THE ARTISTRY AND ABILITY OF TRADITIONAL WOMEN HEALERS

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In a phenomenological research study with a purposeful sample, 6 Ojibwa and Cree indigenous women healers from Canada and the United States shared their experience of being a traditional healer. Using stories obtained during open-ended, unstructured interviews, in this article I depict the lives, backgrounds, and traditional healing practices of women who, in the past, have not been afforded an opportunity to dialogue about their healing art and abilities. The methods of these women healers, their arts and their gifts, are different from those of Western conventional medicine because of dissimilar world views related to health and illness. An increased awareness of health care providers related to the ancient art of traditional healing currently practiced in communities by gifted women who provide culturally specific holistic healing and health care is essential.

It is vital that health care providers and women in general learn and acknowledge health care practices and healing arts outside of the mainstream. Through this realization, health care workers can appreciate diverse fashions and dissimilar approaches to healing and ascertain that
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Western medicine is only one system among the many that bring health and wellness to clients. In this article I depict the everyday life of traditional indigenous women healers by providing a synopsis of 6 Canadian and U.S. Ojibwa and Cree aboriginal women healers, also known as medicine women or traditional interpreters. Included in this article is information about their lives, backgrounds, and succinct descriptions of their traditional healing practices. The data are taken from stories told to me during a nursing dissertation research study, *The Lived Experience of Ojibwa and Cree Women Healers* (Struthers, 1999). The research findings are published elsewhere (Struthers, 2000).

Health care practices and healing arts differ among people because definitions of health and wellness differ (Leininger & McFarland, 2002; Spector, 2000). An indigenous individual strives to maintain and/or restore excellent health and live in accordance with proscribed life ways given to their people at the time of creation. While these various life ways differ among tribes, they suggest how people should maintain well-being and a balanced life (Avery, 1991). The North American indigenous world view associates disease with imbalance. Health has a broad application and suggests a state of balance, harmony, synchronicity, and wholeness be present within the spiritual, mental, emotional, and physical realms; life energy in the body; ethical, reasonable, and just behavior; relations within the family and community; and relationships with nature (Cohen, 1998, p. 47) and the universe (Avery, 1991). If illness occurs, the imbalance or disruption must be corrected to become healthy again (Avery, 1991). To correct this disparity, indigenous people may seek health care assistance from the Western medical health care system, an indigenous traditional healer, or both.

In all cultures, women have practiced healing since time immemorial (Brooke, 1997, McKay, 1993). Cultures evolve and change over time (Leininger & McFarland, 2002), of course, and societal adaptations are made. Nevertheless, in Canada and the United States, the healing practices of indigenous or aboriginal traditional healers (medicine women/men) remain much the same as those of their distant ancestors. It was against the law until 1978 in the United States (Deloria & Lytle, 1983) and 1985 in Canada (Minister of Indian Affairs and Northern Development, 1996) to practice indigenous religion, ceremonies, and traditional healing. In spite of that, the ancient art of traditional indigenous healing has survived intact and is still practiced today. Within their communities, indigenous women healers continue to provide holistic healing using ancient methods and techniques that have been passed down within tribal societies. This holistic approach sees healing as impacting the physical, mental, emotional, and spiritual levels of being, that is, the whole person and his or her environment and the universe.
RESEARCH METHODOLOGY

Research on the indigenous art of healing is scant. Cohen (1998) states that many aspects of indigenous healing have not been put to paper and never will. Further, Rhoades and Rhoades (2000) contend that language currently available to define and describe Indian phenomena, including Indian healing or medicine people, is not cogent. Thereby, a qualitative methodology, like descriptive phenomenology, is appropriate to employ when little or nothing is known about a phenomenon (Munhall, 1989). The purpose of this research study was to describe the meaning and essence of the everyday lived experience of Ojibwa and Cree women healers. The research question was, “What is the experience of being an Ojibwa or Cree woman healer?” Using phenomenology as the method of research allowed me to use traditional native storytelling as research data. Storytelling is innate and inherent in the Ojibwa and Cree culture, as it is the tradition method of transmitting information (Struthers, 1993).

I carried out this particular research in a manner dissimilar to usual means of conducting research. For example, an exploration phase was initiated to see if the study topic was appropriate. In this process, I presented tobacco, a traditional indigenous offering, to a Canadian Ojibwa elder and a woman healer and asked them if the study was permissible. They both agreed that the research study was timely and a good idea. Other techniques also were utilized and are described in a separate journal article (Struthers, 2001).

SELECTION OF RESEARCH PARTICIPANTS

The research sample was purposeful and, therefore, cannot be generalized to other populations. To recruit the research participants, I used the following inclusion criteria: (a) identification as an Ojibwa and/or Cree woman healer by community members and/or other indigenous women healers, (b) possession of knowledge about the phenomenon of the lived experience of being an Ojibwa or Cree women healer, and (c) capability to reflect and narrate research data to the researcher. To recruit potential participants, I asked Ojibwa and Cree community members at conferences, medicine camps, and powwows who they and their families or friends would/do consult when a situation arises that requires a female healer in particular. I traveled to communities on several U.S. reservations, including Leech Lake, White Earth, Fon du Lac, and Red Lake, to seek names of Ojibwa and Cree women healers. In Canada, I visited the Brokenhead Reserve and the urban Winnipeg aboriginal community to find names of women healers. Known indigenous women healers were asked to identify other women healers. In this process, the same names of
Ojibwa and Cree women healers were mentioned repeatedly. This natural system of acknowledgment comes from social and family connections and results in the formation of an informal healer network.

After inquiring about names of women healers from multiple people, I asked the identified women healers to participate in the study. I contacted the women in person or by telephone during which time I informed them about the study inclusion criteria, what to expect during the course of the research study, and that they could withdraw at any time from the study. Only one healer chose not to participate in the research study after consulting her mentor. Otherwise, the 6 women who were interviewed accepted the invitation to participate.

DATA COLLECTION AND ANALYSIS

In a natural setting chosen by the research participants, after informed consent was obtained, I conducted open-ended, unstructured interviews with 6 Ojibwa and Cree women healers to illuminate an in-depth description of the nature of their everyday life experience. The interviews occurred in 1998 and 1999, lasted one-half hour to 3 hours, and were tape-recorded with participant consent. Two participants were interviewed twice and the other 4 were interviewed once. The data became redundant upon the completion of 3 interviews. The women healers spoke of past and present lifetime experiences, including their childhood and their families, exposure to indigenous culture, recognition of the gift of healing, current employment, and their traditional healing practice. Thus, a picture of what it is like to be a traditional woman healer emerged. Later, further communication about the research data occurred on the telephone or by fax. I also kept a journal and field notes of each interview and experience (Michael, 1996). These tools helped me with reflection during the research process.

According to Oiler (1986), phenomenology aims to describe the experience rather than to define, categorize, explain, or interpret the experience. A combination of Colaizzi (1978), Rose (1988), van Manen (1990), and personal technique were chosen to analyze the audio-taped interviews and written transcripts. During the data analysis, I took the data apart and put it back together again utilizing constant comparative analysis that allowed themes to come forth. I followed these steps: (1) A transcriptionist transcribed the audiotapes verbatim and I sent each research participant a copy of her interview. (2) I read each transcript while listening to each tape to verify accuracy of the written transcripts. (3) I listened to each audiotape again to acquire familiarity with each participant’s meaning and mode of expression. (4) Concurrently, intuiting, the exercise of continuous critical reflection in order to understand the
lived experience of the research participants, occurred (Paterson, 1994), and I reflected upon each of the participant’s audiotape and transcript to grasp the uniqueness of each healer’s account of the phenomenon. (5) I reread the first transcript and extracted themes as well as significant statements, thematic descriptions, and verbatim quotes that supported the themes. (6) The procedure in step 5 above was repeated for each of the remaining transcripts to compare descriptions of each research participant. (7) Redundancies were eliminated as essential themes emerged and were substantiated by thematic descriptions, significant statements, and verbatim quotes. (8) I contacted each participant by telephone, fax, or in person to (a) clarify the meanings of significant statements and thematic descriptions, (b) validate descriptions within the essential themes, and (c) validate specific individual significant statements and thematic descriptors that supported the themes. (9) To integrate and synthesize obtained information from step 8, I rewrote or reorganized descriptions of the essential themes multiple times. (10) The final product was distributed to the Ojibwa and Cree women healers for critique and validation. I integrated insights from all of the critiques into a final deep-seated description that portrays the essence of the lived experiences of Ojibwa and Cree women healers. Sandelowski (1993) states that validity, not reliability, is defensible in qualitative studies. According to Oiler (1986), the test of validity is reached when the findings are recognized to be true by those who live the experience. Therefore, validity occurred when the women healers examined and accepted the account as authentic.

The 6 women, age 41 to 59, were informed their stories would be published. As the number of women traditional healers is small, the participants were forewarned readers of the article may be able to identify them. They did not perceive this as problematic as they are well known in the first nations communities and by the public. Further, one healer expressed that suppression of traditional healers has happened long enough and it is time for acknowledgment (Rippling Water Woman, personal communication, January 7, 1999). The women who conveyed their stories chose to be identified in the study with their Indian name (spirit name). These names are listed as well as their tribal affiliation: Golden Eagle Woman (Ojibwa/Cree), Descending Mist (Cree), Thunder Woman (Ojibwa), Spirit in the Rock (Ojibwa), Everlasting Sky Lady (Ojibwa), and Rippling Water Woman (Cree).

THE TRADITIONAL HEALERS STORIES

The following are stories as told by traditional healers about their lives, their family backgrounds, and their traditional indigenous healing practices.
Golden Eagle Woman, age 58 years, is Ojibwa/Cree. She was born in Manitoba, Canada, and is the seventh of 10 children. Her mother was a homemaker and her father an engineer. Golden Eagle Woman attended school in a “small racist town” in Manitoba. She related that when she was growing up the older generation hid their nativeness because “if they didn’t, they wouldn’t get ahead. It was that simple.” Her mother and father taught their children the seven sacred rites of “how to share and care for each other and all other people. They taught us respect, to be honest, to be kind and humble, that everybody was equal.” Also, “We were allowed to practice our spirituality.”

Currently, Golden Eagle Woman resides in urban Manitoba, Canada. She is divorced and has one grown daughter. Golden Eagle Woman worked in various professions before she entered the healing world. Much of her time was spent caring for her elderly parents, who are now deceased. She has been employed also as an elder and fill-in facilitator in a domestic violence program for women and children, a pilot project for children age 0 to 6 years, and a program for incarcerated men. Today, she works part time with children and their mothers in an aboriginal Head Start program and as a resident elder in an aboriginal Canadian environmental college, where her wisdom is recognized as the equivalent to a professorship. She also serves on various aboriginal corrections and women’s shelters boards.

Golden Eagle Woman’s grandmother and great-grandmother were medicine women. She and five of her cousins were bequeathed the gift of healing from their grandmother. She also learned about aboriginal medicines from her father, who in turn learned from his mother and grandmother. Golden Eagle Woman has been performing healing work for about 8 years. Her healing gift came to the forefront in her early fifties and was acknowledged at a spiritual camp operated by her cousin, who is also a healer. At the camp, Golden Eagle Woman had the opportunity to receive teachings, to participate in ceremonies, and to observe traditional healing. Her cousin knew she was a healer because the spirits informed him that Golden Eagle Woman was already a warrior and had worked for her people for a long time. In her present traditional healing practice, Golden Eagle Woman conducts group healing circles, one-to-one healing sessions, sweat lodge ceremonies, naming ceremonies, prayers, pipe ceremonies, and she works with medicinal plants. She is an elder teacher of the traditions.

Descending Mist is a 48-year-old healer of the Cree Nation and also lives in Manitoba, Canada. Descending Mist is married and has three children and one grandchild. Descending Mist was born and grew up on a Manitoba northern reserve, the third of six children. Her father was an engineer and her mother was a child care worker and served on band
For Descending Mist, much was suppressed on the Northern Manitoba reserve where she grew up: “I wasn’t brought up knowing too much about the traditional teachings of the area. Not too many people knew about those things as I was growing up. The elders did, but they didn’t even speak about them. So I wasn’t exposed to it. The only thing I remember was picking sweet calamus with my father when I was 5 or 6 years old. But as I started finding out who I was as an aboriginal women in my twenties, that’s when a lot of connections started happening.” It was then that she “started to walk the road that was given to our people.”

Descending Mist has been working with medicinal plants and healing for about 13 years, but still considers herself a student. Her healing gift was revealed slowly when in the 1970s many people began informing her of her special healing gift. In the 1980s, a traditional healer from Alberta, Canada, adopted her. This healer provided the main impetus in directing her to work and connect with the medicines.

While on a fast with 13 other women in the 1980s, Descending Mist received the instruction to begin traditional healing work. While the women were fasting, a male traditional healer conducted a sweat lodge ceremony during which a spirit came to the old man and spoke of a woman on the fast named Mizhakii-aanakwadook (Descending Mist). This woman, Descending Mist, had been a medicine woman in her previous life and walked this earth in the time before contact with White people. She was not aware of this fact or of her name. The spirit said, “When they are finished with their fast, you will know this woman by the way she is dressed.” The spirit then described the dress of Descending Mist and told the old man he was to pass the message onto her and also advised that the name she carried in her previous life was the name she was to use in this life:

When we finished with our fast, we came out and had the breaking of the fast ceremony and feast in the big lodge. When we walked into the big lodge, the man pointed me out and said, “That’s the woman.” He sat me down and told me about this, and the message again came that there was this “strong connection of medicine within me,” and I had been a healer in my previous life. A couple of years later, the old man from Alberta offered the opportunity to begin learning about medicines and [said] that he saw within us (my husband and I) “the gift of medicine.”

Descending Mist gathers traditional medicine plants and utilizes traditional ceremonies in the process of determining which medicinal plants and herbs will benefit clients. Descending Mist is a registered nurse and
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has been employed for 18 years as nurse-in-charge, administering clinic and public health programs on a large reserve in Manitoba. This reserve has a traditional healing program as part of its public health program, which serves natives and nonnatives. This clinic has the highest attendance rate of all clinics within the health center. A traditional healer comes from a distance once a month to work in the healing clinic. Descending Mist or her assistant handles the rest of the work. As she has extensive knowledge of some 80 medicinal plants and herbs, she conducts numerous workshops and presentations on traditional aboriginal medicinal plants and their applications. She has received numerous awards for her healing work. Descending Mist is a member of the Midewiwin Lodge (Grand Medicine Society), which teaches the ancient life way and provides an aboriginal method to live daily life as an Ojibwa or Cree person.

Thunder Woman is Ojibwa, 51 years old, and was born on a Northern Minnesota reservation, where she currently lives. Thunder Woman was raised by her grandmother (who she calls Mother) and her grandfather, a fishing resort guide, as an only child in a little two-room, tar paper shack. Thunder Woman attended school on the Northern Minnesota Reservation. Thunder Woman married, divorced, and remarried. She has one daughter, stepchildren, and two grandchildren and stepgrandchildren.

Thunder Woman states she has had the gift of healing since she was a young girl. All of the circumstances in her life folded into that natural gift. When growing up, Thunder Woman explains, she was considered different because,

[I] always lived according to the values that my mother had instilled in me, the values of the people. I was taught about being kind, to never make fun of people, to have respect, to never lie. My indian name was given to me before I could remember. My mother had the feast for me and had those old men come over and named me. That name has traveled with me. As a little girl, I was always going over and hauling water for the grandmothers. I was sent for. I had that connection with those grandmothers at that time. As I grew, I had more responsibilities. I guess that is where I received my teachings and my value system. From there, I was always hauled off to wakes and ceremonies. We always spoke the Ojibwa language. It was real special that I was being able to live the old ways.... We’d go out in the woods to get wood for the fire or to gather plants for medicine, because the old ladies always used that. We always went out as a group of women, my mother, that old lady, and me. They showed me those places where to go. They didn’t really tell me, direct me, and tell me straight out, but they always made sure that I was right there with them when they did that. They’d point out things to me. So it was always about being around the
elder women. When people were sick, people would come to our house and ask my mother for that medicine, and then we’d go out in the woods and get it. She knew about different things, like heart, stomach, and lung medicines.

Thunder Woman has worked as a counselor in the chemical dependency profession and currently works as a traditional healer/spiritual advisor for a tribal health division in Northern Minnesota. Thunder Woman goes on home visits with a registered nurse and provides social, emotional, and spiritual care to clients, while the nurse gives them physical and medical care. Thunder Woman sits on an elder advisory board of a master’s in social work program geared to aboriginals and is finishing her bachelor’s degree in American Indian studies. Thunder Woman conducts sweat lodge ceremonies, performs sacred pipe ceremonies, gives spirit names, conducts one-to-one and group healing sessions, and is a teacher of Ojibwa culture and traditions. She belongs to the Medewiwin Lodge.

Spirit in the Rock is a 59-year-old Ojibwa born on a large Ontario Island reserve, the youngest of 10 children. Her father was a farmer and her mother cared for the home. She is divorced and has six children, one of them adopted, and several grandchildren.

Spirit in the Rock attended a Catholic boarding residential school from the age of 6. She did not, therefore, have the opportunity to acquire her culture, values, and traditions in the usual way. However, she quested earnestly for this information when she reached her late teens and twenties. Spirit in the Rock said that in the 1960s, “The aboriginal spirit was beginning to come out to the fore. Native kids were beginning to speak up, and a lot of them were looking for their roots. I was also looking for who I was as a woman and as an aboriginal person.” Spirit in the Rock explained, “There seemed to be a sense of emptiness in my life. I didn’t have any direction. I really couldn’t find it (my culture) anywhere. I was hungry to find out about my culture, about my traditions. I was starving for knowledge about any of those things that have to do with nurturing your spirit and nurturing your self-esteem, your self-confidence. I knew I needed medicine. How do I reconnect with my spirit? So I went in search of my grandmas and grandpas because I don’t remember my own biological grandparents. When I say medicinal knowledge, I mean spiritual knowledge, aboriginal knowledge, that memory of the ancestors.” Spirit in the Rock traveled West, to the Cree elders, who introduced her to the ceremonies, with the sacred knowledge of many things. “Like the feeling of tranquility with the pipe, the sun dance, the soothingness of the songs, and the stories would seep into my whole being.” This knowledge and experience meant life for Spirit in the Rock. It gave her a sense of the sacredness of the self and put her in touch with her healing
ability. However, she was also told by the traditional people and elders in Alberta, Canada, that she had her own teachings as an Ojibwa and needed to find out about them: “Take what we’ve given you, what we’ve shared with you, and take it home to your people. Bring this medicine to your people.”

After acquiring this knowledge, Spirit in the Rock wanted to share it with her loved ones and her family, but they were not ready. The church disempowered the aboriginal people and told them their pagan being was backward. She said, “We accepted that way of thinking, not only accepted it, but believed it. We saw anything Indian as being witchcraft or evil or negative. When I tried to bring aboriginal knowledge to the people, it really wasn’t time for our people and they labeled me a witch.” Even so, Spirit in the Rock continued on her journey. She wanted to find out more and started to interview the elders on her reserve. They taught her many things about the culture and songs and ceremonies. Even though it has not always been easy to live the life of a healer, Spirit in the Rock affirms she must do healing work: “You have to go on. You can’t survive if you don’t.”

Spirit in the Rock has been employed in several capacities. She taught the Ojibwa language and was an actress in the theater. She now works as an assistant professor at an Ontario university where she teaches in the Indian Studies and Women’s Studies Departments. Even though Spirit in the Rock does not possess higher education, the Canadian university recognizes her cultural knowledge to be equivalent of an advanced degree. She performs sweat lodge ceremonies and rite of passage ceremonies. She teaches cultural knowledge and traditions to young aboriginal people and is a leader in the Medewiwin Lodge, of which she has been a member for many years.

Everlasting Sky Lady is 50 years old. She is the youngest of 10 children, six boys and four girls, born to an Ojibwa family on a Northern Minnesota reservation. When Everlasting Sky Lady was 3 months old, she was put in a blanket and prayed on in a ceremony by “Indians 80, 90, and 107 years old.” They prayed for her to be a medicine woman. A long line of healers existed in Everlasting Sky Lady’s family, including numerous males and her grandmother, a medicine woman, who would take her to pick medicines in the swamps when she was very young. Everlasting Sky Lady “remembers her so well, it was just like yesterday.”

Everlasting Sky Lady was born into a “very alcoholic, dysfunctional family” and had “a hard, difficult life.” Foremost was the early untimely deaths of her parents. After these deaths, she and her young brother (ninth in the family) were put in a Catholic orphanage for several years until they were adopted by a Swedish woman and her French Canadian husband.
Everlasting Sky Lady was informed of her healing gifts on several occasions. A psychic informed her sister that Everlasting Sky Lady was going to be laying people on the earth and putting hands on to heal. She was told also by a traditional medicine doctor and another healer, “When you lose a mom or a dad when you’re a baby, you’re extra gifted. The Creator gives you extra strength, extra gifts.” At 22, Everlasting Sky Lady met a famous Ojibwa medicine man in Northeastern Minnesota whom she had been expecting to meet for years. When she finally went to see him, he said, “My girl, my daughter, I’ve been looking for you. You managed to make it. You’re a strong women. I’m going to adopt you. You’re true to people. You’ll tell them the truth. When I leave here (pass into the spirit world), I still got you here (on this Northern Minnesota reservation).” So she was adopted by the medicine man who taught her for many years before he transitioned to another world.

Everlasting Sky lady has five children and numerous grandchildren and works in the area of chemical health. She has dreams and visions, operates sweat lodge ceremonies, performs one-to-one healings utilizing ceremony, uses indigenous medicinal plants to assist with healing, and performs the shake tent ceremony. She has an acute sense of smell that can be utilized to detect what is going on with a person. She also consults with healers around the world, lectures, and does workshops on a variety of topics, including American Indian culture and healing.

Rippling Water Woman, age 41, is the first-born daughter of an only daughter. She was born in a small hospital in Northeast Saskatchewan to an English rancher, who lived off the land as a conservationist, and a Cree woman. This marriage, which produced 11 children, was arranged by Rippling Water Woman’s grandfather, who was good friends with the rancher. In the agreement, the rancher had promised the father he would not marry the woman in the White way, partly to retain Indian first nation treaty rights. If the nonaboriginal rancher had married the Cree woman, she would have been disenfranchised and her treaty rights lost, according to Canadian law.

Rippling Water Woman was born prematurely. She was so small that the nun delivering her actually could carry her in the palm of her hand. The nun and Rippling Water Woman’s mother did not think she would live, so the mother committed Rippling Water Woman to the spirits: “She made a sacrifice at that time and made a vow that if I did live that I would be a student, or I would be theirs. It’s a real blessing, it’s such a gift to have been bestowed that.” As a result of her birth sacrifice, there were particular things Rippling Water Woman had to do while growing up. Now she realizes that the grandmothers and grandfathers were guiding and protecting her so that she lived a lifestyle different from other people her age. At an early age, she could see and hear things,
and the messages were transferred to her grandparents with whom she lived for a while, partly because they took special care of her and made sure she was involved in certain events and ceremonies. All this came to fruition when Rippling Water Woman “graduated” and “the spirits started to talk” to her.

Six siblings in the family were given gifts for the teachings. They were from a long line of healers on both sides of their family. Their maternal grandmother was a midwife who had apprenticed under her own mother and grandmother. Their maternal grandfather used energy in his healing and channeled information. On the English side of the family, one grandmother was psychic and considered to be a medicine woman in the English way, and a great aunt was psychic and told fortunes in England. So, she said, in the family, “We have that agreement at a spirit level.”

Rippling Water Woman’s grandmother told her she was “going to become a White medicine woman,” meaning a nurse. As a child Rippling Water Woman was always the healer, the nurse, at playtime: “I was always doctoring kids and stuff like that.” It was a natural progression for Rippling Water Woman to pursue nursing as she wanted to understand and know more about nursing and healing. She graduated as a registered nurse in 1988.

In the 1970s, during the reawakening of aboriginal ceremonies, Rippling Water Woman was guided to live in an isolated area in the Northwest Territories (NWT). This removed her from the confusing times native people were having in the rediscovery stage of aboriginal culture. Rippling Water Woman came back from the NWT for her nurses training and then returned to the North. In 1990, she dreamed she was leaving the NWT. She was guided to Alberta, where she lives now. The dreams kept coming, and in 1991 she began having visions and started channeling information.

Rippling Water Woman works as a community health nurse and nurse-in-charge at an aboriginal health center in Alberta. She conducts individual healings and has purchased a retreat house nestled in the mountain foothills. There she gives instructions on various healing and cultural topics. One of her topics is the woman as healer.

During the interviews, some of the healers permitted me to travel with them. On a Saturday trip with Rippling Water Woman in Alberta, Canada, we (1) conducted a healing at a house on the reserve in the morning, (2) went to her business office for an hour’s meeting with two home health nurses, (3) drove to a battered woman’s shelter (where she was an appointed elder) to assist a woman and her three children to reenter life outside the shelter, (4) shopped at a bookstore, (5) drove back to her house in the late afternoon (an hour’s drive), (6) meditated.
in the living room of her retreat house, (7) cooked dinner, (8) socialized after dinner, and (9) went to bed. At the end of the day, Rippling Water Woman simply remarked, “This is a day in the life of a medicine woman” (Rippling Water Woman, personal communication, January 7, 1999).

CONCLUSION

The research presented here bears little resemblance to current myths and fairytales about traditional healing. All of the 6 indigenous women healers practice their bestowed gift of traditional healing to assist and empower others while maintaining conventional jobs. As shown through their stories, the 6 skilled and talented women studied provide holistic healing and health care in their communities using the arts of ancient traditional healing as their ancestors did before them. Their healing practice is based upon indigenous culture and values. Each healer mastered the indigenous culture and values differently. Some learned it from people who raised them, from individuals who crossed their life paths and influenced them, from dreams and visions, and/or from genetic memory, the memory of the ancestors that is engraved in our genes, our cells, and in the memory of the blood.

It must be understood that indigenous culture is not like mainstream culture as it embodies a different perspective related to health and illness. Accordingly, the skills and tools utilized during healing encounters to correct imbalances and restore wholeness by indigenous women healers are quite different from those used in conventional medicine. For example, ceremony, ritual, and prayer is used during individual and group healing sessions. Also, the women commonly hold pipe ceremonies, sweat lodges, and rite of passage ceremonies, and they use herbs and medicinal plants for healing. Teaching others about indigenous traditions, culture, and healing is also part of these research participant’s usual work. Personal values may also be somewhat different as they contain such components such as sharing, caring, kindness, respect, being humble, and a belief that all things are equal.

This research study was conducted among the Ojibwa and Cree tribes. Other tribes may have different determinants regarding which gender performs the art of healing (Avery, 1991), and, according to some customs, women may not engage in healing as men are designated as the healers. Even so, this study has afforded the opportunity for traditional indigenous women healers from two tribes to tell their stories about who they are, to discuss their healing artistry and ability, and articulate how they provide health care within their communities. In the past, laws oppressed practices of indigenous healers and, hence, their healing practices were driven underground and their voices were silenced. With the passing of
recent laws that declare legal traditional aboriginal healing, it is important that all health care workers acknowledge diverse methods of healing such as indigenous healing. Certainly, Western allopathic medicine is not about to disappear! It would be transcendent if fundamentally different healing systems, like indigenous healing and conventional medical practices, could be brought together to complement each other for the good of the client.

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