

The header features a row of seven circular logos. From left to right: a circular logo with a central figure and text; a circular logo with a central figure and text; a circular logo with a central figure and text; a circular logo with a central figure and text; a circular logo with a central figure and text; a circular logo with a central figure and text; and a circular logo with a central figure and text. In the center of the header is a large circular graphic divided into four quadrants of different colors (black, white, yellow, red) with a central figure.

The Lived Experience of Anishinaabe People with Cancer: A Focus on Indigenous Healing, Western Medicine and Minobimaadiziwin

Cindy M. Peltier, Ph.D.
April 14, 2016
World Indigenous Cancer Conference
Brisbane, Australia

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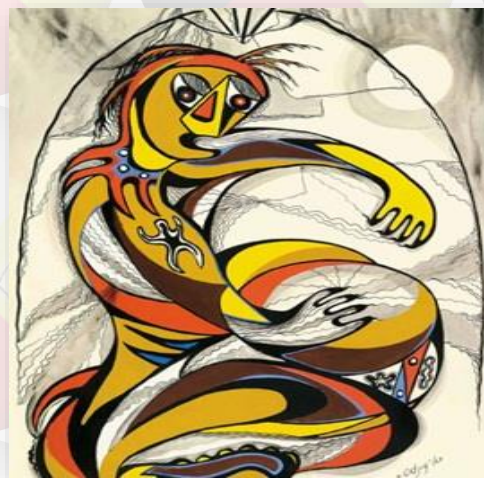
Sharing My Research Story ...

1. Locating myself, my research purpose and research questions
2. Framing the findings: A Theoretical Model for Two-Eyed Seeing
3. What is their significance for Indigenous health
4. Questions

2



Henry Lewis, *Bemassige*
1946-2009



Daphne Odjig "The Shaking Tent" (1969)

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Research Questions

Primary Question:

What is the lived experience for Anishinaabe adults of Manitoulin diagnosed with cancer and their use of either Indigenous healing with Western medicine or Western medicine alone?

Secondary Questions:

- Does the inclusion of Indigenous healing bring an Anishinaabe person closer to Minobimaadiziwin?
- How does this contribute to the overall cancer experience?

Research Setting



Gathering and Sharing Stories

WANTED

RESEARCH STUDY PARTICIPANTS

To explore the experiences of Manitoulin Anishinaabek when diagnosed with cancer and the potential benefits of our own healing ways in cancer treatment

QUALIFICATIONS

- You are over the age of 18
- You reside in the Aundeck Omni Kaning, M'Chigeeng, Sheguandah, Sheshegwaning, Whitefish River, Wikwemikong or Zhiibaahaasing First Nation
- You have used Indigenous (Traditional Healing) and western treatments (chemotherapy, radiation, etc.)
- Or, you have used only western treatments (chemotherapy, radiation, etc.)

TIME FRAME & COMPENSATION

The research will take place from August 2012 to March 2013. Each participant will receive \$75 for their time and valued participation in this study

Investigator: Cindy M. Peltier PhD candidate, co-supervised by Dr. Kristen Jacklin and Dr. Nancy Lightfoot

If you are interested in participating or you would like more information about my research, please contact Cindy M. Peltier (705) 859-1588 or email cm_peltier@laurentian.ca

Laurentian University
Université Laurentienne

ANISHINAABE (ABORIGINAL) PEOPLE DIAGNOSED WITH CANCER



WANTED

RESEARCH STUDY PARTICIPANTS

To explore the experiences of Manitoulin Anishinaabek when diagnosed with cancer and the potential benefits of our own healing ways in cancer treatment

HEALTH PROFESSIONALS SERVING ANISHINAABEK WITH CANCER

QUALIFICATIONS

- You may be a Physician, Specialist, Nurse, Cancer Navigator, Cancer Service Provider, Personal Support Worker
- You may be a Healer, Traditional Coordinator, Wholistic Coordinator, Traditional Helper, Traditional Resource Person
- You work with Anishinaabe (Aboriginal) People who have been diagnosed with cancer

TIME FRAME & COMPENSATION

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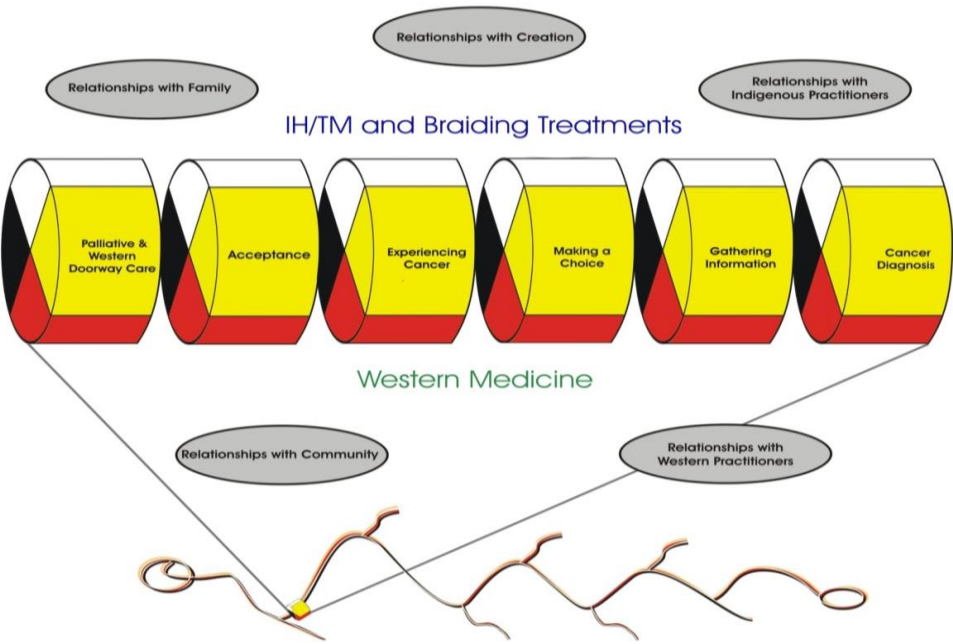
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13 Anishinaabe People
Diagnosed with Cancer

17 Key Informants:
9 Indigenous Healing
8 Western Medicine

Making Meaning from the Stories



7

Theoretical Model for Two-Eyed Seeing



8

What is Minobimaadiziwin?



- The way of a good life
- Balance between mental, physical, emotional and spiritual health
- Choice
- A path of living well
- Respecting and taking care of one another

Achieving Minobimaadiziwin

Cancer can be “**a teacher**”



Involves **individual choice** and **personal responsibility** in health care decision-making

In their words ... “Kiingwa” [It’s up to you]

[Cancer] either forces a person to look at their life and make changes ... or, the person doesn’t and heads down a road of uncertainty. Maybe in the end they will accept that this road has an end to their time here. It’s really up to them. There’s two roads presented ... but there’s only one choice if you want that Minobimaadiziwin and that’s to look at it, address it, and make those changes ... (IHP06A)

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Structural Violence and Barriers to Minobimaadiziwin



- An effort to **mitigate the systemic structural barriers**
- “**Structural violence** ... social structures – economic, political, legal, religious, and cultural – that stop individuals ... from reaching their full potential” (Farmer, 2006)

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Distal-Macro-Social Barriers to Minobimaadiziwin



Systemic barriers of
colonialism and
zhagwenmowin [learned
or imposed shame]

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In their words ...

He'll always look at me, "Is there anything I can help you with? Have you got any questions?" I sit there like a dummy and I say, no, everything is okay. (APDC07)

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Intermediate-Social Barriers to Minobimaadiziwin



Structural barriers to accessibility for Western and Indigenous healing

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In their words ...

...there was this great big block and Indian Affairs wouldn't pay for my Velcade. We tried to use my husband's insurance they didn't want to pay, either. The hospital told me that nobody was going to pay for the medicine. We didn't know how to go about appealing this.
(APDC09)

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In their words ...

One of the places where I go the people said,
“We need a referral to see a traditional healer.”
To me, that’s frustrating. (IHP08)

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Proximal-Micro-Social Barriers to Minobimaadiziwin



**Relational barriers of
language, culture, trust and
belief**

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In their words ...

Historical factors have caused our people not to believe in our ways ... they don't want anybody to know that they actually believe in it so they hide it. It went underground, *bi zha gwen ma, zha gwen ma nishnabe na* [Translation: learned shame, shamed Anishinaabe] ... we are ashamed. (IHP04)

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Western Medicine

- How can I destroy the disease?
- A physical intervention making small gains to being holistic
- Meets the “gold standard” of clinical trials
- Due to the loss of Indigenous Healing and the “new diseases,” like cancer, it is required
- Participants highly valued the Western treatments for cancer, especially if they were successful



Indigenous Healing

- What can the disease teach the patient?
- It is preventative
- Enables them to realize Minobimaadiziwin as it supports physical, mental, emotional and spiritual wellness
- Involves the spiritual component
- Anishinaabe teachings are part of healing and changing mindsets

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Agency, Empowerment and Respect

I shared with my doctor that I followed through with my people. He never asked what it was that I was taking. He was very respectful in that way. Having that affirmation from the Western medical side was like having a sense of mutual respect. The first time he said it to me was like permission to go and seek out my people. I think because the doctor gave permission, I made my choice freely without resistance. I think that made a big impact. (APDC11)

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Future Implications

Ongoing cultural safety education should:

- Involve a focus on the **cultural significance of braiding** and development of **structural competence**;
- Include **partnerships between Western and Indigenous** health care providers to foster a mutual understanding of Minobimaadiziwin;
- Encourage health professionals to **empower Indigenous patients** to choose healing models that are specific to achieving their Minobimaadiziwin.

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Miigwech! Thank you!



Daphne Odjig, "*Medicine Man and The Shaking Tent*" (1974)