

Healing and Healers Among the Northern Cree

by

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A Practicum Submitted in Partial Fulfillment
of the Requirements for the Degree
Master of Natural Resource Management

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ABSTRACT

In two summer field seasons in 1984 and 1985, Native healers and beliefs concerning healing were investigated in a Muskekiwininiw (Swampy Cree) community in northern Manitoba, and an Asiniitniw (Rocky Cree) community in northern Saskatchewan. Two traditional roles were distinguished: herbalist, and ritualist charismatic (shaman). A third type, Native Pentecostal charismatic, in the Muskekiwininiw community was a derivative of the traditional ritualist charismatic. The herbalist activity was declining in the Muskekiwininiw community, while both ritualist types were active. In the other community, both herbalist and ritualist roles were active. Active healers were capable of alleviating stress associated with changing cultural conditions. Stress levels in the Muskekiwininiw community were higher, resulting from a forced move of the community from its traditional location because of flooding from a hydro-electric project. The herbalist role could not provide adequate coping mechanisms in the face of escalating violence and alcohol abuse. The emergent Pentecostal ritualist role reduced stress by offering some members of the Muskekiwininiw community a new world view. The active traditional ritualist role incorporated elements of southern Nithawitniw (Plains Cree) and Anishinabe (Saulteaux) belief, and the charismatic nature of the role was adequate to reduce stress associated with cultural change for some individuals. Elements of older belief were still present in both communities; the concept of dream visitors, the pawakanak, was known among younger people and still subscribed to by elders. The pawakanak are a source of power for healing, and in the past, a source of help in hunting and gathering activities. The pawakanak can take different forms, and most often appear in the shape of an animal. In both communities, sickness was categorized in 2 ways: that amenable to treatment by traditional herbalists or non-Native medical people, and illness induced by a person with powerful pawakanak. Many Nithawitniw believe that the latter type cannot be successfully treated by herbalists or non-Native medicine. Herbalist practitioners were usually women; in the past, many women practitioners also functioned as midwives. Herbalist materia medica included 67 plant species mentioned in interviews.

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Chapter I

INTRODUCTION

1.1 PREAMBLE

Mortality statistics for Canadian aboriginal¹ people are alarming; between 1973 and 1976, the mortality rate (deaths per 1000) for Status Indian people in all age groups, except over 65, was two to four times higher than the national average (Medical Services Annual Review, 1981; Indian Conditions 1980). Suicide, violence and poisonings were the leading single causes of death in the five year period 1980-1985 among Status Indians (Muir, 1987). The Status Indian suicide rate exceeds the national rate for all age categories (Muir 1987).

The dilemma of Native² health is recognized by the Department of National Health and Welfare; the Indian Health

¹. Canadian aboriginal peoples have been referred to in many different ways. The dominant Euro-canadian society has arbitrarily assigned a legal definition to the term "Indian"; this term is based on European concepts of property ownership and male inheritance which are foreign to most aboriginal groups. Unfortunately, statistics for non-Status Indians as defined by the Indian Act are scarce. Where I have used data applicable only to aboriginal people defined as Status Indian, I have indicated this. I do not subscribe to the artificial segregation of Native people which is the basis of the legal definition; I use it only where my information is based on this definition.

². I use the term "Native" as a synonym for aboriginal people throughout the rest of this paper.

Discussion Paper of 1979, published by the Medical Services Branch, states:

problems still exist in providing [Native people] effective treatment and preventive health services. Breakdowns in communication (linguistic, administrative and political) have resulted in their different ways in lack of understanding on both sides of what must be done to make a health service actually effective.

To increase the quality of medical service to Native people, the same Indian Health Discussion Paper proposed a number of objectives, including:

[to] encourage practitioners of traditional Indian medicine to participate in health services ... Studying more carefully the role of Indian medicine in healing and promoting consultation and cooperation with medicine men are worth doing for the potentially beneficial effects on Indian patients ... A combination of traditional practices and Western medicine could be a powerful force for healing particularly those illnesses caused by the intolerable social environment in many Indian communities.

1.2 PROBLEM STATEMENT

Despite the availability of Western medical services in Native communities, the health status of Native people is generally much below that of the Euro-Canadian population. The barriers to communication between non-Native medical practitioners and Native patients are one aspect of this problem; understandings of health held by non-Native health care professionals often conflict with views held by Native

patients. Communication problems may hinder the healing process if Native patients fail to comply with prescribed therapeutic regimes.

In recognition of these problems, the Manitoba Keewatinowi Okimakanak has requested that traditional Native medicine be included in the medical services received by reserves (Winnipeg Free Press, October 1984). The traditional healer-patient relationship is poorly understood by Western medical professionals but such an understanding is required before any successful introduction of Native practitioners into the structure of medical services can be accomplished. Further, the conceptual framework of Native beliefs about health has not been elucidated to the extent where it may be easily considered in the treatment of Native people in a non-Native medical environment. Indeed, no single body of beliefs may be successfully applied to all Natives; Native concepts of health and disease are not homogeneous among communities or among groups within communities. In this regard, careful documentation of current beliefs, traditions and practices and the influences shaping their present manifestations are required for any sensitive and practical application of Native concepts to the medical treatment of Native people.

1.3 BACKGROUND

The Nithawitniw³ in northern Manitoba and Saskatchewan belong to two major dialect groups, the Asiniitniw (Woods Cree) and Muskekiwininiw (Swampy Cree). Both groups have descended from a cultural tradition based on adaptations to the Sub-Arctic, although the most southern Muskekiwininiw communities have ties to the Anishinabe (Saulteaux)⁴ and Plains Nithawitniw of southern Manitoba and Saskatchewan.

The socio-political organization of contemporary northern Nithawitniw communities reflects the extended family structure in which these people were traditionally organized. With no focus of central political power, the social framework of the society allowed no formal organization of a medicine culture. Traditional healers operated in the shamanistic mode, passing information on to an apprentice who showed special interest or aptitude.

Since initial contact with Euro-Canadian society, the

³. I use the term 'Nithawitniw' when for the people normally referred to as northern and Swampy Cree. This term is not the correct dialect form for the Muskekiwininiw (Swampy Cree) and I use it only in reference to both groups; I use the correct dialect form where referring specifically to one or the other dialect group. Where I am referencing other work, I retain the designation used by the author (such as Plains Cree).

⁴. I use the term 'Anishinabe' to replace the terms Ojibway and Saulteaux.

Nithawitniw have experienced a transformation of traditional values and knowledge. Still, certain patterns persist which derive uniquely from past cultural traditions. Native forms of medicine are still available in many Nithawitniw communities in the shadow of White medical services, but such practices are usually shrouded from non-Natives for fear of ridicule and possible recrimination. A real basis for such fear exists in federal legislation of the recent past which defined traditional religious and healing pursuits as criminal acts (Pettipas, 1989).

While the existence of these practitioners is almost universally acknowledged by Nithawitniw people, the extent to which such individuals are used in the communities and the distinctions between users and non-users of such services are unknown to non-Natives. As well, differences among healers in terms of training, origin of their conceptual framework and the nature of their theories of disease and healing are not well-defined.

I conducted preliminary research during the summer of 1984 in Muskekiwininiw communities in the Canoe Portage region of northern Manitoba. This research suggested the existence of a number of active healers providing services for individuals from a wide area. Three approaches or traditions which have direct impact on conceptions of healing and the degree of use of White medical services were identified. I

have called these three forms: herbalist, ritualist charismatic, and Native Pentecostal charismatic.

In the primary community of study, most older residents are familiar with a number of plant remedies for relief of common ailments. Among these older people, certain individuals are recognized as possessing a more extensive knowledge of medicines and being particularly adept at their application; in this older form of herbalist Muskekiwininiw healing practice, plant medicine plays a large role and ritual is reduced.

Healers in the ritualist tradition of the Canoe Portage region incorporate elements of both Plains and Sub-Arctic derivation. The primary healing ceremony is the sweat bath which, in the region of study, has supplanted the rain dance in active use. Healers in this tradition rely on ritual connections with a source of supernatural power as well as application of numerous plant medicines in the healing process.

Within the study area, a recent third movement has had an important impact on Native conceptions of health and healing. In the last six years, a Pentecostal form of Christian belief has been adopted with fervour by many individuals in several Muskekiwininiw communities. Particularly relevant concepts of

the doctrine include the belief that all disease proceeds from Satan, true belief in Jesus will cure all sickness and Native traditional healers are witches who receive power through demonic connections. The Nithawitniw in the study area have interpreted the Christian mythology with emphasis on aspects relevant to their own culture; certain themes are apparent in the structure of this Nithawitniw interpretation that reflect indigenous patterns of healing belief.

1.4 STUDY LOCATION

The research focused on a Muskekiwininiw community in Manitoba, hereafter known by the fictitious name Canoe Portage, and a Asiniitniw community in Saskatchewan, hereafter known as Big Island. I have chosen to use pseudonyms for these communities to preserve the privacy of these communities from people who are unfamiliar with either location.

These particular locations were chosen because of my personal contacts in both communities (see "Methods"). These communities have some common features: both are located on major lakes which have been flooded for hydro-electric projects, both have been recently established and have similar population sizes with both a non-Status and Status component. Both communities are relatively isolated despite road access.

Geographically, the locations of the two communities differ. Big Island is situated on the south end of a large lake at the outlet of a river. The settlement is located in the Open Canopy Boreal forest of the Precambrian Shield, a region of rugged topography of glacial origin. Granite bedrock and poor soils limit vegetational diversity. Canoe Portage is located on the northern perimeter of the Manitoba Lowlands, a Palaeozoic formation of extensive limestone

deposits creating a flat topography with extensive bogs and marshes possessing a greater diversity of plant life than the true boreal forest of the Shield. The Asiniitniw of Big Island live on the northern edge of the true boreal forest and the Muskekiwininiw of Canoe Portage live on the southern edge.

Smith (1975) has noted that the Asiniitniw and Muskekiwininiw operate in different spheres of marriage universe; both groups show a strong tendency to inter-marry among communities speaking the same dialect, a pattern which has contributed to the continued distinction between Muskekiwininie and Asiniitniw. The contrasts and similarities between the Nithawitniw of Big Island and Canoe Portage may yield valuable insights into universal aspects of healing and transmission of cultural knowledge. Elements of Nithawitniw healing traditions which persist through time must possess importance in the culture.

1.5 RESEARCH STATEMENT AND THEORETICAL BACKGROUND

The theoretical framework of medical anthropology suggests that human sickness, that is deviance from a perfect state of health, should be considered from the perspective of both illness and disease, where cultural understandings about underlying physical and biological causes (disease) are defined as illness. Kleinman has postulated that the Western

medical subculture places overwhelming emphasis on treatment of disease while ignoring treatment of illness, i.e. treatment of the cultural expressions of disease. Practitioners of indigenous forms of medicine more often are concerned with the illness and spend time treating the patient's understanding of his disease through a high level of interaction with the patient (Kleinman and Sung, 1979).

The ecological model of medical systems (see Chapter 3, Literature Review) accommodates the concept of role as the equivalent of niche space. The curing role among North American Native cultures may fall into one of several categories proposed by Landy (1974): adaptive, attenuated or emergent. Survival of indigenous roles is dependent on their adaptive ability (see Chapter 3).

Dissonance theory and the concept of revitalization suggest that cultures faced with high levels of stress will become extinct unless they develop new mechanisms to deal with this tension. The evolution of charismatic leaders and adaptation of old roles to new circumstances are products of such developments (see Chapter 3). In situations of unpredictability, charismatic figures will achieve prominence. Charisma, or natural ability or unlearned talent, will be an important element of any role operating in a system characterized by unpredictability.

In accordance with the above theoretical considerations, I propose the following general research statement: Native traditional curing roles which exist today must possess some features of adaptability that allow them to survive in viable forms; conversely, indigenous healing roles which are attenuating (diminish over time) today must lack adaptive components which reduce their relevance for modern Native people. Dissonance theory further predicts that older roles surviving in periods of acculturation must demand some form of charisma on the part of the practitioners; this charisma is a response to the increased unpredictability of the environment. This unpredictability results from destruction of old paradigms and incomplete acceptance of new cognitive systems.⁵ Where older forms of belief and healing practice survive relatively intact, the particular culture must be experiencing relatively little conflict or disruption.

An implication or prediction arising from this general statement is that forms of Native healing traditions which address contemporary cultural expressions of Nithawitniw understandings about disease will flourish.

⁵. Cognitive systems are the modes of categorizing and structuring experience that are characteristic of different cultures.

1.6 OBJECTIVES

The primary goal of this study is an examination of the current role of healers in two northern Nithawitniw communities. A secondary goal is the collection and documentation of plant medicines remembered and used by residents in both communities.

Objectives arising from these goals are:

1. to determine the types of healers and the nature of their activity in the Muskekiwininiw community of Canoe Portage and surrounding area, and among the Asiniitniw of the Big Island community of northern Saskatchewan-Manitoba;
2. to describe concepts of disease and health currently utilized by the Nithawitniw in the study area, especially as expressed by healers; and
3. provide a list of plants used in medicine in both communities, and a description of their use.

1.7 IMPORTANCE

Due to the reluctance of knowledgeable individuals to reveal information and the general drift of young Nithawitniw people away from many traditional institutions and values, aspects of Nithawitniw medicine and its inherent values stand in jeopardy of being lost to future generations. The general reticence of Native people to articulate traditional beliefs and the inability of White health care practitioners to anticipate the effects of concepts radically different from their own has resulted in a lack of understanding detrimental to the health of Indian people. Furthermore, where traditional values are recognized, blanket assumptions about their universality also contribute to communication problems which impede the development of a more responsive health care delivery system.

The value of this research, aside from documenting distinct cultural traditions, lies in its practical benefits in terms of holistic and preventive medicine where the health of Indian people may be enhanced by a sensitive consideration of indigenous paradigms of health and healing. This is especially relevant for older residents of northern communities, people who still maintain a strong affiliation with tradition and feel highly uncomfortable in large medical centres located far from their homes both culturally and geographically. Further, the general Native catalogue of medicinal plants has made important contributions to modern

pharmacology (Vogel, 1970); investigation of present plant use may reveal items of significant consequence for contemporary use.

Present patterns of Indian healing address problems manifested in the statistics of death and suicide among Indian people. The rise of Pentecostal religious belief and the resurgence of older forms of Indian healing are an internal response to a fragmented culture experiencing stress under impact of alien values. Careful examination of the values and goals of Indian healing institutions can suggest directions for the broader application of traditional medicine to contemporary health problems.

The general lack of published research on Muskekiwininiw medicine and Asiniitniw ethnology is a serious gap which may never be closed if information is not gathered in the immediate future. Many of my informants among the Muskekiwininiw are elderly and ailing; the passing of these people means much of their knowledge may be lost forever if the information is not recorded.

Chapter II

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter reviews two broad categories of literature on healing: general theoretical frameworks, and specific ethnographic treatments of North American Indian healing. The theoretical treatment moves from a consideration of medical systems in broad terms to a more specific treatment of healing roles.

2.2 THE ECOLOGICAL MODEL OF MEDICAL SYSTEMS

2.2.1 Theoretical Framework

Wellin (1977) has described the ecological model of medical systems as an important contribution to medical anthropology. The model treats health and disease as products of both biological and cultural variables. This conceptualization proceeded from biological theories of population ecology which treat single populations as the basic units of evolutionary change (Smith, 1981). In application to medical systems, the ecological model uses health and disease as measures of the efficiency of human groups in adapting to their environments utilizing both biological and cultural

means. The medical system exists within a larger ecosystem of cultural and biological variables in dynamic interaction.

Wellin (1977) believes that the medical theories and specific therapies of "simple" societies have less direct impact on the control of disease than those customs outside the medical system. That is, customs which are followed for reasons not related to health or medicine, as stated by members of the society, may have more impact on the physical health of the population. A well worn example is the Hebrew proscription against eating pork, a restriction interpreted by some as a precaution against contraction of trichinosis. Wellin postulates that the medical systems of more complex societies with full-time health practitioners and a codified body of medical knowledge contribute more directly to the prevention of disease. This postulate has not been supported by evidence.

Alland (1966) also proposed an evolutionary ecological approach for medical anthropology. He points out that functional relationships exist between specific ecological niches and different levels of cultural complexity. He suggests that the Darwinian model of evolution can be applied to cultural evolution. In this regard, the basic unit of study is the human population occupying a specific ecological space by virtue of a specific configuration of biological and

cultural traits. Alland emphasizes the adaptive value of cultural traits, rather than their mode of origin or transmission, for application of biological models of evolution:

'Traits which have survival value may be sorted out in a process which may well be, though it need not be, independent of the individuals involved. This is not to say that all cultural traits are adaptive, but the proposition that many of them are is not a new one. What is new is the proposed biological adaptability of such traits within a given environment.'

A series of general problems for research in medical anthropology were proposed by Alland (1966). Two categories relevant to this study are ethnomedicine and acculturation.

The research problem of ethnomedicine is divided into three components: drugs, cognitive systems, and the medical practitioner. The use of drugs, the indigenous pharmacopoeia, affects the prevalence of disease in the society. The cognitive system of a society affects individual response to disease, which feeds back to the entire ecological system. The role of the medical practitioners in a society and their methods of operation will affect disease incidence.

Acculturation as a research problem in a medical ecological framework may focus on introduction of new diseases through change in cultural practices. Alland failed to suggest that acculturation may effect a change in the role of

the traditional medical practitioner or provide new medical roles.

While population ecology focuses on the evolutionary adaptation of populations as units, recent thinking in behavioural ecology suggests that individuals are the primary genetic targets of evolutionary forces (Gould, 1983). In accordance with the ecological model, individuals in a society may warrant examination as units of cultural evolution. More specifically, the roles embodied in a medical system may be regarded as fundamental units subject to evolutionary forces.

2.2.2 Paradigm Structures and Healing

With the expansion of modern Western European society, two broad classifications of healers are apparent: the scientific medical practitioner and the non-scientific healer. Can a practical definition be constructed to embrace both categories?

Within the context of current ecological medical anthropology, both categories can exist in similar roles in an ecological system approach. While not equivalent, the roles of scientific physician and non-scientific practitioner operate in similar and overlapping niches within a larger ecosystem of cultural, physical and biological variables. The essential area of overlap is the realm of healing; the

difference in approach to healing and the essential role differences are defined by the different paradigms to which each role subscribes.

Subscription to a paradigm allows each individual practitioner to operate with great assurance and purpose. The specific structure of the paradigm does not have to be fully articulated within the mind of the individual. However, the unconscious subscription to such an all-encompassing structure is necessary for performance of the role (fulfilment of the niche).

The paradigms governing performance of the scientific physician were derived from the larger structure of modern science and as such incorporate the major tenets of this structure. Kuhn (1970) expresses these paradigms very clearly and I shall not dwell on them except in passing to contrast the non-scientific practitioner.

Aberle (1966) provides a broad framework to anchor a paradigm structure for non-scientific healers in the realm of magic and religion. He postulates that magic is employed where empirical knowledge does not permit sufficient predictability of significant events. Violations of normative codes of behaviour are ubiquitous and unpredictable. Religion deals with the disparity between the normative and the actual.

Religion provides mechanisms to deal with predictable gaps between normative codes and actual behaviour, while magic deals with this gap in nature.

In the area of science, we have whole disciplines devoted to explanation of the gap between the normative and the actual; for example, statistical analysis can be characterized as the study of error in results. In the area of health and disease, a healer must explain and/or solve differences between the normative (healthy state) and the actual (illness).

Within the ecological model of medical systems, a potential non-scientific system may employ both religious and magical elements to explain the gap between health and illness in terms of nature and in terms of violations of a moral code. Such an approach does not preclude use of physiologically effective practices and medicines, but the paradigms governing their utilization are not the same as those embracing scientific medicine.

Reference to a particular paradigm or set of theories allows a practitioner to exercise his vocation with purpose. Without such a paradigm structure, the individual could not apply himself with great energy to the tasks of healing. Within an accepted healing paradigm, attribution of healing

power to some supernatural force which uses the healer as a tool can be fully believed and allow the practitioner to act with confidence.

Thus, one sign of a successful healer should be devotion to the tasks of healing with relatively little energy spent doubting the process. This should be true whether or not the healer possesses a paradigm unique to himself or shared among a large body of subscribers.

2.2.3 Role

The idea of role is significant for the ecological model of medical systems. Role can be equated with the biological concept of niche; each 'space' must have an upper limit to the number of individuals who operate within it. Also, niche and role specialization are proportional to the complexity of the system. In complex societies, greater specialization of curing roles would be expected; in simpler systems, curing roles should encompass a wide variety of activity and functions.

The concept of role also has value in an ecological model of medical systems which are in contact with dominant outside societies. Landy (1974) has provided a theoretical treatment of role change among healers in response to infringement by

competing value systems.

In his analysis, Landy presents a conceptual framework containing three theoretical responses to such contact: adaptive curing roles, attenuated curing roles, and emergent curing roles.

The adaptive curing role implies survival of indigenous practices in some modified form. The modifications must accommodate at least two different roles and separate conceptions about healing. The adaptive role must incorporate some new elements, whether they are strictly technological or conceptual. Adaptation of old roles enables practitioners to maintain much of the indigenous fundamentals.

Attenuated curing roles result from attrition of adherents due to the greater attraction of competitive services. Attenuation of the role as a cultural component results from failure of practitioners to pass knowledge on to a successor.

Emergent or new curing roles may emerge where contact between two cultures provides gaps or unfilled cultural 'niches'. Initiators of revitalization movements probably fall in this category. In relation to contacts between western industrial societies and less complex cultures, such

roles may appear where scientific physicians need indigenous assistants to aid them in local communities. Such assistants may gain a new role status in the community quite apart from their role in the larger society. Medical interpreters may belong in this role category.

Aberle (1966) has proposed a concept of charisma which relates directly to the idea of the curing role in a medical system. He defines charisma as the special talent of office-holders which is not derived from education or experience. The possession of supernatural power is a charismatic category. Also, people who possess special natural ability which cannot be communicated (eg. athletic ability) can be said to have charisma. Referring back to our earlier definitions of magic and religion, charisma as an unlearned trait is a good quality with which to deal with an unpredictable phenomenon.

The charismatic leader is both a source and reducer of unpredictability and ambiguity. Such leaders emerge during disintegration of value systems where new forms have not yet become established. By his possession of unlearnable attributes, the charismatic leader has intimate access to unknowable supernatural powers. By this virtue, he can provide new interpretations and rules.

Aberle suggests that power is obtained through contact with the unpredictable and ambiguous, and the demonstration of some successful reduction of these characteristics. He postulates that it should be possible to demonstrate that variations in amount of charisma or in use of magic is correlated with the degree of unpredictability in a system. However, Aberle has underestimated the role of charisma in the practice of the scientific medical doctor.

The implications of the idea of charisma for curing roles in medical systems direct attention to the relative degree of magic as a correlate of unpredictability facing a culture. A high degree of unpredictability would suggest the potential for highly charismatic curing roles. Such roles would stress the inherent traits of the individual rather than a body of learned knowledge. The traditional conception of shamanism allocates a high degree of charisma to that role. In contrast, Western medical science places very little emphasis on the natural ability of individuals to cure.

2.3 COGNITIVE DISSONANCE THEORY

Rosenthal and Siegel (1959) applied cognitive dissonance theory to the practice of magic and religion. They define dissonance as a relationship between clusters of knowledge where one cluster negates what the other affirms. Where this

situation obtains in an individual, stress will be induced which will drive the individual to eliminate or alleviate this tension. Some important postulates of dissonance theory are:

1. Where dissonance is present, people will avoid situations which might increase it;
2. The magnitude of stress varies proportionately with the importance of the cognitions which are in dissonance;
3. In reducing dissonance, it is usually easier to change behaviour than to change the environment. If the behaviour is important, addition of elements to the cognitive cluster may occur to justify the behaviour;
4. Reduction of dissonance may also be approached through social support;
5. Individuals possess different tolerance levels to dissonance.

Magic and religion perform at least two different functions: dealing with environmental phenomenon not subject to empirical control and reducing stress in the individual resulting from environmental unpredictability. Rosenthal and Siegel (1959) call the first function coping, and the second compensatory.

This conceptualization treats magic as a tool with the implication that if a particular form is ineffective, other forms will be adopted. The following postulate can then be made: if empirical knowledge remains constant, the removal or rejection of one form of magic should result in adoption of alternate forms of magic. This postulate will apply equally to curing systems to the extent that they incorporate magical elements.

The degree to which healing systems incorporate magical elements can be postulated as inversely proportional to their empirical success in treating disease. However, it is important to realize that a healing system may be performing other functions besides physical healing; in such cases, the presence of 'magical' elements might be related to such non-physical functions.

2.4 REVITALIZATION MOVEMENTS

Previously, revitalization movements were mentioned as possible vehicles providing emergent curing roles. Wallace (1956) first coined this phrase and defined it as a systematic process of cultural innovation. It is a conscious, organized attempt by members of a culture to construct a more meaningful

culture. The process implies dissatisfaction of some members of society with the present system of values.

Wallace employs an analogy between total organism and culture. He suggests that individuals maintain a comparable body 'image' and a culture 'image' in a mental framework he calls the mazeway. The mazeway framework includes perceptions of the network of physical environment and strategies for manipulation of the network by the self and others to minimize stress.

Revitalization movements occur where a present mazeway and its inherent strategies cannot reduce stress; if the level of stress cannot be tolerated, the individual must change his mazeway. Such a transformation means changing the entire synthesis of conceptions of self, culture and society.

Several categories of revitalization movements are provided by Wallace. These categories are not mutually exclusive:

1. Nativistic movements seek the removal of alien values, people and material from the mazeway.
2. Revivalistic movements seek to resurrect mazeways which are perceived as belonging to the past but are presently defunct.

3. Millenarian movements emphasize transformation in an apocalyptic sense as devised by a supernatural power.
4. Messianic movements involve a divine figure as a saviour in the form of a human

A general process for revitalization can be summarized as follows:

1. Steady State

The present cultural system provides mechanisms to deal with stress that are adequate for the vast majority. Some severe stress exists in the system and some people employ 'deviant' strategies to deal with it.

2. Period of Increased Individual Stress

Decrease in efficiency of specific ways of dealing with stress results in a general increase in stress levels. Acculturation frequently induces such reduction in efficiency. Individual recognition of the failure of traditional cultural mechanisms to deal with stress is tantamount to questioning the viability of the entire way of life. This ambiguity over culture viability further increases stress levels to the point where alternative schemes must be considered.

3. Period of Cultural Disintegration

Prolonged stress and the failure of familiar culture mechanisms to deal with it will result in a variety of individual responses. Endurance of high stress levels without mazeway change may occur where individuals are rigid. Others may experiment with limited changes in mazeway structure. Regressive responses among some members of the society are manifested in alcoholism, extreme passivity and indolence, and increased levels of violence. Culture essentially implodes into a combination of dissonant and inconsistent elements. Conflict and stress will reach very high levels with associated apathy and confusion.

4. Period of Revitalization

This process of cultural implosion can result in the destruction of the society and cultural extinction. The process may be averted or delayed by a transformation to a more harmonious mazeway through revitalization.

Mazeway reformulation is usually an inspirational process in the minds of individuals rather than whole groups. A very sudden and abrupt synthesis of problem and solution occurs as an insight resulting in an internally consistent structure. The formulation of this new mazeway structure is usually the

product of visionary dreams experienced by single individuals. Such people exhibit radically changed personalities accompanied by rejection of old regressive habits and behaviour patterns. Such change is communicated through a drive to evangelize and spread the newly synthesised mazeway.

Charisma is a major property of the leadership in revitalization movements. The dreamer becomes a prophet, preaching revelations to people. The synthetic structure of the new mazeway attracts converts in a chain-effect manner. The charismatic features of prophetic leadership derive from the special relationship of the prophet to the supernatural. This relationship is evidenced by the initial visionary dreams and subsequent visions experienced by the prophet. Charisma, as a function of unpredictability in the environment, should be expected to play a large role in such leadership; the process of cultural breakdown can be characterized as a highly unpredictable environment providing ample opportunity for the genesis of charismatic leaders.

The theory of revitalization proposed by Wallace is quite consistent with the application of dissonance theory to magic and religion as discussed by Rosenthal and Siegel (1959). The process of revitalization may be seen as a response to very high levels of dissonance among several important cognitive systems.

2.5 NORTH AMERICAN INDIAN HEALING: ETHNOGRAPHIES

The preceding sections dealt with some theoretical aspects of healing and medical systems in general. The following treatment will review some of the ethnographic literature relevant to this study. I will assess the present state of the literature on Nithawitniw medicine practices in reference to the larger body of work on Native medicine in general.

Most ethnographic studies of Native medicine practices fall into one of two categories: an annotated materia medica with special focus on plants, or a description of specific healers and ceremonies. Studies of Blackfoot ethnobotany (Hellsen and Gadd, 1974) and Algonquin ethnobotany (Black, 1980) belong in this first category as recent efforts in a field of study which is sometimes justified as a search for plants which may contribute to modern pharmacology.

The ethnographic tradition of research into healing ceremonies such as that undertaken for the Plains Nithawitniw and Anishinabe by Tarasoff (1980), Kehoe (1963) and Mandelbaum (1940) lack a detailed botanical component and ignore social and economic aspects of the healer-patient relationship, an important element to consider in any discussion of the participation of traditional healers in the treatment of

Native patients.

As well as lacking an integrated and holistic focus, the literature also reflects the superficiality of data on Western Asiniitniw ethnography in general and Muskekiwininiw medicine practices in particular. While some aspects of the healing culture of most major Algonquian groups have been documented, the only literature immediately available on Muskekiwininiw medicine is Beardsley's (1941) paper which consists of little more than a short literature review and list of medicine plants collected by M. Cowie (1892), and Holmes' (1884) annotated list of plants collected by Walton Hayden from Nithawitniw in the same general area.

Research on almost every aspect of Western Asiniitniw ethnography is lacking; among most recent efforts is Smith's (1975) work on the Rocky Nithawitniw of Windy Lake, a division of the Asiniitniw. Previously, only Rossignol (1938; 1939) published any ethnographic material on the Rocky Nithawitniw. Smith (1975) confined his study to the Asiniitniw people of Brochet on the northern end of Reindeer Lake. His work was a broad ethnographic survey of the people with little detail; he recommended that more research should be conducted in the Asiniitniw communities to the south before irreversible change occurred.

2.5.1 Healing Among the Northern Anishinabe: the Work of A.I. Hallowell

The work of Hallowell among the Berens River Anishinabe in northern Manitoba from 1930 to 1940 provides an excellent foundation upon which to structure an approach to healing among the northern Nithawitniw. Both groups share a common linguistic heritage and adaptation to identical environmental conditions. The concepts presented by Hallowell in three major papers (1960, 1963, 1966) are relevant to this paper.

Hallowell postulated that the grammatical structure of Algonkin languages (including Anishinabe and Nithawitniw) reflects a distinct world view. The primary division of the languages into animate and inanimate grammatical structures reflects a world view where inter-relations between people are the primary focus of the culture.

However, the Anishinabe definition of animation and people differs from the Euro-canadian conception. In the Anishinabe world view, certain objects which are normally inanimate can be animate under certain circumstances. Special rocks and objects such as a pipe are animate and exist as 'other-than-human' persons (Hallowell's term). The category of 'other-than-human' persons also includes personified phenomenon such as the sun, the winds from the four cardinal directions, and characters from myth.

Other-than-human persons are distinguished from ordinary

people on the basis of power, particularly the ability to change shape. The ability to change shape is a sign of power; this ability is expected in other-than-humans, and it is a possibility for ordinary persons with great power.

Such power in an ordinary person results as a gift from other-than-human persons. Manifestations of this power include, besides the ability to transform, such things as invulnerability to bullets, and success in hunting.

The Anishinabe among whom Hallowell worked believed that a good life free of misfortune and illness could only be achieved with the help of other-than-human persons, and maintenance of good relations with other people. The aid of other-than-humans was sought by young males between the ages of 10 and 15 through a vision quest. Fasting for 7 to 10 days alone, a young man was visited by other-than-human persons who would bestow power and sometimes special gifts that would be with the man for the rest of his life.

While such aid was sought specifically during the vision quest, such visitors might come at any time. The primary vehicle for communication was the dream or vision; hence, such beings were called PAWAKANAK⁶, Hallowell's term which he translates as dream visitors.

The Anishinabe did not distinguish between events of dreams and non-dreaming life in the same way the Euro-canadian

⁶. The term PAWAKANAK is identical with the Nithawitniw term. It is the plural form; the singular is PAWAKAN.

people do. As a mode of communication for PAWAKANAK, dreams held a signifance which could affect decision-making in non-dreaming life. Information communicated through dreams was accorded serious consideration and instruction received in dreams could be ignored only at the dreamer's peril.

It was forbidden to communicate to others specific details of one's PAWAKAN or significant dream experiences. Therefore, the full extent of any person's power was unknown. Thus, courtesy was extended to everyone for fear of offending someone with great power who could curse the offender.

The principle of reciprocity structured the inter-relationships between people, and between people and other-than-human persons. Other-than-human beings shared their power with human beings, and in return certain obligations were placed on the recipient. If these obligations were not met, illness or misfortune could befall the recipient or his family.

Similarly, if the principles of reciprocity were not observed among human beings, if a person was greedy or hoarded surplus goods, misfortune or sickness could visit the offender. In an environment where natural resources are not available at all times at levels sufficient to support human life, the necessity for sharing is obvious. The principle of sharing is of such fundamental importance that any breach would result in sickness.

Thus, sickness among the Anishinabe where whom Hallowell

worked was attributable to an imbalance in social relations. This network of relations extended also to other-than-human beings with to whom human beings had personal obligations. Minor ailments were not considered in this category; rather, chronic or life threatening conditions were attributed to some breach in the network of social responsibilities.

2.6 SUMMARY

An ecological model of medical systems is a major evolution of medical anthropological theory. The model incorporates cultural and biological variables into a general framework equivalent to the ecological concept of ecosystem. Within this framework, curing roles can be regarded as niches; the niche or role space varies in size according to the complexity of the surrounding society.

The degree of unpredictability facing a society is a function of the empirical efficiency of the society in manipulating its environment. Similarly, in medical systems the degree of magic incorporated into healing regimes may be a function of the empirical success of that system. Magic is defined as a tool to explain and deal with the unpredictable in nature.

Where cognitive clusters in a culture become highly

dissonant, uncommon stress will be generated. If the cultural mechanisms fail to deal adequately with this stress, a complete breakdown of the systems can occur. Such dissolution of cultural systems can be resolved by revitalization, a movement to reconstruct a cultural structure on the basis of a synthesis of problem and solution. Such a synthesis is usually achieved through visionary experiences of individuals who become prophets of the new way.

The literature of North American Native healing and medicine is divided into two general classes: annotated lists of botanical medicines and general ethnographic treatments of individual healers. A theoretical basis is conspicuously lacking in the relevant literature. Direct information on Muskekiwininiw medicine and most aspects of Asiniitniw ethnology is almost non-existent.

The work of Hallowell in the 1930's among the Anishinabe of northeastern Manitoba provides a good general framework for Algonkin ideas of healing and disease. The concept of other-than-human persons who bestow power upon human beings, particularly through dreams, and the principle of reciprocity as a governing force in the relationships between human beings and other-than-human beings are important to Algonkin beliefs about the nature of disease. As demonstrated in this paper, these beliefs exist among the linguistic relatives of the Anishinabe, the Nithawitniw.

Chapter III

METHODS

Methodology in social research has been criticized for lack of planning and haphazard structure (Pelto and Pelto, 1984). This criticism has often been directed at field research which is fraught with uncontrollable variables. Yet, the challenge of such a dynamic working environment should demand carefully planned research strategies.

Ideally, research methods should be designed to operationalize some research hypothesis (Kuhn, 1970; Pelto and Pelto, 1984; Smith, 1981). The generation of a testable hypothesis is essential to the practical application of methodology. However, often the goal of field research is to derive a set of empirical facts from which initial hypothesis can be inductively generated. In this sense, much initial field research is exploratory in nature. The orientation of this study is exploratory but it was guided by theoretical guidelines suggested by medical anthropology.

No single research method is perfect. A combination of independent methods should be employed for any research scheme to reduce possible error and avoid the biases associated with a single method. A series of independent research methods is

particularly important in cross-cultural studies which intend to translate ideas from one culture to another. This multimethod approach is known as triangulation (Smith, 1981). The triangulation design can be applied to data in terms of time and space, and to the number and type of investigators.

To collect the information required to develop a descriptive ethnography of Nithawitniw healing practices, this study relied primarily on methodological triangulation using the 'between method' strategy suggested by Smith (1981). The research methodology comprised three independent strategies to satisfy criteria for the triangulation multimethod approach: participant observation, formal and informal interviews, and a general information survey (literature review). These categories correspond to those given by Smith (1981). The combination of methods will fill major gaps inherent in any one method alone.

These methods are more fully explained in the following pages.

1. Participation-observation in ceremonial and ritual aspects of healing.

During the summer field season of 1984, I established

contacts among Native healers who were willing to apprentice me into the profession. As such, I was allowed access to ceremony and ritual instruction as well as tutorials on plant properties and their uses.

The apprenticeship opportunity arose through my personal history in Canoe Portage. I have fished and trapped in the Canoe Portage area, working with several Nithawitniw men from Canoe Portage. My unofficial status in the community allowed me to establish bonds of friendship which augment the extended ties I acquired with marriage to a Nithawitniw woman from the community. The relationships of trust which developed permitted access to sources of traditional knowledge.

Similarly on Big Island, through participation in the operation of a trap-line with a Asiniitniw family I gained acceptance in the community. I spent almost a full year living with this family; during that time some traditional religious beliefs were expressed to me through narrative teaching. The mother of the man with whom I trapped was an acknowledged herbalist. When I returned several years later to conduct my formal research, I was already known to this woman, and she was probably more comfortable talking with me because of my past association with the family.

2. Interviews with informants, with emphasis on healers and patients of Native healers.

Traditionally among the Nithawitniw, the White pattern of question-answer is an alien and even insulting communication form. The accepted pattern, as recognized by Preston (1975) for the Eastern Nithawitniw, involves long monologues where questions are answered indirectly and at great length. Waldram (1980) failed to obtain any meaningful results from a questionnaire distributed among the members of the Canoe Portage community. The interview process must therefore be a direct personal interaction conforming to communication patterns of Nithawitniw informants.

A formal interview process was initiated in both communities. This sampling scheme was not entirely random but depended on a cooperative attitude. The subject of medicine and healing can be disturbing for Nithawitniw people; I did not pursue individuals whom I thought might resist an interview. From Big Island, most people disperse to summer fish camps after spring break-up. Some interviews were conducted by travel from camp to camp to meet with informants.

The sample population for formal interviews was limited to those individuals between 20 and 45 years of age as it was felt that this was not an appropriate method for interviewing

the older residents. Interviews with individuals in the sample population were conducted according to the schedule presented in Appendix B.

The formal interview schedule from which I extracted data consisted of a series of coded and open-ended questions. The question series attempted to establish the extent of traditional lifestyle maintained by each individual, attitudes toward sickness, health and traditional medicine, and the extent of knowledge of traditional healing and medicine. I did not conduct any statistical or numerical analysis of the responses, since the sampling program was not random and therefore not susceptible to statistical analysis.

The interview schedule was administered to a trial group of Nithawitniw speakers before the actual field work began. Prior to the field season, all the questions were translated into Muskekiwininiw. The translations were recorded on microcassette tape and used in the field to provide interpreters with a model for the interview. Provision of such a model maintained consistency in the interview process between the communities.

People older than 45 were approached as a separate category; the limited number of such individuals necessitated a non-random selection process whereby as many as possible were interviewed. This portion of the population, the elders,

are particularly important to establish past traditions and determine continuity in beliefs and practices. Interviews with elders were unstructured to conform with the traditional Nithawitniw mode of communication.

All people interviewed were informed of the intended use of the information they provided. The formal questionnaire interviews included a taped and written version in both Nithawitniw dialects, and each respondent signed a document explaining, in Nithawitniw and English, the intent of my work. I informed the band councils in both communities of my research prior to undertaking my field work. My presence and my work became quickly known in each community.

Informal interviews were conducted wherever and whenever opportunities were presented and were recorded using a microcassette recorder wherever possible. The informal process was essential for soliciting information on sensitive issues as the formal interview process avoided probing sensitive areas of medicine. The random sample procedure cannot be applied to gather such information. Rather, trusted contacts were the primary data source.

Informal interviews were also very important in gathering information from healers and investigating the idea frameworks and paradigms held by healers. The traditional mode of

Nithawitniw communication can be fruitfully accommodated by the informal process. Such interviews followed the direction of the respondent but I did attempt to elicit information in several broad categories:

- a) Modes of knowledge transmission and the constraints applied to transmission of healing knowledge;
- b) Training regimes and power sources for apprentice healers;
- c) The etiology of disease;
- d) The relationship between healer and patient, and the responsibilities involved in each role;
- e) The extent of present healing activity.

3. Literature review of related work on Native medicine, health and healing.

My theoretical framework was constructed on the basis of general reading in the area of medical anthropology, concentrating on the role of healers in medical systems. I also reviewed Nithawitniw ethnographies and information on ethnomedicine among the Nithawitniw in general and the northern Nithawitniw in particular.

To fulfil the second objective of the study, collection and documentation of plants included in the Native pharmacology, plants were collected in the form of pressed voucher specimens and their identification were verified by a recognized secondary source, the University of Manitoba Herbarium. Nithawitniw names were recorded and cross-referenced according to use. Particular attention was given to the conceptual framework regarding the mechanisms of plant efficacy, schedules and patterns for picking, use and storage.

Owing to the extreme age and disability of some informants, voucher specimens were not obtained for all plants referred to in interviews. In the list of medicinal plants, I have included the Nithawitniw names of medicinal plants which I could not identify but may be of value to future research.

Throughout the study I engaged an interpreter to aid in translation of the accounts of older individuals and to obtain exact meanings of technical terms. Wherever possible, conversations were taped to provide accurate documentation of information. Material which informants deemed inappropriate for public dissemination were not included in any treatment of the data, verbal or written. The trust relationship between myself and my informants takes precedence over any other

obligation; my failure to observe any prohibition on information treatment would destroy my credibility and breach ethical bounds of the privilege accorded to me by the Nithawitniw. A summary document and tape in Nithawitniw will be produced to accompany the full final paper for distribution to both band councils, and key informants.

Chapter IV

RESULTS

4.1 INTRODUCTION

I had two broad tasks in my research: a major task of documentation and interpretation of the current healing roles in two Nithawitniw communities, and a subordinate task of documentation and collection of botanical medicines used in that practice. The structure of the chapters on results and discussion reflects the distinct purposes of my research. This chapter, and the discussion chapter, will deal with ideas, beliefs and ceremonial practices. The plants which I collected and documented are presented in an appendix as an annotated listing of species observed or discussed in medicine practice during my field work. Attitudes and beliefs relating to such medicines are discussed in the following two chapters.

The names of all my informants and teachers have been changed in the interests of privacy. I use only last names in the text. Certain biographical details have been altered or omitted, but do not affect the interpretations provided in this study.

The transcriptions of the taped interviews are available;

I have not included these transcriptions in this paper since the bulk of material would double the size of the document. In this paper, I have edited conversations originally recorded in English for flow and grammar. These edits are minimal, and I have attempted to preserve the flavour and pattern of speech of each informant.

4.2 STYLE

I have adopted a narrative style in my presentation of results. This style closely follows the manner in which I acquired information. Normally, among the Nithawitniw important information is placed in context through telling a story or relating an incident which the narrator has personally experienced or has heard about and believes to be true. There is a narrative tradition among the Nithawitniw known as ACIMOWIN through which important lessons are taught in the form of long narratives of events and legends. Normally, such narratives were told during winter, when the long dark nights provided ample opportunity for the telling of stories.

In reflection of the Nithawitniw, I have adopted a narrative style to place the results in context of the culture. Where I use this style, the text will be indented and single spaced.

4.3 ORTHOGRAPHY

Nithawitniw terms are capitalized in the text. The orthography is based on that developed at the University of Manitoba by Christopher Wolfart. This orthography differs in several ways from normal usage. The following guide to pronunciation should be followed to pronounce Nithawitniw terms in the text.

- a short, as in 'cup'
- a' long, as in 'back'
- c pronunciation varies from 'ts' to 'ch'
- d, th in the Asiniitniw dialect, varies from 'd' as in 'duck' to 'th' as in 'that'
- e as in 'jet'
- h indicates an aspiration before a consonant, or between vowels.
- i as in 'fit'
- iy as in 'fight'
- k as in 'crack'
- m normal usage
- n normal usage
- o as in 'foot'
- o' as in 'moon'
- p varies from 'b' in 'bat' to 'p' as in 'pat'
- s varies from 's' in 'sit' to 'sh' in 'shift'

t normal usage
w normal usage
y after i, makes a long 'i' sound, as in 'fight'

4.4 HEALERS

In the two communities studied, a range of healers existed in type and intensity of activity. The utilization of the various healers by the population differed between the two communities.

In Big Island, several healers were still consulted regularly by the older segment of the community. In the formal interviews with members of the general population, the names of the same people were consistently repeated in response to the question, "Do any people here [] make medicine?" Mrs. Jackson, Mrs. Trout, Mrs. Pideesis, Mr. Campbell and Mr. Fish were all mentioned in response. I was able to interview all of these people.

In Canoe Portage, several people were also consistently mentioned in response to the same question: Mrs. Brightnose, Mrs. Bull, Mrs. Hart, Mrs. Cutnose, Mrs. Jack and Mr. Mackenzie. I was able to obtain interviews with Mrs. Brightnose, Mrs. Bull, Mrs. Hart and Mrs. Cutnose. Mrs. Jack

and Mr. Mackenzie refused to be interviewed. Mrs. Cutnose was very cooperative and provided me with much useful information in the summer of 1984.

Mr. Moose from Canoe Portage was a very valuable contact. In 1984, he had been pursuing traditional healing for four years with instructors outside of Canoe Portage. Through his introductions, I established contact with Mr. Pipestem, a healer outside Canoe Portage, and Mr. Dumont, a healer who lives near Mr. Pipestem. Both Mr. Pipestem and Mr. Dumont provide services to people from a wide area, including Canoe Portage.

4.4.1 Types of Healers

In both communities, older people knew a few medicines which were commonly resorted to in the first onset of illness or minor affliction in a similar manner to the 'medicine cabinet' remedies resorted to by non-Natives. The Native medicines are kept in the home, or can be readily purchased when needed.

Beyond this general knowledge of a few medicines, certain individuals are recognized as possessing specialized knowledge and ability. The primary distinguishing feature among these specialists is the degree of ceremony involved in their

practice. On this basis, three broad categories can be identified: the herbalist, the ritualist, and the charismatic healer. These role categories overlap in individual performance, but a healer usually operates primarily in one mode: plant medicine, or ecstatic technique (with or without ceremony).

All of the women healers interviewed in both communities are herbalists. They rely or relied primarily on medicines derived from plants. The focus of their concern lay primarily in ailments of children and women. The Nithawitniw term which identified a herbalist was identical in both communities (with minor variation due to dialect): MASKIKI IN'IW (Muskekiwininiw) or MASKIKI IT'NIW (Asiniitniw). the literal translation is 'medicine person'.

Mr. Campbell, of Big Island, is primarily a herbalist. He relies extensively, but not exclusively, on plant remedies. While his major concern is with botanical medicine, he also possesses skills which take him beyond the range of the herbalist.

A young couple related the following story to me:

In the summer of 1985, the couple hired Mr. Campbell to do some work for them. One evening the woman complained to Mr. Campbell that she had a very sore foot. Mr. Campbell placed his hand on the floor, palm up; he asked the woman to step on his hand with her bare foot as hard as she could. Mr. Campbell then removed his hand, clenched his fist, and when he opened it, displayed a crushed spider. According to Mr. Campbell, the spider

was the source of the pain. The spider had been implanted through the work of another medicine person hired by a man angry with the woman for refusing his sexual advances.

Mr. Campbell's ability to extract such objects from the body is a characteristic of a PAWAKANIT'NIW (Asiniitniw), a person who possesses special abilities acquired through contact with supernormal beings.⁷ In Big Island, the term is applied to people who heal without resort to plant medicine. In Canoe Portage, such an individual is referred to as a KA-MAMATAWISIT (Muskekiwininiw), literally a 'person who does wonders'. This term is not used in Big Island.

Mr. Campbell uses very little ceremony in his healing practice. Mr. Pipestem, from the Canoe Portage region, is a KA-MAMATAWISIT who incorporates many ceremonial elements in his treatment. Among the healers whom I contacted, he used the most ceremony. However, he worked in conjunction with his wife Mrs. Pipestem, an accomplished herbalist.

The primary distinction between a herbalist (MASKIKI IN'IW) and a KA-MAMTAWISIT (or PAWAKANIT'NIW) lies in the degree to which supernormal aid is utilized. A KA-MAMATAWISIT relies heavily on supernormal aid in healing. Because of this

⁷ The term 'supernormal' is used throughout in reference to phenomenon conventionally referred to as 'supernatural'. I find the term 'supernatural' carries connotations of fantasy or unreality which do not reflect the Cree understanding of such phenomena.

aid, he can accomplish the single most significant act of a
KA-MAMATAWISIT: the injection or extraction of foreign
objects into or from the body.

In Big Island, Nikwaskwan was mentioned frequently as a particularly effective healer, a PAWAKANIT'NIW. He lives in La Ronge, and I was not able to contact him, despite three attempts to do so. His special ability is well-known in Big Island. Mr. Trout told me that several years ago, he ran into Nikwaskwan on the street in La Ronge. Mr. Trout had a pain in his arm and asked the healer for help. Nikwaskwan passed his hand over Mr. Trout's arm, singing as he did so, and the pain dissipated.

Mr. Campbell had this to say about Nikwaskwan:

J: I have heard about him. He knows medicine, and he sings to the sick, you know, singing a song while holding his hand where the pain is. In two or three weeks, the man is cured. That's what I heard.

I: By singing?

J: Yeah, he used to give me medicine that I couldn't find. He is very wild, and he won't let you talk to him for long.

Mrs. Trout spoke about Nikwaskwan in an interview:

I obtained some medicine from La Ronge, from Nikwaskwan, an old man, a medicine man.

I: Nikwaskwan. Cloudy? (laughter)

T: Nikwaskwan dreams, but I have no dreams.

I: Is there power in dreams?

T: Nikwaskwan is a dreamer. The person who dreams gets power from the dreams. Medicine people sometimes dream, their PAWAKANAK tells them about NITHAWI medicine.

J: They send just like worms ...

T: Bones, a person will use his PAWAKANAK to send bones into a person

I: How does a person get dreams?

T: Long time ago, long time ago people dreamed. NITHAWI medicine will not work if somebody uses witchcraft on the sick person. That person will go blind when he takes the medicine. The doctor will not know what is wrong with that person, the one who is bewitched, the MONIAS doctor will not know. Only the other PAWAKAN can help that person.

Long time ago this was happening. They sent MANCOS into people. Nikwaskwan will know all about that; Nikwaskwan can

take out the MANCOS. Nikwaskwan took MANCOS from Mr. Drum;

Mr. Drum was sick often. He used to take all kinds of medicine, but nothing worked. Then he went to see Nikwaskwan, who took the MANCOS out and put it in Mr. Drum's

hand. Mr. Drum couldn't do anything to the MANCOS.

Nikwaskwan seems to operate without ceremony; the fact that he supplies medicine to Big Island healers implies at least knowledge of medicinal plants. The Nithawitniw of Big Island distinguish between Mr. Campbell and Nikwaskwan by degree of ability, rather than kind.

Two categories of healers are distinguished by people in both communities: the MASKIKI IN'IW (MASKIKI IT'NIW) and the KA-MAMATAWISIT (PAWAKANIT'NIW). The first is equivalent to my

category of herbalist; the second includes two other categories distinguished in this paper but not in the communities: ritualist and charismatic. The first category, MASKIKI IN'IW, also has a broader meaning to distinguish Native healers from roles in the non-Native medical system.

In Canoe Portage, a distinct healing role has emerged within the past six years. A Christian evangelical movement has attracted a large segment of the community and provided a niche for Native preachers who also heal. The religious services emphasize healing through the 'laying on of hands' conducted by the local pastor, prominent members of the congregation, and circuit preachers. While apparently an intrusion from outside influences, the practice of this fundamentalist brand of Christian belief has significant roots in older traditional forms of belief; the connection will be discussed later.

4.4.2 Spheres of Activity

The herbalists generally confine themselves to treatment of obvious common ailments relatively easy to diagnose: coughs, colds, fever, and pain in specific body regions such as headaches and stomach aches. Ailments peculiar to women

and children occupy a significant portion of the herbalist treatment sphere. Most women healers are herbalists, and many claim that they acted as mid-wives in the past.

The KA-MAMATAWISIT is resorted to for two distinct areas of illness: chronic ailments indisposed to easy diagnosis which persist despite the attempts of the nurse or herbalist at treatment, and ailments resulting from the malevolent action of another KA-MAMATAWISIT. A third sphere of activity for the KA-MAMATAWISIT is more political in nature; it includes visits by politically powerful individuals simply for contact with the spiritually powerful, the KA-MAMATAWISIT. Such visits may help to alleviate the pressure Native leaders feel when dealing between two cultures and tend to reinforce Native identity.

Mrs. Trout described the limitations of the herbalist and non-Native doctor in an interview previously presented (page 51). She

indicated that neither NITHAWI (Cree) herbal medicine nor non-native medicine can treat afflictions caused by a PAWAKANIT'NIW.

NITHAWI medicine is literally 'Cree' medicine, which refers to the practice of the herbalist. When neither the non-Native doctor or Native herbalist can treat an illness

witchcraft is suspected.

Mr. Nappeesis confirmed this belief:

A doctor cannot do anything about a PAWAKAN. Only another PAWAKANIT'NIW can help that person.

4.4.3 Activity of Herbalists: The Care and Feeding of
Medicine Plants

None of the herbalists interviewed pursued their vocation as a full-time calling. Their activity was combined with the ordinary duties of living; since many herbalists are women who follow a traditional round of duties, their healing service was fit between tanning hides, sewing, cooking, cleaning: general household chores.

Mr. Campbell is a respected herbalist in Big Island. He is usually busy working at some job around the community: untangling fishnets, fishing, carpentry. In his practice, he is visited by patients who seek him out for treatment. He will come to the patient's home within a day bringing plant material. He then instructs the patient how to use the material. If the treatment fails, he will try another remedy.

The most significant area of activity for the herbalist is the collection and care of medicine plants. Plants picked for medicine must be treated with respect and care during the

collection process, in transit, and during storage. The need for this attitude is recognized in both communities among both healers and non-healers.

This attitude of respect is normative, that is, it prescribes action under ideal circumstances. Ideal treatment always requires placing tobacco in the ground for plants which are collected for medicine. George Trout told me that he and his uncle once went to collect PAWISTIKIWMASKIKI root in winter. They dug out the roots they needed, then broke up a cigarette and placed the tobacco in a small hole in the ground, then covered the hole.

His father, Mr. Trout had this to say:

Mr. Trout: Yah, when you harvest medicine you have to give some tobacco, or pour a little bit of liquor [in the ground]. Another man used to do that you know, put some tobacco in the ground.

Mrs. Trout told me the following in an interview:

Mrs. Trout: Yes they (my mother and grandmother) took me out and showed me the different kinds of plants. You must give tobacco for every plant you take, or snuff. The medicine will not work if you don't put something back there for the plants. The plants have to smoke, that is why you put tobacco and snuff there when you take the root out, put some tobacco in; fill it up.

Mrs. Jackson also mentioned the use of tobacco.

Mrs. Jackson: If you don't pay for the plants where you pick them, the medicine will not work. They (the plants) go back if you don't put anything in the

place from which you take them. The plants don't work if you don't pay them. You can't just take them without paying the medicine.

Mr. Campbell talked about tobacco:

I: Do you put tobacco in the ground when you pick medicine?

J: Yes, I have done that many times, so the medicine, it works better, it's strong. I break a cigarette if I don't have tobacco, a cigarette, I smash it, and the medicine works perfectly, that's right, the medicine works perfectly.

Mrs. Pideesis, the oldest practising medicine person in Big Island, refuted the necessity of tobacco in collecting plants. When we were collecting plants with her, my interpreter asked her if she was going to put any tobacco in the ground. She replied that it was not necessary.

For the herbalist, placing tobacco in the ground is a normative prescription which may not be followed. When Mr. Campbell took me to a river to identify plants, we picked some field mint (Mentha arvensis) without giving tobacco, despite his acknowledgement that tobacco should be used to ensure efficacy of treatment.

The exchange of tobacco for medicine plants was emphasized to me by the ritualist, Mr. Pipestem.

I mentioned to him that I wanted to collect a certain plant, POTACIKEWASK, which I had heard about the previous summer but nobody I talked with could identify. He knew

the location of some, so we set off with his wife Mrs. Pipestem to collect it. After a difficult journey where my truck sunk to the axles in mud, and a two mile trek through a swamp, we arrived at an open meadow where the plant grew. Before collecting any of the plants, Mr. Pipestem prayed, facing each of the four directions in turn, and placing tobacco in the ground in each direction. Hazel asked me if I had any tobacco; I had left mine in the truck, so she gave me some to place in the ground before I picked any plants. We collected plants in the vicinity of the tobacco; when we moved to another location, all three of us again placed tobacco in the ground. Mr. Pipestem did not pray this time.

Plants should be collected in a 'clean' place, a location away from the village and out of sight. Mrs. Jackson told me that if

a child or someone sees where you put that tobacco, and if they find it, and if they go and take it, the person who makes it will know that medicine will not work. You must pick medicine away from the village.

Mrs. Trout explained that a person

must pick medicine plants where nobody can reach them or step over them. You can't step on any plant you pick for medicine, otherwise they will not work.

Mr. Trout emphasized the importance of cleanliness:

And those plants you must prepare them well you know when you making the medicines like this, you must put them in a clean place, don't put it where somebody's walking around. You must clean the plants because they come from the wild country, they are not growing all over the place, they only grow in special places. You should even wash them right away where you pick them and prepare them there after you dry them. After you should put the unused portion back.

Never should more be collected than needed for immediate use, or estimated need for the winter. Plants must be cleaned as soon as possible, ideally at the site they are picked. When I went with Mrs. Jackson's husband Mr. Jackson to collect

medicine plants, we cleaned the roots we gathered in the spot they were picked. When we picked WIKIS (Acorus calamus) he put the adventitious roots back into the water, to grow again, he explained.

Medicine must be stored high off the ground after it is dried, in a clean bag. After use, the material should be burned in a fire. This was confirmed by informants in both Canoe Portage and Big Island.

Menstruating women must not approach medicine due to the possibility of contaminating it. During menstruation, women possess much power; this power is to a large extent uncontrollable and a woman may inadvertently damage the medicinal power of the plants.

Mr. Pipestem stored his medicine in paper bags tied to racks close to the ceiling of his house. Mrs. Pideesis, Mrs. Jackson, and Mrs. Trout had various medicine plants dried and stored in plastic and brown paper wrapping bound together and hidden some place well off the floor.

Mr. Trout told me:

you have to keep medicine in a clean place, and you should use a special clean cup you know, not a used one. When you take medicine you use the same cup, put it in a special place, if you don't keep it clean medicine won't work you know, but if you keep it real nice and clean the medicine will work because plants come from wild places,

that's why they must be clean.

Plant material gathered for medicine is washed and dried for later use. By far the largest portion of the plant gathered consists of roots; usually, roots are cut to a length equivalent to the width of the hand, then tied together with thread or cord in bundles of four or five. These bundles are dried close to the ceiling, often near the stove pipe. The rhizome of WASKATAMO (yellow pond lily) are cut into disks, pierced by a needle and strung on a cord and hung to dry.

Woody stems are bent, but not cut, into short lengths which are bound together; herbaceous material, stems and leaves are dried then broken into coarse powder. Roots may also be powdered using a jar with a metal lid perforated from the inside with a nail use for a grating surface. Mr. Trout described one of these devices:

You should use something like a baking powder can, with a cover. You punch some little holes from underneath to the outside see, and use this thing when you wish to prepare medicine. You just scrape like this and you could grind it up [he made motions across the lid with his hand as if he were scraping something held between his thumb and fingers] like this. It's pretty handy you know. We have seen the old people using some fine caribou hide, the white stuff, and I used to see my old grandpa, he was preparing some medicines likethat, some of them like WASKATAMO, and something else you know.

Mr. Campbell showed a grater made from a tin baking powder can. The same device was described by informants in Canoe Portage.

Mr. Campbell specified fresh plants as providing the best medicine, but he was in agreement with other informants in the choice of late summer to early fall as the best time to collect plants for medicine. This time was considered optimal by all informants, especially for roots.

Mrs. Trout told me

The plants are finished growing in the fall, the sap is no longer running in the trees. If you pick the plants right now in summer while the plants are growing you may get a rash from that bad plant WATHAMAN. Pick all the plants in the fall. WATHAMAN may be growing anywhere; it is poisonous, it is dangerous . . . Medicine plants should not be picked in the summer. Pick them in the fall, only in the fall. Pick all medicine plants in the fall. All the plants are growing in the summer. Fall, that is the time the old ladies pick the medicine. In the summer, you might touch WATHAMAN, which is dangerous. If you touch it, you will get a rash every spring because the WATHAMAN starts growing in the spring.

Mr. Dumont explained to me when I first met him that the power of plants goes down to the roots in the fall, where it is stored for the winter. Accordingly, the medicine is most concentrated in the fall and spring, before the plants are fully mature.

The vast majority of herbal medicines are prepared as MASKIKIWAPOY, 'medicinal liquid'. Mrs. Pideesis noted the Nithawitniw preference for liquid medicinal preparations and compared it to the non-Native preponderance of medicine in pill form.

Water-based medicine rarely requires more than two

different species; the majority of remedies are based on a single species. Medicinal liquids are made by boiling the material, or steeping it in hot water.

Besides water extraction, the medicine value of plant material can be obtained by chewing, or application in the form of a poultice, a TAHKOPICIKANIS. The root WIKIS (Acorus calamus) can be dried and ground in a powder which is applied externally in a poultice, or it can be used in tea, or most commonly, it is chewed.

Roots and stems are measured in increments based on the hand: Mrs. Cutnose and Mrs. Trout used the width of the hand, a convenient method that allows easy bending of the material to the proper length. Mrs. Cutnose recommended the use of four roots in many of her remedies; from other informants, numbers of twenty, eight, and most commonly, one were recorded for different species and remedies.

4.4.4 Ritual Activity

Mr. Pipestem was the most accomplished ritualist with whom I had intensive contact. While I stayed with him I had a chance to meet several other Native ritual healers. One of these, Mr. Dumont, was especially helpful.

Mr. Pipestem lives on the bank of the Black Bear River with his wife in a one room cabin. Several out-buildings house chickens and geese, and provide accommodation for frequent visitors. His home is quite isolated; the nearest town is 13 kilometres away; he is originally from the community of Shallow Bay, 40 kilometres distant.

I was introduced to Mr. Pipestem by Mr. Moose, a friend from Canoe Portage who was learning ritual medicine practice from several Native healers. I visit Mr. Pipestem early in July 1985; I found him at a small wayside park off the highway near his home, where he was selling birch bark baskets made by his wife. At this initial meeting, I gave him a package of cigarette tobacco, a box of cedar branches, and a drum as indications of my serious intentions. I also told him about a series of dreams I had several years before about bears. He told me that these were special dreams, and perhaps he could teach me what I needed to know. He welcomed me to come at a later date and spend time with him and his wife; during this time, he would instruct me in ceremonial healing.

The basic tools of Mr. Pipestem's practice are his pipe, drum and rattle. His drum is perfectly round, constructed from a wooden frame about half a meter in diameter and covered with untanned deer hide; this hide surface is fixed to the inside of the frame by staples. Two twisted rawhide thongs span the diameter of the frame, crossing perpendicularly in the centre. These thongs allow the drummer to vary the tension in the head. The drum head is painted to depict Mr. Pipestem's most important vision.

The rattle is made from untanned moose hide. It was constructed by soaking the hide and cutting out two circles about 20 centimetres in diameter with rectangular flaps extending from each circle. These pieces were sewn together, creating a pouch with an opening at the end of the flaps. The wet hide was then filled with oats; when the hide dried, the oats were replaced with a few small stones, and a handle of dried poplar was inserted with hide strips wrapped around the neck created by the flaps.

The pipe is Mr. Pipestem's most sacred implement. In

Nithawitniw language, the pipe, OSPWAKAN, is animate. It is a very powerful instrument. Anyone who owns a pipe must treat it with respect; improper treatment can result in harm to the owner. The pipe must not be taken out if the owner is drinking. Mr. Pipestem's pipe has a stem of dark red wood about .3 meters long; this inserts into a high stone bowl shaped like an inverted -T, which is also red. The bowl and stem are not joined when in storage, the pipe is stored in a deer hide bag sewn with hide cord and closed with a flap secured by a button made of antler. Mr. Pipestem's pipe was a gift from an older Anishinabe ritual healer. I have seen two other pipes, with similar dimensions and construction; both had stems of cream-coloured wood and stone bowls; one had a stem with a spiral pattern.

Mr. Pipestem also has a special shirt he wears only when conducting a ceremony. It is red, without buttons or collar; yellow and blue ribbon run in two parallel bands in a -V-pattern from the shoulders down the chest to a point in front.

The shirt is never worn except during a ceremony. It hangs with the pipe, drum and rattle, close to the ceiling in the corner of the house above Mr. Pipestem's bed. A braid of sweetgrass is also hung there. These things are never taken down needlessly.

I spent nine days living in Mr. Pipestem's house. When I arrived, a young Native couple from The Pas were preparing to leave after visiting for two days. Before they left, five people arrived from The Pas, a young man and four women. One of the women had come for healing of chronic headaches. Upon entering the house, each person shook hands with all those within, which were Mr. Moose, Mr. Dumont, Mr. Pipestem, Mrs. Pipestem, the young couple and another young man who was travelling with them, and myself.

Everyone who entered was served tea, bannock and a bowl of stew. The young couple delayed their departure to meet the Anishinabe healer with whom Mr. Pipestem was going to conduct the healing ceremony. This healer was the grandson of the man who had given Mr. Pipestem his pipe. This younger man was going to perform a sweat lodge ceremony.

It was early evening when the Anishinabe healer arrived with two helpers. The couple from The Pas had already departed. It had been raining all day, so the lodge was erected inside the house using a special floor frame.

Mr. Dumont, Mr. Moose and I prepared the lodge. Eight willow poles were cut, each about three meters long. A forked willow stick was cut to hold the pipe during the ceremony. While Mr. Dumont cut the poles to size, Mr. Moose and I heated granite stones, each weighing about 5 kilograms, in a fire of aspen wood. A shorter willow pole was prepared to carry the rocks into the lodge. This pole was thinned in the middle to allow it to bend nearly in half without breaking.

The lodge was constructed by forcing the butts of the willow poles into holes drilled into the floor frame. The floor frame was eight-sided with a hole at each corner. Each pole was then bent over its partner in the hole directly opposite and the tips of each tied to the other. This resulted in a rounded frame consisting of two pairs of hoops, each member of one pair formed by two poles, and each member of a pair parallel. The two pairs of hoops were perpendicular to each other, crossing to form four corners).

With the frame complete, three canvas tarps were laid over it. The covering was left open in the south and a pan filled with sand was placed inside toward the north side. The first two rocks, which had been heating for two hours, were brought in using the willow carrying stick; six more rocks were brought in using a shovel and pitchfork. The actual ceremony began about eight in the evening. All the men sat in a half-circle in front of the lodge entrance. Mr. Pipestem sat just west of the entrance; Mr. Moose sat across from him as his attendant. I sat next to Mr. Pipestem, Mr. Dumont was next to me, then the young man from The Pas, the two companions of the visiting healer, and finally the healer himself just east of the lodge entrance and directly opposite from Mr. Pipestem. The women, including the patient, sat on a bed nearby.

Mr. Moose kept a braid of sweetgrass burning in a frying pan between himself and Mr. Pipestem. Mr. Pipestem passed the pipe, rattle and drum through the smoke. The gifts brought by the visitors, including packages of cigarette tobacco, were also passed through the smoke. All these things were moved in a clockwise direction.

Mr. Pipestem then prayed in Nithawitniw for about ten minutes. His speech was rapid and punctuated with periodic 'how's by the Anishinabe men. The pipe was then passed around the circle from the Anishinabe healer. The pipe is usually held with the bowl in the left hand and the stem in the right; it can be turned clockwise, the

bowl pivoting in the palm of the left hand before passing to the person on the left, but this manoeuvre is optional.

I was the last to receive the pipe before passing it back to Mr. Pipestem. I was about to pass it to one of the women just to my left, but Mr. Moose motioned that I was to pass it to Mr. Pipestem. Mr. Moose later explained that among the Anishinabe, women do not participate in the pipe ceremony. This proscription is not found universally among the Nithawitniw, where women sometimes participate.

Mr. Pipestem then smoked again, and prayed. While speaking, he fanned the air with an eagle wing, moving it slowly a few centimetres above the ground.

Mr. Pipestem prayed for about five minutes, then the men prepared to enter the sweat lodge. Mr. Moose brought a pail of water inside and broke sweetgrass into it. Mr. Dumont brought in a sprinkler made of willow leaves bound with willow bark.

The lodge could accommodate five people. The three Anishinabe men, Mr. Dumont and the young man from The Pas changed to bathing suits or entered in their undershorts. Mr. Pipestem, Mr. Moose and I remained outside. When the men had entered the lodge, Mr. Moose passed the pipe inside. The Anishinabe healer prayed, then Mr. Moose passed the water and sprinkler in. We closed the canvas and shut the lights. The healer inside began to speak very quickly in a high voice while shaking a rattle. Outside, Mr. Pipestem beat a fast rhythm on his drum.

The men remained in the lodge for 15 to 20 minutes, then took a five minute break in which they drank water. The break was followed by another 20 minute session, after which the men re-emerged. Mr. Moose and I then cleaned up, removing and folding the tarps, collapsing the willow frame and removing the rocks. The willow frame would not be used again.

The patient and her companions remained for a while afterward. The atmosphere was light and jovial. When they left, each of the visitors shook hands with everyone else in the house. The Anishinabe men remained for another half an hour; they talked and joked with Mr. Pipestem in Anishinabe.

One of the woman had arranged to bring her son for healing. The ceremony was to be held in conjunction with a feast Mr. Pipestem was going to host in honour of his

bear spirit. He had received instruction in a dream to hold a feast for the bear.

Preparation began on Tuesday for the ceremony on Thursday. Mr. Dumont and Mr. Moose went hunting on Tuesday and Wednesday; on Wednesday night they shot a moose. The directions Mr. Pipestem had received in his dream required the service of only wild food. Besides the meat, canned berries were purchased and tea made from Labrador tea leaves (Ledum groenlandicum). Mrs. Pipestem and her adult daughter spent Thursday morning cooking.

On Wednesday and on Thursday morning Mr. Pipestem, Mr. Dumont, Mr. Moose and I cleared an open area in the forest about 50 meters behind Mr. Pipestem's house. We cut standing poplar for fuel to heat the rocks; Mr. Dumont explained that while the Anishinabe used poplar, the Nithawitniw often use birch.

Mr. Dumont and I carried twenty-four granite stones to the site. Mr. Dumont told me he had been participating in sweat lodge ceremonies since he was eight (he is now over fifty). He places great importance on suffering in preparation of the sweat lodge: hauling stones and wood over long distances, and using an axe rather than a chainsaw. (We used a chainsaw to cut the wood and a truck to haul it). Such serious talk was interspersed with jokes.

The Anishinabe healer arrived as we were carrying the wood to the site. He brought with him two young men in their late teens in addition to his uncle and his brother who had accompanied him on the first occasion. The two young men were the official helpers. They helped us carry the rest of the wood, and then they began to construct the sweat lodge.

This lodge was much larger than the one used inside the house. Again, it was constructed of willow poles but it was bilaterally symmetrical whereas the other had been radially symmetrical. The frame was oblong in shape, lower at each end and highest in the middle. The long axis of the structure ran north-south. Initially, a single hoop was made by driving the butts of two short poles in the ground, then bending them over each other. The tip of one was then tied at the base of the other. The single hoop faced south and was so short that a person had to crawl to pass under it.

Three meters north of the hoop, a long willow pole was driven into the ground. It was bent and tied to the

short hoop by its flexible tip. This pole ran north-south, perpendicular to the hoop and creating an arch. A series of 'ribs' were then constructed perpendicular to this arch pole. Eight sets of ribs were made, each consisting of two willow poles pushed into the ground and bent over the arch pole. Each member of the rib pair was tied to its partner by its free, limber end. The ribs were spaced so that the width of the lodge tapered at either end and was greatest in the middle. The complete frame was about one meter high in the middle and about the same across. A pit was dug close to the north end of the lodge. The entrance faced south.

The young men had not finished the frame when the visitors arrived and the feast began. Six people from The Pas had come: the patient (a young man about 21), his mother, his brother and his brother-in-law, his sister and his sister-in-law. The woman sat facing the uncompleted lodge; Mr. Pipestem sat to the west of the entrance, and the other healer sat to the east. Mr. Dumont sat across from Mr. Pipestem as his assistant. Clockwise from the Anishinabe healer were his uncle and his brother, then the two younger assistants, Mr. Moose and myself. The woman sat in a row between myself and the three men from The Pas, including the patient, who sat on a chair in the shade. We were seated roughly in a circle beginning and ending at the sweat lodge.

Before Mr. Pipestem began his prayer, one of the young Anishinabe helpers carried a braid of sweetgrass around to each person, beginning with Mr. Pipestem. The sweetgrass was burning in a frying pan and everyone motioned through the smoke as if washing their faces and upper bodies. When the sweetgrass was returned to its position between Mr. Dumont and Mr. Pipestem, Mr. Pipestem passed the pipe, drum and rattle in a clockwise direction through the smoke. The gifts were also passed through the smoke: tobacco, blankets, a set of pots, and a rifle.

Mr. Pipestem prayed in a manner identical to the earlier ceremony; he pointed the stem of his pipe in the four directions, then above, proceeding from east to south, west and north. He then pointed the pipe stem at each object in front of him: the pipe, rattle and drum, and the gifts. He referred to the gifts as offerings for the spirits. The pipe, when not in hand, rested on a forked willow stick between Mr. Dumont and Mr. Pipestem. Mr. Pipestem then prayed for the young man; tears began streaming down his face about half way through his oration.

When Mr. Pipestem finished, the pipe was passed around to each man to smoke. None of the women participated. One of the young helpers took the pipe from me across to the men from The Pas; when the patient, who was the last to smoke, had finished, the same young helper took the pipe back to Mr. Pipestem.

Mr. Dumont refilled the pipe, and the Anishinabe healer smoked in a manner similar to Mr. Pipestem, but at a much faster pace. Bowls, cups and utensils were then distributed by myself, the young Anishinabe helpers, and Mr. Moose. We began at Mr. Pipestem and continued in a clockwise direction.

The food was served in the same manner: moose stew, hare stew, bannock and a drink made from Labrador tea leaves. The pace was slow and deliberate; additional helpings were served until all the food was gone. Four bowls of berries were circulated clockwise; these were eaten from the bowl and circulated until empty.

When the meal was finished, the people broke from their positions and talked freely. The women washed the dishes and the helpers built a fire around the stones for the lodge. As the stones were heating, the Anishinabe helpers completed the lodge. A canvas tarp was placed over it and the interior arranged; two eagle wings were secured to the frame behind the pit, weasel skins laid on either side of the pit along with a pipe each side.

The Anishinabe healer talked with the patient and his relatives. Mr. Moose told me that if I had any requests, now was the time to approach the healer. These requests could range from predictions of future events to healing afflictions.

It was close to sunset when the rocks were ready. The young helpers brought the rocks in, each using a willow stick thinned in the middle and bent around the rock. One made a water sprinkler of willow branchlets wrapped with a bark handle. Sweetgrass was scraped into a pail of water. We then entered the lodge in this manner: the healer and his brother at the north end, facing each other just north of the rock pit; from the healer descending south on the west side: the patient and his brother; from the brother descending south on the east side: Mr. Dumont, myself, the healer's uncle, and Mr. Moose. In the middle, just south of the pit sat the two young helpers.

The ceremony consisted of two sessions of steam heating divided by a five minute break. Each session lasted

about half an hour and each was preceded by circulation of the pipe to each man in a clockwise direction from the healer. Each time, the pipe was lit by an ember from the fire outside; the ember was held in the split end of a willow stick. The ember was then placed just north of the rock pit. Bear grease was also passed around in a small glass jar. The grease was placed on either temple and on the chest.

When the pipe had come back to the healer, the canvas was closed. The healer prayed in Anishinabe using a high, rapid falsetto voice. Four times in each session he splashed water from the pail onto the rocks using the willow leaf sprinkler. The resulting heat was incredible. Then the Anishinabe men would sing a chant, accompanied by the rattle, and Mr. Pipestem beat on his drum outside the lodge. The heat was intense; the interior was completely black and the sound of voices and instruments seemed to fill the lodge completely. It was very cramped during the first session; in the second session, there was more room since the patient and his brother did not participate.

When we finished, the sun had set but it was not yet dark. The canvas was removed, and the healer was prostrate on ground inside the lodge frame. His brother covered him with towels and then applied bear grease to his body and temples. The brother explained to the group that this condition was normal; the sickness from the patient had been absorbed by the healer, who was now eliminating it from himself. The healer regained consciousness within ten minutes. He and his brother talked with the visitors from The Pas while the helpers put away the canvas and other goods. Mr. Moose and I carried Mr. Pipestem's things back to his house. The group dispersed quickly and once again everyone shook hands. The patient's older brother kissed and received a kiss on the cheek from Mr. Pipestem and the Anishinabe healer when they parted.

4.4.5 The Mandate to Heal

Among the Nithawitniw, the ability to heal derives from two sources: empirical knowledge which can be transferred from person to person, and supernormal mandate. Supernormal sources can provide both direct instruction in plant use, and the gift of ability to heal without resorting to physical

medicines.

The degree to which medicine people follow a supernatural mandate varies over a wide range. But even those healers who rely on plant medicines alone usually recognize some power source behind the healing process.

Mrs. Pideesis, a well-respected herbalist in Big Island, uses plants without resorting to supernatural aid. However, she acknowledges the operation of a higher power behind the effectiveness of her medicine:

Some people think that plants are worthless, growing in the ground, yet all the plants are pointing to heaven, that is where God is, that's why, he is the one who makes the plants, that is why they are strong.

Mrs. Jackson began her activities under the duress of a family crisis:

J: The time that I had only 2 children, one was a year old and the other almost three. One became very sick. We were living north of here on the trapline. There were no doctors at that time. (This had to be at least 35 years ago). I felt very terrible about my child, and I dreamt about certain medicines. I decided to try those medicines to see if they would work. The medicine did work and my child was healed. I dreamt that I was boiling those medicines. And again I had a dream about a beaver being skinned, only I knew it was the inside of my child's body. His heart looked like smoke inside his chest; that is how the medicine works. Every time I make medicine I always dream first. If the sick person looks worse in my dream, I cannot give my medicine, the medicine will not work.

While Mrs. Jackson did not ascribe her healing ability to a specific supernatural power, her reference to a dream

mechanism indicates an ability to operate in a supernormal sphere.

Mr. Campbell told me of both an empirical and a supernormal source of knowledge:

C: My great grandfather taught me some things. I learned others on my own. I tried them some worked; others didn't. You cannot keep medicine in a bag. It must be picked fresh for it to work. Also, you must peel the bark, use the stems. The bark is poison. There is much to know.

I: Do you ever dream about medicine?

C: Yes, sometimes I dream about the plants. They talk, he tells you which ones are good to use, for what sickness. Sometimes you see a plant, it will sing to you. You know that's a medicine plant. I pick(ed) medicine on the rapids. I had to pick them once (and) I hear somebody breaking a stick in the bush. I said "What do you want?" He said, "I want you to carry me gently, not roughly. I should have picked them up, that's what it said; you talk to it, next time you hear something, or you hear a plate, or cup break, or a whistle, some whistles, that's them [the medicine plants]. It's wonderful, it's wonderful.

Three sources of knowledge are available to Mr. Campbell: historical knowledge from older relatives, a personal experimental procedure, and direct communication with plants.

Ritualist healers ascribe extreme importance to instruction through dreams. Mr. Pipestem admonished me many times to be careful and to proceed only according to instructions through dreams. To undertake specific healing pursuits without the sanction of spiritual instruction would

invite harm. Mr. Pipestem does not participate in sweat lodge ceremonies because he has not received spiritual instruction to do so. Thus, for the ritualist, to be a healer is a highly individualistic calling. However, advice is constantly sought from older or more experienced individuals concerning the interpretation of dreams and the proper ceremonial actions.

Mrs. Jackson received dream instruction under the duress of a family crisis: Mr. Pipestem also began his healing career under the impetus of a personal crisis involving his own health. When non-Native medicine could not help in a serious illness, his family took him to three Native medicine people who ascribed his illness to a failure to respond to a dream-vision he had years ago as a young man. The ensuing sickness, years later, could only be alleviated through his adoption of the healing way.

Achievement of power is invariably associated with some ordeal. On Big Island, I was informed by a trapper that in the old days babies were put under water for the winter; if they survived, they would have tremendous power. Alternately, babies were left in a nest in a tree for the winter; if the child didn't freeze, it would have power. Outrageous as these statements may sound, P.G. Downes (1946) recorded a similar belief current over sixty years ago in the same area. Downes' source informed him that young men gained supernormal power by

remaining in a nest for three months.

Hallowell discussed the dream fast among the Anishinabe (Ojibway):

when a boy is ready to depart for his dream fast he is accompanied into the bush by his father, grandfather, or other male relative. When they arrive at a desirable spot a "nest" ... is built. This dream fast lasted 10 nights.⁸

The idea of the vision quest was recognized in Big Island, but the practice has obviously faded to a memory of some distant past.

Mr. Campbell described the process of vision quest:

C: Well, they dream about that [the PAWAKAN] maybe they talk to them while sleeping, they sleep anywhere, no blankets, that's where you dream. That's the way they did it, the old timers, when they want to know something. They go and sleep anywhere, without blankets, just like this [he closes his eyes and rests his chin on his chest, with his arms crossed in front of him]. You can't sleep, that's the way they did.

Mr. Pipestem warned me to follow carefully the instructions I received in dreams and to proceed cautiously. The pursuit of power too assiduously could cause harm and the loss of power. At the feast hosted by Mr. Pipestem for his bear PAWAKAN, Mr. Moose requested the Anishinabe healer to

⁸. p 465 in Hallowell, A.I. 1966. The Role of Dreams in Ojibway Culture IN Contributions to Anthropology: Selected Papers of A. Irving Hallowell. University of Chicago Press Ltd. London: 1976, 534 pp

search for an answer during the sweat lodge ceremony to Mr. Moose's feelings of uneasiness which he had been experiencing. At the end of the ceremony, the healer informed Mr. Moose that he had been moving too fast and carelessly and lost what spiritual power he had gained. He was required to put away his rattle and drum, but should continue using his pipe. Mr. Moose did not seem upset afterward; he appeared relieved and said he could get back to fishing.

Instruction through spiritual teaching in dreams is regarded as the highest mandate to heal. However, the bulk of instruction takes place between human teacher and student. The nature of this instruction is informal and the pace proceeds according to the ability of the apprentice.

At the time of my fieldwork, Mr. Moose had been visiting medicine people for five years in an attempt to become an adept healer. At that time, he had no principal teacher, but divided his time between Mr. Pipestem, Mr. Dumont and medicine people in Saskatchewan and southern Manitoba.

A prospective student must exhibit sincerity, desire to learn and willingness to sacrifice material goods. A respected ritual healer can demand a high price for his instruction. However, ritual healing also requires some demonstration of unlearned talent; this is most frequently

manifest as significant dreams or visions. My dreams of bears were sufficient to secure my acceptance by Mr. Pipestem as a student.

Tobacco is offered to a healer as a prelude to conversation about medicine and healing. In an established teacher-student relationship, tobacco is only offered in actual ceremonial occasions. The tobacco offering is mandatory where the individuals do not know each other well, or have not seen each other for a long period of time.

The duration of the apprenticeship can extend over several years, especially where the contact is infrequent. Extensive contact is apparently not a requirement for apprenticeship. Mr. Moose had maintained an intensive but relatively infrequent apprenticeship with a number of senior healers over a five year period. Mr. Pipestem encouraged me to seek out other healers and learn from them. Both he and Mr. Moose frequently acknowledge that they could not possibly know everything about medicine.

Mr. Pipestem was instructed by an older Anishinabe healer from Saskatchewan; the relationship culminated in the gift of a pipe from the older man to Mr. Pipestem. Now that the older man has died, Mr. Pipestem maintains ties with the grandsons, two of whom travel widely as ritual healers. Both these men

were present at the healing ceremonies I observed at Mr. Pipestem's home.

All of the herbalists I interviewed received at least some, if not all, of their instruction from older relations, usually a parent, grandparent or both. These instructors did not demand anything for their instruction. The process of instruction was informal and consisted primarily of observation, then participation later as the child matured.

Instruction in ceremony tends to be more formalized, primarily because of the powerful forces with which the ritualistic deals. One morning Mr. Moose gave Mr. Pipestem a ribbon given to him by an acquaintance; apparently the ribbon had some power significance and Mr. Moose wished to know how to use it. Mr. Pipestem was annoyed that Mr. Moose had accepted the ribbon without knowing how to use it or learning how to use it from his benefactor. He lectured him on the importance of caution when dealing with such things.

Still, a large part of instruction in ceremony is watching and helping. Participation as a helper and assistant in ceremony is crucial in the apprenticeship.

4.4.6 Payment for Services

Just as instruction requires payment, every healer requires some form of payment for healing services. There is no fixed price; material goods are still prominent in the balance. People are expected to pay according to their ability, an economic principle known as 'perfectly discriminating pricing'. That is, people pay according to the value of the service to them.

The normative view explains payment as a contribution based on faith in the spiritual forces operating through the healer. The concept is similar to the Christian principle of giving to the church as the representative of a divine being.

On the subject of payment, Mr. Trout said:

And you have to pay somebody for giving you the medicine, and if they don't pay you when you give someone medicine, you are going to be sick yourself.

I: Does it all depend on how sick you are, how much you pay?

T: Oh, oh you know, as much as you (want), pay a little bit, couple of dollars, four or five dollars, something like this you know. You know, I once paid for medicine myself one cup for five bucks, just one cup five dollars, one drink. I payed five dollars and I'm all right . . . So I just drank once and I didn't take any more but the medicine person gave me some extra, he gave me about four balls of heart root, and he told me how to use it so I could make it myself, but we gave another dollar and a half for that see, so that's the way.

I once asked Mrs. Trout how medicine worked. She replied:

You're the one, you will know if the medicine is working when you give it. You have to use it all. If that person gets well, if it works, that person has to pay

you. You have to get paid when you give somebody NITHAWI medicine; if they don't pay, you will get sick.

Mr. Pipestem received expensive goods in return for his services. In addition to cash, he was given household items such as blankets, a new set of pots and dishes, and a rifle at the feast which he hosted.

Payment to elder herbalists is often in the form of alcohol: wine or whisky. Jane Bow gave Mrs. Jack a bottle of whisky for healing her infant son. George Trout gave his grandmother two bottles of wine for healing his son. Mr. Campbell told me that he receives alcohol often as payment for his services. (The symbolic significance of such gifts is discussed on page 149.)

4.4.7 Extent of Activity

In both Canoe Portage and Big Island I could find no evidence of transmission of medicinal knowledge from older herbalists to younger students. This breakdown in the passage of knowledge can be ascribed to three major causes: the elimination of the cultural conditions which provided the environment for traditional teaching, lack of interest among younger people, and the unwillingness of some elders to teach.

In the past, herbal medicine was learned during the seasonal round of hunting and gathering where children

accompanied their parents and grandparents on the land. With the centralization of Native populations in communities, children spend relatively little time on the land, where knowledge of medicinal plants was conveyed during the process of every day living.

While most young Nithawitniw in both communities found the subject of traditional medicine interesting, the energy and time needed to learn the skills required of a herbalist were devoted to the immediate pursuits of earning a living in a world where such knowledge is becoming increasingly obsolete. Young people in both communities have faith in the efficacy of traditional plant remedies, but I could find none who were apprenticing with an older herbalist.

Two elder herbalists in Canoe Portage expressed unwillingness to teach any younger person. The exact nature of the reluctance remains unclear, but it seems to be grounded in disillusionment with the entire way of life which the community has experienced since its relocation. The sense of dislocation which has manifested itself in violence among the younger generation has resulted in a general apathy among the elders.

Herbalists are consulted more in Big Island than Canoe Portage. People over forty form the largest portion of

herbalist practice, but couples will often bring their small children to a herbalist for treatment of persistent sickness.

In both communities, the nurse is the first line of recourse for illness which persists or cannot be successfully treated at home. At the nursing station, the medicine is free, the nurse practices full-time, and a trip to the station provides a chance to visit with other people. Visitors to both the nurse and the herbalist are mostly women and children. Nithawitniw men normally maintain a stoic attitude towards sickness which dictates a visit to a medical person only under extreme circumstances.

Everyone I talked with in Big Island has used a Native healer at one point, either for themselves or for their children. For younger people, this use may have been limited to a visit by a herbalist when the patient was a child, or simply obtaining a piece of WIKIS root later in life.

In Canoe Portage, most people over 30 have used a herbalist or ritual healer for themselves or their children. In both communities, every adult has heard of WIKIS, the most common plant medicine. Most have used it and the root can be obtained easily in both Canoe Portage and Big Island.

As a ritual healer, Mr. Pipestem has a very active

practice; healing is now his primary occupation and source of income. Mr. Dumont, who lives within a few miles of Mr. Pipestem, is also very active. Nithawitniw men with political power in their communities visit Mr. Pipestem; three councillors from the Canoe Portage band had seen Mr. Pipestem in June, 1985. Mr. Pipestem also attracts younger Nithawitniw people who seek him out as a source of knowledge about traditional life. Part of Mr. Pipestem's attraction is his moral code, which prohibits drinking, violent behaviour and emphasizes generosity and caring for others. Mr. Pipestem is very conscious of this moral code as a part of his medical practice; this moral element is lacking in the treatment by herbalists, who rely on the efficacy of their plant medicines and do not prescribe behavioural modifications in their remedies.

Mr. Pipestem and Mr. Dumont identify themselves as Nithawitniw, but they are both fluent in Anishinabe. Mr. Pipestem is originally from Shallow Bay, a Nithawitniw community with strong ties to Canoe Portage. Shallow Bay lies on the extreme northern edge of the northern plains; its location has exposed it to a strong influence by Plains Nithawitniw and Plains Anishinabe culture.

With roots both in Muskekiwininiw and Plains culture, Mr. Pipestem can service a wide clientele. He receives visitors

from The Pas, Saskatchewan and throughout the Swan River area. His service is educational as well as strictly medical.

4.5 DISEASE CATEGORIES

I observed two broad categories of disease: those amenable to treatment by a herbalist or non-Native medical person, and those which can only be treated by a healer with spiritual power, a KA-MAMATAWISIT. By implication, the first category is further divided into those ailments which are associated with non-Natives, and those ailments which can only be alleviated through traditional herbalist methods.

Cancer, diabetes and tuberculosis are the three major diseases falling in the non-Native disease category. For these, treatment by non-Natives is sought. Native herbalists are regarded as particularly effective in treating children's ailments and afflictions peculiar to women. Herbalists also treat ailments with easily discernable symptoms: diarrhoea, coughs, fevers, toothache, headache, stomachache, backache, sores, and cuts. Herbalists treat and attempt to alleviate the symptoms of disease.

In both Big Island and Canoe Portage, children are particularly susceptible to a folk-illness at the time of teething: E-KINAKAPITET E-TAHKAPITEWACIT ("he gets cold in

the teeth while teething"). According to the Nithawitniw diagnosis, it is a serious condition which can result in the death of the child; the symptoms are fever, loss of appetite, weight loss, and diarrhoea.

George Trout told me that one of his sons experienced this affliction when teething. The boy was sent out to the hospital, but he did not improve. The mother suggested they take him home so George's grandmother, a herbalist, could look after him. The grandmother took the boy into her care for two nights; she healed him and they paid her with two bottles of wine.

Jane Bow from Canoe Portage had a son who experienced the same symptoms while teething. He was sent out to the hospital in The Pas; she saw no improvement in his condition after a week, so she took him back to Canoe Portage where a herbalist made a medicine for him. This medicine healed the child.

In June, 1986, I travelled up Big Island to visit George Trout and his family at the lodge where he worked. One morning a group of young women were visiting in George's cabin; the conversation turned to the teething sickness of the child of one of the women present. The young woman was very worried about her child. One of the women asked me if I had any medicine with me for teething. I had a root given to me by Mrs. Pideesis which she specified as appropriate for that affliction. I gave this root to the young woman along with instructions on its use. She subsequently took the root to Mrs. Trout, who was in camp and prepared it.

Many medicines for woman treat discomfort associated with childbirth and menstruation. Medicine of this type make up a large proportion of the materia medica known by herbalists. Most women herbalists also indicated that they also acted as mid-wives in the past.

Mr. Bow mentioned that disease in children could be punishment for the transgressions of their parents; specifically, deliberate cruelty to wild animals could result in harm to the perpetrator's children. For the Nithawitniw, who love and indulge children, to be the source of suffering in one's own child would cause terrible anguish. This same belief among the Anishinabe of northeastern Manitoba was recorded by Hallowell (1960,1963).

An important category of illness is the curse. This category represents the dark side of the power used to heal. Spiritual power is neither good nor bad; it can be directed either way by the person who wields it, and sometimes, this power can be unleashed by anger, resulting in unintended consequences. Nithawitniw live in a deterministic universe, where events do not occur at random. Bad luck is often ascribed to the ill wishes of others. Similarly, certain illnesses may result from a curse. The notion of cursing carries strong emotional connotations. Many Nithawitniw are uncomfortable talking about this subject.

Paul Laseur told me this about Mrs. Trout:

A long time ago, when I had a big (commercial) fishing outfit, I left from Fishead to Big Island. I had a big load, 17 people. Past Bear Island I hit a reef; we were stuck for two days. Later, I heard that lady, Mrs. Trout, had said I would miss the road [hit the reef].

The allusion, of course, was that Mrs. Trout had cursed Paul, causing him to hit a reef on a route he had travelled many times without incident.

Ailments which can only be treated by healers with spiritual power result from some malevolent action directed towards the victim. Three important syndromes result from such action: E-PIMIKWEPANIT, the 'twisted-face' syndrome; 'love-medicine' syndrome' and object intrusion.

'Love medicine' is a specific charm which induces a person to attach themselves to another whom they would normally find unattractive. The Nithawitniw regard such an attachment as motivated not by love, but by some outside force. Love medicine is known in both Canoe Portage and Big Island; some healers claim to know the ingredients for the charm, but none will reveal them because of the great power associated with it. The charm is implicated where a much older man or woman suddenly attracts a much younger partner. I could find no current cases in either community.

E-PIMIKWEPANIT is the Nithawitniw term for Bell's Palsy,

an affliction which causes partial paralysis of the face resulting in a twisted countenance. Scientific medicine knows neither cause nor cure. Among the Nithawitniw in Canoe Portage and Big Island, the syndrome is ascribed to a curse issued by another person and enacted by a 'witch doctor'. It is amenable to both herbal and spiritual treatment.

E-PIMIKWEPANIT is more prevalent in Canoe Portage than Big Island. The affliction receives more attention in conversation and there is greater fear of contracting the symptoms in the Muskekiwininiw community. In an interview with a young couple in Canoe Portage, I was told that the affliction was caused by eating or drinking something which had been 'fixed'. Generally, when a person is given something to eat by a suspicious individual, the food is not eaten but taken home (so as not to offend the host) and discarded. I was warned not to take gum from anyone, for gum was easily 'fixed'. When I asked who could cure this disease, the couple told me Mr. Pipestem at Black Bear River could accomplish this.

When I first met Mr. Dumont in the summer of 1984, he and Mr. Pipestem had just finished a healing ceremony for a Canoe Portage man suffering from E-PIMIKWEPANIT. The paralysis subsequently subsided over the winter; when I saw this man the following summer, his face was so much changed that I hardly

recognized him.

E-PIMIKWEPANIT is a highly visible example of the curse. The same couple who warned me not to take food from strangers also told me of a recent incident of a suspected curse. A young man got into a fight with another young man. Apparently, the grandmothers of the first young man 'told someone' that something would happen to the other young man. Subsequently, he was very badly hurt in a car accident. The two elder women are also well-known herbalists in Canoe Portage.

In the old community, before the flooding, children were warned not to play outside in the evening. At this time of day, old men and women with power would send out 'evil thoughts' to which children were especially susceptible. In both Canoe Portage and Big Island, children are considered highly vulnerable to curses; the source is often suspected to be some unidentified old woman jealous of other women who can still have children.

The woman who brought her son to be healed at Mr. Pipestem's bear feast suspected she had been cursed. She told the Anishinabe healer that she suspected a certain man was jealous of her ability to overcome hardship and had hired

another to curse her family.

Beyond specific incidents of misfortune, another variety of curse is the intrusion of foreign objects into the body as the source of illness. This can only be accomplished by a KA-MAMATAWISIT or PAWAKANIT'NIW who is hired by another to inflict harm on the victim.

When Mr. Moose and I first began talking about medicine, he showed me four square-pointed leather-working needles. One had four notches cut into it. Mr. Moose told me that these needles had been sent to him over a long distance; three had entered his body and had to be removed by a KA-MAMTAWISIT. The fourth, the notched needle, had hit a glass by his bed; he heard it late in the night, repeatedly striking the glass until it finally fell to the table. The notches signified the number of men who had died from its intrusion; when a victim dies as a result of such intrusion, the object returns to the man who sent it.

Earlier, I mentioned how Mr. Campbell removed a spider from the foot of a woman for whom he was working. Mrs. Trout talked about intrusion of bones and worms (MANCOS) through the power bestowed by the PAWAKAN (see page 54, 55). Such intrusive items can only be removed by a powerful medicine person, a PAWAKANIT'NIW.

A woman from Big Island had a friend who had suffered for a long time from sore hands. A healer from another community pulled moose hair from the patient's hands; the moose hair was the source of the pain and had been imposed through the efforts of a KA-MAMATAWISIT working on behalf of a man whom she had refused sexual relations.

George Trout told me that such an object can be removed by slapping the victim on the back. The victim will then cough out the object. The healer will then ask the relieved person if he wishes to send the object back to the person who sent it. If this is affirmative, the healer will send it back to the sender by physically throwing the object.

Mr. Moose confirmed that the intrusive object can be sent back to the person who sent it. In the case of original attack or retribution, a person with strong powers can repel the intrusion; the device would then be 'reflected' back to the person who sent it.

4.6 THE PAWAKAN

Several years ago I trapped in the vicinity of Windy Lake with George Trout. One Sunday morning in late November he told me that Nithawitniw people could fly a long time before

white people. He then explained that certain men had the power to take the form of eagles or wolves to travel long distances. The source of this ability lay in dream contacts with the animals whose form they desired. George referred to such an animal as a PAWAKAN.

The PAWAKAN is well-known among Nithawitniw and Anishinabe (Ojibway) people. The Nithawitniw name, PAWAKAN, translates as "dream being". However, the PAWAKAN has much greater reality to most Nithawitniw people than 'dream' connotes among non-Natives.

The PAWAKAN is a personal power; while it plays an important role in healing, it is not confined to medicine people. In the normative Nithawitniw world, every man possesses a PAWAKAN to aid him in times of trouble. The PAWAKAN is a source of power which may be used in a positive or negative way. The positive nature is manifest in healing and in successful action; the negative nature is most frequently manifest in unexplained illness and thwarted action. The negative aspect encourages respectful treatment of other people lest they use their PAWAKANAK to revenge ill treatment or unkind behaviour.

To introduce the normative conceptions of PAWAKAN, I present the narrative of Mr. Hunter who succinctly talks about

many important attributes of this power. The narrative is translated from Nithawitniw.

I don't really know about PAWAKAN; I just think about the PAWAKAN, and I dream some things. I don't know what other people dream. I guess it is true; a person dreams and I don't know how that person does it. Perhaps he thinks about what he is going to do. I guess that is a MACIYS. The person, what he thinks about, may cause a sickness in another person. The MONIAS doctor cannot help him. That other person will dream that he is going to fight with the other PAWAKAN. He helps the person who is sick, and the sick person becomes better.

I dreamt too, but I don't cause other people harm. I dreamt that someone was coming, coming in. That person told me that he was related to me and the he cares about me. I am like that, I dream often. When I was a young child, I started dreaming, just like in the old times, people dreamt. I am going to live long.

I dreamt about houses, like those MEKIWAHP. I went in one but no one was inside. I was young at that time and now I am sixty-four, and I still have a PAWAKAN. I always talk about my dreams when I dream something. I am always alone when I go trapping. I dreamt about someone saying to me: "There is a boat there, and it is coming from over there". That person was calling me from far away, and that person is a Nithawitniw man with a camera. So, I got up and looked at him. That person said to me, "You are a poor man". I said "What kind of person are you; you are an Indian, not a MISTIKOSIW, and I really care for you". And that person said: "If you are poor, tell me and I'll help you" and that person said: "I'm going someplace to get somebody"; and that PAWAKAN said: "If somebody does a bad thing to you, tell me, and I'll help you".

If the PAWAKAN is working, then I will dream about it, as if I am mad, and the person (I dream about) will get sick. But I don't want that, I am not going to tell the PAWAKAN to do that. I really care about people; I want to help them, care for them. I think about other people as if they depend on me to help them; I care, it is the only way I think, that is the only way I use a PAWAKAN, to care about somebody.

A long time ago, one man took my coat. I was a young man and I didn't have a coat. He didn't think

about that. I thought: "That person, he is not scared because of what he had done to me; he could get sick". I thought that it was all right, what that man did to me.

We were camping; that man left his belongings and everything burned, his blanket and coat. That was the man who took the jacket from me, the jacket that burnt. I guess that is the way I used the PAWAKAN, to burn the jacket instead of him. That is what happens.

That is the only way that old people followed. They do not pray, they use PAWAKAN. I guess the old people can do anything, bad things. Even when a person is scared, he can run away just as if he uses a plane. In no time, he gets very far. So that's PAWAKANITNIW.

A doctor cannot do anything about a PAWAKAN. Only another PAWAKANITNIW can help that person. Some people would die because of a PAWAKAN. In the old days there were no doctors, only PAWAKANITNIWAK. I used to hear (a story about) my brother. He was paddling. A certain person knew they were coming. He said, 'They are going to make fire now.' He said, 'You are going to fight.'

They made a fire on a flat area of rock. They were coming, they were speaking, those PAWAKANAK. They stopped there, and made a fire, and it was just about where they made fire that one thought, 'I wish a deer would swim by'. So, they saw a deer, so they went after that deer. They killed it, dressed it and ate it. They roasted the meat on a fire stick. But they didn't know where to put the stick because of all the flat rock where they made the fire. One said, 'We can do it on a rock'. He told him (his PAWAKAN), 'Take the sticks'. So that PAWAKAN put the sticks right in the rock; the other one couldn't do it. That was the strongest PAWAKAN, the one that put the sticks in the rock, so that man won.

After, when they were finished, the winner said to the other, 'Bring a flat rock'. So, he threw it, and that rock went out over the water (like it was ice). That other person couldn't do anything. The first man won.

That is the way the PAWAKANITNIWAK fight, all kinds of tricks, that is the way they help themselves.

I don't understand how PAWAKANAK do it. I used to hear about them, but I didn't understand. I have a

PAWAKAN, but yet I don't understand it. When I trap and don't get anything, I think about animals and I get something in my traps. That's the only way I use PAWAKAN. I pray too, to be a little bit lucky. When I can't get something from a trap, I think about the PAWAKAN to help me.

A person has to know a PAWAKAN. They used to say that a long time ago, a person has to know who a person is, nobody knows if he has a PAWAKAN. That person could get mad and do something (bad). You have to like that person. A long time ago it used to be like that.

Mr. Hunter obtained his PAWAKAN in a spontaneous vision as a young man. The relationship is characterized by positive feeling and concern. To a certain extent his PAWAKAN has an independent will. If Mr. Hunter is angry, he worries that his PAWAKAN may harm those against whom his anger is directed.

Mr. Hunter stresses that he does not want to harm people. Consciously, he only uses his PAWAKAN in positive ways. But the degree of independence by which the PAWAKAN operates negates any guarantee of exclusively beneficial use. This lack of certainty has important ramifications for social control. As Mr. Hunter mentioned, respect must be shown to everyone, especially strangers, or else risk harm through action of the PAWAKAN.

The following conversations are excerpted from a series of interviews held with Mr. Campbell.

I: Some people have told me about people who have dreams.
In the dreams, they have animal helpers to help them

heal. Have you heard of this?

C: Just like that one [a dog nearby], that's why he followed us. When I'm alone, there's a dog that shows me, and during the winter when its deep snow, that dog digs where I picked them [plants] up, that's right [he motions with his hands like a dog digging].

I: I used to, I used to dream about bears, MASKWA, I used to dream a lot about bears all the time, many times I would dream about bears.

C: Ehe, that may be a good sign, you may turn (to be) a witch doctor yet. When you dream something, try and understand what it meant, if you forget it, think of it, sleep again, you dream again, that's what I do. And sometimes when you dream something like this, it happens just on the contrary, opposite.

Maybe you dream about being shot, with a rifle, and maybe you going to cure a man, that's the example. You got to learn that by yourself.

I dreamt a woman was hitting me with a stick and later a woman came to me for medicine, understand?

I: EHE, NINISTOTIN⁹

C: [laughing] NINISTOTIN! Later, a woman came in clutching something. She told my wife, "I had promised your husband, remember that I promised him a bottle".

I: Have you ever heard of a guy in La Ronge, Nikwaskwan?

C: I heard about him. He knows medicine, and he can sing to the sick, you know, a song holding his hand where the pain is, two or three weeks, the man is cured. That's what I heard.

I: By singing?

C: Yeah, he used to give me some medicine that I couldn't find. He is very wild, he won't let you talk to him for long.

I: There's some people who can heal through singing? Dream?

⁹'NINISTOTIN' translates a 'I understand'

C: EHE

I: Is that like PAWAKAN?

C: Yes, PAWAKAN, some people are like that, PAWAKAN, they dream. Nikwaskwan, don't bother him, he may do something to you. [Mr. Campbell mentioned that some people use PAWAKAN to kill others].

I: I've heard that they send things into people's bodies.

C: Yah, yah, that PAWAKAN kills people for them. Old timers used to tell us that. For example, a peacock is a very dangerous animal, it has a very bad smell. That's how they killed my daddy. I heard about that, a man was jealous of him, (over) a woman. That guy wanted to marry her, but shewouldn't. So that's how they kill people long time ago; and there was a WITIKO going around, eating people, a cannibal. I heard that he killed about six families in one place, a WITIKO eat them all up. Everyone. You can hear a WITIKO call from five miles away, crying about what he did to his friends, then he will go crazy and kill some more. Just cook them, on sticks, around the fire.

We headed back up the trail. As we walked, I asked Mr. Campbell for the names of some of the plants along the way.

C: KASKITISIKAN [plant with long leaves, like a fern] and that plant, the old timers used to pick that out, when they got cross to somebody, and put it on the road. You step on it, you turn black. PAWAKANIW would help them.

I: PAWAKAN, how do they come?

C: Well, they dream about that, maybe they talk to them while sleeping, they sleep anywhere, no blankets, that's where you dream some. That's the way they do, done, the old timers, when they want to know something. They go and sleep anywhere, without blanket, just like this [he closes his eyes and rests his chin on his chest, with his arms crossed in front of him]. You can't sleep, that's the way they did. I pick medicine on the rapids. I had to pick them (once), I hear somebody breaking a stick in the bush. I said "What do you want?" He said "I want you to carry me more gently, not roughly [we laugh]. I should have picked them up, that's what it said; you talk to it, next time you hear something, or you hear a plate,

or a cup breaking, or a whistle, someone whistles, that's them. It's wonderful, it's wonderful.

Mr. Campbell's statement concerning the ability of plants to communicate with humans indicates a Nithawitniw world-view also shared by the Plains Nithawitniw. Mandelbaum (1979) states that among the Plains Nithawitniw every living thing was possessed by a spirit power, including plants.

Mr. Campbell indicates that dreams are a forum through which knowledge can be obtained, hence his admonition to understand the dream. Further, dreams can have prognostic qualities if interpreted properly. Mr. Campbell regards the PAWAKAN as potentially very malevolent, a power contacted through the medium of the dream.

In a subsequent conversation, we talked more about dreams.

I: Yesterday, you talked about people getting dreams. What did they dream about?

C: These people, they dream about the skies, and sometimes they dream a person is standing (close) to them, and that person would say, "I will help you in whatever you wish". (When) the man wakes he can hear the other talk, but cannot see him. And sometimes he dreams somebody is flying in the air, a big eagle, very big, like a giant bird, and sometimes he dreams of (a) big bird, (a) big wolf, the biggest wolf ever; or they dream of things like an axe, or a gun. He [the dream visitor] tells them what to do with them, that's the way they kill people, they put a spell on them, they put a spell on them, but most of these people are all by themselves, alone, no neighbours, nobody, travelling all around, sleeping anywhere, that's where they get their dreams

from.

I: Have you heard of anyone using drums to get dreams, or to heal people?

C: They use that you know, especially for the one who is cursed by a spell and they use a drum to cure him from that spell; they use the drum, by drumming and singing, and the spell is gone.

I: How do they know what songs to sing?

C: They dream those songs, they hear someone singing; you hear the person singing; at night when you wake, you can hear them, how he sings, no words, you hear, you cannot see. And they hear that song very clear, just like they are talking close by. Nikwaskwan might do that to you, sing you, hold you with his hand. He did that to me once, I had a sore knee, I couldn't walk very well. I was very sick; he said in twenty days (I would be healed) and I was, and I did not have a sore knee. Nikwaskwan has songs, I didn't hear a word from him, it was just like music. (It compares to) nothing, you hear many songs in the world, nothing compares, nothing at all.

Mr. Campbell's description of dream animals coincides well with George Trout's description. Both include the eagle and the wolf as animals contacted in a dream. Apparently, these two animals are the common forms adopted to travel long distances rather than inflict harm. Mr. Campbell also indicates that a person may also be dreamt about. The human form is the particular version which Mr. Hunter's PAWAKAN takes.

The fullest expression of the PAWAKAN is found in the activities of healers who operate in ritual modes. Mr. Pipestem, as an active ritualistic, acts according to instructions from his spirits. This instruction comes through

the form of dreams or visions. Of these spirits, the most personal is his bear PAWAKAN.

Because of this close personal relationship with his bear PAWAKAN Mr. Pipestem has certain obligations which he must observe. Each fall and spring he holds a feast for the bear spirit. Additionally, he may host a feast for the bear at any other time when instructed to do so through dream instruction.

Mr. Pipestem must not hunt bears, nor eat bear meat. At frequent intervals throughout the non-winter seasons he will place apples, candies and other sweet foods in the bush; this food is intended for the bear. Each fall, Mr. Pipestem hangs a blue section of cloth, about a meter square, about nine meters up in a poplar tree in honour of the bear. Old cloths are not removed, and a new tree is chosen each year.

Mr. Pipestem's bear PAWAKAN is the most personal of a number of supernatural beings whom he recognizes. At a further distance are the grandfathers, one for each of the four cardinal directions, and the Creator, who encompasses the rest but is the most distant in terms of a personal relationship with Mr. Pipestem.

Mr. Pipestem is the most ceremonial of the healers with whom I dealt. He also recognized his PAWAKAN most formally through ceremony. Bear ceremonialism is universal among

Algonkin peoples. Mandelbaum (1979) states that among the Plains Nithawitniw the bear was highly regarded powerful spirit helper. A successful Plains Nithawitniw bear hunter hosted a ceremonial feast for the spirit of the bear, including offerings of tobacco and berries. While Mandelbaum mentions that bear ceremonialism may have been attenuating under Plains culture influence, the importance of the bear is well-recognized in Woodland cultures.

A man from Big Island related an incident when I asked him about PAWAKAN. Years earlier when he was a young man he and friend trapped for a time with an older man. This man had the bear for a PAWAKAN and therefore refused to eat bear meat or sleep on a bear hide. As a joke, the narrator and his friend put a bear hide beneath the old man's sleeping robes. The old man slept all night on the skin, but became angry in the morning when his younger partners showed him what they had done.

The feast I attended given by Mr. Pipestem in late August was in honour of his PAWAKAN, the bear. The feast was combined with a healing ceremony conducted for a young man from The Pas. Mr. Pipestem told me that he had received specific instruction to hold the feast in a dream he had while on a visit to Winnipeg. In the dream, he had been instructed to serve only wild meat and berries.

Hallowell describes the PAWAKAN as the concept existed for the Anishinabe (Ojibway) in the vicinity of the east side of Lake Winnipeg. He says that "any members of the other-than-human category of person might appear in the dreams of Ojibwa individuals ... In this context, they were usually referred to as PAWAKANAK, which may be rendered 'dream visitors'".¹⁰

Hallowell (1966) indicates that the relationship between a person and his PAWAKAN is characterized by reciprocity. Help and specific powers may be bestowed by the PAWAKAN, but the recipient has obligations which must be followed, otherwise ill health will ensue. This relationship also exists among the Nithawitniw, where the most common obligation required is abstinence from meat of the representative animal. Both the old man who would not sleep on a bear skin, and Mr. Pipestem, who cannot eat bear meat, are fulfilling their part of the bargain.

Paul Laseur, from Big Island, related this story to me when I asked about the PAWAKAN.

Back in the 1920's a man was jealous of my brother. He hired another man, a PAWAKAN, to hurt him. My brother

¹⁰. p. 461 in Hallowell, A.I. 1966. The Role of Dreams in Ojibway Culture. IN Contributions to Anthropology: Selected Papers of A. Irving Hallowell. University of Chicago Press Ltd. London: 1976, 534 pp

was out hunting. Way out in the bush he found a bag of Old Chum tobacco, the kind that came in a draw-string bag. [Paul emphasized the strangeness of finding tobacco far out in the bush]. He smoked it, a few days later he went crazy. They had to take him to The Pas by dog team. Eventually, he became better.

The negative nature of the PAWAKAN was mentioned by several individuals interviewed in the general survey:

PAWAKAN uses medicine in a bad way. My grandmother used to talk about them in a bad way. If one trapper gets all the fur, another one will send a PAWAKAN to scare off all the animals.

In the preceding example, the PAWAKAN was used by individuals in a non-medical role. Mr. Hunter suggested the same application when he said that in the old days people were careful not to offend one another because anyone may have a PAWAKAN.

Two Pentecostal Christian natives from Canoe Portage described the PAWAKAN as

an evil spirit

and

it's demon inspired, unclean spirits

A woman from Big Island said that

when a PAWAKAN gets mad, it hurts people, it's just a, I don't know, a wicked person.

Paul Oldman, (Canoe Portage) told me in reference to PAWAKAN that his mother had told him about witchcraft and people were afraid of witches. They were afraid to offend

someone who was a witch.

Jimmy is a well-educated member of the Canoe Portage band. His father, in another community, was a medicine person. When I asked him about the PAWAKAN, he told me

I wouldn't even go into that, it's so hard to even explain it. It's like ESP sort of thing, like a prophecy - he foretells what's going to happen, it's dangerous, like the shaking tent. When somebody feels bitter, it's like a political thing, except it's more serious. Somebody actually dies, it's a very dangerous thing. I believe there is a lot of evil spirits behind it. There was a lot of that quite a few years ago, people actually died, changed their attitudes and behaviour. It's a change - as years go by, you pay for that, it goes back to you. There's a lot of bitterness in it, it's not a dream. (There is) not too many around like that and there's a lot of spirituality involved in it. Any medicine man can pull out his bug [a reference to body intrusions] so he can be a KA-MAMATAWISIT, but it is very direct. It's up to you to believe or not, it's based on belief, if you're confident in him.

Consistently, the theme of the animal form of the PAWAKAN recurred. A man from Canoe Portage described the PAWAKAN as a

owl bear, which is a spirit; he [the human] enters one of the animals; he uses all kinds, [especially] the bear, and dog, those three.

A trapper from Big Island told me

a PAWAKAN is just like an animal you dream about.

A woman from Big Island, with extensive schooling, equated the PAWAKAN with "witches". According to her, people

who possess them have to dream to get power; they dream of animals. The PAWAKAN could be used by trappers to inflict bad luck on other trappers. She described the PAWAKAN as a "spirit", something "like a witch doctor, but not really". Through the power such individuals gain from dreams, they can curse other people. Only another "witch doctor" can help that person. The PAWAKAN could be an animal spirit, a bear or an owl. According to her:

If a person dreams of an owl, that's his spirit, his helper.

This woman told me of a friend of hers who has suffered from sore hands for a long time. A woman from another community used her PAWAKAN to pull moose hair from her friend's hands. The moose hair had caused the pain and it had been put there by another PAWAKAN paid by a man whom she had refused to have sex with.

Mrs. Trout talked about the PAWAKAN in an interview with me (see page 54, 55). She indicated that the PAWAKAN will sometimes teach medicine to medicine people in dreams. The PAWAKAN is also the source of power which allows a medicine person to cause intrusion of foreign objects into the body, and also the source which allows extractions of such objects.

Obviously a great deal of ambivalence surrounds the conception of the PAWAKAN as expressed by the attributes ascribed to the PAWKAN by Mrs. Trout. People who possess PAWAKAN are able to cause sickness, but such sickness can only be cured by someone who possesses a PAWAKAN. A recurring theme throughout conversations in Canoe Portage and Big Island was the inability of non-Native medicine to treat PAWAKAN induced illness.

I have quoted people who have expressed this belief in the ineffectiveness of non-Native and ordinary botanical medicine in treating PAWAKAN-induced sickness. Mr. Bow expressed the same belief as we drove from Canoe Portage looking for moose. On the way, I asked him about the KAMAMATAWISIT, a person who literally 'works wonders'. He told me that such people could cause sickness in others. The illness might manifest itself as a pain in the side caused by a foreign object sent by a doctor, and only another KAMAMATAWISIT can remove the object.

For the older generation of Nithawitniw, the PAWAKAN retains positive aspects regarding help in hunting and trapping. Younger generations now view the PAWAKAN in a more negative way, associating it with malevolent actions and as the projection of negative intentions. This negative association may derive from the general alienation of young

people from the land.

However, the older people in Canoe Portage also exhibit a cautious attitude towards medicine. The association of medicine and power is traditional; accusations of malevolent action (witchcraft) are a constant danger in the practice of medicine.

4.7 THE NATIVE EVANGELICAL MOVEMENT

In Canoe Portage, a Christian evangelical movement has attracted a large number of followers in the last six years. The movement has gained followers in several Nithawitniw communities in the area. In Canoe Portage, most of the adherents come from the non-Status population; typically, they range in age from twenty to forty. The power structure of the movement is dominated by men.

The belief system is typically Pentecostal in its emphasis on becoming 'born again' through Jesus Christ, a literal interpretation of the Bible as the word of God, and condemnation of more orthodox forms of worship as spiritually bankrupt. The role of the husband as head of the household is affirmed; a dress code is prescribed which promotes dresses as

opposed to pants for women and discourages the use of body decoration such as makeup. Attendance at dances, movies and bingo is frowned upon.

In the summer of 1985, preachers conducted services in a church building constructed in the winter and spring of 1984. A full-time pastor has emerged but leadership is vested in several men, the 'elders' of the church, who are actually in their late thirties. This leadership is composed primarily of non-Status men who previous to their conversion also had positions of power in the community. The new pastor was formerly the mayor of the village; a founding member of the church has been president of the fishermen's association.

Services involve relatively little reference to the Bible. Selected passages are chosen and expounded upon in a rambling fashion. Ritual in the service concentrates on receiving manifestations of the power of God: frenzied dancing, speaking in 'tongues', and prophecies. The frenzied dancing of the congregation has earned them the name 'Shakers'. A band with drums and electric guitars plays rousing music; as the service progresses, the pace increases.

The pastor often shares the stage with visiting preachers, Nithawitniw or Anishinabe (Ojibway). The actual preaching usually consists of berating the congregation for

their failures and shortcomings as Christians; each such statement is met with enthusiastic shouts by the congregation.

I will present descriptions of two such services which I attended.

On Sunday, July 14, 1985, a Nithawitniw preacher originally from Cross Lake conducted a service in the church. He began at 2:00 p.m. He was a short, wiry man who used his arms and hands expressively when he spoke. Thirteen children, thirteen women and four men were in attendance besides myself. A stage in front faced two pews on each side, with rows of chairs behind the pews. A young man played an electric guitar at the front, behind a pew (not on stage). He punctuated his playing with 'Hallelujah, thank you Jesus' at frequent intervals, averaging five times a minute. He then broke into song. When the song finished the older man rose and preached in Nithawitniw. His voice was much louder, and he stood more erect than the younger man. He was dressed in a brown leather jacket, blue pants, black boots and a shirt open at the collar. He shouted as he walked down the aisle between the rows of chairs, then back up to the stage, then down to the floor in front of the stage.

About twenty minutes into his sermon, he spoke in tongues for a few seconds; two minutes later, he lapsed into tongues for another few seconds. He was getting some response from the people now. Two women were audibly responding with 'Hallelujah, Jesus'.

The preacher's movements were jerky, almost spastic as he jabbed at the air with his fists. He prayed, asking God and Jesus to cure the back problem of someone in the congregation:

if you're in this place, you can get up ... you can get up

Two women stood up and went to the front. The preacher spoke in tongues, and put his hands upon the back of the first woman. He spent most of his time with the first woman, who is not from Canoe Portage.

During his preaching, I recorded some typical statements:

'human love never last long'
'people always looking on the bad side'
'its your business to get on your knees'
'its about time for God's people to smarten up'
'quit being like a child, be a man'
'its nothing wrong with Word, its you'
'there is a conflict, there is a war going on between the
powers of light and darkness'

'have a backbone, not a wishbone'

'people always trying to give orders, high and mighty,
they think they know everything'

'man always in the wrong race-track'

'you can never change a donkey to a racehorse, still be
a donkey'

'you can never change a sinner to a believer'

On July 23, 1985, I attended a service conducted by a
visiting preacher, John Wood. John is originally from a
Native community in eastern Manitoba. He has been visiting
Canoe Portage off and on for four years; he is a very popular
preacher.

In the congregation there were 15 adult men, 14 women and
about 15 children. A full drum set sat to the left of
the pulpit on stage, with speakers on either side of the
stage.

John preached with a hint of Southern Baptist accent. At
times he was shouting to the point of incoherency, and
then he would lower his voice to a level where he was
barely audible. He referred to the Bible but never
quoted any passages. He preached against rock music,
smoking, hickeyes, adolescent sex in the family home, and
television which shows 'dirt and smut'.

Some of his statements which I recorded were:

'its time to get back to the Bible'
'some of you mothers, you can't even take care of your

children'

'why don't you start your own Gossip Revival Centre?'

Each of these statements received a loud audience response of clapping and shouting.

The service was handed over to the local pastor; he asked all those who wanted to be blessed to come to the front. Almost the entire adult congregation went to the front. The pastor then asked someone from the left side of the congregation to come forward with a prophecy that would "move the congregation". Five minutes passed before the pastor again asked someone to come forward. Finally, an old woman came up; in Nithawitniw, she told the people to "pray for your loved ones, and your children".

At the end of the service, those wishing forgiveness were asked to come forward. A young woman went forward, crying, and knelt in front of the altar with her arms upraised. The pastor and the elder woman prayed over her; in a few minutes, the pastor proclaimed the young woman to be saved and he called for a celebration. Everyone in the church began clapping and shouting. Several women at the front were hopping wildly up and down. Everyone converged at the front, jumping, clapping and shouting. At this point I left.

Before the church building was constructed, large tent meetings were held several times during the summer. These meetings took place under a huge, open-sided circus tent. They lasted from mid-afternoon to 1 or 2 in the morning each day for a week.

People typically attracted to the movement were raised in the old settlement and attended boarding school for high school if they were female; if male, more often they remained at home to work. They were in late adolescence or were young adults when the community was relocated.

A formative early period of socialization was completed in the old settlement in a stable community and cultural structure. This stability was interrupted by two major

events: boarding school, and relocation. The relocation disrupted the integrated nature of the community social structure. In the years following the relocation, the generation which had spent early childhood to adolescence in the old community experienced severe problems with alcohol and violence.

This generation is familiar with the traditional concepts of the PAWAKAN, dream revelation and healing through spiritual power. In the context of the new community, these concepts have lost their relevance but are still retained in memory.

The particular brand of Christianity adopted by the people in Canoe Portage and their particular interpretation of this belief have similarities to the older traditional beliefs. These are:

1. Healing can be accomplished through the charismatic vehicle of the preacher or shaman who experiences ecstatic trance.
2. The existence and pervasive influence of supernormal beings is acknowledged; the Native pentecostal Christians have re-defined the PAWAKAN as demonic.
3. Herbal remedies are accepted as legitimate by the Native Pentecostals because plants 'come from God'

4. Certain individuals possess special ability to communicate with supernormal beings; if Christian, such people become preachers. Traditional healers are labelled as 'witches'.

The 'new' religion confirms rather than denies the power and existence of non-Christian healers; it also confirms the existence of the PAWAKAN, but recasts it in a completely negative mold.

The 'born again' Nithawitniw of Canoe Portage have filled their cosmology with the same characters present in the older beliefs, but divided them more definitely into 'good' and 'bad'. Still, the new belief is founded on traditional concepts. The rapid conversion of many of the Canoe Portage people is not surprising given that they already had a memory of parallel beliefs.

Chapter V

DISCUSSION

5.1 NITHAWITNIW WORLD-VIEW

5.1.1 Introduction

Healing is a social as well as an individual process. The social construction of a reality defines a cultural pathway to structure individual cognition of illness. The absorption of precepts included in this cognition takes place in the socialization of the individual. More specifically, the objective reality of individual perception of the world, the world view, is created in the interaction of the individual, the social and cultural environment, and the physical environment. The internalization of the socially defined reality includes multiple realities not necessarily in logical harmony.

The world-view of contemporary Nithawitniw probably varies among generations and between communities. However, certain patterns persist which are unique to both the culture of the Nithawitniw and a larger Algonkin pattern. Concepts

important to health and healing can be observed operating in the contemporary dynamics of communities; these concepts, while inevitably changing, are grounded in a foundation which has continuity across time and space.

5.1.2 Animation and Power

In the Nithawitniw language the fundamental gender distinction is between animate and inanimate.¹¹ Many objects which in English are considered inanimate are considered animate in Nithawitniw grammar. Items such as pipe (OSPWAKAN), toboggan (OTAPANASK), stone (ASINI) are animate in Nithawitniw. Whether or not such objects are conceived as 'alive' depends on circumstance; normally, such objects are probably not believed to be alive in the sense of biological animation. However, the existence of such a gender classification indicates a potential for animation in normally inanimate objects.

Among animate beings, humans exist among a population of 'other-than human' persons; Hallowell (1960) coined this phrase in reference to mythical beings among the Anishinabe (Ojibway). This distinction is equally applicable to the Nithawitniw and persists in contemporary conception. 'Other-

¹¹* gender in a grammatical sense

than-human' persons, or 'other persons' are addressed in the same kin-terms which are applied to humans. Thus, Mr. Pipestem addresses the spirit of each cardinal direction as NIMOSOM, my grandfather, or collectively, NIMOSOMAK. The primary distinction between 'other persons' and humans lies in the degree of power which they possess. 'Other persons' have more power than humans; this power is manifest in their ability to manipulate natural objects and their capability for transformation.

Hallowell (1960) observed that among the northern Anishinabe (Ojibway) the distinction between 'natural' and 'supernatural' did not exist. The same conclusion is applicable to normative Nithawitniw thought. No definite line can be drawn between supernatural and natural worlds. Rather, the distinction lies in the degree of power which a being possesses.

In Big Island, a story is told of an old man, a medicine person, who possessed great power. He was arrested many times by the police and placed in jail. Each time, they would find the old man outside his cell, smoking his pipe. Finally, they placed him in a room with no windows and a solid door. The old man transformed himself into an ant, and crawled out through the key hole.

The old man obviously possessed great power but his ability was equivalent to the ability of Nithawitniw persons conventionally classified by non-Natives as 'supernatural'. However, in the Nithawitniw world-view this special ability is not supernatural but exceptional. The ability to transform is a common attribute of persons (human and non-human) with great power.

The idea of transformation is associated with PAWAKAN. Characteristically, the form into which a person can change is an animal which also represents that person's PAWAKAN. For a human, power derives from association with a PAWAKAN. While animals do not normally possess the attributes of humans, the potential exists. I believe many 'traditional' Nithawitniw would not be astonished if an animal spoke to them. While a rare event, such an occurrence is within the realm of the normative world-view.

The ability to manipulate objects is another manifestation of power. Mr. Nappeesis talks about PAWAKANIT'NIW who can drive wood through rock, and skip rock across water as though the water were ice. These feats are manifestations of power achieved through the PAWAKAN.

Medicine plants possess a degree of power relegating them to 'personhood' in the non-human sense. The obligations of reciprocity extend to these plants; because they are 'persons' they must be treated with respect and offered something for their services, usually tobacco. Not only are medicine plants

the subject of supernormal instruction, but they themselves can communicate on occasion directly. This ability to communicate is dependent on the power of the human receiver, his receptiveness to such communication.

Through the attribute of power, the Nithawitniw world is constructed both vertically and horizontally. The vertical extension incorporates supernormal beings, the PAWAKAN, the grandfathers, and creatures such as the thunderbird. Additionally, certain special persons exist in this vertical dimension: sacred ceremonial instruments: the pipe, the drum and rattle, and medicinal and sacred plants.

On the horizontal dimension, humans possess varying degrees of power which structure some patterns of social interaction. Power can be used to heal; indeed, certain forms of power require that the possessor heal. The possession of power by humans is often an unknown factor; therefore, strangers must be treated with respect in case through offence they use their power in a negative manner.

While this traditional structure of power-oriented relations is breaking down, the beliefs are still close to the surface despite statements to the contrary. People in Big Island would say that PAWAKANIT'NIW was a phenomenon of the past, but closer questioning would elicit statements that such

people existed in another community. In Canoe Portage, the evangelical movement has re-affirmed the belief in the power of KA-MAMATAWISIT; these convictions still exist in addition to belief in power exhibited by such actions as throwing away food received from distant acquaintances to avoid curses.

5.1.3 Disease and Healing

In the traditional, normative world, the reality of disease is defined in two distinct spheres: minor disorders amenable to treatment by a herbalist, and more serious afflictions induced by supernormal means. The latter are associated with chronic persistence, ill-defined symptoms or the classic symptoms of a recognized folk-illness.

Currently, illness treated by the herbalist is also treated in the non-Native medical system. The nursing station is the first resort of the sick. The demography of nursing station patients is similar to that of patients visiting a traditional herbalist, where adult males make up only a small portion of the patient population.

The herbalist is a women who often functions as a midwife. Due to her clientele, a large part of her healing regime treats illnesses of women and children, medicine relating to childbirth, menstruation, and childhood

afflictions. The ailments treated by the herbalist are not the result of some supernatural cause or the result of some unbalance in social relations or proper behaviour. Where the illness is attributed to these sources, the medicine of the herbalist is not sufficient, just as the nurse's medicine is ineffective in such cases.

The charismatic healer and ritualist have a specialized knowledge of spiritual powers not ordinarily obtained by other people. This gives them operative access to a reality which remains fundamentally uncontrollable by non-healers. It is this inherent element of unpredictability of illness that lends power to the ritualist or charismatic healer. His superior ability to make correct decisions in unpredictable conditions gives him legitimacy.

Aberle (1966) ascribed magic in healing to the inability of empirical knowledge to predict significant events in nature. He distinguishes religion from magic in that religion deals with explanations for aberrations from normative behaviour, while magic deals with such aberrations as they relate to natural events.

In the case of the Nithawitniw medical system, both magical and religious elements are incorporated in healing, especially in ritual and charismatic healing. Such healing is

sought for serious and chronic disorders which deviate from the 'ordinary' illnesses treated by the herbalist or nursing station. However, herbalists also incorporate certain supernormal elements into their paradigms which differ substantially from those which guide the non-Native medical system.

The traditional acquisition of power was a secretive process; as Mr. Hunter said, no one could tell who had power or how much power they possessed. Illness resulting from malevolent use of such power is therefore unpredictable. Treatment of such illness is accomplished using magical and religious techniques, ceremonial rites and trances.

While magical and religious techniques are used in healing, the exact nature of these observances are determined in the broader framework of the culture. The paradigms of this framework are elaborated in a later section.

Illness is a form of environmental unpredictability which is highly stressful. Rosenthal and Seigel (1959) indicate that magic and religion perform a compensatory function, illness not subject to empirical control is dealt with through magic and religion in a coping function.

In the Nithawitniw medical system, direct empirical

control of illness is accomplished primarily through the herbalist and the applications of the materia medica. However, I am not prepared to deny the physiological efficacy of ritual and charismatic techniques because I have neither proved nor disproved this aspect of treatment.

Still, primary functions of ritual and charismatic techniques appears to be compensatory and coping. Such treatment regimes are resorted to by individuals who find no satisfaction in treatment in the non-Native medical system.

The therapeutic value of the compensating function in reducing stress is obvious; the solemnity and seriousness of the ceremony and energy of the charismatic healer reinforces the reality of illness and cure in the patient's mind. The communal nature of the ritual healing process provides secure reinforcement that this is a good path of action.

Beyond stress induced by illness, the ritual and charismatic healing regimes offer compensation for stress induced by other environmental factors. In this context, 'environmental' has a broad definition including social parameters. An important function of Mr. Pipestem's practice was reduction of stress resulting from cognitive dissonance associated with the clash between the Nithawitniw and dominant cultures. His treatment implicitly reinforced a sense of

cultural identity and the legitimacy of that identity.

The ritualist mode therefore serves two important functions related to stress: the first is to reduce the stress associated with the unpredictability of illness; the second is to reduce stress generated in the interface of different cultures.

The most common motives attributed to those who induce supernormal illness are jealousy and revenge. A Nithawitniw person defines himself in a social universe of concentric circles consisting of first, his immediate family and relatives identified by terms of kinship which extend nuclear family ties to cousins, uncles and aunts. The broadening circles then encompass more distant relatives, friends and then the local community, sister communities, Nithawitniw who speak a similar dialect, then other Nithawitniw.

The sense of local community is very strong; those not born into the community are viewed with a certain sense of suspicion for a very long time. This sense of community is reinforced by dialect variations by which a perceptive listener can identify a Nithawitniw speaker with a specific community.

Actions ascribed to jealousy or revenge are invariably

attributed to unrelated individuals or individuals from another community. The Canoe Portage community suffers from a high degree of tension resulting from fractions on a number of lines: personal and family feuds, religious, and political difference. Thus, the Canoe Portage resident must be careful when accepting food from non-relatives to avoid curse affliction. However, suspicion must be balanced by the dictates of polite behaviour which relegates refusal of offered food to the realm of insult.

5.2 ADAPTATION AND STRESS - THE HEALER'S ROLE

Role behaviour can be interpreted from an ecological perspective as individual adaptation to the unique parameters of culture, biology and physical environment which confronts each person. Through enactment of a role, the individual expresses his particular understanding of the socially-constructed reality which has defined the broad shape of that role.

Role behaviour is the concrete expression of institutions of a culture such as religion, education and medicine. The practical performance of duties belies a deeper set of paradigms which may only vaguely recognized by the player. The paradigms are the institution: the institution of religion, the institution of medicine.

These paradigms are constructed as reality, a perception of the universe and its operation. Multiple interpretations of reality can co-exist within a society and within an individual. Such interpretations inform the behaviour of the role player, who may adopt different roles with correspondingly different interpretations of reality.

Among the northern Nithawitniw, the herbalist and the charismatic healer are the most common healing roles of the recent past. By charismatic, I mean what is commonly known as 'shamanistic'. I avoid the term 'shaman' because of the limitations it opposes in interpretation due to the preconceived connotations it carries. A charismatic healer obtains justification of his role through some unlearned talent. Through this definition, a direct connection can be drawn between the traditional charismatic healer (shaman) and the Native 'preachers' who heal by virtue of untutored power.

The charismatic healer heals by virtue of the power he has obtained through spiritual sources. Because his ability is unlearned, the charismatic healer occupies a unique role: he is able to master unpredictable events. He is in contact with non-human beings who can cause illness or take it away. Thus, he is PAWKANIT'NIW, a person who possesses a PAWAKAN, and a KA-MAMATAWISIT, a person who can work miracles. Through his actions as player of this role, he affirms the reality of

powerful non-human beings who exist in vertical orientation with humans. The axis of this vertical organization is power.

The herbalist fulfils a role grounded in a lower level on this vertical ladder of power. She deals in medicine plants, which are persons by virtue of the power they possess. While a herbalist is not precluded from spiritual power, it is not a necessary prerequisite for the role. The everyday expression of her role depends on a practical knowledge of plants, their identification and location.

While the herbalist performs a practical role, the paradigms which provide the foundation for that role are the same family of beliefs which structure the role of the charismatic healer. The central theme is power as a definitive characteristic of living beings, human or non-human. This power invests medicine plants with the ability to cure, but it also demands that the principles of reciprocity and obligation are observed when collecting and storing the plants.

The ritualism in the Canoe Portage region and the ritualist role as expressed by Mr. Pipestem and Mr. Dumont has been heavily influenced by the northern Plains versions of Nithawitniw and Anishinabe cultures. The fundamental paradigms and cosmology are consistent with those of the Big

Island Nithawitniw, but ritualist role demands a far larger repertoire of ceremonial behaviour and a stricter moral code. Despite the emphasis on ceremony, the basic source of power for the ritualist is same as that of the charismatic healer: a connection to some powerful non-human person or persons.

The role of the ritualist demands moral behaviour during everyday life as well as the proper execution of prescribed ceremonial duties. Within the ceremonial aspects, however, a large degree of individual interpretation is available. This is necessary because the most powerful source of ritualist instruction is spirit teaching through visions or dreams. While the ordinary rules of conduct of ceremonial life are learned from other individuals, unique instructions concerning special songs, instruments and special behaviour are received in dreams.

Less restrictions apply to the herbalist. A herbalist is not expected to necessarily abstain from alcohol; indeed, a common form of payment to a herbalist is an alcoholic drink.

The stricter moral code and formalized transactions required for the ritualist are necessary because the greater power the ritualist is able to harness. The ritualist is able to treat illness caused by supernormal mechanisms of another ritualist or charismatic. These feats demand a very strong

power source.

The greater power which a ritualist commands suggest the reason that most charismatic healers are men. Men are traditionally dominant over woman in Nithawitniw society; this relationship carries over into the medical system, where males occupy medicine roles of greater power and prestige.

However, great power is not prohibited to women. A route to power for women in Nithawitniw society is through medicine. If a woman can demonstrate great skill and power in healing, she will acquire respect and prestige.

Still, the acquisition of spiritual power has traditionally, been a male prerogative among the Nithawitniw. As a hunter, a man required a PAWAKAN to help in time of need. Thus, the vision quest was traditionally a male institution.

In both communities, the role of herbalist has been eroded to some extent. This erosion has been far greater in Canoe Portage than Big Island. Canoe Portage also experiences a far higher incidence of trauma, bodily injury due to violence and accidents.

Canoe Portage experienced great upheaval when it was picked up from its old location and dropped at its present

site. In the process, much of the social fabric of the community was torn apart. The traditional medical system appears to have suffered. The shock of relocation was compounded by the inevitable pressures created by the presence of permanent nursing station, the influx of dominant culture technology and much higher government presence.

In the new community, the social framework which provided a fundamental structure for the traditional medical system began to erode. Natural patterns of settlement were entirely disrupted by the townsite design; the resource economy which has previously relied on several pursuits was reduced to an almost sole reliance on the fishery. The influx of foreign cultural values has supplanted older values in the generation born in the old settlement but raised in the new.

The central issue is autonomy and the politics of power. There was a shift in the perceived focus of political power from the local community to outside authority. The old community is remembered with longing and pride by the adults; a real sense of loss and mourning accompanies reminiscence of life in the past.

In the summer of 1985 I travelled by boat with a group of Anglican ministers and priests to the church at the old community. We were accompanied by several local women who

were teaching the clergy Nithawitniw. At a ceremony held in the empty church, the grief of the Nithawitniw woman, all of whom had grown up in the old community, was palpable. I remember one woman in particular who had tears streaming down her cheeks during the prayers offered by the Anglican bishop.

While the role of the medicine person in Canoe Portage has attenuated, its persistence today is testimony to some remaining cultural coherency. While I was not aware of any young people being trained by the elder herbalists, some interest appears to exist and might be encouraged under appropriate stimulus. But the problem is not solely lack of interest of younger people. There is some indication that the elder herbalists feel that the younger people are not worthy to learn. This attitude stems from the general malaise which has affected the older people since the move.

There is a definite interest in the ritual tradition of healing as practised by Mr. Pipestem. The ceremonial structure of this healing mode is distinctively Native; it requires the participation of supernormal beings whose existence cannot be disproved by non-Natives. The ceremonial structure provides a re-affirmation of Native identity through participation and belief. The role of the ritualist is supported by those who participate with him as an internal response to the inroads against personal worth which many

Native people have experienced.

In a contradictory manner, the Native evangelical movement in Canoe Portage affirms the reality of the power possessed by traditional charismatic healers. The followers of this movement recognized the power of the ritual healer as real, through condemnation of it as deriving from the devil. Nevertheless, the assertion of power as an attribute of this distinctly Native system is a positive statement for the community, where power is the ability to control some aspects of life events.

Beyond any strict physiological or 'scientific' medical value, the role of the ritualist is a focal point for the reaffirmation of authority and self-control in Native communities. The attraction to Mr. Pipestem by our young Nithawitniw adults attests to the function of his role in this capacity.

In Big Island, the greater activity of medicine people can be attributed to a greater community stability. While the same forces of outside intervention have centralized the community is a way typical of most northern Native communities, Big Island did not experience the single catastrophic move which was forced on the people of Canoe Portage.

Through my research, I attempted to address the general research statement iterated earlier: Native indigenous roles which exist today must possess some features of adaptability that allow them to survive in viable forms.

This general statement was pursued under the framework of the ecological mode of medical systems proposed by Wellin. My research, as presented in this paper, concentrated on the role of healers within the ecology of the Northern Nithawitniw medical system.

Landy's (1974) role classification scheme for traditional medical systems provides only a shallow interpretation of the roles observed in Big Island and Canoe Portage. The political process is obscured in an analysis based on Landy's scheme. The terminology Landy uses to classify roles focuses on the impacted culture as somehow responsible for the change in roles. When I utilize Landy's terminology, attenuating, adaptive and emergent, I do so with the understanding that the political reality in which these terms are based is a reality of forced change and interference of the dominant culture on the Nithawitniw.

I observed all three of Landy's healer types: attenuating, adaptive, and emergent. Herbalists are generally

attenuating, ritualists are adaptive, and the new role, charismatic preacher, is emergent.

5.2.1 Herbalists

Herbalists, while still used for specific remedies, are often by-passed for the nursing station. The role of herbalist is very traditional and relatively practical. In a culturally unpredictable environment, the role does not possess sufficient charismatic energy to remain viable. As the traditional world view of the Nithawitniw erodes, the role of the herbalist will attenuate.

5.2.2 Ritualists

A renaissance of traditional medical practice is occurring among the southern Nithawitniw. Ritualists are the primary focus of this re-emergence. While the ritual practice incorporates elements of the herbalist role, its adaptive ability derives from charisma, or the unlearned talent of its practitioners.

The adaptive nature of the role is proportional to its ability to create order in a changing environment. It is an active role, as opposed to the passive nature of the role of herbalist. Belief is insisted upon, and central elements of

the ritual practice rely on evocation of strong emotions. The role requires a dramatic embrace of the tenets of the belief.

The adaptability of the role also benefits from a sense of political correctness. This is not a universal sentiment among Native people, but there is support sufficient to buttress the role.

5.2.3 Charismatic Pentecostal Healers

The charismatic Christian healer is an emerging role. The role incorporates the emotional power of the ritualist, but translates this power into terms adopted from the larger Euro-Canadian society. Charismatic and ritualists operate in a similar manner, providing order to an unpredictable cultural environment by instilling and requiring complete belief.

I did not observe any individuals in this role at Big Island. The role was very prominent in Canoe Portage, where the movement swept the community. The prevalence of this role in one community and its absence the other is symptomatic of the cultural disorder afflicting Canoe Portage.

The role of Christian healer belongs to a revitalization movement which can be located in the scheme suggested by Wallace (1956). The movement is a conscious, organized attempt

by members of a culture to construct a more meaningful culture. Some members of the Canoe Portage community are creating a new mazeway designed to reduce the high levels of stress which have become part of life in the community.

Elements of the mazeway have been borrowed from the Euro-canadian culture, but are re-interpreted in culturally appropriate ways. While attendance at the Catholic and Anglican churches in the community is declining, the new movement has been overwhelmingly successful in attracting followers. While the three churches share the same basic belief system, the new movement is culturally accessible and community driven.

The role of healer in the new movement is parallel to the traditional PAWAKANITNIW, the healer who communicates with the spirit world through visions, dreams and trances. This role is continuous with the past, and therefore accessible.

The leaders of the movement are local, but frequently Native healers visit from outside the community. There are no non-Native Catholic or Anglican priests. Control rests within the community.

The evolution of this revitalization movement followed the classic path identified by Wallace. The steady state

period was life at the old community before re-location and flooding of the lake. Movement to the new location resulted in a period of increased individual stress. Traditional mechanisms to deal with stress began to fail. Prolonged stress led to cultural and community breakdown associated with high levels of alcohol abuse, violence, and physical sickness. The revitalization movement was a community response to this process of cultural implosion.

The community leaders who lead the movement exhibit radically changed personalities; old destructive behaviour has been rejected and the change is communicated through the drive to evangelize and spread the new way.

The ritualist practice is undergoing a similar revitalization in the vicinity of Canoe Portage. Mr. Campbell was transformed and became a healer in a similar environment of stress. However, his personal solution drew upon traditional roles and involved a synthesis of ideas from Anishinabe (Saulteux) rather than Euro-canadian culture.

The process by which a person traditionally acquired medicine knowledge and healing power mirrors the process of revitalization of entire community. Power was often bestowed during times of stress, whether self-induced through the dream quest, or forced by personal tragedy or sickness. The period

of stress forced the person to look beyond the solutions of the ordinary world to the world of the PAWAKAN, the dream beings.

Contemporary healers among the Nithawitniw in Canoe Portage and Big Island are focal points for community self-definition. Both ritualist and charismatic healers are adaptive and emerging roles which are actively seeking to reduce stress.

The role of herbalist is attenuating in Canoe Portage. The practical nature of the herbalist's work does not address the high levels of stress in Canoe Portage. The role is associated with the Old Post, the old community before relocation. Those days are lost.

5.2.4 Summary

Three healer roles exist among the Nithawitniw community of Canoe Portage: attenuating, adaptive and emergent. The existence of these roles at the same point in time reflects a community experiencing change at a rapid rate. The nature of the emergent role as an agent of revitalization is indicative of high levels of stress within the community. The Christian revitalization movement which encompasses the charismatic healer role is a response of a large part of the community to

the rapid disintegration of traditional values and the consequent destructive stress.

The herbalists can offer no solution to disorder. While traditional herbal medicines are still used in Canoe Portage, they are often regarded with suspicion. Still, certain afflictions can be treated only with traditional herbal medicines, not medicine from the nursing station. These medicines are still the last resort, however, when medicines from the nursing station offer no cure.

In Big Island, the traditions of the community are sufficiently intact that the roles of ritualist and the herbalist can still have meaning. However, the acquisition of a PAWAKAN by individual hunters as a matter of course is fading. The attenuation of this practice reflects a change of living patterns among the community; no longer do whole families move out to traplines for the winter, where each family group has to exist as an independent unit. The PAWAKAN now belongs more to medicine people, where specialized skills are required.

The roles I observed vary along a continuum of power. The efficacy of plant medicine derives from the special power of the plant which only differs in intensity, not in kind, from the power of a human to heal. In this sense, the power of the

herbalist is waning. However, the concept of power as the basis for healing is easily transferred to the new charismatic healers, the evangelical Native preachers. These people are still visited by PAWAKAN, but these dream beings are re-defined in terms borrowed from Euro-canadian society.

5.3 AN ECOLOGICAL MODEL OF MEDICAL SYSTEMS

Beyond a strict contribution to population health, the ecological value of a medical system can impact on the overall adaptation of a human group to its environment. Wellin (1977) believes that in simple societies, culture traits outside the medical system have more impact on disease control than the specific medical therapies. However, the medical system may and probably does have important impact on other areas of human adaptation beyond actual disease control.

The structure of the Nithawitniw medical system is founded in the larger world-view of the culture. The principles which form this world view are also reflected in the operation and the significant roles of the medical system. Knowledge of the physical and biological environment gained from other cultural pursuits are integrated into healing structures. Features of the cultural environment form key elements in medical role relationships and healing therapies.

These features include the principles of balance, reciprocity and obligation as well as the concepts personhood and power previously discussed.

5.3.1 Physical and Biological Environment in Relation to Healing

The adaptive value of cultural traits must be viewed in relation to the specific 'niche' within which a population can be located. This niche has physical, biological and cultural parameters. In the case of modern Native medical systems and beliefs, cultural definitions have an important influence on the shape of the system within the niche.

Both communities, Big Island and Canoe Portage, are recent heirs to the northern Algonkin band "niche". This niche is defined by scattered biological resources which dictate dispersion of the population into smaller groups for a greater part of the year. Seasonal abundance and density of certain resources, such as fish runs in spring and fall, allow congregation of the band as a whole at certain periods.

The physical parameters of this niche are essentially the characteristics of the Precambrian Shield. This region is dominated by coniferous vegetation and associated flora and

fauna. The abundance of rivers and lakes requires water transportation in the summer and travel by dog-sled in the winter. The relatively low productivity of the land demands an economy based on exploitation of diverse resources.

This very brief account illustrates the major parameters of the past niche occupied by the Nithawitniw in both communities. Presently, the Big Island resource economy is more varied, based on a wider variety of activity. The reduction in variety in Canoe Portage is a recent phenomenon; previous to their relocation, the Nithawitniw of Canoe Portage were employed in pursuits as diversified as those of Big Island.

In the recent past, both communities were culturally continuous with older traditions. Presently, Big Island is more stable in terms of cultural continuity and social cohesion, although it too has suffered from impact with an outside culture.

The pursuit of resource-based activity requires an intimate knowledge of the land and its resources. This knowledge is extensive, extending over many kilometres, and intensive, including specific locations of faunal and floral resources. Knowledge of this degree is characteristic of most adults in both communities, especially the males, who are

generally much more mobile than females.

A specific instance can illustrate the ecological implications of intensive resource knowledge. Mrs. Jackson is a medicine person in Big Island. Her husband Mr. Jackson has operated a trapline in the region of Trout River for all of his adult life, over forty years. In their earlier married life, Mr. Jackson and Mrs. Jackson followed a seasonal round of trapping, fishing and hunting in a defined territory within the Trout River region. In late May of 1985, Mr. Jackson demonstrated the extent of his knowledge when I travelled with him to collect plants for medicine. While Mrs. Jackson has the specific knowledge of application of these medicines, Mr. Jackson gathers the medicine for her. As a Nithawitniw male, his role as hunter and trapper requires him to travel frequently. He can pick up medicine which Mrs. Jackson has neither the time nor resources to gather. My primary goal in this trip was to collect the root of WIKES (Acorus calamus). Mr. Jackson was able to take me to the exact location, quite specific in space, where we were able to gather the root.

The highly specific inventory of resources available includes time of special importance, such as medicinal plants. The question 'where?' invariably elicits a response highly specific in nature.

The following selections from interviews demonstrate this specificity:

T: Aha, PAWISTIKOMASKIKI, there's lot of them there at Nokomis. There's some there, and then I don't know where else. At Nokomis Lake, you know, at Sid Wilson's camp there, just on the left side, where you go in on the left side, maybe you been up through there, that little rapid there, just above there and all the way through there's lots of them there.

I showed Mr. Trout a picture of Actea rubra.

I: MASKWAMINATIK?

T: Yeah, that's the one there.

I: This one right here?

T: Yeah, MASKWAMINANANTIK, that's the one there, MASKWAMINANATIK, but there's a lot of them at Tate Island on this side, you know, there's a lot of them there, I picked them on one island, Park Island, right in the middle of the island, here is a lot of them there.

The knowledge of specific location indicates familiarity with utilization and, further, implication of belief in the efficacy of the medicine. While plant harvesting is traditionally the work of women, the harvest of medicine plants is not restricted to women. Men regard medicine harvest with respect rather than disdain. While Mr. Trout would not collect cranberries with his wife, he would collect medicine plants.

Mr. and Mrs. Trout, and Mr. and Mrs. Jackson are couples who have lived and worked together in concert in a traditional life according to complementary roles. Mr. Pipestem and his

wife epitomize the nature of this working relationship between traditional Nithawitniw spouses. While neither of the men in the first two couples were medicine persons, Mr. Pipestem is a highly active ritualist. His role as a ritualist complements Hazel's vocation as a herbalist. When we went to collect the root of POTACIKEWASK, Hazel was the first to recognize the plant, but Mr. Pipestem administered the ceremony of tobacco offering preceding actual collection of the plant.

All three couples are examples of the integration of traditional medicine ways into the overall pattern of traditional living. The operation of a Nithawitniw married couple as a functional working unit is necessary for survival in the physical environment of the Precambrian Shield. The large degree of self-sufficiency which such a partnership affords is extended by the incorporation of a medical role by one or both partners.

5.3.2 Balance

The traditional relationship of spouses can be described as balanced. The roles of wife and husband complement and fulfil each other. This principle of balance is apparent in other social relationships both between humans and between human and non-human persons. The role of healer and patient

is balanced in terms of behaviour and expectations. The healer, through a source of specialized knowledge and power, imparts knowledge or services to those who seek them with the proper instruments: respect, faith and willingness to sacrifice some physical good.

The principle of balance is also present in the pursuit of knowledge and supernormal power. Rapid and conspicuous acquisition of material goods can incite ill feeling among neighbours; such material acquisition is out of balance with the community conception of normative behaviour. Similarly, 'greedy' acquisition of knowledge and spiritual power results in an imbalance that can destroy what power an individual possesses, and at worst, kill him. Mr. Moose lost his spiritual support because he pursued power too assiduously. Mr. Pipestem is very cautious in his pursuit of spiritual power so as not to supersede the natural pace set by his spiritual instruction. He avoids the sweat lodge ceremony because he has not received the spiritual mandate to conduct such a ritual. To go beyond, to be greedy, could upset the balance between himself and his spiritual guides.

Balance is the issue in duels between KA-MAMATAWISIT. Where balance is equal, there is no victor. A slight imbalance will result in the destruction of the weaker opponent, such as the death of the old woman who had acquired

one less PAWAKAN than the old man with whom she fought.

Nowhere is balance more explicit than in the ceremonies of the ritual healers. Circular movement is prescribed throughout: the clockwise passage of the pipe as it moves through a circle of participants, the movement of the pipe as it pivots on an individual hands, the clockwise circulation of food through guests at a ceremonial feast, the clockwise movement of objects through the sacred smoke of cedar and sweetgrass. The clockwise movement of plant material in a medicinal liquid signals the efficacy of that medicine.

Circular instruments dominate in ceremony: the drum, the rattle, the frame of the sweat lodge, the granite stones which heat the lodge. The circular forms draw together all the participants in the ceremony. The circular patterns are physical expressions of the metaphysical balance which joins together the supernormal persons required for successful healing and the human participants.

5.3.3 Reciprocity

The fulcrum on which balance rests is the principle of reciprocity. Reciprocal exchange is a dominant social force in Nithawitniw society. In Big Island and Canoe Portage, material goods are given away frequently to relatives and

friends. However, such gifts obligate the receiver to reciprocate at some future time. Repeated failure to reciprocate, especially when a request is made, exposes the reluctant individual to accusations of 'stinginess' and 'greediness'.

In the past, the principal of obligated sharing was necessary for survival in a land of scattered resources and chance opportunities to secure food. The fundamental nature of this principle is extended into the medical system and relationships between human and non-human persons.

The use of tobacco in harvesting plants for medicine is indicative of the reciprocity characterizing relationships between human and non-human persons. The ritualist offers tobacco to the grandfathers who give power to the plants; herbalists offer tobacco to the plants themselves, signifying the personhood of these plants. In both cases, the medicine must be paid for by the collector as a necessary obligation for complete success.

The provision of tobacco or alcohol by a patient to a healer in return for instruction or medicine represents a reciprocal relationship. Both tobacco and alcohol are valuable commodities in isolated northern communities. The value of the service provided by the healer is reflected in the value of

the gift. In the case of tobacco and alcohol, the amount exchanged is small, but represents great value. Tobacco especially is important to all healing and medicine transactions.

The provision of tobacco is necessary to fulfil the normative obligations of reciprocity. Tobacco exchange is known in both communities. It is a widespread tradition found among the eastern Woodlands Nithawitniw and Anishinabe (Ojibway), the Plains Nithawitniw and the Plains Anishinabe. The principle of reciprocity extends to plants which are useful in medicine and healing. The exchange of tobacco for valuable service establishes a bond between the collector and the plant (as a person) in a similar manner as material exchange bonds individual human persons.

The bond between plant and healer allows the herbalist to 'know' if the medicine will work. However, the relationship cannot be established with all plants; non-medicine plants do not possess power and therefore are not approached as reciprocal partners. Potentially, however, any plant may be a medicine plant if it is used for medicine. The reciprocal relationship is only established if a plant is picked specifically for medicine.

The designation of personhood for plants collected as medicine establishes an important link between the physical

and cultural environments of the Nithawitniw. It is a fundamental integration which extends the social relations of humans to the biological environment. In the normative world, the obligations of reciprocity extend to animals, especially large game species, as well as plants.

While not specifically related to healing, the manifestations of power required for hunting success are parallel to those required for healing. A specific incident illustrates the obligations required for continued hunting success.

In December 1984 I accompanied George Trout and his brother Daniel on a moose hunt west of Windy Lake. Daniel shot three moose late in the day: a bull, cow and calf. By the light of a fire, we skinned and butchered all three. All the internal organs except the lungs and spleen were retrieved for consumption. When we gutted the bull, Daniel cut off a portion of the left ventricle of the heart and threw it into the bush. He remarked that his father, Mr. Trout, had taught him that this would ensure future hunting success. The antlers of the bull were chopped from the head and hung on a tree. George and Daniel explained that any bones from the meat should be put in a fire, or in a place where no one would walk over them.

Mr. Pipestem, the ritualist healer from Black Bear River in the Canoe Portage Region, hangs the skulls and bones of moose and deer in a poplar tree. The skulls are hung high, just as medicine is stored in a high place. These gestures of respect are requisite to preserve the balance between the users and the resource; it is an obligation of utilization.

The demands of reciprocity, the obligations required, operate in the same manner in the normative Nithawitniw world for both hunting and healing. These obligations reflect a belief in a deterministic universe where success in any endeavour is predicated upon proper relationships between humans and non-human persons. While individual skill is respected, the concept of 'luck' as a principle belonging to a universe of random chance is foreign to the normative worldview. Rather, good or bad luck is a reflection of balance or imbalance in relations with other humans or non-humans. Thus, good health and hunting success can be achieved by use of proper medicine, where medicine is a reflection of relationships mediated by power.

The relationship between a human and PAWAKAN is highly structured by obligations of reciprocity. Restrictions on diet, proscriptions on hunting certain species or utilizing their body parts, obligations for respectful treatment of bones, are obligations required by the PAWAKAN in reciprocal exchange for powers and success granted to humans. These powers included ability to heal, to speak with animals and plants, success in trapping and hunting.

In the recent past, it was essential for a Nithawitniw trapper to enter into a relationship with a PAWAKAN. The PAWAKAN is a source of aid in a difficult environment. It

provides a resource to draw upon in times of need and scarcity. Through the PAWAKAN, a man is connected to a source of power; the relationship of man and PAWAKAN provides a vertical integration of the human level and non-human level of personhood.

However, as the Nithawitniw in both Big Island and Canoe Portage move away from a lifestyle intimately tied to the land, the relationship of the PAWAKAN and the hunter has attenuated. Significantly, the PAWAKAN is regarded more benevolently in Big Island than Canoe Portage.

Still, in both communities, the PAWAKAN is associated with power. This power association is apparent in the resurgence of native medicine as practised by Mr. Pipestem.

In a fundamental way, the ritualist practice of Mr. Pipestem is an expression of power on a political level. The ideas which Mr. Pipestem expounds, as expressions of older belief, are informed by independence from the non-Native belief. By actively expressing a system of belief radically different from the dominant culture, Mr. Pipestem is expressing a political will.

The Native Pentecostal movement in Canoe Portage is also a political expression. In a community severely damaged by

its contact with the larger society, this radical shift in a segment of the community towards a very non-Native cultural tradition is in fact an expression of political autonomy.

This expression of evangelical Christianity incorporates elements of elder Nithawitniw belief into the interpretation of fundamentalist doctrine. The doctrine is recast in light of older beliefs, the PAWAKAN is now a demon, the charismatic healer still receives visions and falls into ecstatic trance. Most importantly, the movement is guided by Nithawitniw Preachers; all positions of power are filled by Natives.

Here, in both the resurgence of older belief and recasting under Christian doctrine, healing is associated with power.

5.4 HEALING AS POWER

No two people are created equal. The degree of inequality of any two individuals can be measured in terms of power. On the level of society, cultural and racial difference have inescapable ramifications in terms of this balance of power.

The disintegration of the Canoe Portage community after re-location is testimony to the callous disregard which the

Nithawitniw of the old community received when the flooding of the lake was proposed by the representatives of the larger society. The collapse of the indigenous medical system occurred not because of any inherent deficiency in that system in its ability to adapt to changing circumstances, but because that medical system was integrally linked to the larger culture of the Nithawitniw of Canoe Portage.

Landy's (1974) concept of healing recognizes the significance of cultural relevance; while he recognizes the process of attenuation, he does not take the next step to examine the dynamics of power which have displaced the healer's role in his culture. That is, there is no room in his scheme to examine the conflict between cultures which impacts on the healer's roles.

In Canoe Portage, the resistance of the Nithawitniw in the face of negative impact and imbalance of power is reflected in parallel healing movements: the re-emerging but transformed ritualist belief expounded by Mr. Pipestem, the Native Pentecostal movement which incorporates and translates older beliefs in Christian dress. Significantly, both movements are directed towards healing, and participation in either proclaims 'I am Nithawitniw'.

Chapter VI

CONCLUSIONS

6.1 INTRODUCTION

In this chapter I relate my major findings and significant points of my discussion to my initial objectives. I have isolated critical elements of the Nithawitniw view of health and healing which non-Native medical practitioners should be aware of when treating Nithawitniw patients. I have also indicated implications of my research for the political evolution of Native people. Finally, I also provided a direction for further research based on questions raised through my work.

6.2 TYPES OF HEALERS AND THEIR ACTIVITY

Healing among the Nithawitniw has traditionally carried connotations of power. In the Muskekiwininiw community of Canoe Portage and the Asiniitniw community of Big Island the communication of power through healing activities still persists.

In both communities, two general classes of healers exist: the herbalist, and the charismatic. They are distinguished by the degree of supernormal power which informs

their practice: the herbalist will actively use little supernatural aid, while on the opposite end of the scale the charismatic will rely entirely upon his connection with greater power to heal.

These two categories are not distinct in actual practice; some degree of supernatural power grounds almost all herbalists. Healers are distinguished essentially by degree rather than kind.

Dreams and visions are important elements in the practices of healers in both communities. Dreams are the vehicles through which power is communicated from higher beings. These beings, the PAWAKANAK, are known in both communities.

The ability to heal is a manifestation of power; power is an attribute of personhood. In this sense, under special circumstances, normally inanimate objects can attain the status of 'person'.

Healers who rely on herbal remedies and supernatural power sources are still active in both communities. However, the level of activity is lower in Canoe Portage than Big Island. The lower level of activity in the Muskekiwininiw community is attributable to the severe impact of re-location and the essentially forced move of the community when their old settlement was flooded in a hydro-electric project.

The re-location of Canoe Portage resulted in high levels of violent crime and alcohol abuse. The cultural fabric of

the community was torn, and in the process the medical system lost relevance.

However, a resurgence of interest in the old system and an emerging Native version of Pentecostal Christianity attest to internal healing of the community of Canoe Portage. Not the least important in this healing process is the assertion of political will as expressed in the distinct philosophy of undermining the traditional healing system and the assumption of leading roles in the new church by local Nithawitniw men.

In Big Island, the traditional medical system operates more intact. However, while the concepts of power and PAWAKAN are familiar among young people, I did not observe any apprentice to the local herbalist nor did any younger people relate visions.

These dreams may have not been related to me since dreams of power are not supposed to be discussed with anyone except the medicine person. Belief in the efficacy of 'Indian' medicine is still widespread in Big Island.

In Canoe Portage, the political connotations of healing are more apparent. This political element is not expressed as a rhetorical stance, but in the lives of people who sincerely wish to take responsibility for the course of their lives. In this sense, the presence of beliefs evolving from a past culture is a resource which can be accessed in times of stress. The expression of these beliefs has taken a remarkable form in Canoe Portage as recast elements in a

Native Pentecostal movement.

The culture of healing among the Nithawitniw is providing strength in the face of hostile impact from an outside culture. As the Nithawitniw move away from pursuits tied to the land, the knowledge of botanical remedies will fall away. The elements which proscribe the structure of relationships based on power, will continue to have relevance; Native people can still find relevance in the system which offers structure to their universe of social relationships. As in a system which has evolved out of a unique past, the evolution of the Nithawitniw medical system offers a vehicle for expression of political customs, and in that sense, healing on a cultural level.

The type and activity level of healers present in a Nithawitniw community is an indicator of the health of the community in the ecological sense defined by Wellin (1974) and used in this paper. The presence of the Pentecostal charismatic healers signals a community under severe stress, plagued by violence and alcohol abuse.

Similarly, the presence of charismatic ritualist healers practice also signals community dysfunction. Both healer types can be used to interpret relative stress levels within a community. A community where herbalists are still active signals a relatively stable community where political autonomy and community integrity has remained intact.

The world view of the Nithawitniw of Canoe Portage and

Big Island is still deeply informed by their cultural past. Use of plant medicines will enjoy a renaissance only where these medicines are associated with the charismatic practice of Mixed-tradition healers. The use of such medicines form part of the complex of a resurrected traditional medical and religious system which is itself a manifestation of a renaissance of Native political expression. This expression is occurring at both a formal organizational level, and more importantly, at the level of the community and the individual.

6.3 CONCEPTS OF DISEASE AND HEALTH

Widespread in both communities is the division of illness into two broad categories based on mode of treatment:

- 1) illness amenable to treatment by herbal medicine (NITHAWIMASKIKI) or non-Native medicine; and
- 2) illness caused by, and amenable only to treatment by a KA-MAMATAWISIT or PAWAKANIT'NIW (charismatic).

In the first category are ailments which are associated with non-Natives and treated only by non-Native medical practice, ailments which can be treated most effectively through traditional herbalist practice, and ailments which can be treated by either practice.

Cancer, diabetes and tuberculosis are illnesses which are most effectively treated by non-Native medicine. These diseases are historically associated with contact with non-

Natives.

Herbalist practice is sought for children's ailments and afflictions peculiar to women. The majority of practising herbalists are women, and therefore it is logical that much of the botanical remedies focus on these areas. One particular illness which is considered very serious and commonly treated by the herbalist is E-KINAKPITET E-TAHKAPITEWACIT, an affliction of children during teething.

More serious illness results from a curse or the inadvertent release of supernormal power through the auspices of the PAWAKAN, the dream being. The healer classification of PAWAKANIT'NIW or KA-MAMATAWISIT uses power gained through other-than-human persons contacted through dreams and visions. This power can be used to heal, or to cause illness. Particular illness manifestations of such power are object intrusion, and the twisted face syndrome E-PIMIKWEPANIT.

Strong emotions, such as jealousy or anger, can release the power of the PAWAKAN. Adults in the prime of life never speak of their personal PAWAKAN; to do so could bring harm to the person or result in loss of power; only after active life is over, in old age, do people talk about their personal PAWAKAN. Illness caused through supernormal power can only be treated by another person with supernormal power. Such an illness cannot be treated by an herbalist or non-Native medical practitioner.

The concept of reciprocity mediates the relationship

between healer and patient. In order for the medicine to work, the healer, whether herbalist or ritualist charismatic, must be paid. This concept also applies to harvesting medicinal plants and instruction in healing. Tobacco should be placed in the ground when collecting plants as payment; tobacco is given by the patient to the healer, and tobacco is given by the apprentice to the teacher. For healing and teaching, other gifts of greater value are given.

The concept of reciprocity has wider application in Nithawitniw society, where hunting partners will exchange equipment regularly throughout the course of their working relationship. Just as the value and strength of the relationship is reflected in the value of gifts exchanged, so to the efficacy of medicine is related to the value of the gift given to the healer. In this exchange, the patient becomes an active participant in the healing process.

6.4 PLANTS USED IN MEDICINE

The traditional medical system has strong roots in the natural world. At least 67 different species were mentioned in interviews concerning medicinal use of plants. The attributes of power associated with healing extend to such plants which are treated with respect in collection, storage, preparation and disposal.

I have provided an annotated list of plants described in interviews in Appendix A. The list provides the Nithawitniw and scientific names of each plant, and a description of collection and preparation instructions, and their medicinal applications.

The pharmaceutical importance of botanical Nithawitniw medicines may be significant. I can only offer the list of names which I was privileged to collect and I make no claim as to their efficacy. Of more fundamental importance is the attitude of the Nithawitniw towards these plants, and the concept of reciprocity as applied to medicine plants, and by extension, to living beings.

6.5 FURTHER IMPLICATIONS

6.5.1 Significance for Native Medical Treatment

Increasingly, non-Native health practitioners are called upon to treat illness in Native people where the conceptions of the patient and the conceptions of the practitioner do not match.

The following are critical elements in the conceptions of health and the treatment of disease still widespread among the northern Nithawitniw. These elements may impact on Nithawitniw patients being treated by non-Native medical people.

1. Reciprocal Exchange

The exchange of tobacco for medicine is very important. In some cases, alcohol may also be offered to a Nithawitniw healer. This exchange is based on the belief that the efficacy of medicine depends on the provision of a valuable gift.

2. The PAWAKAN

Dream beings, other-than-human persons, bestow power for healing. However, people with PAWAKAN cannot talk directly about it except to a respected medicine person. Because of the power associated with such a being, a Nithawitniw person can become very upset if questioned

casually about the PAWAKAN.

3. Other-than-Human Persons

Ordinarily inanimate objects can be alive under certain circumstances. Important healing instruments, such as the pipe and the drum, are alive in the sense that they have power. These objects must be treated with respect.

4. Dreams

Dreams are the primary vehicle through which contact with the PAWAKAN is made. Dreams and visions can be very significant, but they must be interpreted correctly. Failure to follow instructions conveyed in dreams can result in harm or death. Therefore, a respected medicine person should be consulted to interpret dreams.

5. Curses

Curses are manifested in bad luck, depression, and suicide. Curses can only be cast through a medicine person with powerful PAWAKANAK (plural). Curses can only be removed by a powerful medicine person. In the minds of many Nithawitniw people, curses are very real.

6.5.2 Implications for Political Evolution

Two elements of the Nithawitniw healing system have implications for political evolution: the physical materia medica, and the retention of traditional values and beliefs in spite of legislated repression by the dominant non-Native culture in the early part of this century.

The inventory of plant medicines in the traditional Nithawitniw materia medica is an area that has been ignored in land claims settlement negotiations, and land use planning exercises. Just as people have traditional trapping and hunting territories, so too do individuals have areas where they traditionally harvest medicine plants. While many species are widespread, plants must be collected from pristine locations at certain times of the year. These locations are very specific and vary among individuals.

The collective medical botanical knowledge of the northern Nithawitniw is derived from an intimate association with the land. In each community the local knowledge of the location and use of medicine plants represents an intimate familiarity with the natural resources of a region. It is important to the survival of the herbalist component of the Nithawitniw medical system that the locations of harvest sites be included in land use planning exercises.

Some the plants ascribed with medicinal value are classified legally as noxious weeds under Manitoba provincial

law. This situation underscores the divergence in perception between the Nithawitniw and the dominant Euro-canadian cultures.

The traditional Nithawitniw medical system and its evolving forms are forms of political expression. The demand by Native people for health services respecting traditional beliefs is a valid claim in a political sense. Similarly, damage to the traditional healing practices which happens as part of wider damage to a community in a development project, as in the case of the re-location of Canoe Portage, is justified as a point for compensation in the same way as damage to physical property and biological resources.

The role of healer in Nithawitniw society was deliberately suppressed by the dominant culture in the late 19th and early 20th centuries (Pettipas, 1989). This suppression was based on the recognition of the political strength which the healer and the system in which the healer operated represented.

With the move toward political independence among Native people, the adapting and re-emerging role of healer is strengthening among Native people. Part of this strength derives the threat of legal persecution has diminished. However, fear of ridicule and disdain still limits the expression of beliefs. Full political development requires that such beliefs are allowed to thrive without threat of ridicule in a climate of respect.

The fullest expression of Native self-government will require that Euro-canadians recognize the validity of a healing system distinct from their own. This issue has to date been lost in the debate over Native political destiny which has been dominated by the issues of land base and appropriate types of political organization. A conscious effort by Native leaders is required to ensure that non-Native society recognizes the validity of a healing tradition different from their own.

6.5.3 Directions for Future Research

My research has produced many more questions than answers. I have identified the following areas as critical directions for future research.

1. Dreams and Visions

Dreams and visions are critical elements in the Nithawitniw healing system. Not all dreams are important to healing or medicine. Work is required to elucidate the type and nature of dreams and their role in healing.

2. Curses

Cursing is an important source of illness among the Nithawitniw. This is a very sensitive subject area, but one that non-Native medical practitioners are colliding with in treatment of Nithawitniw and Anishinabe people.

There is speculation that the incidence of cursing is proportional to the amount of social upheaval in Native communities. Work is required to specifically examine the social patterns of cursing, and the incidence of cursing in relation to parameters such as violence and alcohol abuse.

3. Activity of Healers

Every Nithawitniw person whom I formally interviewed had visited a Native healer. More work is required to accurately quantify the frequency of visitations and examine the demography of patients of Native healers.

4. Women as Healers

Many women herbalists acted as mid-wives in the past. With the increased demand by women for birthing in home communities, research into traditional mid-wife practices would be very useful.

More research is required into the female and male roles in healing. Apparently men are more active as ritual healers, which may reflect a traditional dichotomy based on sex. Prior to menopause, menstruation appears to limit the ability of women to practice ritual medicine. Women seem to be more active in healing after menopause, and this may be related to the cessation of menstruation.

5. Plant Medicines

Much work remains in the area of the traditional botanical materia medica. The list of plants presented in Appendix A should be compared to lists from other Nithawitniw groups, and other Native North American cultures with emphasis on groups inhabiting the boreal forest. This list should also be confirmed with as many elders as possible from Muskekiwininiw and Asiniitniw communities.

No medical or other use was provided for some of plants identified with Nithawitniw names by informants. Possibly these plants had some useful applications, but these were forgotten. Further research could investigate uses for these plants among other Nithawitniw and Native people.

LITERATURE CITED

- Aberle, D.F. 1966. Religio-magical phenomena and power, prediction, and control. *Southwestern Journal of Anthropology*. 22(3): 221-229
- Alland, A. 1966. Medical anthropology and the study of biological and cultural adaptation. *American Anthropologist*. 68: 40-51
- Anonymous. 1980. Indian Conditions. Dept. of Indian and Northern Affairs. 147 pp
- Anonymous. 1979. Indian Health Discussion Paper. Medical Services Branch. Dept. of National Health and Welfare. Draft Dec. 19
- Anonymous. 1981. Medical Services Annual Review.
- Beardsley, G. 1941. Notes on Cree medicines, based on a collection made by I. Cowie in 1892. *Papers of the Michigan Academy of Science, Arts and Letters*. 28: 483-496
- Black, M.J. 1980. Algonquin ethnobotany: an interpretation of aboriginal adaptations in southwestern Quebec. *National Museum of Man. Mercury Series. Canadian Ethnology Service. Paper No. 65*. 266 pp
- Downes, P.G. 1946. *Sleeping Island: the Story of One Man's Travels in the Great Barren Lands of the Canadian North*. Jenkins. London: 296 pp
- Hall, E.T. 1963. A system for notation of proxemic behaviour. *American Anthropologist* 65: 1003-1026
- Hallowell, A.I. 1960. Ojibway Ontology, Behaviour, and World View. IN *Contributions to Anthropology: Selected Papers of A. Irving Hallowell*. University of Chicago Press Ltd. London: 1976, 534 pp
- Hallowell, A.I. 1963. Ojibway World View and Disease. IN *Contributions to Anthropology: Selected Papers of A. Irving Hallowell*. University of Chicago Press Ltd. London: 1976, 534 pp

- Hallowell, A.I. 1966. The Role of Dreams in Ojibway Culture. IN Contributions to Anthropology: Selected Papers of A. Irving Hallowell. University of Chicago Press Ltd. London: 1976, 534 pp
- Hellson, J.C. and M. Gadd. 1974. Ethnobotany of the Blackfoot Indians. National Museum of Man. Mercury Series. Canadian Ethnology Service. Paper No. 19.138 pp
- Holmes, E.M. 1884. Medicinal plants used by the Cree Indians. Pharmaceutical Journal and Transactions, Ser. 3, 15: 302-304
- Kehoe, A. 1963. Saskatchewan Indian Religious Beliefs. Regina: Saskatchewan. Saskatchewan Museum of Natural History, Dept. of Natural Resources, March. Popular Series No. 7. 15 pp
- Kuhn, T.S. 1970. The Structure of Scientific Revolutions. International Encyclopedia of Unified Science. University of Chicago Press: Chicago. 210 pp
- Kleinman, A. and L.H. Sung. 1979. Why do indigenous practitioners successfully heal? Social Science and Medicine. B13: 7-26
- Landy, D. 1974. Role adaptation: traditional curers under the impact of Western medicine. American Ethnologist. 1:103-127
- Mandelbaum, D.G. 1940. The Plains Cree. New York: The American Museum of Natural History.
- Muir, Bernice. 1987. Health Status of Canadian Indians and Inuit. Community Health Services. Indian and Northern Health Services. Medical Services Branch. Health and Welfare Canada. 43 pp.
- Pelto, P.J. and G. Pelto. Anthropological Research: The Structure of Inquiry. Cambridge University Press: Cambridge. 33 pp
- Pettipas, K.A. 1989. Severing the Ties that Bind: the Canadian Indian Act and the Repression of Indigenous Religious Systems in the Prairie Region, 1896-1951. Ph.D. Thesis. University of Manitoba. 524 pp
- Preston, R.J. 1975. Cree narrative: expressing the personal meanings of events. National Museum of Man. Mercury Series. Canadian Ethnology. Paper No. 30. 308 pp

- Rosenthal, T. and B.J. Siegel. 1959. Magic and witchcraft: an interpretation from dissonance theory. *Southwestern Journal of Anthropology*. 15: 143-167
- Rossignol, M. 1938. Cross cousin marriage among the Saskatchewan Cree. *Primitive Man*. 11: 26-28
- Rossignol, M. 1939. The religion of the Saskatchewan and Western Manitoba Cree. *Primitive Man*. 11: 67-71
- Scoggan, H.J. 1978. The Flora of Canada. The National Museum of Natural Sciences, Publications in Botany. National Museums of Canada: Ottawa. Vol. 1-4, 1711 pp
- Smith, H.W. 1981. Strategies of Social Research: The Methodological Imagination. Prentice-Hall, Inc.: New Jersey. 509 pp
- Smith, J.G.E. 1975. Preliminary notes on the Rocky Cree of Reindeer Lake. IN D. Carlisle (ed.) Contributions to Canadian Ethnology. National Museum of Man. Mercury Series. Canadian Ethnology Service. Paper No. 31: 172-187
- Tarasoff, K. 1980. Persistent ceremonialism: The Plains Cree and Saulteaux. National Museum of Man. Mercury Series. Canadian Ethnology Service. Paper No. 69 247 pp
- Vogel, J.V. 1970. American Indian Medicine. Ballantine Books: New York. 526 p
- Waldram, J.B. 1980. Relocation and social change among the Swampy Cree and Metis of Easterville, Manitoba. M.A. Thesis. University of Manitoba. 244 pp
- Wallace, A.F. 1956. Revitalization movements. *American Anthropologist*. 58: 264- 281
- Wellin, E. 1974. Theoretical orientations in medical anthropology: continuity and change over the past half-century. IN D. Landy, (ed.) Culture, Disease, and Healing: Studies in Medical Anthropology. Macmillan Publishing Co., Inc.: New York 47-51 pp

Appendix A

PLANTS USED IN MEDICINE

1.1 INTRODUCTION

In this chapter information on plant use in medicine in both communities is presented. Plants are listed alphabetically according to their Nithawitniw name. The letters in brackets after each name indicate if the name was used by Asiniitniw informants (WC) or by Muskekiwininiw informants (SC). Following the Nithawitniw name I list the corresponding scientific name of the plant; the scientific names and authorities follow Scoggan (1978). Following that, information is presented under three categories: location and description, collection and preparation, and medicinal use.

Under 'Location and Description', I indicate any particularly useful informants, how the plant was identified (by picture, description, collected specimen, or in the field); where a plant was well-known in a community, this is indicated.

Under 'Collection and Preparation' I indicate any special collection procedures which are required, and any specific instructions which were communicated to me in regard to preparation for medicinal use. In 'Medicinal Use' I summarize the medicinal uses of the plant.

Where I describe specific procedures and uses, I have indicated the source in parentheses; the capital letters indicate the cultural group, and the small letters indicate the initials of the informant.

I have made no attempt to ascertain the efficiency of the remedies prescribed nor have I made any attempt to judge the veracity of the information based on the reliability of individual informants. I have included here information told to me by respected healers, and information related to me in conversations and interviews with non-healers. Almost all of the following information comes from people over the age of forty, all of whom are familiar with a number of common remedies.

I have not included non-medicinal uses nor the medicinal use of items other than plants. Where the identity of the species is not clear or uncertain, I have indicated this.

ACAKASIPAKWA see PITHIKOMINA

ACIKISIMINATIKWA (WC)
Corydalis sempervirens L.

Identified by Mr. Campbell, but he discounted any medicinal value.

AMISKOPOKATIKWA, AMISKOPAKWA (WC) "beaver leaves"
Kalmia polifolia Wang.

Location and Description: Identified from a collected specimen by Mrs. Pideesis.

Collection and Preparation: No medicinal applications were given by any informant.

AMISKOWIKASK (WC, SC) "beaver wikask"
Mentha arvensis L.

Location and Description: Recognized by Mrs. Jackson in a picture, identified by Mrs. Pideesis and Mr. Campbell.

Collection and Preparation: The entire plant is dried, then boiled in water (mj).

Medicinal Use: Used to stop blood flow from a bleeding nose (mj); used for teeth (WC, mc) or administered for a cold (mp, jea).

ANOSKANATIK (WC, SC)
Rubus acaulis Michx.

Location and Description: This plant was identified by name by many informants.

Collection and Preparation: The roots and stems are boiled to produce a solution to drink in cases of pneumonia. As a cure for diarrhea, Mr. Campbell said to collect twenty stems about 8 cm long, tie them in a bundle and boil in a kettle of water. The bark should be removed first. As a cure for pneumonia.

Mrs. Cutnose uses five roots together with strawberry roots.
Medicinal Use: To cure pneumonia (WC, mj; SC, msp); women's medicine (mc); a cure for diarrhea (jca).

APISTISAKIWASKOS (WC, SC) "little loveplant"

Identity unconfirmed, probably belonging to the genus Aster.

Location and Description: The medicinal portion is the root. The plant was mentioned by Mrs. Trout as growing further south than Big Island and occurring near rapids. Mr. Campbell also described the plant as growing near water. This description concurs with Mrs. Cutnose's description of the plant in its occurrence in the Canoe Portage region (SC). The plant is significant for its name, which suggests it is used in love medicine.

Collection and Preparation: No specific details on collection and preparation were recorded. I assumed that the root was boiled in water to produce a medicinal liquid.

Medicinal Use: To cure a headache

APISTIWACIKOS (SC)
Juniperus horizontalis Moench

Location and Description: Identified from a collected specimen by Mrs. Cutnose.

Collection and Preparation: The root is collected and dried for later use, or it can be used fresh. The root is boiled with Labrador tea leaves to produce a medicine to alleviate coughing (SC, msp).

Medicinal Use: To alleviate coughing.

ASKAPASKWA (WC)
Epilobium angustifolium L.

Location and Description: Identified in the field by Mrs. Pideesis and Mr. Campbell.

Collection and Preparation: The root is gathered, scraped and applied directly to an infection (mp).

Medicinal Use: For application to external infections. Mr. Campbell knew no medicinal applications for the plant.

ASKIMINA (WC) "black berries"

Identify unconfirmed

Location and Description: The medicinal part is the stem. Mrs. Trout described the berries as black and the plants growing where pine trees grow.

Collection and Preparation: The stems are bound and boiled in water to produce a medicinal liquid (WC, mt, jca); the leaves are boiled also (WC, mc).

Medicinal Use: To cure a fever or pneumonia (WC, mt, mc).

ASINIWAKAN (SC, WC) 'rockthings'

Rock tripe is well-known among the Nithawitniw as the scabs of WISAKECAK, who ate the burnt flesh from his buttocks after mistaking them for dried meat.

ATHIKACAS (WC), ANIKACAS (SC) "frog pants"
Sarracenia purpurea L.

Location and Description: The leaf and stem portions (WC, SC).

Collection and Preparation: The vegetative portion of the plant is collected and dried for future use. The medicine is prepared by boiling the dried portions in water (WC, mt, mc, jca).

Medicinal Use: In medicinal form, the plant is used to reduce pain during menstruation (mt). Mentioned as a medicine by Mrs. Jackson and as medicine for women (WC, mc, mp, jca, SC, ag).

ATHIKISATKWA see NIPIA Cryptogramma crispa ()L. R. Br.

ATHIKOCASIMINA (WC) "frog pants berries"
Geocaulon lividum (Richards.) Fern.

Recognized by many Asiniitniw informants, but no medicinal value was attributed to the plant.

ATOSPIA (WC)
Alnus rugosa (Du Roi) Spreng

Location and Description: This plant was identified in the field by Mr. Trout.

Collection and Preparation: The stems are boiled in water to produce a liquid with which to rinse sores. The solution should be weak (WC, mt).

Medicinal Use: Applied to skin sores.

CACAMOSIKAN (SC)
Rudbeckia hirta L.

Identified in the field by Mrs. Bull. The inner florets were recommended as an aid to induce sneezing.

ISKWANIMASKIKIYA see NIPIA

ITNIMINA (WC)

Vaccinium angustifolium var. myrtilloides (Michx.) House.

Location and Description: The plant was recognized by Mrs. Jackson from a sample which I had collected.

Collection and Preparation: The roots are boiled to produce a solution given to a woman to drink after she has given birth.

Medicinal Use: Post partum application.

KAKAKIPAKAKI, KAKIPAKWA (SC, WC) "everlasting leaves"

Ledum groenlandicum Oeder

Collection and Preparation: The leaves are shredded and placed in a wet cloth to bind a wound (WC,mt,mc). The leaves are boiled to produce a tea for general health (SC,msp). Mr. Campbell mixes the leaves with Lycopodium complanatum to produce a medicine for discomfort associated with menstruation.

Medicinal Use: Applied to a bad cut (WC,mt,mc); a tonic for general health (SC,msp,mrp); a cure for diabetes (SC,ag).

KAKAKOMINATIK (WC) "raven berries"

Juniperus communis L.

Location and Description: The medicinal portions are the roots, stems and berries.

Collection and Preparation: The berries are boiled in water; a cloth is dipped in the liquid and applied to sore eyes (Wc,mt). The roots and stems are boiled to produce a medicinal liquid good for pain in the chest (WC,mp).

Medicinal Use: To ease pain in the chest, an expectorant; to ease sore eyes; to ease pain in the body or head (WC,jca).

KAKWETHECIMWASKWA, KAKWECICAMOWASKWA (WC)

Geum sp.

Location and Description: The root is the medicinal portion. The plant was known in Big Island, but not Canoe Portage.

Collection and Preparation: The root is collected and dried.

Medicinal Use: To reduce the fever of teething children by ingestion of a liquid preparation (WC,mt,mc).

KITHASTOIMINA (WC), SASAKOMINA (SC)

Cornus canadensis L.

Identified by informants but no medicinal value was ascribed.

MAKWAPOKATIKWA see KAKIPAKWA

MAPOTEK, also KAMAPOTEK (WC)

Unidentified plant widely used in Big Island but imported from La Ronge. The only portions available for me to examine were the starchy tubers, which are the medicinal portions. The plant apparently does not grow in the vicinity of Big Island.

MASANATIK (SC,WC)
Urtica dioica L.

Location and Description: Identified in the field with Mrs. Pideesis, Mr. Campbell and by collected specimen by Mrs. Cutnose.

Collection and Preparation: The roots are boiled to produce a medicinal liquid.

Medicinal Use: The liquid preparation is ingested to combat 'poor blood' (mp).

MASIKISK (SC,WC)
Thuja occidentalis L.

The cedar is still present around Canoe Portage; the branches are used by Mr. Pipestem in place of, or in addition to, sweetgrass. While it does not grow in the vicinity of Big Island, Mr. Campbell and Mr. Trout recognized the Nithawitniw name of the plant.

MASKIKISICISAK (WC) "medicine small boughs"
Lycopodium complanatum L.

Location and Description: Shown to me by Mrs. Jackson as it was bundled in her medicine bag. Mrs. Pideesis identified this plant by the same name.

Collection and Preparation: The plant is boiled and a cloth in the solution which is placed on an infected sore or wound. The boiled leaves are then placed over the infected area (WC,mj). A liquid preparation can be ingested for any kind of sickness (mp).

Medicinal Use: To cure an external infection, or a panacea in liquid form. Mr. Campbell described the plant as a medicine for heart trouble.

MASKIKISITAK (WC) "medicine boughs"
Picea glauca (Moench) Voss

Location and Description: I asked Mrs. Jackson for the use of this medicine.

Collection and Preparation: The soft cones from the top of the tree are chewed for heart problems.

Medicinal Use: For heart problems.

MASKISINIS (SC) "little shoes"
Cypripedium calceolus L.

Location and Description: Identified by Mr. Dumont.

MASKWAMINANATIK (WC) "bear berry plant"
Actaea rubra (Ait.) Willd.

Location and Description: Mr. Trout confirmed a picture of Actaea rubra as the plant in question. He knew two locations on Big Island where they grow.

Collection and Preparation: Peel four stems each the width of a hand. The stems are tied together and boiled three times, not very long the first time. The stems are boiled in two inches of water as measured in a cup (WC,mt).

Medicinal Use: The medicine is used for someone who has a hard time breathing. The medicine is also used when a person has lost a lot of blood (WC, mj); for relief of pain anywhere in the body (WC,mc).

MASKWAMINANATIK (SC) "bear berry plant":
Sorbus americana Marsh

Location and Description: This shrub is well known among the people of Canoe Portage. Mr. Pipestem had trunks with bark intact drying in his cabin. The identical name was applied to a different plant by the people of Big Island (see above).

Collection and Preparation: The bark was recommended by Mrs. Cutnose and Mrs. Story as a cure for tuberculosis. The bark is dried and then boiled to produce a medicinal drink.

Meidcinal Use: A cure for tuberculosis.

MATHIMITOS (WC) "black poplar"
See MITOS for medicinal use.

MATHITOSPIA (WC) "black alder"

MIKOCEPIK (SC) "red root"

The identity of this plant was unconfirmed. Mrs. Cutnose and her husband spoke of it as good for heart trouble. The plant may belong to the genus Lithospermum.

MIKOPEMAK (SC) "red willow"
Cornus alba L.

Location and Description: This plant is well known among the Canoe Portage people, but not among the Big Island people.

Collection and Preparation: The inner bark was dried and smoked formerly, usually mixed with bear berry leaves, or commercial tobacco. The inner bark was also recommended as a medicine for sore eyes when steeped in hot water (SC,ms,msp). The outer bark is boiled with juniper root and the solution administered to a woman who has had a miscarriage (msp).

Medicinal Use: As remedy for sore or red eyes.

MINYAK (SC,WC)
Picea glauca (Moench) Voss

Location and Description: Identified and distinguished from P. mariana by many informants.

Collection and Preparation: Male cones are boiled with chokecherry roots to produce a cure for diarrhea (msp).

Medicinal Use: A cure for diarrhea.

MISASKATOMINATIK (SC,WC)
Amelanchier alnifolia Nutt.

Location and Description: Identified in the field with Mr. Campbell (WC) and Mrs. Cutnose (SC).

Collection and Preparation: Three roots are collected and boiled to produce a medicinal liquid to combat diabetes (jca). Mrs. Cutnose recommended boiling the leaves to produce a solution to cure diarrhea.

Medicinal Use: For diabetes (jca), diarrhea (msp).

MISASKWA (WC)

Identity unknown. Mentioned by Mr. Cook as good for back pain. No description given.

MISTISAKIWASKWA see PAWISTIKOMASKIKI

MISTIYMINISA (WC) "big berries"

Location and Description: Described by Mrs. Pideesis as large, sweet red berries growing in the muskeg; the plant is bush-like in form and the berries resemble raspberries.

Collection and Preparation: Not described or observed.

Medicinal Use: To ease pain during menstruation (WC,mp).

MITHAPAKWANS (WC)
Usnea sp.

Location and Description: It is a substance which is dry and looks like hair; it is green and white and grows on old birch trees (WC,mt,mp).

Collection and Preparation: The lichen is inserted into the nostril to stop excessive bleeding from the nose (WC,mj,mc). Place the lichen in warm water and inhale the steam when the patient has suffered severe blood loss.

Medicinal Use: Used to stem blood flow.

MITHICIMINATIK (WC)
Ribes glandulosum Grauer

Location and Description: Identified from a collected specimen by Mr. Campbell.

Collection and Preparation: The stems are peeled and boiled to produce a medicinal solution. Twenty-five pieces about five cm long are used.

Medicinal Use: For pain in the abdomen or chest.

MITOS (WC,SC)

Populus tremuloides Michx.

Location and Description: Identified by most informants.

Collection and Preparation: The outer and inner bark are peeled in strips and dried for later use, or used fresh for immediate treatment.

Medicinal Use: The inner bark is boiled in water and liquid is ingested to cure diarrhea or a stomach ache by inducing vomiting (WC,mt,mj); the same preparation can be used to cure pinworms (SC,msp).

MOSOMINANATIK (WC) "moose berry plant"

Ribes rubrum Richb(R.sat.(Rchb)Syme)

Location and Description: Named by Mr. Jackson with whom I collected the plant; use described by Mrs. Jackson and Mrs. Pideesis.

Collection and Preparation: Not described in relation to menstruation; for teething, the stems are boiled to produce a medicinal liquid.

Medicinal Use: The roots are used to induce menstruation (mj); the stems are used to produce a teething medicine for children (mp).

MOSTOSWIKASK (SC,WC) "cow wikask"

Artemisia frigida Willd.

Location and Description: Informants from Big Island (WC) described the plant as growing further south but smelling good.

Collection and Preparation: Boil in water.

Medicinal Use: Wash the hair in the solution to cure clouded thinking (mj).

NAMEPIN (SC)

Location and Description: A sample of the dried root was shown to me by Mrs. Cutnose. The medicine is imported from a community to the south of Canoe Portage. Mr. Dumont also knew of the plant. The identification is not definite.

Collection and Preparation: The root is collected and dried. To inspire appetite, it may be chewed; for fever, a liquid preparation is made by boiling the root.

Medicinal Use: To increase appetite, to reduce fever.

NAPACAS (WC)

(unidentified)

Referred to by John Napessis as a heart medicine; he observed it only in medicinal form, never the plant from which it is derived. He described it as the 'same medicine as OTEHIMASKIKI'.

NAPAKASIK, NAPAKASIT (SC,WC) "flat coniferous branches"
Abies balsamea (L.) Mill.

Location and Description: The tree was described as growing in the sand by Mrs. Trout, and Mr. Cook.

Collection and Preparation: The branches are collected and boiled to break a fever, and the gum is chewed and mixed with WIKIS and applied to external sores (WC,mt) and as a cure for whooping cough (WC,mc); used in a VD cure by Mrs. Cutnose (SC).

Medicinal Use: For fevers, external sores, VD.

NAPIA, ATHIKISATIKWA (WC)
Cryptogramma crispa (L.) R.Br.

Location and Description: This plant grows on rocks; the leaves are three to seven inches long (WC,mt). Identified by Mrs. Pideesis.

Collection and Preparation: Boil eight 'leaves' with two roots of PAWISTIKOMASKIKI (mp).

Medicinal Use: For a sore back from menstrual pains.

NOTE: Mr. Campbell disagreed with the identification of this plant. He said it resembled a similar plant, ISKWANIYMASKIKI, which possessed the above medicinal qualities. He said this particular plant possessed no medicinal properties.

NIPISIA (SC,WC)
Salix candida Fluegge

Location and Description: Plants which grow in bunches near the water (WC,mt). The roots are the medicinal portion.

Collection and Preparation: The roots are cleaned and dried. For use, boil three times (WC,mt).

Medicinal Use: Mrs. Jackson applied the root to her nose when it was cut.

OKINIAC (SC,WC)
Rosa acicularis Lindl.

Location and Description: The roots are used as medicine.

Collection and Preparation: One root is boiled three times; the liquid resulting from each boiling is drunk to cure diarrhea. Galls from the plant are boiled to produce a

contraceptive solution (SC,msp).

Medicinal Use: To cure severe diarrhea, drink a medicinal liquid made from the roots of the plant; female contraceptive.

OKOTAKANWASKWIY (WC)
Equisetum sylvaticum L.

Described by Mr. Cook as a grass-like plant with the root growing underground near the shores of small lakes. The root is used as a bone medicine. Mr. Campbell identified the plant, but said it possessed no medicinal qualities.

OMANCOSIMA see WAPISTASIKOMINA

OMASKOSEKWAN (WC)
Typha latifolia L.

Identified by several informants but no medicinal value was ascribed.

OSKATAK (WC), OSKATAKOW (SC)
Pinus banksiana Lamb.

Location and Description: This tree is known by name by almost all informants.

Collection and Preparation: No special collection procedures are followed. Medicinal parts are the bark, gum and cones. Five cones are boiled in water to produce a solution good for kidney trouble (Sc,msp,ms); the bark and pitch can be applied to wounds (WC,mrj).

Medicinal use: For wounds; for kidney trouble.

OSKICIATIK (SC) "stove pipe plant"
Diervilla lonicera Mill.

Identified in the field by Mr. Bow (SC); no medicinal values were described.

OSKISIKOMINA (WC) "eye berries"
Rubus acaulis Mill.

Identified by Mr. Campbell but no medicinal value was ascribed.

OSKITIPAKWA (WC) "ear leaves"
Calla palustris L.

Location and Description: Identified by Mr. Campbell in the field.

Collection and Preparation: The reproductive portion is collected in the fall.

Medicinal Use: To reduce swellings in the body.

OSKITIPAKWA (WC) "ear leaves"
Maianthemum canadense Dest.

Location and Description: Identified by Mrs. Pideesis from a collected specimen.

Collection and Preparation: Not determined.

Medicinal Use: Not determined.

OTAKANOSKWASA see OKOTAKANWASKWIY

OTAWASKWA (WC)

Identity unknown.

This plant was mentioned by Mr. Cook as similar in appearance to OTEHIMASKIKI.

OTEHIMASKIKI (WC) "heart medicine"

Location and Description: A plant which grows in a wet habitat. No collection was made of the plant as it did not grow around Big Island and no one interviewed knew where to collect it. The root was described as resembling a small radish (WC,mrt); John Napessis described this medicine as procured from the inner bark of a tree, probably the same 'heart medicine' described by George Trout as coming from the apical shoot of a black spruce.

Collection and Preparation: The root is dried and powdered then steeped in hot water. Alternatively, a small bit is torn from the root with the teeth and chewed.

Medicinal Use: For heart pain, or sharp pain in the chest (WC,jb,mt,mc).

OTEHIMINA (SC,WC) "heart berries"
Fragaria virginiana Dcne.

Location and Description: This plant was known in both communities, but more commonly recognized in Canoe Portage.

Collection and Preparation: The roots were collected and dried in the fall (SC,msp) and boiled to reduce a medicinal liquid to reduce fever.

Medicinal Use: To reduce fever.

PASIYMINA (SC,WC) "fire berries"
Prunus pensylvanica L.f.

Location and Description: Identified and recognized by most informants.

Collection and Preparation: Mrs. Cutnose recommend boiling the root to reduce a medicinal liquid to reduce fever.

Medicinal Use: To reduce fever.

PAWISTIKOMASKIKI "rapids medicine"; MISTIYISAKIWASKWA "big love plant" (WC)

Aster sp. (probably puniceus)

Location and Description: Dark green leaves with a purple flower; the plant has a very pleasant smell (WC,mrt,mn).

Collection and Preparation: The plants are harvested in fall and the roots are dried as the medicinal portion. For use, the dried roots are steeped in hot water.

Meidcinal Use: The medicinal liquid is swallowed to break a fever; ingestion of the liquid will cause sweating (WC,mt,mrt,mn,mj,mc) or warmth in the body after a chill (mn) or in cases of pneumonia (mj).

PIKO (SC,WC)

The sap of coniferous trees, usually spruce.

Location and Description: The sap is collected as accumulations of hard nodules on the surface of the outer bark.

Collection and Preparation: The sap is chewed to soften it, or heated in water, then mixed with other medicines for external applications or chewed.

PIMATIKWA, MAKTHOCEKPIMKWATIK (WC)

Myrica gale L.

Location and Description: Identified by Mr. Campbell in the field and mentioned by Mr. Trout.

Collection and Preparation: The bark is applied to children's scabs (jca).

Meidcinal Use: Dermal applications.

PISIPOKASIK (SC)

An unidentified plant described by Mrs. Cutnose as good for pneumonia. The leaves are small and round and the plant grows in the muskeg. The medicinal value is extracted by boiling two leaves in water twice; after each boiling the liquid is ingested.

PITHIKOMINA (WC) "grouse berries"; PINEWKOMINA (SC) "grouse berries" (SC); also ACAKASIPAKWA (SC) "spirit leaves"

Arctostaphylos uva-ursi (L.) Spreng.

Location and Description: The medicinal portions are the stems.

Collection and Preparation: The stems are collected as needed, or collected and stored for the winter. Mr. Campbell collects swellings in the underground rhizomes and then boils them to produce a liquid to combat sterility in a woman.

Meidcinal Use: The stems are boiled to reduce pain during

menstruation (WC). Also, to induce menstruation (WC,mt). The same application is good for a woman who has just given birth (mj). In this application, the stems may be mixed with birch bark. In the past the leaves were dried and smoked as tobacco (WC,SC).

POSISAWEMINATIK (SC)

This plant was mentioned by Mrs. Story but I could not find anyone who could identify it in the field. (Mrs. Stewart was almost ninety at the time of my field work and was unable to go outside her room). It was recommended as a remedy for tuberculosis.

SAPOMINA (WC)
Ribes glandulosum Grauer

Collection and Preparation: The roots are collected, scraped and placed in water to produce a medicinal liquid (WC,mp).
Medicinal Use: For the bones or the head (WC,mp).

SASAKOMINANA (SC), KITHASTOIMINA (WC)
Cornus canadensis L.

Location and Description: Identified by picture by Mrs. Jackson.

Collection and Preparation: The roots are boiled with the roots of SAPOMINATIKWA (WC,mj).

Medicinal Use: Not described (WC,mj).

SIPANAKASIATIK, SIPAMINAKASIATIK (WC)
Lonicera dioica L. var. glaucescens (Rydb.) Butters

Location and Description: The plant has a hollow woody stem (mt,mc). The stem is the medicinal portion. Identified from a collected specimen by Mrs. Pideesis and in the field with Mr. Campbell.

Collection and Preparation: The stem is boiled to produce a liquid which is ingested to induce sweating and to induce urination (mt,mc). Fresh stems can be boiled to produce a liquid to cure gonorrhoea (jca).

Medicinal Use: To induce sweating and urination.

SIPIKOASKAPASKWA (WC)
Mertensia paniculata (Ait.) Don

Location and Description: The plant was identified by name by Mr. Campbell; Mrs. Pideesis did not know the name but was familiar with the plant as a medicine.

Collection and Preparation: The stem is the medicinal portion; five stems tied together and boiled will produce a medicinal liquid which can prevent conception when ingested by

a woman. This state of infertility will last until another medicine is taken. The stems are boiled for three or four minutes (mc).

Medicinal Use: Birth control.

SITA (WC,SC)
Picea mariana (Mill.)BSP.

Location and Description: The apical growing shoot and young male cones are the medicinal parts.

Collection and Preparation: The apical stem is collected from the top of a tree, the bark is stripped and the shoot chewed (WC,jca).

Medicinal Use: For heart trouble, eurhythmic heart beat.

SIWASKIKI (WC)
Identity unknown.

The plant was mentioned by Mr. Cook (WC) as good for children who are teething.

TIMASKIK see KAKIPAKWA

TAKWOIMINAN (SC)
Prunus virginiana L.

Location and Description: Identified by Mrs. Cutnose.

Collection and Preparation: Collect and clean three pieces of root as long as the width of the hand. Boil to produce a medicinal solution ingested to cure diarrhea.

Meidcinal Use: A cure for diarrhea.

WACASKOMICIWIN see WIKIS

WAKANAKAN (WC)
Larix laricina (DuRoi)Koch

Used by Mr. Cook to bind his hand after it was wounded accidentally by a shotgun.

WAKICAN (SC) "crooked nose"
Campanula rotundifolia L.

Identified by Mrs. Bull but no medicinal value was forthcoming.

WAPASKASTASIMIKWA, WAPISKAMIKWA (also called OMANCOSIMA by Mrs. Pideesis) (WC)
Cladina sp.

Location and Description: The above ground mycelium of these lichens are used in medicine.

collected on demand. No special preparation is needed; for use as medicine, the mycelia are boiled once for a short period of time, then boiled again. The liquid resulting from the second boiling is drunk as medicine.

Medicinal Use: To destroy intestinal tapeworms (WC,mt,mc,mp,jca).

WAPISTIKWANWAPIYKI, WAPISTIKWANMASKIKI "White-headed thing",
"white-headed medicine"
Achillea millefolium L.

Location and Description: The stem and roots are used in medicine. As a medicine the plant was mentioned by Big Island people. No one in the community of Canoe Portage could remember using the plant. Mr. Pipestem, however, had dried plants which he used in medicine.

Collection and Preparation: The root and stem are collected in the fall and dried; the roots may be collected in early winter as the dead stalks remain upright for a long period of time. For medicine, the root and stem are boiled to produce a medicinal liquid.

Medicinal Use: In Big Island, the plant is well-known for its use in reducing fever in children who are teething. Among adults, the plant in a medicinal liquid is used to cure headaches as well as to ease toothaches.

WAPOSOCIPIK (SC,WC) "rabbit root"
Aralia nudicalis L.

Location and Description: The root is the medicinal part.

Collection and Preparation: The root is cleaned, dried and ground (mp). Mr. Campbell did not suggest grinding the root; rather, it should be chewed for a bad cold and sore throat.

Medicinal Use: To cure toothache (WC,mn). It can be applied to a cut or an infected wound (mj). The liquid preparation is ingested to cure pain in the solar plexus region of the stomach (mp). The root is chewed for a sore throat (mc).

WASAKTAMO (SC,WC)
Nuphar variegatum Durand

Location and Description: Described accurately by most older informants.

Collection and Preparation: The root of the plant is the medicinal portion. The large rhizome is sliced into discs which are strung on a thread and dried. For use as medicine, the dried discs are ground into powder, or cut into small pieces and boiled in water.

Medicinal Use: The powder or small portions of the root can be applied externally in a poultice to reduce swelling (WC,mrt,mt,mp).

WASKWICOSAK "spruce buds" see SITAK

WASKWIY (WASKWAS) (SC,WC)
Betula spp.

Location and Description: The bark of mature trees; the bark of young trees.

Collection and Preparation: The bark is peeled from the tree in a vertical strip collected from the side which faces the east (WC). The bark is cleaned for use. For medicinal use, the bark is boiled to produce a medicinal liquid. The outer bark can be scraped into small pieces which are tied in a cloth and boiled to produce a pink liquid which a woman can drink after a miscarriage. The inner bark is boiled to produce a medicinal liquid which is given to woman to induce labour. For this purpose, the bark is boiled with blueberry stems (WC,mp).

Medicinal Use: To induce menstruation in a woman who has ceased to menstruate, boil a strip of birch bark from a mature tree together with one raspberry cane (WC). The bark from the smaller stems of young trees is boiled to produce a liquid to treat discomfort in teething children (WC,mt,mj). The inner bark is used to induce labour (WC,mp).

WATHAMAN (SC)

This plant was never identified. The name may apply to a class of plants which are considered harmful. These plants are responsible for rashes which erupt on the skin annually as spring approaches and subside as winter comes. A plant collector may contract a rash from the plant WATHAMAN when picking in the summer. The fear of WATHAMAN was expressed often in Big Island, but never in Canoe Portage.

WIKIS, also WACASKOMICIWIN "muskrat food", OTEHIMASKIKI "heart medicine" (SC,WC)
Acorus calamus L.

Location and Description: The underground rhizome of this plant is the most widely known medicine in both communities.

Collection and Preparation: The root is gathered in the fall; Mrs. Trout explained that in the fall, the plants are finished growing. The root is dried and stored for future use. The root may be chewed, ground into a powder and brewed as a tea, or ground and mixed with the powdered root of Nuphar and applied as an external poultice (WC,mrt,mn).

Medicinal Use: Brewed as a medicinal liquid, the root is applied for colds induced by over-work in a cold environment, or exhaustion. The root is chewed for endurance during sustained physical activity and to reduce pain. The powdered root is applied in an external poultice to reduce swelling, or

to cure headaches (when the poultice is wrapped around the head). The powdered WIKIS may be snuffed up the nostril to cure a headache (WC, mn).

WISAK, see AMISKOWIKASK, MOSTOSWIKASK
WINCEKES (SC)
Polygala senega L.

Location and Description: Because of its commercial value this plant is well-known among the Nithawitniw of Canoe Portage.

Collection and Preparation: The root is collected and dried for future use. A medicinal solution is prepared by steeping the root in hot water; when lukewarm, this solution is placed in the ear to cure ear aches (SC,msp).

Medicinal Use: For ear aches.

WISAKIMINA (SC,WC) "bitter berries"
Vaccinium vitis-idaea L. var minus Lodd.

Location and Description: Mrs. Jackson recognized the plant when I showed her a specimen which I had collected.

Collection and Preparation: The roots are boiled to produce a medicinal solution which is swallowed after a woman has given birth (WC,mj).

Medicinal Use: Post-partum application.

Informants Referenced

SC Muskekiwininiw

gb Mrs. Bull
md Mr. Dumont
mrp Mr. Pipestem
ms Mrs. Story
msp Mrs. Cutnose
mrb Mr. Bow

WC Asiniitniw

mrt Mr. Trout
mt Mrs. Trout
mrj Mr. Jackson
mc Mr. Campbell
jc Mr. Cook
mn Mr. Napeesis
mp Mrs. Pideesis
mj Mrs. Jackson

Appendix B

INTERVIEW SCHEDULE

DATE: I D
CODE:
PLACE:

I am going to ask you questions about health and medicine. I am interested in your ideas about Indian medicine and non-Indian medicine. Your answers and ideas can help Indian people who travel south to the hospital. Many times the non-Indian doctor and nurse do not know that Indian people have different ideas about health and medicine. Your identity will not be revealed to anyone.

BACKGROUND

I have a few questions about your background.

- 1 Sex M 1 F 2
- 2 When were you born?
- 3 Community Affiliation: Canoe Portage 1 Big Island 2
Other
- 4 Marital Status: Married (equiv) 1 Widowed 2
Divorced 3 Single 4
- 5 How long did you go to school?

LIFESTYLE

- 6 In the last year, how much time did you spend on a trapline?
- 7 Last summer, how much time did you spend at a camp on the lake?
- 8 Will you spend any time out on the lake this summer camping?
Yes 1 No 2
- 9 What was the last job for which you received money?
- 10 What were the jobs you had in the last six months (include trapping, fishing, guiding):
- 11 When did you last hunt for, or shoot a
a. rabbit Yesterday 1 Last Week 2 Month 3
Year 4
b. moose 1 2 3 4

- 18 When did you last visit the:
 Nurse:
 Doctor:
 Maskiki-innu:
- 19 Can you understand the nurse when she explains an idea about health?
 1 All the time 2 Most of the time 3 Often 4 Not very often
 5 Never
- 20 Can you understand the doctor when he explains an idea about health?
 1 All the time 2 Most of the time 3 Often 4 Not very often
 5 Never
- 21 When was the last time you were in a hospital in the south?
- 22 How long?
- 23 Could any of the staff speak Cree?
 1 Yes 2 No
- 24 Would you go back to the hospital?
 1. I would gladly go back
 2. I would go back if the doctor/nurse sent me
 3. I would not want to go back
 4. I would never go back
- 25 In the hospital I felt:
- 26 In my home I feel:

Now, I am going to ask some questions about being sick and being well. I would like to know what you think about these things.

- 27 How does a person become sick?
- 28 What kinds of sickness do you know of? (List first five):
- 29 What is the difference between being sick and being well?

MEDICINE

Now I would like you to think about Indian medicine.

- 30 What is Indian medicine (maskiki)?
- 31 How does medicine work?
- 32 Can you name any plants that are used in medicine?
- 33 Can you name any animal parts that are used in medicine?
- 34 Do you know anyone who makes medicine?
1 Yes 2 No
- 35 [If Yes] Do any people here [in community] make medicine?
1 Yes 2 No
- 36 [If Yes] How many?
- 37 Do you know of anyone outside [the community] who makes medicine?
1 Yes 2 No
- 38 [If Yes] Where?
- 39 Do you know anybody who uses Indian medicine?
1 Yes 2 No
- 40 When was the last time you used Indian medicine?
1 Yesterday Last 2 Week 3 Month 4 Year 5 Other
- 41 [If Yes] Did someone else make this medicine for you?
1 Yes 2 No
- 42 Was the medicine for you or someone else (who else)?
- 43 How was the person who made the medicine related to you?
- 44 How did you pay for the treatment?

45 What does a maskiki-innu (medicine person) do?

46 What is the duty of a doctor?

47 How does a person become maskiki-innu?

WESAKACHAK

I am interested in finding out about Wesakachak.
I would like to know more about him.

48 Have you heard of Wesakachak?

1 Yes 2 No

49 [If Yes] Who has told you about him?

50 Is Wesakachak a:

1 Spirit 2 Man 3 Both 4 Other 5 Don't Know

51 When was the last time you heard a story about him?

1 Yesterday Last 2 Week 3 Month 4 Year 5 Other

52 Do you know any stories about him?

1 Yes 2 No

53 Can you tell me a story about Wesakachak?