

Constructing an Indigenous Model of the Self to Address Cultural and Mental Health Issues in the Canadian Subarctic¹

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Abstract

Since the last decades, academic research has paid much attention to the phenomenon of revitalizing indigenous cultures and, more precisely, the use of traditional indigenous healing methods both to deal with individuals' mental health problems and with broader cultural issues. The re-evaluation of traditional indigenous healing practices as a mode of psychotherapeutic treatment has been perhaps one of the most interesting sociocultural processes in the postmodern era. In this regard, incorporating indigenous forms of healing in a contemporary framework of indigenous mental health treatment should be interpreted not simply as an alternative therapeutic response to the clinical context of Western psychiatry, but also constitutes a political response on the part of ethno-cultural groups that have been stereotyped as socially inferior and culturally backward. As a result, a postmodern form of "traditional healing" developed with various forms of knowledge, rites and the social uses of medicinal plants, has been set in motion on many Canadian indigenous reserves over the last two decades.

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Introduction

Since the last decades, academic research has paid much attention to the phenomenon of revitalizing indigenous cultures and, more precisely, to the use of traditional indigenous healing methods both on individual and social levels. At the same time, contemporary indigenous sociocultural movements are acting in terms of political activism in hopes of healing colonial wounds to the national narratives of oppressed peoples. The colonization of North America by European people continues to be the most powerful symbolic marker for the modern construction of indigenous identity. Colonialism offers indigenous societies a symbolic reference point for distinguishing an arcadian era, when indigenous societies lived without today's traumas, difficult living conditions, and intergroup conflicts, to a later era characterized by anomy, stress, violence, social disorganization, and mental illness (Brass, 2008; Waldram, 2004; Bruner, 1986). In practice, contemporary salvation discourse functions as a healing drama for producing a symbolic and spiritual kinship in the recovery from mental health problems that afflict indigenous peoples world-wide. For authors such as Kuper (2005) and Sahlins (1993), the distinguishing feature of this contemporary social phenomenon is the affirmation of indigenous peoples' own ways of life as superior in value, and political rights precisely opposed to a globalized materialistic civilization. More than an expression of ethnic identity, this postmodern cultural consciousness of recovering traditional bodies of knowledge assumes the intention of devalued social groups to control their relationships with dominant societies, including control of technical and political media which until now have been used to victimize them. Sahlins, who calls this phenomenon "Culturalism," has argued that we are witnessing a spontaneous world-wide movement of disobedience and cultural defiance, of which the full meaning and historical effects are yet to be determined. Various sociocultural studies have taken account of this phenomenon over recent decades, including the cases of the Baruya of New Guinea (Godelier, 1991), the Kayapo of Brazil's tropical rainforest

(Turner, 1991), the Tukanoans in Colombia (Jackson, 1995), the Mi'kmaq in Canada, and the Apaches in the U.S.A. (Prins, 1997).

Empirical studies, most recently centred on North American indigenous reserves, have documented how the social uses of various bodies of knowledge, rites, and medicinal plants are being used as psychotherapeutic treatments alternative to the hegemonic context of biomedicine. This field of research is very promising, and consequently a line of research has emerged with the intent to explore the intersection between psychotherapeutic discourses and the fight for indigenous regeneration and community healing in various Canadian and American settings (WalDRAM, 1997; O'Neil, 1998; Adelson, 2004; Berman, 2003; Fast, 2002; Pickering, 2000; Warry, 1998; Brass, 2008; GrobSmith, 1994). Further, the revaluing of traditional indigenous healing practices as means of psychotherapeutic treatment for the construction of an indigenous self has been perhaps one of the most interesting sociocultural processes in the postmodern era.

For this paper we draw upon cultural models theory from cognitive anthropology, socio-linguistics, and sociology to examine how specific schemata are learned and internalized among initiated into the neo-traditional social movement known in Canada as the indigenous healing movement. This theoretical framework is based on the view that culture is best viewed as internalized knowledge structures that are shared by particular groups, and that play a key role in informing behavior (Strauss and Quinn, 1997; Shore, 1996; D'Andrade, 1995; D'Andrade and Strauss, 1992; Holland and Quinn, 1987). In our view, cultural models are comprised of both mental representations as well as overt behaviors.

Indigenous Social Movements and Mental Health in Canada

Over decades, social and epidemiological experience on Canadian indigenous reserves² has been characterized by high rates of psychosocial and mental health problems such as addictions, depression, suicide,

² With the approval of the Indian Act of 1876, indigenous peoples were declared to be the responsibility of the Canadian state (Yahn, 2009). Settling indigenous peoples took place by applying the so-called "reserve system," a new social organization system the purpose of which was to bring about the assimilation of indigenous peoples. The reserve system was the legal instrument for judicial regulation of the social, economic and political lives of indigenous peoples living in Canada.

domestic violence, parental neglect, and sexual abuse;³ this situation has generated a type of cultural awareness elaborated within the neo-animist, neo-traditional social movement known in Canada as “the indigenous healing movement” (Tanner, 2008). The historical development of this pan-indigenous spiritual regeneration movement coincides with the emergence of the civil rights movement in the U.S.A. and Canada during the 1960’s. The American Indian Movement in the U.S.A. and the National Indian Brotherhood in Canada represent the countercultural current known as “Red Power,” and established the foundation for the pan-indigenous spiritual regeneration movement. Since the 1980s, and particularly during the 1990s, this movement has spread the idea that traditional animistic culture is the only way of healing and overcoming social pathologies and mental afflictions for indigenous peoples (Brady, 1995). This pan-indigenous social movement is still expanding in local cultural settings throughout Canada. Observed in the contexts of reserves as well as in urban centres, the indigenous healing movement relies on rituals, discursive sources and indigenous cultural imaginaries to configure a supra-tribal ideology that crosses cultural borders to unite indigenous groups in a regional, or more broadly national, identity (Kirmayer and Valaskakis, 2008; Tanner, 2008). The cultural imaginary of this pan-indigenous ideology comes from the indigenous cultures of Canada’s central provinces, and is expanding to other communities throughout the country. Pan-indigenous ideology draws attention to concepts of healing and abstract symbolic references to the medicine Wheel, sacred fire, sacred medicines, sacred teachings or grandfathers (Brass, 2008; Tanner, 2008).

This neo-traditional animism that inspires the healing movement could be considered as a reformulation or cultural revision at the moment of the transmission of ancestral and traditional knowledge to confront the social problems caused by successive epidemics of mental illness. To relearn and to revitalize animist and spiritual ontologies are the ways that contemporary indigenous communities use to attain a satisfactory social

³ Today, indigenous peoples in Canada continue to have the worst mental health outcomes in comparison to the rest of the ethnic groups that make up Canadian society. (Virchez & Faucheux, 2012; Chiefs of Ontario, 2010; King et al., 2009; Kirmayer & Valaskakis, 2008; Health Canada, 2008; Waldram et al., 2006; Jones, 2004; Quintero, 2002; Dyck & Waldram, 1993).

and psychological life which empowers them to challenge their marginal position in the Canadian sociopolitical context.

In the framework of the cultural theory proposed by the healing movement, the concept “culture” and the social category “indigenous” have become a rhetorical discursive practice as well as a moral ideal that informs “health,” “healing treatment,” “a good life,” and “spirituality.” These notions are parts of an alternative discourse that establishes a moral standard to define new contemporary indigenous identities; this discourse offers a cultural narrative to transform the suffering, the desperation, and the lack of identity that accompanies psychosocial problems, all within a re-presentation of a regenerated, revitalized self.

This article calls attention to the phenomenon of the revitalization of indigenous cultures, specifically to the use of traditional indigenous healing methods in mental health programs in Canada. In this sense, the incorporation of different modes of treatment in the contemporary structure of indigenous mental health should be interpreted as an alternative therapeutic response to Western psychiatry’s clinical context. Additionally, this phenomenon constitutes a political response on the part of ethno-cultural groups that have been devalued as socially inferior and culturally backward. As a result of these responses, a postmodern form of “traditional healing” developed with various forms of knowledge, rites and the social uses of medicinal plants, has been set in motion on many Canadian indigenous reserves and urban centres over the last two decades.

Case Study

The sub-arctic region of Northern Ontario is the home of many indigenous communities; it is an excellent location to test our hypothesis: cultural rationalizations such as “ancestral culture helps to heal contemporary psychosocial problems”, employed by the indigenous healing movement, offers an interpretative framework for empowering indigenous groups in the contemporary sociopolitical context; as well as to be a therapeutical way to solve psych-social problems and reconstruct indigenous people’s self-images. As such, the expression “traditional indigenous healing” could be understood as a rhetoric and practical discourse that makes possible a reconceptualising of the problems in socio-structural rather than psycho-social terms.

Since 2005, the recreational use of prescription drugs such as Oxycotin and Percocet, has been a social problem on indigenous reserves

in Ontario's subarctic region. In 2010, indigenous organizations in Ontario declared the abusive consumption of opioid analgesics (Oxycotin and Percocet) on the reserves to be an authentic social epidemic because it extended to all of Northern Ontario's reserves (Kelly et al., 2011; Chiefs of Ontario, 2010; Sioux Lookout, 2009). For example, in 2012 in the Sioux Lookout region, out of a population of 25,000 indigenous people, at least 9,000 were addicted to Oxycotin. On the Fort Hope First Nation and the Cat Lake First Nation reserves, almost 80% of working age people have problems with Oxycotin (NAHO, 2012). In the course of our fieldwork on one reserve, a Health Centre survey revealed that about 50% of the adult population admitted to using opioid analgesics recreationally; approximately 40% stated that they consume illegal drugs. This situation has affected family and community structures by increasing the levels of violence, robberies, divorce, and other social problems.

At the same time, in Northern Ontario there has been a renewed consciousness of spirituality, indigenous identity and traditional healing. At the local level, a pan-indigenous healing movement has emerged as a community effort to counter this social epidemic. The healing movement calls for abstinence, emphasizing ancestral cultural and spiritual values to heal the broken spirit caused by colonialism. In the form of a collective trauma, the historical experience of colonialism continues to play a significant role in shaping cultural memory on Canada's indigenous reserves. On these reserves, mental illness is seen as a direct result of colonization. In practice, each indigenous community has had to deal with the trauma that impacted its members. This necessity brought subgroups of Ontario's indigenous sub-Arctic peoples to treat their communities' symptoms by developing traditional therapeutic initiatives considered by the communities to be adequate and effective.

The description of the symbolic content of the indigenous therapeutic model presented in this article belongs to a research project carried out between 2008 and 2012 in several indigenous reserves in the province of Ontario's sub-Arctic region. The north of the province is unique because of its large number of indigenous communities, primarily Cree and Anishnaabe (Ojibway). Today this region is home to 121 of the 145 indigenous reserves in Ontario,⁴ representing 11.5% of Ontario's indigenous population (Yahn, 2009). Actually, all communities in Northern Ontario are living through a period of crisis and profound economic

⁴ Ontario has the largest indigenous population of all Canadian provinces, with 22.7% of the total Canadian indigenous population (INAC, 2010).

restructuring, generating doubts about their long-term economic viability (Dow, 2008; Bones, 2003). In spite of efforts to diversify the economic structure, the mining and forestry industries are still the economic engine of the region and remain the largest employers in the province's north. The communities are small, between 500 to 10,000, and overall are less economically diversified than southern cities. Small business and government services are other, much smaller, economic drivers. Therefore, the contemporary Cree and Ojibway peoples with whom we interacted during our fieldwork, should be classified, according to the social and structural class stratification framework, as a subcultural variant of the class of rural workers, with an emerging class of middle-managers (Flanagan, 2008; Kuper, 2005; Rhoner y Bettauer, 1970).

Traditional Healing Methods and Mental Health: The Medicine Wheel

In Canada, the significance and impact of the healing movement have been felt at local levels by contributing to the creation of a post-colonial paradigm based on the Medicine Wheel as a cultural model of the self. This paradigm treats mental health as a cognitive and sensory process in the creation of an ecocentric and sociocentric self. Cognitively, this cultural model of mental health and self creates an epistemological and ontological paradigm using cultural representations of personality. The cultural model of self that the healing movement offers on reserves attempts to inject in the individual a cultural expectation that reinforces a type of conduct that has always been normal and natural for the indigenous subject. From a cognitive perspective, this cultural model tries to offer a consistent theory of indigenous personality and psyche as guides for conceptualizing human development and mental health.

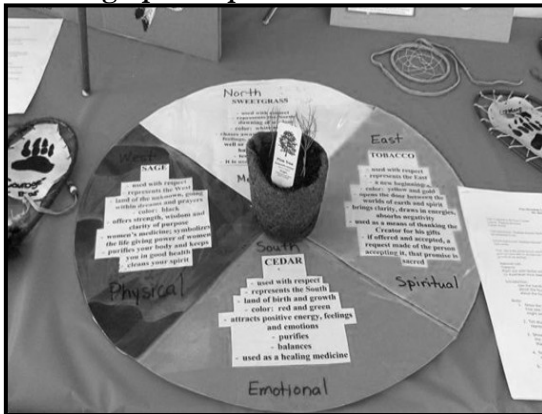
The Medicine Wheel represents a powerful cultural symbol within the healing movement. It is capable of influencing people's own self-perceptions and of provoking cognitive, emotional and behavioral changes in order to recover from psycho-active substance abuse. The Medicine Wheel, as a semiotic and cognitive mechanism, is a cultural representation of a conjoining of assumptions, propositions, beliefs, metaphors, and symbols within a social movement of revitalization and community regeneration. The fundamental proposition of the model is that ancestral culture is "our medicine," giving meaning and purpose, and leading to the process of change and personal recovery. In this model, alcohol and other drugs are substances contaminated by their roots in colonialism, and

therefore prohibited. Abstinence and sobriety are the normal ways of behaving, and are prescribed as part of the healing movement. This behavior involves searching to recover spirituality and purpose in life.

This cultural model of mental health and personality is based on ancient circular pictographic representations. This cultural symbol is signified visually as a circle divided into four quadrants to represent the four fundamental dimensions of indigenous people: the body, the mind, the emotions, and the spirit. (See photograph 1.) The basic idea behind this representation is that the indigenous way of life should be an equilibrium of these four elements. The circle is considered to be a sacred geometrical shape that suggests the experience of establishing a sense of connectedness, security and confidence. As a sacred symbol, the circle reveals that spirituality is central to the indigenous vision of the world.

In this cognitive model, connection and belonging are strongly held values, and the whole is considered to be more than the sum of its parts.

Photo 1: Iconographic representation of *Medicine Wheel*.



Source: Alfonso Marquina-Márquez

As a cognitive model, the Medicine Wheel is a cultural resource for facing contemporary social realities on the reserves, offering an understanding of the problem of the over-consumption of alcohol and other drugs. Interestingly, as a cultural theory of human development and personality, it is becoming widely accepted in the contemporary Canadian indigenous world. The Medicine Wheel is a cognitive and symbolic vehicle that offers three things: a moral guide; a model for conduct; and a valued

identity. This cognitive model offers people a new cultural perception of the self, of their past, of alcohol and drugs. Most importantly, it is a system of beliefs to foster social and personal recovery. Equilibrium, connection, and relationship are three of this model's fundamental concepts.

Table 1. Features and symbolism of *Medicine Wheel*.

Medicine Wheel	The Four Directions			
	East	South	West	North
Colours	Yellow	Red	Black	White
Dimensions of life	Spiritual	Emotional	Physical	Mental
Cycles of Life	Child	Youth	Adult	Elder
Sacred plants	Tobacco	Cedar	Sage	Sweetgrass
Elements	Fire	Earth	Water	Air
Seasons	Spring	Summer	Autumn	Winter

Source: own elaboration based on Union of Ontario Indians (1995).

This belief system holds that all of existence comes from the same spiritual source: the Creator. Everything proceeds from this superior power, and everything will return to it in the spiritual world. The conceptualization of the indigene in this cognitive model reinforces the belief that the contemporary indigene needs to live with a sense of harmony and equilibrium within the self, the family the community and the

environment. In this conception of the indigenous person, the person's spirit exists prior to the person's inhabiting a physical body, and continues to exist after the person's death, returning as a spirit to the supernatural world.

Other fundamental beliefs are that all things are connected, and that the indigene has a sacred relationship with the universe. To obtain harmony, equilibrium, and connectedness involves a transcendental process. Following the spiritual guiding principles of the Medicine Wheel suggests following a way that leads to developing a strong sense of identity, meaning and purpose.

Authentic medicine, the authentic healing treatment to escape drug addiction, is mediated by the system of beliefs contained in the Medicine Wheel. It acts as a guide to understanding the nature of reality and the indigenous personality. Following traditional spiritual beliefs is the only medicine adequate for treating indigenous people's addictions. Taking part in ceremonies and rituals, and seeking knowledge and advice from Elders are adequate practices for personal healing. These practices enable indigenous people to be physically and mentally healthy, to maintain healthy relationships with others, and achieve self-respect and a sense of belonging. Reconnecting with spirituality and traditional animist beliefs is the way to recovery.

In order to accomplish this reconnection indigenous people need to undertake the Red Path/Red Road, as a unique route to true spiritual recovery from the historical trauma of five centuries of colonization. The central theme on this route to reconnection and regeneration is the healing of the indigenous spirit, broken on account of an alienated life. The Medicine Wheel assumes, above all, a cognitive process of "changing lenses" in order to understand the nature of reality, of the self, and of society. Integrating this cultural model means that the individual takes on a new perspective of reality (ontology), a new way to think and to understand reality (epistemology) and a new set of morals and ethical behaviours (axiology). The cultural process of cognitive decolonization that informs this cultural theory requires cognitively reprogramming the individual, showing to the individual a traditional mode of being, and introducing a new self-understanding to enable the healing of addictions and intergenerational trauma.

Cognitive Ethnotheory of the Person: the Indigene as a Moral Category

The cultural model constructs the self as an equilibrium of spiritual, physical, mental and emotional components. The circle, in the form of the four-part Medicine Wheel, geometrically represents a holistic, sociocentric and ecocentric self. The circle is a metaphor for the conjunction of experiences and concentric social relations: self—family—community—indigenous nation, as well as spiritual, mental, physical and natural worlds. The circle is the iconographic representation of the indigenous self, implying a sense of moral integrity and personal power.

According to the cultural model, to be indigenous means to fulfil a prescribed cycle of ceremonies that recognize and respect the spirit world (Creator⁵ and Grandfathers⁶) and natural (Mother Earth⁷). In order to attain mental health an indigene requires a strong spirit. The way to maintain this strong spirit is to follow the ancestral Midewiwin⁸ teachings and spiritual practices. This is the only way to recover physical and mental health, and the ancestral power that have been eroded by problematic

⁵ Nowadays, the “Creator” is a pan-tribal expression. Traditionally, in Ojibway culture the Creator is known as “Gitchi Manitou,” a term that can be translated in various Algonquin languages as “Great Spirit.” Christian missionaries used “Gitchi Manitou” as a suitable synonym for “God.”

⁶ Grandfathers are considered to be entities or spiritual forces representing ancestors who live in the spirit world.

⁷ Equally important as the Grandfathers, Mother Earth is another neo-traditional cultural symbol that represents nature as a spiritual entity.

⁸ Algonquin religious-medical animism is known as Midewiwin. In this religious system the central figure of the Creator, from an ethno-historical perspective, had little relevance among the Cree and Ojibway hunter-gatherers, the ancestors of the people who now live in the area where our research took place. According to Tanner (2008), the Algonquin hunters practiced an animist religion involving multiple spiritual entities. These diverse spiritual entities were identified with animal species and natural forces. Traditional animist religion was not so much central to healing as it is with pan-indigenous religiosity. This religiosity focuses on predicting and interpreting encounters with the spirits of the animals that they were going to hunt. The hunter had to negotiate with the animal’s spirit so that the animal would allow the hunter to hunt it in exchange for a series of prescriptions and taboos (Tanner, 1979). These encounters with animal spirits are no longer relevant in contemporary pan-indigenous religious ideology. However, some characteristics are shared, such as spiritual searching in the supernatural world, ritual offering of tobacco, and sweat lodge and shaking tent ceremonies. Even now these religious practices are used on reserves as therapies for healing addiction.

consumption of alcohol and other drugs. This cultural idea is the primary basic assumption that must be learned and internalized by the individual who decides to follow the way of self-transformation and personal change.

Because the individual sustains an intimate relationship with the spiritual ancestors, the Grandfathers, and the natural world, Mother Earth, spirituality is fundamental to maintaining a balanced and healthy mind, body and spirit. To be once more an indigene—Anishinaabe or Cree, in this case—means believing oneself to be a self-healer based on the ancestral teachings that are the only sacred instrument given by the Grandfathers to heal the minds of contemporary indigenous people.

In this cultural model, the body is conceptualized as a gift from the Creator and the Grandfathers; it is a moral obligation to take care of the body. An indigene, as a spiritual being, must live in harmony with the body, mind and spirit. Ignoring this moral imperative of the ancestors produces a broken spirit. Weakening the indigenous spirit, and damaging the body by consuming alcohol and other drugs, is to weaken the whole community, to stray from the responsibilities that the Grandfathers and the Creator gave to the indigene. The term “community” in this cultural model, does not refer exclusively to the human community, but extends also to relations with spiritual ancestors, the animal and vegetable world, and animal and vegetable spirits. The spiritual cycle in relation to mental health and well-being is connected to this extended community. According to the healing movement, the people with addiction problems have forgotten this concept as a result of sociohistorical forces—colonialism. The fundamental objective of this spiritual regeneration movement is to reconnect the alienated indigenous memory with the cultural premise of the ties with the extended spiritual community.

The power of self-healing is acquired by means of personal compromise following ceremonial protocol: to trust in the traditional teachings, to practise spiritual ceremonies, to take care of Mother Earth, and to respect the Grandfathers and the Creator. The indigene has only this way to recover mental health, pride, self esteem, and an authentic identity—including learning an indigenous language. Some adherents of the healing movement say that the ancestors did not need drugs or surgery; they cured themselves through spirituality, the power of their minds, and the power of nature. Establishing a respectful relationship with the mind and body is the prerequisite to physical and mental health. The methods used by the ancestors to achieve mental and physical health were personal

daily ceremonies that connected them with the Grandfathers and the Creator. For example, an indigene might undertake a healing voyage in the hands of a spiritual helper, an Elder called a “keeper of teachings.” In this cultural system, the indigene must first arrive at the conviction that he or she has been created to live a spiritual life; for indigenous people, this is the principal meaning of what it means to be human.

Following a cycle of ceremonies to maintain a connection with the physical and spiritual worlds, is the “natural” form of indigenous being in order to be mentally healthy. Indigenous people need to open themselves to the spirits through visions and dreams to attain mental health and to become self-healing through personal ceremonies.

Above all, individuals who have access to this cultural system try to revive the Midewiwin teachings that were forced to disappear during the enthusiasm of establishing colonies and Christian proselytizing. Midewiwin teachings claim to be a spiritual way or “red path” defined by the ancestors in order to create a “manidookewin,” a ceremonial way of living. These teachings are an authentic ontological project for discovering authentic being—for returning to the land of the ancestors. Initiates must, as a basic premise, conceive their connection with the land as the natural indigenous home; they must understand their reserves in Northeastern Ontario not as rural communities, but as their traditional lands that are inhabited and have been inhabited spiritually by the Grandfathers.

The beliefs and assumptions of this cultural model (see Table 2) retain the romantic notion that by practising a series of animistic beliefs, any contemporary individual with indigenous ancestry, incarnates a natural, pure source of spiritual knowledge.

The indigenous neophyte needs to construct a self-image as a person whose social role in this world is to protect, respect, care for, and live in harmony with nature. Authentic indigenous communities must be imagined as “nature people,” in contrast to the rest of Canadian society, that is alienated from nature. Personified as Mother Earth, nature is the incarnation of life and hope for a revitalized indigenous future.

Table 2: Assumptions, premises and moral causes of the cultural model.

The true cause of indigenous addiction problems and others social pathologies lies in a collective trauma over centuries of colonization and acculturation.

Alcohol and other drugs are substances contaminated, impure substances, outside the ancestral tradition by their roots in colonialism, and therefore prohibited.

Alcohol and other drugs have been a way (unconscious) of “self-medication” to escape of feelings such as anger, rage, inferiority, loneliness, etc.

The ancestral teachings are the only sacred instruments given by the Grandfathers to heal the indigenous mind of contemporary addictions.

The body is conceptualized as a gift from the Creator and Grandfather; it is a moral obligation to take care of it. An indigenous, as a spiritual being, must live in harmony with the body, mind and spirit.

The power of self-healing is acquired by means of personal compromise following ceremonial protocol: to trust in the traditional teachings, to practise spiritual ceremonies, to take care of Mother Earth, and to respect the Grandfathers and the Creator.

Abstinence and sobriety are the normal ways of behaving, and are prescribed by the *Creator*. This behavior involves searching to recover spirituality and purpose in life.

An indigenous must respect the sacred medicines: tobacco, cedar, sage and sweetgrass. These four plants are curatives because they are the sacred means to communicate with the Creator and Grandfathers.

An indigenous must have a spirit strong. The way to maintain this strong spirit is to follow the ancestral Midewiwin teachings and spiritual practices.

Red Road teaches spiritually to indigenous people to live a life of self-control, equilibrium, harmony y humble. *The Medicine Wheel* guides the life of an authentic indigenous.

Source: own elaboration based on fieldwork.

By definition, contemporary indigenes come to discover that they have been created by the Creator to be spiritual, and that they must be keepers of the ancestral Midewiwin teachings. They should “keep the spirit strong” by respecting the Sacred Medicines (cedar, sweetgrass, tobacco, sage),⁹ and fulfilling the values of sharing, caring, being humble and respectful. This spirituality is the beginning of the way to personal and spiritual recovery and renewal; in metaphorical terms, neophytes need to follow the “red path.”

Cultural Symbols: The Red Path

Within this cognitive model, the cultural symbol of the red path or red road stands for a vital route to hope and healing; it is also a key idea that inspires people to behavioral change, including becoming sober and overall personal recovery. In other words, the red path represents a process of emotional, behavioral and cognitive restructuring that takes place within the spiritual domain.

To begin this journey to spiritual regeneration, neophytes follow certain cultural procedures and protocols. The first is to be in contact with an Elder (a medicine man or woman). The neophyte offers tobacco, and asks the Elder to act as a spiritual guide and counselor on the path to reconnecting with the spiritual and ancestral world. Accepting the role of spiritual guide to a neophyte comes with certain responsibilities because it means communicating and interacting with the spirit world, that is to say, the Grandfathers and the Creator. The elder needs to ask the spirit world for a spiritual name for the neophyte and for the kinds of ceremonies that would be suitable. When the elder accepts the neophyte’s offering, it signifies the beginning of a sacred and intimate relationship among the neophyte, the elder and the spiritual world of the Grandfathers, the Creator, and the spirits of animals and plants. The neophyte at all times expresses respect and humility, and follows the advice, the directions, and the sacred nature of the spiritual healing process, as established by the elder. This spiritual advisor’s role is to organize a series of ceremonies to provoke and challenge the neophyte’s personal motivation and dedication to becoming a spiritual indigenous person.

⁹ In the healing movement, these four plants are considered to be sacred, ways to communicate with the Creator.

Next on this spiritual path the neophyte begins a ceremony of fasting that lasts between three and four days. The neophyte stays alone in the forest, waiting for the spirits' communication, and ultimately hosting the returned spirits. Throughout the process of spiritual healing, it is important that the neophyte learns that the spirit world communicates by revelations. These revelations occur in dreams, visions, fantasies, and even through spiritual messengers in the forms of animals.

To complete the period of fasting and seclusion, the neophyte orally tells the elder about experiences with animals, whether physical or in dreams; the elder then interprets the messages that the spirit world wants to communicate with the neophyte. It is possible that the animal wants to communicate the spiritual clan to which the neophyte belongs, or who the neophyte's spiritual protector is. All that happened during the solitary fast is important because the elder interprets each element of the neophyte's story as a sign from the spirit world. The elder acts as a semiotic mediator between the spirit and physical world, explaining what messages the spirits have shared.

Once the sacred healing process is underway, the elders present to the neophytes personal sacred objects, such as a pipe, a medicine bundle,¹⁰ and an eagle's feather. These objects are believed to bear grave responsibility because they are sacred instruments used to communicate prayers directly to the Grandfathers and the Creator. Through these cultural implements, neophytes become conscious of a new self-understanding as indigenous people. The sacred tools work as mnemonic mediators, cultural mechanisms that serve to help the neophytes to be aware of who they become.

At this point the individuals have succeeded in reconnecting with their authentic spiritual selves and these sacred objects remind them of their obligation to live a certain way, in which alcohol and drugs are contaminated, impure substances, outside the ancestral tradition.

Neophytes who have succeeded in obtaining the cultural instruments behave with enormous responsibility, in compliance with the four cardinal virtues of a spiritual indigenous being: caring, sharing, respectfulness, and humility. They must be kind to others and respect all living things. Initiates understand and internalize the meanings of the

¹⁰ A bag that contains sacred medicinal plants and other ritual objects used in healing ceremonies.

cultural instruments and the body of knowledge to which they have had access as a gift from the Grandfathers and the Creator. If this gift were to be used irresponsibly, for instance by ignoring the ethical precepts that guide the Midewiwin teachings, the Grandfathers would intervene from the spirit world to take back the gift and the initiates' spirit, provoking, as a consequence, mental and physical imbalance and dissonance—that is to say, sickness.

Discussion and Conclusion

This article has explored the cultural processes by which the indigenous healing movement has been able to construct a psychotherapeutic way to challenge public health problems caused by various social epidemics on reserves. These traditional healing methods that are used on indigenous reserves in Northern Ontario, a region of the Canadian Subarctic, create a conceptual and symbolic space that is intended to treat the wounds inflicted by colonialism. Our analysis reveals that the healing movement on reserves uses a cultural model of self as a cognitive and semiotic tool to build for its members with personal afflictions a cultural prototype of hope. The revitalization movement on reserves attracts people who are passing through personal crises of faith and meaning, and/or are experiencing psychosocial problems. Metaphorically, these individuals of indigenous ancestry are spiritually wounded. The healing movement develops a style of interpersonal relationships and a ritual life that offers to people in crisis a framework for understanding and dealing with their difficulties. The ritual forms of individually relating to the Creator and other spiritual beings, collectively praying and living communally, are cultural practices for healing horrendous memories and other afflictions that plague both individuals and entire reserves. The healing movement has been able to create a communicative and phenomenological cultural context by using various cultural resources to achieve simultaneously this individual social goal. The movement towards revitalization tries to offer an interpretation of experience, space, the universe, and individuals' histories, in metaphoric language that makes known the will of the Creator and the creativity of Mother Earth.

The indigenous self is characterized and portrayed as a particular type of person with a specific identity in relation to other selves. However,

because selves/persons are representations and objectivizations, the cultural world can be inhabited by various types of selves/persons other than human beings. For an indigene, the personal domain includes not only human beings, but also phenomenologically real spirits who are living in the cultural world, with whom, presumably, human beings are able to interact. In the healing movement's cultural and multisensory world, the individual needs to learn the types of persons and culturally constituted entities towards which the self needs to be oriented. The self, previously ontologically indeterminate, achieves, inside the cultural world of the healing movement, self-determinacy; that is to say, the self becomes spiritual and sacred in that it is oriented in a definite environmental context, defining what it means to be an indigenous human being. In regard to this cultural orientation, from an analytical perspective, and as researchers interested in the intersection between subjectivity and society, the notion of the self that we would expect to observe is an indeterminate capacity oriented in a cultural context. In this regard, we need to recognize the creative and changing nature of the self, the creative possibilities for changing the self, and also the degree of the subject's self-awareness.

As we have said in this article, self-transformation implies a transformation of the sense of space, along with a specific way to inhabit the natural environment. The indigene must address the reorientation of the experience of "effort" through a fundamental characteristic of the self as being reflexive. The red path offers a location for the ritual transformation of the relative dispositions of temporality and spatiality that needs to be distinguished from the secular and rural reserve. As neophytes rediscover and cultivate ancestral spirituality, they participate in the spatial-temporal alternation that is intrinsic in the temporal structure created by the ceremonial order of the rituals. To initiate the red path indicates a ritual and phenomenological transformation of the self. The ceremonial order that promotes the healing movement does not only regulate everyday conduct, but also informs the fundamental motivations of conduct. Performing the rituals regularly is essential at the moment of establishing the doctrine that is codified in the cultural model's propositions. For example, rituals such as smudging, used constantly and routinely in daily life, end up being natural conduct. Abandoning the ritual conduct as defined by the healing movement, means giving up indigenous identity; the indigene becomes alienated from Canadian life. The function of the coordinated disposition of the red path that generates the ritual practices

and representations of the healing movement is precisely to revise the alienated consciousness of contemporary indigenous people.

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