

teachings are meant only for the individuals present within a ceremony who have made offerings to ask for advice, and subsequently recording devices like cameras or audio-equipment are forbidden. It is likely that these sacred teachings, in and of themselves, are significant deterrents to problems like suicide and substance misuse. Spiritual counsel including one-on-one and group time with an Elder or healer is an important aspect of most ceremonies and alcohol treatment centre programs, so these teachings should not be overlooked as protective factors. There are many cultural teachings that strongly dissuade suicide and describe it as a foreign concept, much the same way that some Elders describe alcohol misuse and family violence as “non-traditional.” Some healers might even interpret these health and social ills through the concept of “bad medicine” while others will utilize sacred stories or what the Cree call *âtayohkanak* as tools of counsel and guidance.

In an intertribal mobile age it is inevitable that, like ceremonies, some of these teachings and forms of spiritual counsel may not be traditional in the purest sense but likely stem from the pan-Indian movement which started in the 1970's and has evolved into the new renaissance or rediscovery movement of today. These teachings might simply be modernized versions of old teachings to suit contemporary life, teachings from another nation, or even teachings from other traditions. Culture is, after-all, an adaptable and ever-changing process and not something that remains static or stuck in the past. Anyone doing research in the area of indigenous spirituality needs to be aware of these intra-cultural changes that have occurred and continue to occur. At this time, what we know is that Aboriginal spiritual community and spiritual teachings appear to be working as protective factors, with or without analysis of the origins of specific teachings.

4) Traditional Foods

There is no doubt that Elders from various regions of Canada that still subsist on traditional country food diets have a great distrust of store-bought processed foods. This may be justified by the common fact that many processed foods are void of nutrition and contain harmful chemicals such as dyes, preservatives and artificial flavourings. Even non-processed foods like dairy products and meat contain antibiotics and hormones, and most produce contain varieties of pesticides.

Store bought meat is not good for people—that is why they get cancer. In the olden days, my husband's grandfather developed a hole in his throat from eating

non-traditional food (Judith Catholique quoted in Parlee & O'Neil, 2007, p. 124).

With recent rises in diabetes, obesity, cardiovascular illnesses, and cancer in Aboriginal communities, ailments that most Elders did not see as rampant in their younger lives, it is easy to see why contemporary foods, along with other environmental impacts, are seen as the culprits. Alternatively, most traditional foods are natural unprocessed foods that are often high in nutrition. Wild game meats such as caribou are much higher in iron than pork. Moose and deer meats are also lower in fat and higher in protein than beef, while containing no antibiotics or hormones. Fish and marine mammals contain an abundance of high quality omega-3 fatty acids. A reviewed study identified a number of advantages to traditional subsistence diets and lifestyles:

Traditional diet and lifestyle patterns provide protection against Western diseases, as rates of chronic, degenerative disease were historically very low in indigenous populations (Milburn, 2004, p. 415).

Another advantage of traditional foods is affordability. Many urban and rural Aboriginals live at or below the poverty line and are forced to shop for low-end commercial foods like processed meats, along with canned and packaged foods. Even with the increased cost of fuel and the usual costs of ammunition and supplies, it is still more economical to harvest a wild ungulate than to purchase two full sides of beef, providing one has reasonable access to a hunting area.

Other benefits pointed out in the literature include the Aboriginal concept of food as medicine, the holistic healing properties associated with being out on the land, partaking in preparations, ceremonies, and all other aspects of the subsistence harvest. Wolsko et al. (2006) report that a “subsistence lifestyle is at the core of wellness for Yup'ik people” (p. 353) and “the women remained almost entirely focused on the importance of harvesting traditional food and medicine” (p. 353). Like many other aspects of Aboriginal culture, food is also viewed in a holistic manner and it is very much related to health and spiritual well-being.

One of the challenges of studies that supported traditional food diets and subsistence lifestyles is their failure to address the current realities and limitations of subsistence lifestyles and feasibility factors such as flora and fauna depopulation, contaminants in country foods and general access to harvesting. The Haida Gwaii Diabetes project provides one example where they experimented with a monitored traditional diet to measure the effects

on diabetes, but reports the study was hindered by the limited availability of the traditional foods recommended (Heffernan et al., 1999). With traditional harvesters in many northern communities having increased difficulties due to encroachment and industrial activities, the reality of how other communities could possibly strive towards subsistence on a sustainable basis is questionable. With contaminant levels on the rise throughout the world and increasing levels of mercury and other toxins found in wild fish and game (Provincial Health Officer, 2002), solutions must be found for how communities could continue practicing subsistence or even semi-subsistence lifestyles. Finally, not only are more studies needed to determine the long-term effects of contaminants on Aboriginal country foods, but also studies that include urban Aboriginal subsistence activities. Many First Nation reserves border large city limits and they, along with other urban Aboriginals, often practice forms of seasonal subsistence activities that should not be overlooked by researchers.

5) Traditional Activities

If it is true that Aboriginal cultures are evolving and not static or set in time, it would logically follow that traditions and traditional activities also change or adjust over time. Traditional activities vary drastically from community to community. Many Aboriginal communities have evolved their own expressions of visual and performing arts and others have their own hybrid styles of music that combine traditional and contemporary influences. Hence, in Aboriginal communities across Canada, the fiddle and jigging are popular in the north and on the prairies; rodeos in Alberta and the B.C. Interior; basketball in Northwestern BC, and soccer on Vancouver Island. Because these activities have evolved into their own Aboriginal styles and within Aboriginal communities, it can be argued that they, like more standard cultural pursuits, are also traditional activities. Communities need to define for themselves what culture is and how it can be used positively to promote health amongst their people.

'Fine Arts' is another area that is easy to overlook as a protective contributor because contemporized art-forms are sometimes not seen as traditional activities. Because of social connotations and stigmas attached to concepts like "native crafts" and "folk art," the therapeutic benefit of art creation is easy to overlook for non-artists.

Most Aboriginal languages do not have specific words for the western concept of "art." However, there were many concepts to describe beauty or the creation of things in a beautiful manner and even the living of life in a beautiful

manner. Living life in a harmonious manner was something strived for by many Aboriginal communities. Just as the Anishinabe refer to this as *mino bimaatiziwin*—the good life, and the Navajo refer to it as "walking in beauty," many others today refer to this artful living in balance as "walking the red road." There were and are many opportunities and forums of creative expression which are highly valued such as sacred coastal mask dances, pow-wows, canoe carving, beading, storytelling, and oratory. Without many words for "art" there are certainly many creative art forms and expressions throughout all Aboriginal nations.

Aboriginal healing rituals and ceremonies are filled with forms of creative expression that are very healing. It is a common Aboriginal belief that the sharing of one's creative expression is akin to exposing one's soul. It is a way to honour the observers, break barriers and build communities. Like art forms in all cultures, they can also encourage and inspire others. "Through her poetry, we share ourselves, our hearts, [and] our spirits" (Celina Quock in Kenny, 1998, p. 79). Traditional artistic expressions were historically considered important forms of healing. Their continued importance as protective factors for Aboriginal people and communities at risk cannot be overlooked.

The vast number of studies reviewed, on the whole, indicate that traditional activities are protective factors against certain ailments like alcoholism, depression, suicide, and even as a buffer against the effects of racial discrimination. Unfortunately, most of these studies excluded the urban Aboriginal perspective. There is room to explore factors related to this group's access to traditional activities in relation to their health, for many urban Aboriginal communities are just as susceptible to a number of social ills. Perhaps they are even more at risk than many rural communities because of fewer opportunities to access traditions and the land required for certain activities.

6) Language

Due to the common belief that culture is language, many traditionalists and language activists argue that language acquisition is an essential part of a rich and genuine Aboriginal identity. Since there are now many Aboriginal leaders, healing practitioners, pipe carriers, and even Elders who are not fluent, language does not appear to be a requirement for enculturation.

Some of the strong arguments that can be made for Aboriginal languages, however, are quite practical. First of all, language is a living history and cultural institution that if not preserved and practiced, like anything else, will die. Language is the link that connects us to our past and

therefore to our core Aboriginal values and world-views. In this sense, it can be compared to the importance of the Bible to Christians. Without intact languages, cultures are bound to eventually become absorbed and acculturated by more dominant societies. Once a language is gone, all of that traditional knowledge accumulated for thousands of years—all those mythologies, cosmologies, ceremonies, and unique ways of viewing and interacting with the world—are gone forever.

Even though today there are Aboriginal non-speakers who are considered to be enculturated because of their lineages, knowledge bases, lifestyles, or other factors, it is doubtful that this would be possible in the future if language loss becomes a reality. Second, learning a language, even to the level of basic proficiency can provide a form of cultural immersion that accelerates and enhances the enculturation process and allows for more direct and meaningful insights of core values, traditions and beliefs. In other words, learning a language is essentially a way of getting intimate with the soul of a culture. Finally, since there are only a few studies in the area of language as a protective factor (Hallett et al., 2007; Whitbeck et al., 2004) more empirical studies are needed.

FUTURE RESEARCH

As convincing as the existing studies and all non-academic supporting literature is on the positive influence of culture on health, much room remains for new and innovative studies to be completed. As Wilson (2003) illustrates “few studies have attempted to explore the influence of cultural beliefs and values on health—let alone the intricate links between the land and health” (p. 83).

A general weakness of studies that focus on rural communities is that they ignore the issues of urban populations and transmigration. With an estimated 54 per cent⁴ of Aboriginal populations living in urban centres (Statistics Canada, 2008), the land-use and cultural implications for this sector of the population must be considered. Questions such as, “How do urban Aboriginal communities utilize language and culture as protective factors?” need to be addressed.

In the area of traditional foods, even though the Centre for Indigenous People’s Nutrition and Environment (2008) appears to be doing solid work in communities, they have identified the need for more research on the wide-scale long-term effects of contaminants on the food-chain and on human health. This paper supports the need for more studies in any regions that subsistence activities continue to take place. Furthermore, the growing interest in combining

aspects of western biomedicine and health approaches with Aboriginal healing also needs further study.

Current studies on language are very limited but the few that are available seem quite promising. As this is the area that has the least research completed, it needs the most attention, particularly because of language’s connection to culture. Since many communities, particularly in B.C., are in a state of archiving and reclaiming their languages, it can be quite difficult to study in terms of protective factors. A better strategy might be to focus initial studies on any of the non-endangered Aboriginal languages. It may be that historic studies focusing on indigenous language use in relation to health and spiritual well-being would be the most useful.

Due to the many factors related to both modernization and the pan-Indian and revitalization movements, and the increased urbanization of Aboriginal populations, it is very important to examine issues of cultural orientation and biculturalism as they relate to esteem and identity. These kinds of issues need to be addressed by researchers as well as communities.

Other possible areas of study are exploring the link between health and “place” as referred to by Wilson (2003) in her work on therapeutic landscapes. It is clear that Aboriginal cultures are inseparable from the land and land-based activities. The link between decimation of traditional lands and the psychological impacts on Aboriginal people needs to be more thoroughly researched.

Lastly, a further examination into the broadening of the terms cultural capital and/or linguistic capital, may be a very useful exercise for Indigenous people. Taking up this term would lend strength to the argument that indigenous cultures have worth, are worth saving and contribute in tangible ways to the health of Indigenous people. This would then add legitimacy to recognition for community-wide traditional language and cultural knowledge transference leading to the strengthening of educational and health outcomes for Indigenous people. For these reasons, appropriating the term “cultural capital” to capture the phenomena of the repository of wealth which exists in communities in the form of indigenous language, cultural knowledge, practices, and traditions is worth considering. The existence and practice of these elements of indigenous community life provide what Healy (2006) calls “cultural resilience” defined as the capacity to absorb disturbance and reorganization in order to retain key elements of structure and identity, ultimately contributing to its distinctness. Further research into the usage of these terms would expand the scholarship in the area of resilience through recognition for indigenous linguistic and cultural knowledge.

CONCLUSIONS

The evidence is mounting for the argument that Aboriginal cultures and languages contribute positively to health and wellness and therefore are protective factors against risk. The foundational studies reviewed certainly indicate this is the case but further studies are needed to strengthen these arguments and to diversify them. In future efforts towards research in this area, it is important to also keep language and culture in mind as preventative measures. Indeed, studies focusing not just on culture as treatment but also on prevention would be useful and beneficial to many communities and individuals as it is currently a neglected area.

The primary shortcoming of literature reviewed was the failure to address urban Aboriginal perspectives. In the areas of traditional land-use and cultural activities, a wide range of urbanization, transmigration and trans-territorial issues could be addressed. Wilson and Rosenberg (2002) point out that “[u]rban migrants face diminished levels of access to traditional activities, identity and the land, all of which can cause psychological and emotional health problems” (p. 2025).

As studies focusing on language as a protective factor are limited, more studies that specifically examine the various health benefits of language are desperately needed. Many community leaders are currently focused on nation-building and economic development. While these are important, the importance of promoting and supporting indigenous languages cannot be overstated. Community leaders have the power to create policies and implement change at a community level that would have far-reaching effects in sparking a turn around of language use in their community. Initiatives such as community signage in their language, making personal commitments as leaders to learn the language, and requiring staff to use greetings in their language within outgoing messages are small, inexpensive and innocuous changes that would be very simple to implement. In addition, federal and provincial governments have a responsibility to assist with language and cultural revitalization. The federal government in particular has been responsible for the era of Residential Schools in Canada that almost single-handedly wiped out indigenous languages within a few generations in addition to other aspects of colonization. Communities and individuals themselves must have an active role in hands-on learning as desire cannot be manufactured from the “outside.” Furthermore, it is necessary that all future studies employ culturally relevant, wholistic

approaches that recognize Aboriginal concepts of health.

[A] decidedly Euro-American world-view still tends to dominate the academic dialogue on conceptions of health and wellness. This is due in large part to the lack of published research describing alternative conceptions of health and wellness (Wolsko et al., 2006, p. 360).

An important consideration for researchers and practitioners is the treatment of culture and enculturation as comprehensive panaceas to all health and social ills. Clearly there are cases of individuals who are deeply enculturated, fluent in their language, and who participate in traditional activities, and still suffer from mental health issues, addictions and various other social problems. There are also some families suffering from intergenerational traumas and disorders to which no easy solutions exist. In their studies, researchers should not automatically assume that these situations are due to the failure of culture. It is unrealistic to expect traditional activities and other aspects of culture to be able to solve all health problems and issues.

RECOMMENDATIONS

A few general and specific recommendations have been made at the end of each section as well as in the future research and conclusion sections of this report. The following suggestions are ideas that arose from reviewing and discussing the literature. They are related to Aboriginal cultural and health issues but serve only indirectly as protective factors.

1) Modernization and Subsistence lifestyles

As previously pointed out, in the face of large-scale cumulative industrial impacts, a growing Aboriginal population, dwindling fish and wildlife populations, global warming and modernization factors, and the feasibility of subsistence activities for rural and urban populations needs to be explored, along with options and strategies for accessing traditional resources in a sustainable manner.

2) Urban transmigration

Issues such as urbanite use of lands for traditional pursuits, seasonal migrations to rural homelands, and use and adoption of other territories need to be addressed.

3) Getting serious about language revitalization

The Aboriginal Languages Initiative (ALI) provides funding for language revitalization that is divided between provinces. Although this has been a positive start, the funding levels

are woefully inadequate for the type of major repair needed to truly and meaningfully revitalize Aboriginal languages. In addition to increasing funding levels and creating a national language organization, Canada needs to award official language status to indigenous languages and recognize that they are the founding languages of the nation. Society is now largely aware of the impacts that Residential Schools and other colonization tactics have had on Aboriginal languages and cultures, but there continues to be many modern-day social, economic, political, and even technological pressures to give up our languages. Statistics Canada bases its evaluation on the health of an Aboriginal language on the number of speakers, however, new research states that the number of speakers alone is a poor measurement of the health of a language and rather what is most important is the occurrence of intergenerational transmission and especially how many children are learning the language (Barrena et al., 2007; Norris & Jantzen, 2002). The implication here is that even the purported healthy languages of Cree, Anishnaabe and Inuktitut could be at risk if their younger populations are no longer using their ancestral language. All levels of government from First Nations to federal, need to start recognizing this as a crisis and take action on the work that has already been started. The Royal Commission on Aboriginal Peoples (1996) and the Task Force on Aboriginal Languages and Cultures (2005) outline many recommendations that if followed, could solve many problems and provide the means for real revitalization. Communities and their leaders need to place greater priority on revitalization and seek innovative tools and strategies such as immersion programs, bi-cultural schooling, language-nests, and cost-effective strategies that are intergenerational and highly participatory, bringing language learning out of the classrooms and into communities. Finally, in recognizing the critical state of Aboriginal languages, community language authorities and leaders need to show a willingness to standardize spoken and written language when necessary, and to update, fine-tune and modernize on an on-going basis. These efforts will make more efficient use of scarce resources, create working partnerships, allow our leaders to conduct business in our own languages and capture the attention of our youth. It is dialogue, assessment, coordination efforts, and information sharing that will enable these processes and the creation of a national language organization is essential to succeed.

4) Cultural protection strategies

With many Aboriginal leaders now pushing for economic development—as a primary way to alleviate poverty and unemployment and as a necessary step towards self-

government—how can such needs be balanced within a cultural framework? If culture is a protective factor, how can economic and resource development occur in a way that protects culture, language and health? Various levels of Aboriginal and non-Aboriginal governments need to explore and address these issues if they are serious about protecting culture and promoting health. Unfortunately, the western emphasis on unbridled economic growth and personal accumulation appears also to be quickly becoming the norm in many Aboriginal communities. There are, however, a number of communities that continue to explore more culturally congruent models such as holistic, community-based economic development, the creation of local economies, and environmentally sustainable approaches to resource management. Aboriginal Tourism British Columbia (www.aboriginalbc.com) lists a number of Aboriginal-owned cultural tourism operations that seek to educate and enhance local environments rather than simply exploit them. Those balanced, community-centered approaches to economic development need to be encouraged in Aboriginal communities over some of the economic development funding programs that are based purely on western capitalist frameworks or “business as usual” approaches. It is the community economic development models that could provide a balance between health, social and economic concerns. Governments need to start designing their funding programs accordingly and stop pressuring communities into processes that guarantee resource extraction with no examination of the cumulative industrial impacts within specific regions.

5) Intertribal dialogues and cultural strategies

Frontline community-level cultural practitioners, such as language teachers, Elders, ceremonial leaders, and traditional healers rarely get opportunities to dialogue, information share, evaluate, and develop cultural plans and strategies. With so many communities immersed in negotiations and facing financial struggles, these types of initiatives often fall by the wayside. With the current state of many languages, some community organizations or government bodies need to lead the way and generate this needed dialogue. Traditional medicines and healing, along with language, stand out as key areas that need national-level strategies. It would make sense that NAHO be one of the key organizations, at least initially, to begin the process of national dialogue on traditional medicines and healing. A brief discussion paper and questionnaire sent out to Aboriginal communities’ tribal councils and regional health and cultural organizations would determine the level of interest and provide the impetus for raising the

funds required to embark on this major process. Based on feedback from organizations, the process may be a series of regional gatherings or interviews and discussions with key practitioners. It might also become a national conference with the potential for it to become an annual event. A similar nation-wide dialogue on Aboriginal languages involving information-sharing, best practices, and strategy building is also needed. With the recent federal apology on impacts related to Residential Schools, it may be an opportune time for Aboriginal organizations to pressure federal and provincial governments to provide more substantive funding for Aboriginal language development. For national-level language initiatives, however, there is currently no organizational body to administer such processes. The Task Force on Aboriginal Languages and Cultures, consisting of nation-wide representation, have already made recommendations to the Department of Canadian Heritage for the establishment of a national Aboriginal language organization, and this recommendation appears to have had grassroots support. The report, *Towards A New Beginning*, offers valuable recommendations, including establishing an interim body made up of the Task Force members to create a framework for a national organization (Task Force on Aboriginal Languages and Cultures, 2005). The Assembly of First Nations and other Aboriginal lobby groups need to pressure the government to follow up on the language recommendations made in both the RCAP final report and the executive summary of the report by the Task Force. A national language organization is desperately needed and long overdue.

CLOSING REMARKS

The Public Health Agency of Canada now considers culture among the key determinants of health (National Aboriginal Health Organization, 2008; Public Health Agency of Canada, 2008). Mohawk scholar Taiaiake Alfred (2004) writes, "the core of our existence as nations is in our traditional cultures" (p. 95). Time and time again, Aboriginal people assert that language is the foundation for culture and without our languages, our cultures cannot survive (Battiste, 1998; Kirkness, 1998; Kirkness, 2002). The Assembly of First Nations (2007) conducted a longitudinal survey of First Nations health and concludes in chapter two of the report that language and culture are part of the overall well-being of both individuals and communities/nations. Clearly the time to take action is now - as individuals, and to also make this demand of our community leaders, as well as elected officials, in order to revive and hold high the indigenous cultures of this land, if for no other reason than for the

tremendous effect and potential they hold for the renewed and continued wholistic health of Indigenous people.

REFERENCES

- Adelson, N. (2000). *Being alive well: Health and the politics of Cree well-being*. Toronto: University of Toronto Press.
- Akiwenzie-Damm, K. (1996). We belong to this land: A view of cultural difference. *Journal of Canadian Studies*, 31, 21-28.
- Alfred, T. (2004). Warrior scholarship: Seeing the University as a ground of contention. In D.A. Mihesuah & A. Cavender Wilson (Eds.), *Indigenizing the academy: Transforming scholarship and empowering communities* (pp. 95). Lincoln, NE: University of Nebraska Press.
- Assembly of First Nations (2007). *First Nations regional longitudinal health survey (RHS) 2002/03: Results for adults, youth and children living in First Nations communities* Ottawa, ON: Assembly of First Nations/First Nations Information Governance Committee.
- Barrena, A., Amorrortu, E., Ortega, A., Uranga, B., Izagirre, E., & Idiazabal, I. (2007). Small languages and small language communities 56: Does the number of speakers of a language determine its fate? *International Journal of the Sociology of Language*, 186, 125-139.
- Battiste, M. (1998). Enabling the autumn seed: Toward a decolonized approach to Aboriginal knowledge, language and education. *Canadian Journal of Native Education*, 22, 16-27.
- Bird, S. M., Wiles, J. L., Okalik, L., Kilabuk, J., & Egeland, G. M. (2008). Living with diabetes on Baffin Island: Inuit storytellers share their experiences. *Canadian Journal of Public Health*, 99, 17-21.
- Bittman, B. B., Berk, L. S., Felten, D. L., & Westengard, J. (2001). Composite effects of group drumming music therapy on modulation of neuroendocrine-immune parameters in normal subjects. *Alternative Therapies in Health and Medicine*, 7, 38-47.
- Bjerregaard, P. & Curtis, T. (2002). Cultural change and mental health in Greenland: The association of childhood conditions, language, and urbanization with mental health and suicidal thoughts among the Inuit of Greenland. *Social Science & Medicine*, 54, 33-48.

- Blair, H., Rice, S., Wood, V., & Janvier, J. (2002). Daghida: Cold Lake First Nation works towards Dene language revitalization. In B. Burnaby & J. A. Reyhner (Eds.), *Indigenous languages across the community. Proceedings of the annual conference on Stabilizing Indigenous languages (7th, Toronto, ON, Canada, May 11-14, 2000)* (pp. 89-98). Flagstaff, AZ: Northern Arizona University: Center for Excellence in Education.
- Borré, K. (1994). The healing power of the seal: The meaning of Inuit health practice and belief. *Arctic Anthropology*, 31, 1-15.
- Brittain, J. (2002). *The heartbeat is strong: Aboriginal language maintenance and revitalization in Newfoundland and Labrador*. Unpublished paper presented at Memorial University of Newfoundland.
- Burnaby, B. (1996). Language policies in Canada. In M. Herriman & B. Burnaby (Eds.), *Language policies in English dominant countries* (pp. 159-219). England: Multilingual Matters Ltd.
- Center for Indigenous People's Nutrition and Environment (2008). Retrieved November 30 from <http://www.mcgill.ca/cine/>.
- Chandler, M. J. & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, 35, 191-219.
- Fleming, J. & Ledogar, R. (2008). Resilience and indigenous spirituality: A literature review. *Pimatisiwin: A journal of aboriginal and indigenous community health*, 6, 47-48.
- Floren, E. (2004, March 19). Fight Diabetes with berries: Scientists take new interest in traditional First Nation medicines. *Edmonton Sun*.
- Friedman, R. L. (2000). *The healing power of the drum*. Reno: White Cliffs Media.
- Garrouette, E. M., Goldberg, J., Beals, J., Herrell, R., Manson, S. M., & AI-SUPERPPFP Team (2003). Spirituality and attempted suicide among American Indians. *Social Science & Medicine*, 56, 1571-1579.
- Goudreau, G. (2006). *Exploring the connection between Aboriginal women's hand drumming and health promotion (Mino-Bimaadiziwin)*. Unpublished doctoral dissertation, University of Alberta.
- Goudreau, G., Weber-Pillwax, C., Cote-Meek, S., Madill, H., & Wilson, S. (2008). Hand drumming: Health-promoting experiences of Aboriginal women from a Northern Ontario urban community. *Journal of Aboriginal Health*, 4, 72-82.
- Hahm, H. C., Lahiff, M., Barreto, R., Shin, S., & Chen, W. (2008). Health care disparities and language use at home among Latino, Asian American, and American Indian adolescents: Findings from the California health interview survey. *Journal of Community Psychology*, 36, 20-34.
- Hallett, D. (2005). *Aboriginal identity development, language knowledge, and school attrition: An examination of cultural continuity*. Unpublished doctoral dissertation, University of British Columbia.
- Hallett, D., Chandler, M. J., & Lalonde, C. E. (2007). Aboriginal language knowledge and youth suicide. *Cognitive Development*, 22, 392-399.
- Healey, G. K. & Meadows, L. M. (2008). Tradition and culture: An important determinant of Inuit women's health. *Journal of Aboriginal Health*, 4, 25-33.
- Health Canada (1995). *Native foods and nutrition: An illustrated reference manual*. Ottawa, ON: Health Canada, Medical Services Branch.
- Health Canada (2000). *First Nations, Inuit and Aboriginal health: Statistical profile on the health of First Nations in Canada*. Ottawa, ON: Health Canada.
- Health Canada (2001). *Certain circumstances: Issues in equality and responsiveness in access to health care in Canada*. Ottawa, ON: Health Canada.
- Healy, S. (2006). *Cultural resilience, identity and the restructuring of political power in Bolivia*. Paper submitted for the 11th Biennial Conference on the International Association for the Study of Common Property, Bali, Indonesia.
- Heffernan, C., Herbert, C., Grams, G. D., Grzybowski, S., Wilson, M. A., Calam, B. et al. (1999). The Haida-Gwaii Diabetes Project: Planned response activity outcomes., 7, 379-386.
- Helping America's youth (2008). Retrieved, November 12 from <http://guide.helpingamericasyouth.gov/programtool-factors.cfm>.

- Herman-Stahl, M., Spencer, D. L., & Duncan, J. E. (2003). The implications of cultural orientation for substance use among American Indians. *American Indian & Alaska Native Mental Health Research*, 11, 46-66.
- Hill, L. P. (2008). *Understanding Indigenous Canadian traditional health and healing*. Unpublished Dissertation, Wilfred Laurier University.
- Hurst, S. & Nader, P. (2006). Building community involvement in cross-cultural indigenous health programs. *International Journal for Quality in Health Care*, 18, 294-298.
- Indigenous Language Institute (2002). *Community voices coming together* Compiled notes from the National Indigenous Language Symposium, Albuquerque, NM.
- Izquierdo, C. (2005). When 'health' is not enough: Societal, individual and biomedical assessments of well-being among the Matsigenka of the Peruvian Amazon. *Social Science & Medicine*, 61, 767-783.
- Kenny, C. (1998). The sense of art: A First Nations view. *Canadian Journal of Native Education*, 22, 77-84.
- Kirkness, V. (1998). The critical state of Aboriginal languages in Canada. *Canadian Journal of Native Education*, 22, 93-108.
- Kirkness, V. (2002). The preservation and use of our languages: Respecting the natural order of creator. In B. Burnaby & J. A. Reyhner (Eds.), *Indigenous languages across the community* (pp. 17-23). Flagstaff, AZ: Northern Arizona University: Center for Excellence in Education.
- LaFromboise, T. D., Hoyt, D. R., Oliver, L., & Whitbeck, L. B. (2006). Family, community and school influences on resilience among American Indian adolescents in the Upper Midwest. *Journal of Community Psychology*, 34, 193-209.
- Maar, M. (2004). Clearing the path for community health empowerment: Integrating health care service at an Aboriginal Health Access Centre in rural north central Ontario. *Journal of Aboriginal Health*, 1, 54-64.
- Mackey, M. (1998). The impact of imported foods on the traditional Inuit diet. *Arctic Medical Research*, 47, 128-133.
- Martin Hill, D. (2003). *Traditional medicine in contemporary contexts: Protecting and respecting Indigenous knowledge and medicine*. National Aboriginal Health Organization (NAHO).
- Maxfield, M. (1990). *Effects of rhythmic drumming of EEG and subjective experience*. Unpublished Dissertation, Institute of Transpersonal Psychology, Palo Alto, CA.
- McCormick, R. (1995). The facilitation of healing for the First Nations people of British Columbia. *Canadian Journal of Native Education*, 21, 251-322.
- Mercredi, O. & Turpel, M. E. (1993). *In the rapids: Navigating the future of First Nations*. Toronto, CA: Penguin Books.
- Milburn, M. (2004). Indigenous nutrition: Using traditional food knowledge to solve contemporary health problems. *American Indian Quarterly*, 28, 411-434.
- Minore, B. & Katt, M. (2007). *Aboriginal health care in northern Ontario: Impacts of self-determination and culture* (Rep. No. 13).
- National Aboriginal Health Organization (2008). *An overview of traditional knowledge and medicine and public health in Canada* Ottawa, ON: National Aboriginal Health Organization.
- Neher, A. (1962). A physiological explanation of unusual behaviour in ceremonies involving drums. *Human Biology*, 34, 151-160.
- Norris, M. (1998). Canada's Aboriginal languages. *Canadian Social Trends*, 51, 8-16.
- Norris, M. (2007). Aboriginal languages in Canada: Emerging trends and perspectives on second language acquisition. *Canadian Social Trends*, 20-28.
- Norris, M. & Jantzen, L. (2002). *From generation to generation: Survival and maintenance of Canada's Aboriginal languages within families, communities and cities*. Ottawa, ON: Indian and Northern Affairs Canada.
- Norris, M. & MacCon, K. (2003). Aboriginal language transmission and maintenance in families: Results of an intergenerational and gender-based analysis for Canada, 1996. In J.P.White, P. S. Maxim, & D. Beavon (Eds.), *Aboriginal conditions: Research as a foundation for public policy* (pp. 164-196). Toronto: UBC Press.

- O'Neil, J., Elias, B., & Yassi, A. (1997). Poisoned food: Cultural resistance to the contaminants discourse in Nunavik. *Arctic Anthropology*, 34, 29-40.
- Office of the Commissioner of Official languages (1992). *Our two official languages over time*. Ottawa, ON: Office of the Commissioner of Official languages.
- Ootoova, I., Qaapik Atagutsiak, T., Ijjangiaq, T., Pitseolak, J., Joamie, Aa., Joamie, A. et al. (2001). *Perspectives on traditional health*. Iqaluit, Nunavut: Language and Culture Program, Nunavut Arctic College.
- Pacini-Ketchabaw, V. & Bernhard, J. K. (2001). Struggling to preserve home language: The experiences of Latino students and families in the Canadian school system. *Bilingual Research Journal*, 25, 1-31.
- Parlee, B. & O'Neil, J. (2007). "The Dene way of life": Perspectives on health from Canada's north. *Journal of Canadian Studies*, 41, 112-133.
- Provincial Health Officer (2002). *Report on the health of British Columbians, Provincial Health Officer's Annual Report 2001: The health and well-being of Aboriginal people in British Columbia*. Victoria, B.C.: Ministry of Health Planning.
- Province of Manitoba (2008). *Aboriginal healing, modern medicine to be offered under one roof at pioneering \$7-million health centre*. Accessed January 12, 2009 from <http://news.gov.mb.ca/news/index.html?archive=2008-12-01&item=4875>.
- Public Health Agency of Canada (2004). *Aboriginal peoples' roundtable report*. Ottawa, ON: Public Health Agency of Canada.
- Public Health Agency of Canada (2008). *Population health. Determinants. Key determinants. Culture 2008 [cited July 2008]*. Accessed January 12, 2009 from <http://www.phac-aspc.gc.ca/ph-sp/determinants/determinants-eng.php#culture>.
- Receveur, O., Boulay, M., & Kuhnlein, H. V. (1997). Decreasing traditional food use affects diet quality for adult Dene/Metis in communities of the Canadian Northwest Territories. *Journal of Nutrition*, 127, 2179-2186.
- Riecken, T., Conibear, F., Michel, C., Lyall, J., Tanaka, M., Stewart, S. et al. (2006). Resistance through re-presenting culture: Aboriginal student filmmakers and a participatory action research project on health and wellness. *Canadian Journal of Education*, 29, 265-286.
- Royal Commission on Aboriginal Peoples (1996). *Gathering strength*. Ottawa, ON: Royal Commission on Aboriginal Peoples.
- Schumacher, M., Slattery, M., Lanier, A., Ma, K., Edwards, S., & Ferucci, E. (2008). Prevalence and predictors of cancer screening among American Indian and Alaska native people: the EARTH study. *Cancer Causes and Control*, 19, 725-737.
- Shaw, P. (2001). Negotiating against loss: Responsibility, reciprocity, and respect in endangered language research. In F.Endo (Ed.), *Proceedings of the 2nd International Conference on the Endangered Languages of the Pacific Rim* (Kyoto, Japan: ELPR.
- Shaw, P. (2004). *Indigenous language education initiatives in Canada*. Paper presented at the International Symposium on Language, Diversity and Education, Vancouver, BC.
- Shkilnyk, A. M. (1985). *A poison stronger than love: The destruction of an Ojibway community*. New Haven: Yale University Press.
- Standing Committee on Aboriginal Affairs. (1990). *"You took my talk": Aboriginal literacy and empowerment*. Ottawa: House of Commons.
- Statistics Canada. (1991). *Aboriginal Peoples Survey*. Ottawa, ON: Statistics Canada.
- Statistics Canada. (2008). *Aboriginal peoples in Canada in 2006: Inuit, Metis and First Nations, 2006 Census*. Ottawa.
- Sullivan, A. (2007). Cultural capital, cultural knowledge and ability. *Sociological Research Online*, 12.
- Task Force on Aboriginal Languages and Cultures (2005). *Towards a new beginning: A foundational report for a strategy to revitalize First Nation, Inuit and Metis languages and cultures*. Ottawa, ON: Department of Canadian Heritage.
- Torres Stone, R. A., Whitbeck, L. B., Chen, X., Johnson, K., & Olson, D. M. (2006). Traditional practices, traditional spirituality, and alcohol cessation among American Indians. *Journal of Studies on Alcohol and Drugs*, 67, 236-244.

- Turner, N. (2006). *Keeping healthy: Traditional medicine, health and well-being for Canadian First Nations*. Kobe, Japan: Proceedings of the 5th International Conference of Health Behavioral Science 2006, General Institute for the Environment.
- University of Wyoming (2008). Retrieved November 12 from <http://www.uwyo.edu/wind/sig/definition.asp>.
- Van Sickle, D., Morgan, F., & Wright, A. L. (2003). Qualitative study of the use of traditional healing by asthmatic Navajo families. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*, 11, 1-18.
- Waldram, J. B. (2000). The efficacy of traditional medicine: Current theoretical and methodological issues. *Medical Anthropology Quarterly*, 14, 603-625.
- Waldram, J. B., Herring, D. A., & Young, T. K. (2006). *Aboriginal health in Canada: Historical, cultural and epidemiological perspectives [Second Edition]*. Toronto, ON: University of Toronto Press.
- Whitbeck, L. B., Chen, X., Hoyt, D. R., & Adams, G. W. (2004). Discrimination, historical loss and enculturation: Culturally specific risk and resiliency factors for alcohol abuse among Native Americans. *Journal of Studies on Alcohol and Drugs*, 65, 409-418.
- Whitbeck, L. B., McMorris, B. J., Hoyt, D. R., Stubben, J. D., & LaFromboise, T. D. (2002). Perceived discrimination, traditional practices, and depressive symptoms among American Indians in the Upper Midwest. *Journal of Health and Social Behaviour*, 43, 400-418.
- Wilson, K. (2003). Therapeutic landscapes and First Nations peoples: An exploration of culture, health and place. *Health & Place*, 9, 83-93.
- Wilson, K. & Rosenberg, M. W. (2002). Exploring the determinants of health for First Nations peoples in Canada: Can existing frameworks accommodate traditional activities? *Social Science & Medicine*, 55, 2017-2031.
- Wolsko, C., Lardon, C., Hopkins, S., & Ruppert, E. (2006). Conceptions of wellness among the Yup'ik of the Yukon-Kuskokwim Delta: The vitality of social and natural connection. *Ethnicity & Health*, 11, 345-363.
- Young, T. K. (2003). Review of research on Aboriginal populations in Canada: Relevance to their health needs. *British Medical Journal*, 327, 419-422.
- Zimmerman, M. A., Ramirez-Valles, J., Washienko, K. M., Walter, B., & Dyer, S. (1998). Enculturation hypothesis: Exploring direct and protective effects among Native American youth. In E.A.McCubbin, E. A. Thompson, A. I. Thompson, & J. E. Fromer (Eds.), *Resiliency in Native American and immigrant families* (pp. 199-220). Thousand Oaks, CA: Sage Publications.

END NOTES

1. The term 'language families' is a linguistics term used to categorize languages that are linguistically related but generally unintelligible to one another (unlike dialects).
2. Adapted from (Maracle, 1999; Simpson, 2001; White, 1988; Wilson, 2003; University of Manitoba, 2008) and author's definition.
3. This information is based on the author's (Napoleon) 15 years of training under the guidance of Cree Elders and spiritual healers.
4. Author's note – Many Aboriginal leaders believe this number is inflated due to the inclusion of urban reserves and members temporarily away for school or employment.

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