding the uniqueness of the three

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urban locations within which I conducted interviews: How does the nature of each location influence the ways in which relationships to the land are manifested? While not explored within this thesis, it is necessary to acknowledge that the uniqueness of each city (e.g., population dynamics, distance from Manitoulin, etc.) impact upon the ability of Anishinabek to maintain relationships to the land in distinct ways.

Third, the urban Anishinabek I interviewed are a distinct population. As discussed in Chapter Seven, the majority of the individuals I interviewed are employed on a full-time basis and have been living off-reserve for over fifteen years. Their abilities to successfully overcome the barriers posed by urban environments did not happen quickly. Many endured years of struggle before they could create spaces of cultural safety for themselves in which they felt comfortable to express their relationships to the land (see Carrie's quote on pg. 278). As such, if I had interviewed Anishinabek who had recently migrated to urban areas the findings from this dissertation could be much different.

Despite these additional issues, the findings from this research are important. They demonstrate that through the continual negotiation and re-negotiation of scale Anishinabek are able to maintain their cultural identities, in particular, relationships to the land, while living in cities. The findings from this research contradict the bulk of research conducted on Aboriginal urbanization, which argues that culture prevents individuals from adapting successfully to an urban lifestyle (Dosman, 1972; Nagler, 1970). Contrary to what has been presented in the literature, an abandonment of cultural identity (e.g., beliefs, values, and practices) is not necessary for succeeding within cities. The people that I interviewed have found and are continually searching for new ways to maintain the

balance between culture and the demands of urban environments (e.g., employment, finances, and time constraints).

The continual re-negotiation of scale enables Anishinabek to maintain cultural beliefs, values and traditions outside the boundaries of reserves. As Smith (1992, p.66) notes, geographical scale defines boundaries and bounds identities. It is through the re-negotiation of scale that Anishinabek can challenge the social and political boundaries that limit the existence of the cultural identities. The establishment of reserves served to separate First Nations peoples from non-Aboriginals. In addition, the territorial boundaries of reserves, represented by lines on maps, represent dominant ideologies regarding where First Nations peoples belong and where culture can exist. In this sense, culture is limited to the scale of the First Nations community. However, it is by occupying other scales and re-negotiating their own scales of resistance that First Nations people can resist and challenge dominant ideologies which place territorial restrictions on their culture.

Anishinabek are successful in their attempts to re-place their cultural identities outside the physical boundaries of reserves. By embracing a pan-Indian identity, they demonstrate the existence of a national level identity. No longer are they limited to localized identities that are bounded within traditional territories or reserves. Further, through the creation of Third/paradoxical spaces of cultural safety within urban areas, Anishinabek blur the boundaries of culture (Pile and Keith, 1997). Such creation of space makes it difficult to draw a cultural boundary between reserves and cities. Staeheli (1994, p.389) argues that scale provides the means through which social groups can resist the forces of marginalization:

It is necessary for groups to find a space in which to operate – to use the opportunities provided through scale to produce spaces in which localized action can be made more permanent and be inscribed in a landscape.

Anishinabek do find spaces within the city where they can express their physical, spiritual and symbolic relationships to the land. In so doing, they resist the forces of colonialism and neocolonialism that have traditionally limited and contained their cultural identities within the territorial boundaries of reserves. However, neocolonialism continues to force Anishinabek into marginalized sites within the city and this breaks down their resistance. For example, the interviews conducted with Hilary and Janet revealed that Anishinabek are still forced to hide their cultural practices and traditions from the scrutinizing gaze of non-Aboriginals (see page 284). So while Anishinabek are able to create spaces of cultural safety within urban environments, the locations of these spaces are also limited by factors such as racism.

In conclusion, the findings from this research are important as they challenge historical ideas concerning where First Nations peoples belong and where culture can exist. These findings disrupt and displace theories of First Nations identity and location, which argue that cultural identity is bounded within particular locations (i.e., on reserves). Further, they demonstrate that First Nations peoples can come from the margins and create spaces of cultural safety within urban settings that challenge hegemonic constructions of place and identity (hooks, 1990; Pile, 1996 and 1997).

CHAPTER NINE
CONCLUSIONS

9.0 Introduction

This concluding chapter is divided into two sections. The first section will summarize the main research findings as presented in each chapter of this dissertation. It will pay particular attention to the ways in which the findings inform and provide us with alternative understandings of place and health. The second section will discuss the results of the dissertation in terms of their implications for future research on the health of First Nations peoples.

9.1 Summary

In Chapter Two, issues of culture, health and place were discussed through a critical literature review. It was argued that despite recent paradigm shifts within the Geography of Health, current examinations of health and place are still flawed. In particular the critique took aim at research conducted under the rubric of 'Therapeutic Landscapes'. It argued that despite the advances made within this area of research by bringing us beyond geometric conceptualizations of place, therapeutic landscapes are reductionist in their approaches to health and place. They leave little or no room for exploring the dynamic link between culture, health and place. Further, they fail to recognize the different scales at which the link between culture, health and place are realized.

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It was suggested in Chapter Two that more nuanced explorations of health and place could be conducted by examining First Nations health in the context of culture. In particular it was argued that the land provides the ideal avenue for achieving this goal. First, the land, as place, represents more than a geographic location and can therefore inform our understanding of place beyond geometric conceptualizations. Second, the land not only represents geography but also a complex system of cultural beliefs and values. As such, it was argued that exploring the role of the land in shaping health provides for the simultaneous examination of culture, health and place.

To begin this examination, Chapter Three provided a broad macro-level analysis of the link between health, place and culture for First Nations peoples. In particular, it examined the extent to which culture (i.e., variables proxying relationships to the land) could be incorporated into existing models of the determinants of health using the APS. The purpose of this chapter was to understand if the ability to maintain relationships to the land are statistically significantly related to the health status of First Nations peoples. The results from this analysis did not reveal many statistically significant relationships between health status and the land. The findings did, however, reveal that socioeconomic status is an important determinant of health status, suggesting that future health policies should focus on income security and poverty reduction.

The results also highlighted the inadequacies of existing survey data to adequately capture elements of First Nations cultures, including perceptions of health. They revealed that the APS presents culture in a very circumscribed way that relegates it to the past, thereby ignoring the ways in which culture is reconstituted within the neocolonial context. Further it was argued, and later supported by the data presented in Chapter Five,

that the biomedical conceptualization of health within the APS is inadequate for capturing the holistic ways in which First Nations peoples perceive health.

Chapters Four through Eight provided an in-depth examination of the link between culture, health and place. Recall from Chapter One that the qualitative portion of this thesis was designed to answer two inter-related research questions. The first question explored the ways in which relationships to the land shape health and how the link between the land and health is manifested geographically (see Chapters Five and Six). The second question, as presented in Chapters Seven and Eight, examined if and how relationships to the land could be transplanted and accommodated within urban environments.

In Chapter Five interviews conducted with Anishinabek living in Sheshegwaning First Nation, Manitoulin Island, Ontario were analyzed. The interviews revealed the complex ways in which the land shapes health. In particular, they showed that the land is perceived to contribute to *mno bmaadis* by supporting physical, emotional, mental and spiritual health. The land contributes to physical health by providing individuals with the foods and medicines necessary to be well. The land supports spiritual health through various physical activities such as putting down tobacco, smudging, using traditional medicines and taking part in sweats. Finally, there are important mental and emotional healing benefits associated with the physical and spiritual aspects of hunting, trapping, fishing and harvesting food and medicines.

Chapter Five also revealed that the relationships Anishinabek have with *Shkagmik-Kwe* (Mother Earth) and its role in shaping health cannot be easily mapped because it is at once physical, spiritual and symbolic. These findings support recent

arguments in the Geography of Health literature, which argue that place must be viewed as more than just a physical location. However it takes us beyond these arguments by revealing the limitations of our own epistemologies and demonstrating the validity of other ways of knowing.

It could be argued that Chapter Six reverted to conventional approaches to place by exploring the ways in which the links between health and place are manifested geographically. While it did focus on the geographic dimensions of health and place, it did this in a way that incorporated cultural perspectives and made room for the existence of multiple geographies. This was done by examining the scaled dimensions within which links between health and place are realized. The chapter demonstrated that experiences of health in the context of relationships to the land are manifested within and across three geographies. The first is associated with relationships that manifest themselves across large scale, unbounded places, as denoted by Mother Earth in its entirety. These relationships take place mainly within a symbolic and spiritual realm. However, Anishinabek also have a need to physically and spiritually connect with the land and this takes place within smaller scale bounded places such as particular landscape features. On a small bounded scale, particular landscape features such as rocks, trees and the sweat lodge, provide individuals with direct links to the Creator, Mother Earth and spirits. Thus small bounded places are not only physical locations. They are also symbolic and spiritual representations of Anishinabek relationships to the land. These sites are contained within large scale bounded places such as the reserve and Manitoulin Island to which Anishinabek feel a strong sense of belonging to both the land and home.

Utilizing scale as a relational tool for understanding the ways in which the land

and health are connected allowed for the development of a more progressive sense of place (see Massey, 1993). Such a sense of place recognizes that places represent more than just physical locations bounded by geographic borders. Places also represent imagined and spiritual locations that cannot be contained by physical boundaries.

Given the increasing proportion of First Nations peoples residing in urban areas, Chapters Seven and Eight examined relationships to the land in the context of migration to cities. Both chapters analyzed interviews conducted with Anishinabek originally from Manitoulin Island who had migrated to three urban locations: Hamilton, Sudbury, and Toronto. The purpose of the interviews was to understand how migration shapes relationships to the land. As discussed in Chapter Seven, migration to cities does not result in the abandonment of cultural beliefs surrounding the land and its importance for health. The interviews revealed that relationships to the land are not cast aside with migration to urban areas. This is important because it demonstrates that that culture is fluid, adaptable and cannot be contained within geographic boundaries. Further, while urban environments pose challenges for Anishinabek who wish to maintain links to the land, it is possible to overcome these obstacles.

Chapter Eight examined the process through which Anishinabek negotiate the barriers posed by urban environments in order to sustain their spiritual relationships to the land, thereby maintaining the balance necessary for health. While Chapter Six revealed that experiences of health in relation to the land are multi-scaled, Chapter Eight demonstrated that so too are the strategies Anishinabek undertake to maintain links to the land while living in an urban environment. In particular, Chapter Eight focussed on three scaled strategies Anishinabek employ within urban settings: i) embracing pan-Indian

identities; ii) creating real and imagined spaces; and iii) returning home.

Embracing pan-Indian beliefs in the sanctity of Mother Earth is an important scaled strategy of negotiation for two reasons. First, since it is difficult for Anishinabek to maintain physical relationships they tend to emphasize their symbolic and spiritual relationships to the land. This does not always require physical access to the land. Second, embracing pan-Indian beliefs allows Anishinabek to renegotiate their identities from the local scale (e.g., home, Manitoulin Island) to the national scale.

Drawing upon the work of Soja (1996) and Rose (1993), this chapter demonstrated that it is possible for Anishinabek to create both real and imagined spaces of cultural safety in which they can express their physical, spiritual and symbolic relationships to the land. These spaces are not always physical and sometimes exist only within the minds of Anishinabek. Further, Anishinabek must continually struggle against neocolonial powers which attempt to limit Anishinabek to marginalized spaces within the city. While Anishinabek are able to create spaces of cultural safety for themselves, their reserves remain a focal point for their relationships to the land. The findings from this chapter are important because they challenge historical ideas concerning where First Nations peoples belong and where culture can exist. They disrupt and displace theories of First Nations' identity, which argue that cultural identity is cemented in particular locations (i.e., on reserves).

9.2 Discussion and Future Research Implications

This dissertation demonstrates the ways in which Anishinabek experiences of health, in the context of relationships to the land, suggest that there are limitations to the

current conceptualizations of health and place in the Geography of Health literature. It was the aim of this dissertation to contribute to geographic theory by engaging in current debates of place, space and health.

Recent discussions within the Geography of Health suggest that too often health research relies on conventional geometric perspectives of space and place while overlooking the meaning of place and how it shapes experiences of health. While more nuanced perspectives of place are required there is still much work that needs to be done. In particular, culture plays an important role in shaping the link between health and place, yet it is often neglected. Very few geographers have conducted research on Aboriginal health and what little research exists is limited by its failure to acknowledge the importance of culture for shaping experiences of health and place. However, it is not enough to make room for Aboriginal peoples within our research projects. Rather, as this thesis demonstrates, we must acknowledge the significance and validity of other, more specifically, indigenous ways of knowing. Anishinabe ways of knowing reveal the inadequacies of our own epistemologies surrounding health and place.

First, they demonstrate that place represents more than a physical location or a symbolic landscape. For Anishinabek the land is simultaneously physical, symbolic and spiritual and all of these elements are necessary for *mno bmaadis*. Second, these planes of existence reveal the multi-scaled ways in which the links between place (the land) and health are manifested geographically. Including other perspectives of health and place requires that we turn a critical gaze upon our own epistemologies by recognizing that they are partial.

While this research is important for revealing some of the intricacies of the

complex link between culture, health and place, it too is partial. The results of this research raise some interesting questions and indicate that to understand fully the dynamics of First Nations peoples' health in the context of culture further research is required.

First, statistical analyses of First Nations health are relevant areas of research and health surveys represent a convenient source of data for such examinations. However, as demonstrated in Chapter Three, the Aboriginal Peoples Survey did not prove to be an appropriate survey for examining health in the context of culture. This is because the APS is a survey of Aboriginal peoples but is not actually rooted in Aboriginal culture.

Corin (1994) argues that current epidemiologic and health research requires an improvement in both concepts and methods to capture adequately the cultural heterogeneity that exists in society. She argues that large-scale surveys must become culturally sensitive. One way of doing this is to have better planning in the initial stages of survey design. Corin (1994) suggests that conducting intensive consultations with the targeted population and open-ended interviews with key informants are necessary steps for drafting culturally appropriate questions. Gregory et al. (1992) used such an approach when conducting a community health needs assessment survey for the Gull Bay Band near Thunder Bay, Ontario. Noting a lack of appropriate community health assessment tools, they used information provided in key informant interviews to develop a community questionnaire.

One of the main problems with standard national level surveys is that they assume survey questions are appropriate for all members of a given ethnic group. This is the case with the Aboriginal Peoples Survey. A standard set of 173 questions was developed and

they were used for all Aboriginal peoples across the country (Canada, 1993). This type of surveying fails to acknowledge cultural diversity amongst Aboriginal peoples in Canada. Therefore smaller scale surveys designed in direct cooperation and consultation with First Nations communities are best suited for capturing cultural diversity amongst Aboriginal peoples. Recent work conducted by the Northern Health Research Unit (NHRU) at the University of Manitoba has demonstrated that culturally appropriate regional level surveys can be designed in cooperation with First Nations communities (see O'Neil et al., 1998). The NHRU developed a pre-health transfer questionnaire from the ground up hiring First Nations students to conduct exploratory interviews with key stakeholders in all 61 First Nations communities in the province of Manitoba. In addition to this, a Regional Steering Committee consisting of health directors from the various Tribal Councils reviewed all questions assessing their cultural appropriateness. This approach resulted in high response rates, high levels of community satisfaction and a useful database of information (O'Neil et al., 1998). Small-scale collaborative surveys are more appropriate for use with First Nations peoples given the strong desire for First Nations control over research and data.

Second, while the results from Chapter Three did not further our understandings of the link between culture, health and place they did reveal that income is a significant determinant of First Nations health. It is well documented that the socioeconomic conditions of First Nations peoples, especially those living on reserves, are very poor (Canada, 1997). The literature within anthropology and, to a lesser extent, geography has demonstrated the importance of developing culturally appropriate health and social services as one way of improving First Nations health (Borré, 1994; Waldram et al.

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1995; Waldram, 1990). While culture is a significant determinant of health, the medical literature has demonstrated that the lower socioeconomic status of First Nations people, as compared to the rest of the Canadian population, is the main contributor to their much lower levels of health (Young, 1994).

While conducting my doctoral research it became evident that First Nations communities on Manitoulin Island are looking for mechanisms to alleviate the poor economic conditions, that often exist within these communities, as a way of improving well being. This highlights the need to identify economic development initiatives for First Nations communities that will improve economic conditions. However, any economic initiative introduced into First Nation communities should also complement their existing beliefs and value systems (Feit, 1995; Wien, 1986).

Research within the Geography of Tourism has demonstrated the economic benefits of tourism as well as its positive impact on the well-being of local communities (see Hall and Page, 1991; Mitchell, 1984). Ecotourism may be an appropriate mechanism to use in First Nations communities since its tenets (e.g., landscape conservation, minimal negative ecological impacts) are consistent with beliefs regarding the sanctity of the land. Further as Young (1995, p.222) notes, tourism that focuses on both the environmental and cultural aspects of First Nations peoples can result in positive benefits. However, research tends to overlook the importance of examining the ways in which tourism can both enhance culture and foster economic development.

One future research possibility is to explore the extent to which the land can be used, in a sustainable manner, to improve the economic and social well-being of First Nations peoples. It is possible that the establishment of a successful ecotourism project

would contribute to the economic development of First Nations communities. The revenues created through ecotourism activities could increase employment, both directly (e.g., tour guides, nature interpreters) and indirectly (e.g., food, accommodation, retail), providing jobs for many residents (Young, 1995). Further, since research has shown that socioeconomic status is a main determinant of health, economic development could serve to improve the health and well being within First Nations communities.

Third, one area of inquiry that has not been addressed within this thesis is gender. The interviews I conducted revealed that men and women are believed to have different roles that stem mainly from their biological differences. According to Anishinabe spirituality, women are perceived to have a stronger connection to Mother Earth than men because of their reproductive abilities.

As noted in Chapter Five, issues of place and land(scape) are closely linked to ideas of nature. The relationship between gender and nature has been the subject of rigorous inquiry especially by feminist theorists. While feminist geographers have contributed a substantial amount to this body of literature (see Jacobs, 1994; Nash, 1996; Nesmith and Radcliffe, 1993), much of the writing on gender and nature has come from ecofeminism. Ecofeminist literature focuses on the close link between women and nature based on the ties of body, spirituality, fertility, and female reproduction (see Biehl, 1991; Ortner, 1974; Shiva, 1988). To understand fully experiences of health in relation to the land future research should focus on the role of gender in shaping relationships to the land and the implications this has for health. This could be done by examining the link between culture, gender and health within an ecofeminist framework that problematizes both the use of essentialized categories and the conflation of women with nature.

The significance of these issues for First Nations health are important areas of research and have yet to be explored. In addition, the findings from this dissertation have important implications and raise a number of questions regarding the status of First Nations people in Canadian society. First, given the increasing number of First Nations people living in cities, and their diversity, how can the existing health and social services system cope with increasing demand and adequately address differences between and across groups? Second, how will governments come to grips with self-government and the challenges it will pose regarding responsibility of service provision? Where does health care fit and who will be responsible for the financing and delivery of services? In particular, in urban settings where there exists an overlap between federal and provincial services how will responsibilities of First Nations be teased out? Finally, it is important to acknowledge that the nexus of First Nations health is also shaped by social, political and economic conditions. This raises specific challenges for improving well-being on both reserves and in urban areas.

There are no easy answers to these questions; however, it certainly indicates a need for further geographic research that emphasizes the important role of place for shaping experiences of health while acknowledging the significance of culture.

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APPENDIX 1

Rose (1995) suggests that identity refers to the ways in which individuals makes sense of themselves through lived experiences and feelings, which are embedded within social relations. As such identity (i.e., perceptions of individual and collective self) is socially constructed. As such, both individuals and groups construct their identities in relation to what they are not. As Hall notes, (1995, p.6) identities are:

> the positions, which the subject is obliged to take up while always 'knowing' that they are representations, that representation is always constructed across a 'lack', across a division, from the place of the Other, and thus can never be adequate – identical – to the subject processes which are invested in them.

Borrowing from Hall (1990), within this thesis, identity is presented as a process, as something that is continually being reconstituted. As Hall (1990) argues, it is important to recognize that cultural identities are constituted by more than just common histories or shared cultural codes. Rather, within the contemporary context, identity is as much about similarities as it is differences. As discussed above, colonial and neocolonial forces have continually impacted upon and altered relationships to the land. Since relationships to the land are an instrinsic part of First Nations identity, it stands to reason that identities also cannot be grounded solely in the past: "cultural identity is a matter of becoming as well as being: (Hall, 1990, p.225). It has and continues to be reshaped and reconstituted. This thesis demonstrates that individuals have both shared and distinct ideas of their own identities, which are expressed in a multitude of ways. It is therefore important to acknowledge the fluidity and multiplicity of these identities. There cannot be one true authentic First Nations identity.

As identity has come to be recognized as a social construction so too has 'culture'. Increasingly there has been a recognition that culture is much more than the material aspects of individuals and groups. Culture refers to systems of meaning and value that are continually reproduced: "maps of meaning through which the world is made intelligible" (Jackson, 1989, p.2). Culture has come to be regarded as unstable, unfixed and multiple (see Anderson and Gale, 1992; Mitchell, 1995). Within this thesis culture refers to the beliefs, values, practices and traditions of First Nations peoples as they are continually being reconstituted in the context of neocolonialism. Culture, in this sense, is a process that takes place within historical, geographical, political, economic, and social spheres. As Mitchell (1995, p.110) states, we must also think of the 'ideology of culture' as something strategic, which is deployed with purpose and intentionality.

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APPENDIX 2

Health Care Delivery on Manitoulin

Health care for the First Nations on Manitoulin is delivered via two governmental health initiatives: the Federal Indian Health Transfer Policy (1988) and the Aboriginal Healing and Wellness Strategy (1994).

The provision of health care services to Aboriginal peoples in Canada has been a source of continuous debate between the federal government, provincial governments and Aboriginal peoples. Aboriginal peoples in Canada claim that their inherent rights to health care are derived from the treaties and therefore the federal government has a legal obligation to provide services.[1] On the other hand, the federal government has claimed that it has no legal responsibilities but provides health services to Registered Indians as a matter of custom and policy. Further, as Nosé (1998) notes, differing interpretations over the Constitution Act of 1867 between the Federal and Provincial governments has led to further disputes regarding the delivery of health care services to Aboriginal peoples.[2] The federal government provides health care to the Inuit and Registered Indians living on-reserve through the Medical Services Branch (MSB) of Health Canada.[3] MSB oversees the operation of three programs. The delivery of health services are managed through regional offices, zone offices and a network of hospitals, nursing stations, health centres and various other health facilities, many of which are situated in remote and isolated locations.

The Non-Insured Health Benefits Program (NIHB) provides a range of goods and services to Registered Indians and the Inuit, which normally are not covered by provincial health insurance plans. Non-insured health benefits include prescription drugs, dental care, eyeglasses, medical supplies and medical equipment and transportation to access medical services. Until recently MSB was responsible for the administration and control of health care services. However, in 1986 the MSB announced the development of the Federal Indian Health Transfer Policy (FIHTP). As a framework for self-determination in health, under the FIHTP, administrative control of Federal health services is transferred to bands south of the 60th parallel.

The FIHTP is divided into three stages. During the 'pre-transfer' phase, First Nations are provided with the funding necessary to conduct health-care needs assessments in order to develop community health plans. In 1993, pre-health transfer assessments were carried out through the UCCM tribal council. Following the development of a health care plan, UCCM entered into the 'negotiation' stage in which

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[1] The interpretation of health care responsibilities within the treaties is the main source of debate. Treaty 6, signed with the Plains and Wood Cree at Fort Carlton and Fort Pitt in 1876, is the only treaty to specifically mention medical care. The treaty contains two clauses which state that assistance will be provided in the case of pestilence or famine and that a medicine chest would be kept at the house of each Indian agent (Kuhlen, 1985).

[2] Section 91(24) states that the federal government is responsible for "Indians (sic), and lands reserved for Indians", while Section 92 states that establishing and delivering human services is a provincial responsibility.

[3] This branch was renamed the First Nations and Inuit Health Branch (FNIHB) on July 1, 2000.

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their health care plan was accepted by MSB. In the final stage a 'Memorandum of Understanding' was produced, which outlined the negotiation process leading up to a Transfer Agreement. The Program Policy, Transfer Secretariat and Planning (PPTSP) directorate of MSB oversees the transfer of authority for community-based health programs and services to First Nations and Inuit control. In February 1996, UCCM signed a health transfer agreement with MSB, resulting in the creation UCCM Mnaamodzawin Health Services. The FIHTP allows for administrative control for community health services such as nursing, community health representatives (CHRs), mental health, nutritionists but excludes programs covered under the non-insured health benefits (Health and Welfare Canada, 1990).

Historically, provincial responsibility for Aboriginal health care was mainly limited to off-reserve, non-status Indians and the Métis. However, following consultations with Aboriginal organizations across Ontario, in 1994, the provincial government of Ontario announced the establishment of the Aboriginal Healing and Wellness Strategy (AHWS). The strategy was implemented to address two inter-related issues: the immediate and long-term effects of family violence prevalent in First Nations communities, and a framework to improve Aboriginal health status through equitable access to health care, providing culturally appropriate services, and support for programs (Ontario, 1994a). Implementation of the strategy began in the 1994-95 fiscal year when the government of Ontario signed 13 Implementation Agreements with representatives from Aboriginal organizations and the Chiefs of independent First Nations. The AHWS was developed as a five-year, 49 million-dollar program that funds three types of initiatives:

1) Specific Allocations such as; community prevention and health promotion workers, crisis intervention teams and workers, health outreach workers and health liaison workers;

2) Specialized Products such as; healing lodges and treatment centres, shelters, Aboriginal health planning authorities, maternal and child centres, community health access centres, outpatient hostels, translators, and patient advocate programs;

3) Community Support Funding Programs such as community annualized grants, one-time community grants and one-time training grants - to support healing and wellness, prevent family violence, and promote good health in Aboriginal communities. These funds are available to First Nations, Aboriginal agencies, urban and rural Aboriginal communities, women's groups and Métis communities through annual calls for proposals (source). Since February 1995, the program has supported 470 community-based initiatives.

Unlike the MSB, which only offers services to registered Indians and Inuit, the services delivered through the AHWS are available to all First Nations peoples (status and non-status living both on and off-reserve). Under the AHWS, Noojmowin Teg Health Access Centre was established on Manitoulin Island in 1997. This centre serves all First Nations peoples both on and off-reserve within the district of Manitoulin Island. The purpose of Noojmowin Teg, similar to other health access centres, is to provide culturally sensitive health care through a multi-disciplinary team of doctors, nurses and traditional

healers. For example, a traditional healing room was built within the centre of Noojmowin Teg, which symbolizes the integration of traditional and 'western' medicine.[4]

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[4] I was fortunate to have been able to attend the grand opening of Noojmowin Teg in the spring of 1999. It was obvious that it is a source of pride for all First Nations communities.

Proposal Presented to Meetings of CHRs

My name is Kathleen Wilson and I am in the second year of a Ph.D. program in the department of Geography at Queen's University in Kingston, Ontario. My area of research is within the sub-discipline of the Geography of Health and Health Care. For my research I would like to work with a First Nations community to explore their needs surrounding various aspects of health and the delivery of health care services. In conjunction with a community, I would like to develop a community needs assessment survey surrounding various aspects of health and the delivery of health care services. Working with the community we could develop the specific questions to be asked in the survey which could explore such issues as;

- determinants of health
- health care utilization (types of services used and how often)
- opinions regarding the type of health care services and programs delivered within the community
- health care needs and future health priorities within the community
- how to deliver culturally appropriate services.

I could be responsible for conducting, analyzing and writing written reports based on the community needs assessment.

The main focus of my thesis is to explore cultural components of First Nations health, in particular, the importance of relationships with the land for health and healing. While the survey could provide the context for this research, I would also like to conduct in-depth interviews with community. To fully explore issues relating to the land and health, I propose to interview 20 men and women. At all times I want the community to be active participants in the design and development of this research. Each participant will be asked to sign a consent form which will indicate that their participation in this research is voluntary and that they may withdraw from the study at any point in time. Further, I will ensure that the identity of each participant as well as the community will remain anonymous and that any information provided will remain confidential and will not be made accessible to other researchers. I propose to begin this research in September and estimate that it would take approximately three months to complete. However, I am very flexible concerning the commencement and duration of this project.

I feel that a community could benefit in a number of ways by participating in this research. First, the needs assessment survey will allow us to identify the specific health care needs of the community. Based on this information, steps could be taken to develop health services which are better suited to those needs. Second, by identifying specific determinants of health, prevention programs could be implemented which would aid in taking steps towards promoting healing and preventing illness. Third, this would give the community the opportunity to have input into the type of services they receive, how and where they are delivered. In turn, both the survey results and the information collected in the in-depth interviews could lead to the development of health care services which integrate both traditional and Western medicine. This may be an important way of

developing a health care system that is more culturally aware, responsive and suited to First Nations health needs.

There are a number of different services that I could provide to the community during the course of this research. First, within six months to one year of completing the interview I would provide the community with one or two written reports based on the research. Second, I could present the results to the community, participate in discussions, as well as question and answer sessions. Third, it has been argued that the lower levels of health experienced by Aboriginal Canadians are, in part, a direct result of the type of care received. Since the health care provided often does not acknowledge the importance of the land, culture and traditional practices, it can be deemed culturally inappropriate in the context of healing. Therefore, I could write reports designed for health policy makers which demonstrate the importance of delivering culturally appropriate health care services on both reserves and in urban areas. Fourth, I am also able to provide volunteer work (which may or may not be related to this research) and use other skills (quantitative research) which I would be more than willing to use in any way the community wishes.

The results from this research might be helpful in taking significant steps toward healing. For example, the information acquired through this research may be used to educate both the Federal and Provincial governments, as well as health care workers about First Nations health issues.

APPENDIX 4

Additional Information on Participants from Sheshegwaning

Allan was born in Sheshegwaning. During his twenties he moved to Toronto to seek employment. He lived in Toronto as well as cities in the United States for approximately 28 years before returning to Sheshegwaning. He came back to Sheshegwaning to try to improve conditions and served as a member of Chief and Council for approximately 10 years. At present he is employed part-time by another First Nations' band. He is also involved with an Anishinabek drum group that drums at ceremonies and Pow Wows.

Catherine was born in Sheshegwaning and moved to a city in Southern Ontario when she was a teenager. She attended school and then worked full-time. She married and had two children while living away from home. When her children were still young she decided to return to Sheshegwaning because she was afraid that they were not learning anything about their culture while they were living in the city. She has been back in Sheshegwaning for approximately 10 years. She is currently employed part-time and is employed by another First Nations' band.

Helen is an elder in Sheshegwaning. She and her husband were both born in Sheshegwaning and they have raised her entire family in that community. While many of her children have moved to different cities in Ontario, four still remain on Manitoulin Island.

Jean is an elder in Sheshegwaning. She left the community as a teenager to seek an education and to work but returned after twenty years with her two children. She brought them back to the community while they were young in the hopes that they would live their culture on a daily basis. At present, Jean works part-time outside of the community. She has a great deal of knowledge of medicines and teachings, which she learned from her own mother who was also an elder within the community. Jean is often invited to other First Nations to run ceremonies such as the sunrise ceremony and the full moon ceremony.

Joanne grew up in the United States and moved to Sheshegwaning, her mother's place of birth, with her mother and three siblings during her teenage years. She is currently single and is employed full-time at the community health centre. At present she is taking courses part-time through the Anishinabek Educational Institute.

John was born in Sheshegwaning but moved to the United States to seek employment. He spent over 15 years living away from home but eventually did return. He is currently unemployed and has children but they do not reside in the community. Both of John's parents were born in Sheshegwaning.

Kate was born in Sheshegwaning. After completing high school she left the community to pursue further educational training. She moved back to the community and is now

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employed part-time as a language instructor in the community school. She is married and has two children.

Lynda was born in Sheshegwaning and her maternal family is originally from there. Her father's family is from Wikwemikong Unceded First Nation. She and her four siblings were raised in Sheshegwaning. During her early 20s Lynda moved to Toronto where she went to school and then worked in the fashion industry for many years. She moved back to Sheshegwaning after approximately 10 years of living in urban areas. She is currently unemployed but makes leather clothing, bead work and crafts to sell. Since she returned to Sheshegwaning approximately 5 years ago, Lynda has embarked on a journey to re-learn Anishinabe spirituality.

Matt was born in Sheshegwaning and both of his parents are elders in the community. He has two siblings that also live in the community. He is a member of the Chief and Council and he works full-time in the band-office. Matt played an instrumental role in acquiring the funds to re-build the sugar bush.

Michael is an elder in Sheshegwaning. At present he works part-time and supplements this work with trapping. He quit school at an early age and has spent a great deal of his life working in the bush. Michael's father is from Sheshegwaning and his mother came from Wikwemikong.

Nicole was born in Sheshegwaning and is presently attending school in Sudbury. She lives in the community for four months every summer and works part-time for the band office until school resumes in September. Nicole is an active participant in Pow Wows and travels all year competing in different Pow Wows.

Patricia was born in Sheshegwaning and has four other siblings who also live there. Her mother is from Sheshegwaning and her father came from Wikwemikong. She is married and has three children. She received her education through the Anishinabek Educational Institute and is employed full-time by the band office. Patricia has always lived in Sheshegwaning.

Ryan was born in Sheshegwaning and has lived there his entire life. He is presently unemployed. He holds a very important role in the community as a pipe carrier. As a pipe carrier he is responsible for facilitating and organizing ceremonies with a traditional healer. He conducts ceremonies like the sunrise ceremony.

Sandra was born in a city in Southern Ontario and moved to Sheshegwaning during her early teenage years. Sheshegwaning First Nation is where her maternal family is from. Sandra's mom is an elder in the community and her grandmother was a well-respected elder who was a teacher to many. Sandra is currently employed full-time at the community health centre in Sheshegwaning and has recently graduated from the Anishinabek Educational Institute.

APPENDIX 5

Statement of Consent Provided to Participants

Name: _____

Date of Interview: _____

I, the undersigned agree to participate in the research conducted by Kathleen Wilson for the purpose of her Ph.D. thesis which examines relationships with the land and health. I understand that my community has granted approval for this research but that it is my choice as to whether I participate.

I acknowledge that my participation in this research in voluntary and that Kathleen ensures complete confidentiality and will protect the identity of individual participants, unless I grant permission in writing according to the attached statement. It is my understanding that this interview is being recorded and transcribed and that no individual other than Kathleen shall have access to the recording or transcripts. Furthermore, I can withdraw my participation at any time during the duration of this research project and have any information associated with my participation removed from the project.

If I have any concerns with the project or my participation I may contact either the researcher's supervisor, Dr. Evelyn Peters at (613) 545-6420 or the Head of the Geography Department at Queen's University at Kingston, Dr. Anne Godlewska at (613)-545-2903.

Participant's Signature: _____   Date: _____

Researcher's Signature: _____   Date: _____

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Specific Agreements

I grant Kathleen Wilson permission to record this interview on a tape recorder:

YES ___   NO _____

I grant Kathleen Wilson permission to use direct quotations from this interview:

YES ___   NO _____

Participant's Signature: _____   Date: _____

Researcher's Signature: _____   Date: _____

APPENDIX 6

Thematic Areas Covered in Interviews

Background Information

- Were you born here?
- No - When did you move here?
- Yes – Have you always lived here?
- Where is your family from?
- Do you have family members living here?

Understanding the Land

- Could you describe your relationship to the land?
- What is the land?
- What does it mean to you?
- Why is the land important to you?
- Do you think that the way Anishinabek view the land is different from the way that non-Aboriginal people view the land?

Roles

- How do you show respect to Mother Earth?
- Why is this important?

Understanding How Anishinabek Connect to Mother Earth

- Could you describe your relationship to Mother Earth?
- How do you connect with Mother Earth?
- Do you hunt/fish?
- Do you gather/harvest medicines?
- Do you offer tobacco?
- Do you communicate with spirits?
- Where do you connect with Mother Earth?
- Why do you do these things? How often?
- Where do you do these things?
- Do you participate in ceremonies? Which ones? Why are they important?
- Do you ever encounter difficulties connecting to Mother Earth?

- When you connect with Mother Earth do you speak in Ojibway?
- Why is language important for a connection to Mother Earth?

Understanding Relationships to the Land in a Neocolonial Context

- Growing up did you always have a connection to Mother Earth?
- How did you learn about the importance of Mother Earth?
- Who taught you about Mother Earth?
- When did you start to receive teachings?
- Why did you search for these things?
- What did you learn?

Geography of Relationships to the Land

- Are there places that are important to you? Why are they special?
- Are there special/sacred places that are important to Anishinabek?
- What makes them special?
- Where do you feel your strongest connection to the land?
- Are there places where you go when you want to connect with Mother Earth?
- Why do you go there?

- What do you like/dislike about living on Sheshegwaning?
- What do you like/dislike about living on Manitoulin Island?

Anishinabek conceptions of Health and Illness

- What does health mean to you? What is *mno bmaadis*?
- How do you maintain balance?
- Is it easy to maintain balance?
- Do you feel balanced? Why/Why not?
- Are there places that help you to stay balanced?
- How does Mother Earth keep you balanced?
- Does living in Sheshegwaning help you to maintain balance?
- Does living on Manitoulin Island help you to maintain balance?

- Do you use traditional medicines?
- When would you use them?
- Where do you get them from?
- Do you ever see a traditional healer?
- Why?
- How often?
- Do you ever use western medicine?

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- When do you use it?
- What causes someone to become unbalanced?
- Can the land ever make you sick?
- Are there places that make you sick?
- Is there such a thing as bad medicine?

- Are there healing ceremonies that involve the land?
- What are those ceremonies?
- Do you participate in them?
- Do ceremonies take place here? Why/Why not?
- How often?

Additional Thematic Areas Covered in Interviews with Urban Anishinabek

Background Information
- Where were you born?
- Where is your family from?
- How long have you lived here?
- Why did you leave your reserve?
- Have you lived in any other cities?
- What do you like/dislike about living here?
- What do you like/dislike about your reserve?
- What do you like/dislike about Manitoulin Island?

Urban Experiences
- What was it like when you first moved away from home?
- What were some of the difficulties that you faced?
- How did you cope with these problems?
- Did you move alone?
- Did you know anyone else living here?

Connections to the Land in Urban Settings
- Did you find it difficult to maintain a connection to the land when you moved here?
- What made it difficult?
- How did you deal with these problems?
- What made it easy? Why?
- Could you describe your relationship to Mother Earth?
- Did it change in any way when you moved to the city?
- How did it change?

- Do you have access to the land here?
- Where?
- Are there certain ceremonies/activities that you never do in the city?
- Where do you do these things?

- Are there particular places in the city where you feel strong attachments to the land?
- Where are these places?
- How did you find them?
  What do you do there?

- Are there places where you cannot connect to the land?
- Why not?

- Do you travel back home?
- How often do you go home?
- Why do you return?

Health

- How do you maintain balance when living in the city?
- What do you need to be balanced?

- How do you feel when you cannot connect to the land?
- Do you have access to traditional medicines and healing ceremonies?
- Where do you get your medicines from?

- Do you hunt/fish/gather medicines/smudge/sweat?
- Where do you do these things?
- Is it easy to do these things?
- How do you feel when you cannot do these things?

- Do you use any services provided by Aboriginal organizations?
- Which ones? Why?

- Do you ever visit the health centre?
- What things do they offer you?

- How can your health be improved?
- Are your needs being met?

APPENDIX 8

Background Information on Urban Anishinabek

Carrie was born and raised on Wikwemikong Unceded First Nation and is presently living in Hamilton. She was educated in a Catholic school on her reserve, which was run by the Jesuit mission. It was at school that she learned to speak English. She told me that while traditions and ceremonies were not explicitly discussed in her home and she was never taught about these things, her parents and grandparents did offer tobacco and smudged. Carrie left Wikwemikong when she was 17 years old and initially moved to Toronto. She worked as a nanny for a short period of time. After that, she attended hairdressing school and worked as a hairdresser for almost 15 years. She has been living away from home for 35 years and the last 19 years she has spent working for Friendship Centres and other Aboriginal organizations.

Clare is originally from Wauwauskinga First Nation, however, she has been living in Sudbury for the past nine years. Both she and her husband migrated together to Sudbury to find employment. They are both employed part-time. She states that she was not raised in traditional ways and therefore now does not participate in spiritual ceremonies. Clare told me that perhaps once her children are older, she will make time to learn about Anishinabe culture.

Dan is from Wikwemikong Unceded First Nation. He moved to Sudbury 25 years ago to try to find employment. Dan is currently unemployed and finds it difficult to make ends meet. He describes cities as being very expensive. Both of his parents attended residential school and therefore he was not taught Anishinabe spirituality. However, he did seek out support from the Friendship Centre in Sudbury and through the Centre he began attending teachings, circles and sweat lodges. He told me that he does not find it difficult to express his spirituality in Sudbury. Dan did tell me, however, that he wants to move back home to Wikwemikong. His father has land in the bush and he wants to build a home there for himself.

Henry was born in Wikwemikong Unceded First Nation and moved to Hamilton almost two years ago. He moved with his wife Stacey in order to find employment. He does not consider himself to be traditional. Henry told me that he has no knowledge of medicines, does not dance at Pow Wows and has only attended a sweat lodge once.

Hilary is from M'Chigeeng First Nation. She moved to Toronto 10 years ago to further her education. She currently works for an Aboriginal organization. Hilary was raised in a Catholic home and therefore did not grow up learning about Anishinabe ways. She moved to Toronto with her brother, which she states made adjustment easier because she was not alone. Her brother, upon moving to Toronto, began to seek out teachings. He attended circles and teachings and then asked Hilary to accompany him. At the time Hilary moved to Toronto she was a practicing Catholic but once her brother introduced her to Anishinabe teachings she stopped attending church services. She told me that before this she felt like there was something missing in her life. Hilary says that while it

is hard to maintain connection to the land while living in the city there are many resources in the city that Anishinabek can utilized. She also feels that working for an Aboriginal organization makes a difference. Her work place allows for cultural leave, they smudge daily in the office and they provide opportunities for staff members to end sweats, teachings and conferences.

Janet was born in Sheshegwaning First Nation. She grew up in a home were she was not explicitly taught Anishinabek culture but she recalls watching her mother and grandmother prepare medicines and pick sweetgrass. Only Ojibway was spoken in her home, however, Janet finds it difficult to speak Ojibway since she left home. She moved from her reserve when she was nineteen years old and has been living in Sudbury for approximately ten years. Janet told me that she left home because there were not any employment or educational opportunities available to her on Manitoulin Island. Once she arrived in Sudbury, she attended college and has worked for a variety of employers such as, the Friendship Centre and the Ministry of Natural Resources. Janet is currently employed by an Aboriginal organization.

Janice was born in Toronto but her family moved back to her father's place of birth, Wauwauskinga First Nation, when she was only two years old. She stayed in Wauwauskinga until she was nineteen years old and then moved to Sudbury to further her education. She has been living in Sudbury for almost 30 years. She described the transition to urban life as being very difficult: "It was hard. I didn't have a clue how to do anything and I mean anything, flush a toilet, lock a door...the basic life skills. It was a little overwhelming. It was isolating for me." She described the way of life on the reserve as being much different than in the city. Her family spent their winters in the bush and they lived off the land. Janice told me that spirituality play an important role in your life while she growing up. While she was raised in a Catholic home, her family did sweetgrass and offered tobacco. Janice was also isolated during her first cycle. Within the city Janice offers tobacco and participates in a women's drum group. However, she goes home for traditional healing as that is where she feels most comfortable. She told me that she has a strong rapport with elders back home and therefore goes to them if she needs medicine or a sweat. Janice currently works for an Aboriginal organization.

Jennifer was born in Wikwemikong Unceded First Nation. She moved to Sudbury approximately 20 years ago. Jennifer is an 'urban elder' and works for one of the Aboriginal organizations in Sudbury. As an elder she believes that her role is outreach. She told me that she is there to teach people, to lead healing and talking circles, and to prepare Anishinabe youth for their first sweat. Jennifer combines Anishinabek spirituality with Catholic spirituality. She told me that each morning when she gets up she smudges and then she attends noon mass. She is also involved in a women's drum group.

Jim is from Wikwemikong Unceded First Nation but has spent most of his life living in Toronto. Jim, unlike the other urban Anishinabek who I interviewed, did not choose to migrate from his reserve to Toronto. He moved there with his mother and siblings at a very young age. He told me that growing up he suffered from an identity crisis. His step-father is non-Aboriginal and did not allow Anishinabek spirituality to be practiced in his home. Jim told me that he always felt there was something missing in his life. He spent is summers living with his grandparents on the reserve and they would give him teachings. However, when he returned to Toronto at the end of the summer he could not use those teachings. He told me that his youth was not filled with happy memories and he turned to alcohol and drugs to relieve his pain. Jim overcame alcoholism and drug addiction through the help of an Aboriginal outreach program. Through the program he began to learn about Anishinabe spirituality and who he was. Jim told me that he feels safe and empowered when interacting with the Native community in Toronto. However, when he 'steps out' of the community he feels disconnected from his identity. When this occurs, he returns to Wikwemikong. He smudges daily and attends ceremonies and teachings if they do not conflict with his school schedule.

Lindsay is from Wikwemikong Unceded First Nation. She first moved away from home when she was 16 years old and has been living in various cities for the last ten years. Lindsay moved to Sudbury two years ago and is currently attending school and working part-time. She is married and has one child. She attends ceremonies in Sudbury and smudges everyday with her husband. She picks medicines for the Health Centre and also returns to Wikwemikong to pick medicines with her father. Lindsay learned about medicines at an early age and picks her own when she is feeling ill. Lindsay travels home almost every other weekend to spend time with her father and because that is where she feels the strongest connection to Mother Earth. She told me that she was raised traditionally and grew up in an environment in which food was gathered from the land, tobacco was offered to the spirits and respect for Mother Earth was important. She is teaching her daughter these same beliefs and values.

Lisa was born in Sudbury but when she was three years old her family moved back to Wikwemikong Unceded First Nation where her father was born. Her family moved back and forth between Wikwemikong and Sudbury for a number of years until her parents moved permanently to Wikwemikong when Lisa was thirteen years old. In describing her childhood, Lisa explained that while her mother was a 'strict Catholic', her father often gave both she and her brother traditional teachings. She remembers her grandfather teaching her about the maple bush and spending time at the maple camp each her. She told me that those teachings were a part of her spirituality even though they were presented as a way of living. Lisa moved away from home after high school to further her education. She is married and has one child. While she has been living in Sudbury for approximately one year, she has lived in a variety of cities in Southern, Northern and Eastern Ontario. Lisa told me that after her daughter was born she made a concerted effort to embrace her spirituality. She attends teachings and circles and smudges every day. Lisa wants her daughter to grow up in a home environment where her Anishinabe spirituality is celebrated.

Louise was born in Sheshegwaning First Nation and left there almost 30 years ago to seek employment. Louise found adjusting to city life to be quite difficult: "It was hard when I left because I had to learn the basics like even using a phone". Louise initially moved to Toronto but has lived in Vancouver, Thunder Bay and is now currently living in Sudbury. She told me that growing up, she and her siblings, always spent time on the land and never spoke English in their home. Despite this, Louise told me that she lost her language when she moved away from home because she did not use it. However, when she moved to Sudbury the area schools required Ojibway language teachers. Louise attended language school in Thunder Bay and now teaches Anishinabek children the Ojibway language. Louise is married, has two children and six siblings living in the vicinity of Sudbury.

Marianne's family is from Wauwauskinga First Nation. She was born and raised in Toronto but told me that growing up her summers were spent on the reserve and that she returns home regularly. Marianne states that she has very strong ties to Manitoulin because she has family living there and it is a part of her history. Marianne is married and told me that while her children were growing up they spent weekends and summers on the reserve and she now takes her grandchildren there. She refers to herself as being an enigma (i.e., she grew up in a non-Native environment yet has very strong ties to her Anishinabe culture). Marianne smudges every day and is heavily involved with the urban Aboriginal community in Toronto. She works for a non-profit Aboriginal organization, serves as an Aboriginal representative on various committees and organizes a number of traditional ceremonies for the Aboriginal community each year.

Marion was born in Sheshegwaning First Nation and left home in 1976 to attend school. She found it very lonely when she first moved to Sudbury but she had a sister living there who kept her company. Marion told me that while she was not explicitly taught Anishinabek culture, it was a way of life in her family. Growing up she watched her parents smudge, offered tobacco to the spirits and helped them pick sweetgrass. Marion has one child and is separated from her husband. Marion told me that during the custody trial for her daughter, an elder gave her medicines to carry with her in court. She believes that the medicines helped her to remain strong. Marion works full-time but does make time for Pow Wows and sweat lodges, even if it means she must travel back home. She smudges everyday and carries her medicines with her for strength and healing.

Stacey was born and raised in Hamilton but moved to Wikwemikong Unceded First Nation, her mother's birthplace, when she was eighteen. She describes her upbringing as 'untraditional' and does not currently participate in sweat lodges, offering tobacco and other Anishinabek ceremonies. She told me that she is not a very spiritual person and that Anishinabek spirituality is not important to her. Stacey recently moved back to Hamilton with her husband to find employment.

Sue is originally from Wikwemikong Unceded First Nation. She moved to Sudbury eighteen years ago to further her education and remained there after she found employment. Sue was raised by her grandparents is what she describes as a very poor family in which everything came from the land. She told me that growing up spirituality

was not taught and that she does not consciously think about her relationship to the land. She told me that while all of their food did come from the land, she and her siblings did not receive teachings about the importance of Mother Earth. Sue tried to participate in cultural ceremonies and teachings when she first moved to Sudbury but she encountered some difficulties and has not tried sought out her Anishinabek culture since. For example, when she attended her first sweat lodge she was confused and was not sure what to expect. She told me that during the sweat people kept correcting her making it an unpleasant experience. Sue was brought up in the Catholic faith and that is where she feels most comfortable: "I grew up with Catholic influences and I like that. It works for me. That is how we were raised. That is tradition for me. I don't practice it a lot but when I do pray I like beads...you know holding a rosary in my hand. That is how I feel comfortable".

Vic was born in Wikwemikong Unceded First Nation. He describes his upbringing as traditional. He told me that his grandparents taught him about medicines and Anishinabe ways. He grew up spending time on the land and continues to do this today. He left his reserve 11 years ago and initially moved to Toronto. Vic found it very difficult to live in Toronto because there was little access to the bush. After eight months he moved to Sudbury so he could be closer to the land. He enjoys living in Sudbury because it is close to Manitoulin Island. During hunting season he travels home every weekend and during the winter months he ice fishes. Vic told me that he provides for his family through hunting and fishing and that they rarely purchase meat from the grocery store. Vic told me that if he ever lost his ability to be out in the bush with nature, he would not want to live.