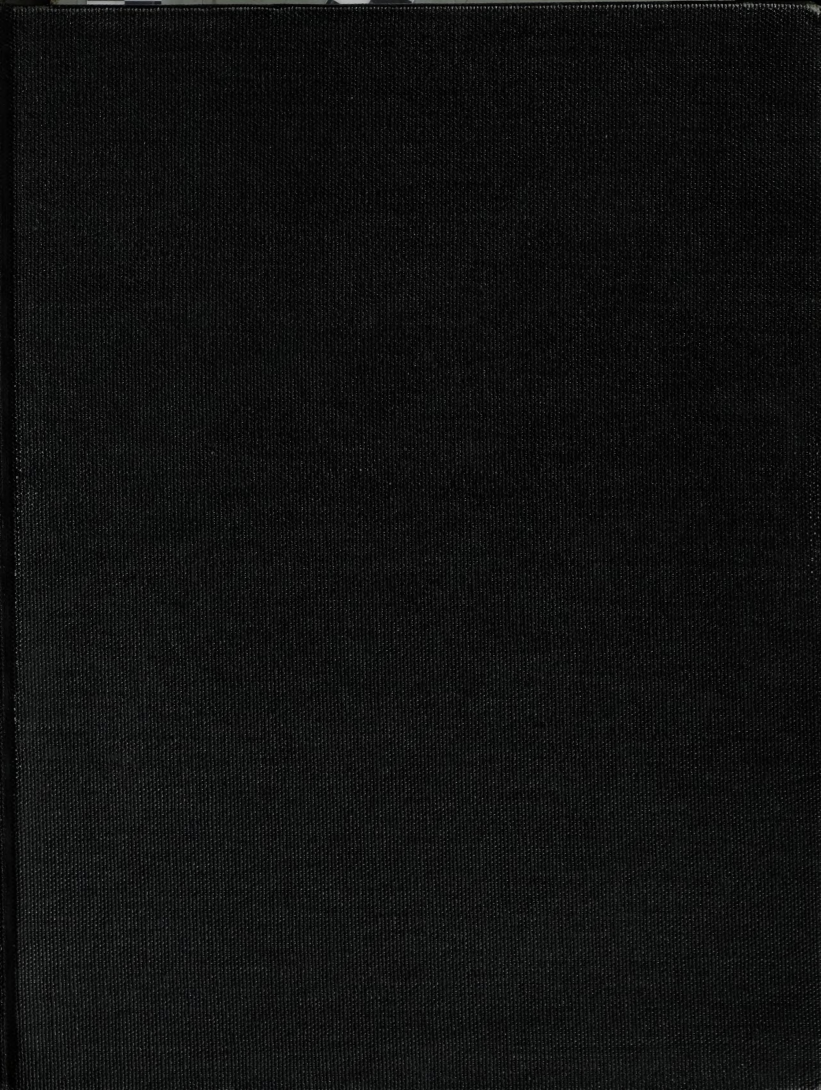






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TRADITIONAL MEDICINE AT AN INDIAN RESERVE

By

Mary E. Joy

A THESIS

Submitted to
Michigan State University
in partial fulfillment of the requirements
for the degree of

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ABSTRACT

TRADITIONAL MEDICINE AT AN INDIAN RESERVE

By

Mary E. Joy

The medicine man of early contact times was the principal spiritual authority in Northern Great Lakes Indian communities. Because present day medicine people must share their authority with representatives of other community groups of an official nature, their power has diminished and they have attempted to adapt to this loss by altering their curing practices. Today's medicine man has increased the authority and effectiveness of his role with a semi-official religious affiliation and has incorporated quasi-religious rituals into his curing practices. In an attempt to maintain a viable role in a changing environment, elements derived from alternative curing systems have also been added.

The study examines the current role of a traditional Indian medicine man from the Northern Great Lakes region. The research data was obtained from interviews with such an individual who is a resident of Wikwemikong Reserve on Manitoulin Island.

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CHAPTER 1

INTRODUCTION

The goal of the research in this study is to examine the present day practices and role of an Indian medicine man. An attempt will be made to answer the following specific questions. How does the position of one traditional medicine man in the native culture of today compare with that of medicine men in earlier times? How are his curing methods different from those of medicine men at the time of initial European contact? In what ways has Indian medicine adapted to the presence of the more science-oriented biomedicine?

It is likely that health and illness have always been a primary concern of human cultures. Recorded history and archaeological evidence seem to indicate that this is so. A papyrus dating from 1552 B.C. records 900 medical prescriptions (Hart 1983). Historically, beliefs about the causes of illness and the methods used for curing have varied from one culture to another. In fact it is still true that in all industrialized, Western multi-cultural communities differences in illness-related beliefs exist among population sub-groups. The predominant curing system in industrial cultures is based on biomedicine and it prevails in all the major treatment centers and health care institutions of the Western world. Coexisting with the predominant biomedical system are a number of other systems of

treatment that are not generally accepted as legitimate or effective by the biomedical establishment. Nevertheless, individuals in Western society may also utilize the services of these other systems when they are faced with illness.

Homeopathic, naturopathic and chiropractic practitioners are among those who have traditionally offered treatment based upon alternative approaches to curing. Other health care options are new to Western society. For example, acupuncture, although a traditional treatment of long standing in Chinese medicine, has only recently been available to American health care consumers. As well, there are traditional medical systems associated with various ethnic minorities, including traditional Indian medicine, the oldest treatment system in North America. Providers of Indian medicine, though probably not as numerous as they were a century ago, continue to treat illness. Evidence of a desire for traditional care was found in a 1987 survey of community health care needs and preferences at Wikwemikong Reserve on Manitoulin Island in northern Lake Huron. Seventy-seven per cent of the 400 households surveyed indicated that they would like to have traditional Indian medicine available for their use (Bailey 1988).

Just as cultures change through time, so must the role of the traditional curer. One wonders how true to tradition the Indian medicine men of today are. It seems possible that their role has also been altered or eroded by the presence of biomedicine. There are few individuals in North America who are not exposed to information regarding modern biomedical technology through the mass media. This exposure must have some effect on those who are seeking health care and

also on those who offer it. Ancient methods of healing based on herbs and rituals appear to contrast sharply with brightly colored pills and elaborate life saving machines. How well do the old methods survive such competition in a sophisticated society? Has the practice of traditional Indian medicine changed to adjust to the pervasive presence of biomedicine? What adaptations have evolved? Which of the old ways have been retained and why have they continued in the face of such formidable competition? What comfort does the cultural view offer?

The study is based upon an analysis of interviews with a medicine man at his home on Manitoulin Island during 1987 and 1988. The informant was Sam Osawamik, an Ottawa, who has lived all of his 77 years at Kaboni, a small farming settlement on Wikwemikong Reserve. I had contacted him at the suggestion of Basil Johnston, who is an Ojibway author and ethnographer at the Royal Ontario Museum in Toronto. I got in touch with Sam, explaining that I was interested in traditional Indian medicine as a masters' degree thesis topic and we made arrangements to meet in May, 1987. I prepared for the meeting by learning as much as I could about the Great Lakes Indians: taking courses; reading the literature; talking to Indian ethnologists; and through talks with an acquaintance at the Lansing Indian Center who grew up in Wikwemikong.

The Research Site

Manitoulin Island is located to the east of Sault Saint Marie, Ontario, Canada, where the Georgian Bay meets Lake Huron. The Island measures approximately 50 miles from east to west and twenty miles from north to south. Because of its many pretty vistas and inland lakes, it is a popular summer vacation area for both Canadians and Americans. The channel to the north of the island is heavily travelled in the summer months by recreational sailors who enjoy exploring the inlets and harbors along the shoreline. From a high point on Manitoulin Island it is still possible to imagine that time 400 years ago when birch bark canoes were the only mode of transport on the waterways. Some areas of the Island are probably much the same as they were then, while in others conspicuous changes have taken place. Today, it is possible to reach Manitoulin Island by automobile from the mainland to the north via a one-lane swing bridge at the town of Little Current, or by car ferry from the south. The ferry boat Chi-Chemaun travels three times daily in the summer from Tobermory on the Bruce Peninsula to South Baymouth on the Island, a trip that takes just under three hours.

Wikwemikong is the largest of several Indian reserves on the Island and it is an unceded reserve, which means that the Indians who reside there have never signed a land treaty with the Canadian government. Wiky, as the reserve is commonly referred to by its residents, is on the east side of the island and covers 105,300 acres bounded on the east by Georgian Bay and on the west by Lake Huron. It is separated from the rest of the island by Manitowaning Bay and

South Bay which are divided by a narrow isthmus. The language of social interaction on the reserve is commonly Ojibway interspersed with English words. Commercial signs appear in English and school is taught in English. Many of the Reserve members are bilingual and although the school children are less likely to use the native language, they often resume use of it when they are older.

Historical Background

Descendants of the Potawatomi, Ojibway and Ottawa tribes¹ reside at Wikwemikong Reserve. It is the traditional history of these three tribes that their ancestors had constituted a single people until their separation into three groups at some time in prehistory (Clifton 1978). The three groups were located in the area of the Great Lakes when the Europeans arrived in North America in the early 16th century. The Potawatomi lived in the southwestern part of Michigan; the Ottawa were in the area of the Bruce Peninsula and Manitoulin Island; and the Ojibway were found along the north shores of Lake Huron and northeastern Lake Superior and northern Georgian Bay, extending into the lower peninsula of Michigan. Clifton (1978) states that the boundaries between the three groups were permeable and villages often contained numerous representatives from the neighboring societies. As Algonkian languages, the Potawatomi, Ottawa and

¹ In the following text the term "Northern Great Lakes Indians" will be used to refer to this group.

Ojibway dialects showed many parallels which doubtless facilitated the mingling of the members of the three tribes.

Rogers (1978) states that "Ojibwa were first encountered by the French in the early 1600's. Samuel de Champlain in 1615 most likely met some along the eastern shore of the Georgian Bay" (p.760). According to Rogers, the pre-contact people in the region of Manitoulin Island occupied various locations within their territories except during certain seasons of the year. They fished and hunted as the seasons dictated and moved their birch bark tepees from place to place. The small independent bands came together in the spring to collect sap for maple sugar and gathered the wild berries as they became available in the summer, preserving what they could for the winter. It was during this communal time that marriages and other special ceremonies took place.

The Ottawa were great traders and followed an annual cycle similar to that of the Ojibway as hunters, fishers and gatherers but they also carried out some plant cultivation. They traded corn and goods manufactured by the women to the people to their north, in return for animal furs which were desired by their southern neighbors. The Potawatomi in the south made good use of a much better opportunity for domestic agriculture that was provided by the warmer climate, but they were also hunters.

Contact with Europeans inevitably altered the culture of the aboriginals. In time Northern Great Lakes Indians became involved in the fur trade and some

travelled to the Saint Lawrence River to exchange the skins of the animals they had trapped for European goods. As the occupation of their lands by Euro-North Americans proceeded there was pressure upon the Indians to cede their land to the government. Indian policy in Canada was to "civilize" the people and then to assimilate them into the white community (Leslie 1981). In 1836, Lieutenant Governor Colborne of Ontario became convinced that the best place to settle Canadian Indians was Manitoulin Island. Missionaries began to develop schools and churches in a settlement at Manitowaning, but the Indians, who had been instructed to move there at their own expense, failed to appear in the expected numbers (Surtees 1966). Although the Indian Affairs officials hoped that the Island would provide all that the Indians needed for a life of fishing and farming, it was a remote and relatively barren area. Eventually, more Indians did settle on the Island, the most successful settlement being a Catholic mission at Wikwemikong.

The United States Government policy of removal which attempted to force the Indians to move west of the Mississippi also resulted in the settling of many Indians in Canada. In 1855, many Michigan Ottawas moved to Manitoulin Island Reserves and joined other Northern Great Lakes Indians who were already settled there. Feest (1978) states that the Ottawas now living near or with the other Northern Great Lakes Indian groups cannot be clearly distinguished from members of other tribes except by self-identification. This seems true also of the Canadian Potawatomi who identify their interests as being connected to that of a particular reserve rather than that of their tribal ancestry (Clifton 1978).

Wikwemikong Today

Today Wikwemikong Reserve consists of a larger village, located more or less centrally on the Reserve and six smaller satellite communities. The 1985 population register indicates that 2,319 people live on the Reserve, approximately half of them in the central village. The central village has water and sewer services, but the rural areas rely upon trucked water for their needs. The roads are unpaved and the pick-up truck is the most commonly seen motor vehicle. The entrance to the village is striking. From a hilltop approach one can see the village spread out below with the blue waters of the Georgian Bay in the distance. Wikwemikong Village contains a gas station/grocery store/laundromat, two snack bars and a confectionery. On the main road through the village are the few stores, two schools, the long low nursing home, a new health center, the recently built Band Office, the large green bulky structure which is the arena, and at the top of the hill on the far side of town stands the Catholic church, the largest of four Catholic churches on the Reserve.

The Wikwemikong Health Center was built in 1971 and expanded in 1976-77. It has now been replaced by a new and larger health center that was opened in the summer of 1988. It is a most impressive structure and boasts the only professional landscaping in the village. It is staffed by physicians, nurses, dentists and other health care workers who have had biomedical training but it also contains a medicine lodge, which serves as a symbolic indication that traditional Indian medicine is acceptable there. There is also a nursing home which was

expanded in 1980 to its present 90 beds. The Province of Ontario provides comprehensive health insurance coverage for all residents under the Ontario Health Insurance Plan (OHIP), and the residents of Wikwemikong are of course included in that coverage.

The Field Experience

Manitoulin Island is a beautiful area to visit and the people of Wikwemikong are interesting and friendly, but while there I was constantly reminded of two things that influence data collection. English is the second language, and conversation between English speaking visitors and residents does not always flow as freely as one might wish. This language difference affected my conversations with my informant, who seemed often to unsuccessfully search for a word and then just go on when he realized he did not know it. In some instances, as in references to plants, he would supply the Indian word to fill the gap. At other times I would have to guess at the missing word or phrase. I tried to use basic English and to interpret conversational responses as they were intended, but there is always a measure of doubt as to the success one has been able to achieve with this in such circumstances.

The other difficulty was a seeming reluctance of the people to discuss some things. At times my informant did not answer a question or simply answered with a monosyllable, which seemed to be an indication that it was not a subject he wanted to discuss. For example, when I asked if his brother, who lived on the

property next to Sam's and with whom he seemed to have frequent contact also practiced medicine, Sam replied, "not that I know of". Whenever I was aware of this reticence, I was careful to respect his wishes. Black-Rogers (1989) makes reference to certain "no-talk zones" that she discovered in her research with Ojibwa informants at Red Lake and I assume that I had stumbled upon one of Sam's "no-talk-zones" with this question.

I suspect that the Indian people have learned to protect themselves from the misunderstanding of non-Indians by withholding information or conversation if they feel that their ways might not be respected. Jenness (1935) found this to be the case when reporting data regarding some of the Indian myths. He said that such beliefs are sometimes scorned by unsympathetic Europeans and the Parry Island Ojibwa are too proud to expose themselves to unnecessary ridicule.

In the following pages, I will present a description of the traditional world view of the Northern Great Lakes Indian as background for a consideration of the way in which their traditional medicine was practiced in early historic times. Western or biomedical practices will be briefly presented and some of the criticisms of the way it is currently practiced will be explored. This will be followed by a description of the data collection experience in this study and its results. Conclusions will be discussed last.

CHAPTER 2

ETHNOGRAPHIC AND MEDICAL BACKGROUND

Although there is a considerable amount of ethnographic material available that describes the cultures of the various Northern Great Lakes Indian tribes, it is not complete in every category and is sometimes contradictory. To critique and review all the available documents would not be useful to this study. Instead, a general overview of some relevant cultural characteristics of the groups whose descendants form the bulk of the present population of Wikwemikong Reserve will be presented.

Traditional World View

The Ottawa, Ojibway and Potawatomi, loosely organized as The Three Fires Confederacy, shared many cultural beliefs (Clifton, Cornell and McClurken 1986; Cleland 1978). The Indians of the Great Lakes region had a close and respectful relationship with the spirit world. Many authors agree that these Indian groups held a belief in a "Great Spirit" or power but that their spirit world also held many more *manitos* with whom they had contact (Brown and Brightman 1988, Jenness 1935, Kohl 1860). In referring to the "*manidos*", Jenness (1935) says,

"They are part of the natural order of the universe, no less than man himself, whom they resemble in possession of intelligence and emotions" (p.29).

The closeness of the Northern Great Lakes Indian and their *manitos* was significant. According to Hallowell (1975), a spirit or "other-than-human world" pervaded their daily life and was present in every aspect of their culture. Brown and Brightman (1988) seem to agree when in reference to Cree and Northern Ojibway beliefs, they state that mythic beings are not confined to another or ancient world and may manifest themselves in what might be described by Europeans as the "natural world".

Myths or sacred stories of the Northern Great Lakes Indians were part of an oral tradition in which the past was recounted in a traditional and formalized way. The stories often described the activities of *manitos*. They provided models for human behavior and defined the realities of existence for the members of the group. The characters in the stories were regarded as living entities who had existed since time immemorial. Whether human or animal, these characters sometimes behaved like people, and though their temporal and spatial dimensions may have been cosmic, they interacted with human beings (Hallowell 1975).

Metamorphosis occurred with some frequency in the myths. According to Hallowell (1975),

"The conceptualization in myth and belief of Thunder Birds as animate beings who while maintaining their identity, may change

their outward appearance and exhibit either an avian or human form exemplifies an attribute of "persons" which...is basic in the cognitive orientation of the Ojibwa" (p.64).

This concept of metamorphosis accounts in part for the ritual respect with which animals were treated when hunted and killed. The Indian believed that both living and dead human beings could assume the form of animals, and animals themselves had a "soul" that could come back to seek revenge if it had not been treated with respect (Jenness 1935).

A prime value of the culture was sharing. Originally a hunter-gatherer society, a tradition of distributing the meat from a hunt or the catch from a fishing expedition was prevalent among the members of the group. The egalitarian values might have been essential to the survival of a people living in a harsh environment, who had not much opportunity to build up a supply of surplus goods that would satisfy their needs during a lean period. Hallowell (1975) sees a parallel relationship in Ojibway culture between the way the spirits or other-than-humans shared their power with human beings and the value that was placed on the sharing of goods among the human members of the culture. They shared their material goods in order to prevent individual deprivation just as the other-than-humans shared their power with humans to combat other types of misfortune. The Northern Great Lakes Indian societies were class-free with no one group having more wealth than another (Clifton 1978).

The traditional culture of the Great Lakes Indian was also one in which there was no concept of impersonal forces as determinants of events. The cause of an illness, tragedy, accident or success was traced to a person, human or otherwise (Hallowell 1975). Strangers were cautiously approached because of the fear that a sorcerer might appear in some disguise and not be recognized. The question asked about the cause of an illness was always "who" caused it. Sorcery performed by another person because of some slight or suspected slight might be thought to be the root cause. The illness might be considered as caused by an other-than-human because of some wrongful act or broken taboo on the part of the patient, his parent or wife. However, Brown and Brightman (1988) state that not all illness or injury was ascribed to spiritual or magico-religious causes but that treatment of minor, common disorders were probably effective independent of ritual or magical influences.

A life of longevity, health and freedom from misfortune was the central goal of the Great Lakes Indian (Hallowell 1975). In order to achieve this goal, a balance in the spiritual, social and physical aspects of life was sought through cooperation with both humans and other-than-humans in the group. Young boys, and girls to a lesser degree, were taken by their parents to an isolated spot where they were left alone for a period of time to fast and meditate. The child would pray for the aid of the supernaturals against his natural enemies, hunger and sickness, and hope for a vision that would reveal to him or to her the identity of a personal guardian spirit. If the vision quest was successful and resulted in a dream that was interpreted by the parents to be satisfactory, the child was expected to

develop a secret bond and relationship with the spiritual patron that had been identified in the vision. This bond would give him/her power to influence certain events such as sickness, weather or war, because he/she would be able to call upon the patron spirit for assistance (Brown and Brightman 1988, Hallowell 1975, Landes 1968, Jenness 1935, Kohl 1860). Brown and Brightman (1988) comment that mystical experiences such as those occurring during a puberty fast were prepared for by lifelong participation in a particular spoken language that had sacred power for a subject who had also participated intensely and sincerely in related rites and ceremonies. Such a background doubtless enhanced the probability that successful dreams and visions would occur. The isolation, fasting and meditation also contributed to the successful attainment of this valued goal.

Visions were the most esteemed sources of curing power in aboriginal times, but additional curing skills might be learned through instruction or experience. About the results of the vision quest Jenness (1935) states that although it was a desirable outcome, only a small number of boys "became genuine medicine men as a result of this contact" (p.60). Although most of the documentation refers to Ojibway practices, members of the Potawatomi and Ottawa tribes of the period also relied upon the puberty vision as a means of identifying an individual's guardian spirit (Clifton 1978, Clifton, Cornell and McClurken 1986).

Traditional Medicine

The curing practices of the traditional Northern Great Lakes Indian medicine men were enmeshed in religion. Nelson observed when he was talking to his Cree and Ojibway informants that they considered medicine to be a facet of their religion (Brown et Brightman 1988). Vecsey (1983) notes that one of the most important applications of traditional Ojibway religion was health, and that religious leadership meant medicinal leadership. Treatment was often based upon dreams in which information regarding medicines or diagnoses were revealed to the practitioner by the spirits.

A body of medical knowledge for treating common complaints was accessible to everyone but in addition several categories of traditional curers were recognized in the Northern Great Lakes Indian groups (Brown and Brightman 1988). A traditional Indian curer is referred to in the literature as both shaman and medicine man, although medicine man is the more commonly used term. Hultkrantz (1985) differentiates between the two by stating that the activities of a shaman involve "the mediation in ecstasy between this world and the other world", and those of a medicine-man refer "to the medical capacity of the professional doctor" (p.514). According to Hultkrantz, one individual could at times function in either of the two categories. Grimm (1984) defines shaman as "the person, male or female, who experiences, absorbs, and communicates a special mode of sustaining, healing power" (p.3). He specifically identifies the traditional Indian curer as a shaman. He notes that shamanic practices



characteristically include healing by means of trance state, interpretation of dreams and visions, quieting the souls of the dead, divination, prognostication, offering sacrifices to appease offended spirits and the initiation of new shamans. Grimm (1984) also says that the status of the shaman has a religious dimension and that shamanic ritual expresses a world view of personalistic contact with sacred power that is accessible for curing through prayer and other ritual. According to the above definitions, it would be acceptable to refer to a traditional Northern Great Lakes Indian medicine man as either shaman or medicine man, and therefore the more commonly used term will be employed in the following text.

It is probable that as scientific medicine has grown and developed its role as the predominant curing system in this society, the role of the traditional Indian curer has become weaker. In traditional Indian society the medicine man was a person of much power. He was curer, priest, advisor and arbitrator. In her discussion of the Ojibwa power belief system, Black (1977) recognizes the highest-ranking power holders as those who had the power for "healing, helping or harming" others. These medicine men were persons who ranked just below the more powerful spirits from whom they received their skills and whose aid they required for success in their work.

The ethnographic record of the Ojibway, Potawatomi and Ottawa Indians contains some variation in the names, functions and healing activities in the various categories of medicine men (Brown and Brightman 1988, Jenness 1935,



Landes 1968, Dunning 1959, Hoffman 1891). The Jenness material has been chosen as the primary reference for the following description of medicine men because the informants with whom Jenness worked had a more personal association with the Manitoulin Island Reserve Indians than had the sources of the other authors. It is hoped that for this reason his data more closely represents their practices.

Jenness (1935) describes three major types of medicine men who were active in traditional Ojibway society. They included the healer and charm-maker (*wabeno*), the seer (*djiskiu* or *jessakid*), and the conjurer (*kusabindugeyu*). Similar categories of curers have been identified as having been present in traditional Potawatomi and Ottawa cultures in the early contact period (Clifton 1978, Clifton, Cornell and McClurken 1986). Each of these curers obtained his initial power through supernatural sanction that was recognized during the puberty fast. Although each of these curers derived their power from a vision at puberty, this contact alone was not enough for them to become powerful medicine men. It was necessary for the individual to have personal skills and aspirations beyond the average to actually become an important and respected medicine-man (Jenness 1935).

Hoffman (1891) refers to one other specialist in plant medicines that he identified among the Indians of the Great Lakes region. He was known as a *mashkikikewanini* (medicine-workman or herbalist). Although this practitioner might prepare medicines to treat illness or protect against misfortune, his power was not regarded as equal to that of the established medicine man who had

received his "blessing" from the supernaturals in a vision fast and was able to call upon them for guidance to effective healing.

The *wabeno* was a healer of diseases and a maker of love and hunting medicines. He specialized in plant medicines and was often called upon to prepare potions that would provide aid in love and hunting endeavors. A special tambourine-like drum was an important part of his equipment. In early times, *wabenos* were reported to have learned about plant remedies in dreams. They might also have learned much as apprentices to established practitioners but dreams were especially important to the Northern Great Lakes Indian curers because it was often in dreams that they had contact with the other-than-human beings (Jenness 1935).

The seer did not use herbs to treat others but based his expertise upon his ability to see things inside a person's body that others could not see. This visionary shook his rattle over the body of the patient and asked the spirits to help him discover the location of the source of the illness. Once the location was determined he would, by means of a hollow tube such as a small bone, suck the offending object from the patient's body and thereby effect a cure (Jenness 1935).

The conjurer was primarily a diagnostician. He called upon the spirits, who were expected to visit him in a small tent-like structure built by the patients' relatives for the occasion, to reveal the source or cause of the illness. The spirits' voices would be heard as they conversed with the conjurer inside the tent, deciding what

should be done to restore the patient to health. This ceremony was likely to have the participation of the whole community. According to Nelson, the audience who were seated on the outside of the conjurer's tent would take advantage of the situation to ask for and receive news of their departed relatives and friends from the spirits who visited the interior (Brown and Brightman 1988).

A traditional medicine man who worked under the guidance of a guardian spirit was able to make pronouncements that were backed by spiritual authority. Because traditional curing was interwoven with the mythology and beliefs of the culture, the medicine man was the symbol of spiritual power in the community. Each case of illness was treated as unique and was investigated in terms of the patient's experience by another member of the culture in which the illness occurred. Of possible benefit to the patient was the reassurance that came from the knowledge that s/he was the recipient of treatment designed specifically for his or her needs, by a person whose power and respect s/he acknowledged.

The ethnographic record indicates that some of the Northern Great Lakes Indian settlements had a medicine society (Landes 1968; Jenness 1935; Hoffman 1891). Hoffman (1891) in particular gives a very detailed account of it. The *Midewiwin*, as it was called, was a curing society that is thought to have begun as an Ojibway organization in about 1690 (Hickerson 1970). The practices of the society revolved around ceremonials which depicted tribal traditions and origin myths. The ceremonials were conducted by an organized priesthood made up of medicine men and women who had been inducted into the society. Membership

was limited to those who completed a long initiation and paid gifts to the *Midewiwin* priests who conducted the ceremony. Anyone could belong whether medicine specialist or not. The collective approach to the supernaturals by *Midewiwin* members provided them with a powerful means by which to request personal health, to try to obtain supernatural assistance for a long life or simply allowed them to gain the added prestige of membership.

During the *Midewiwin* initiation ceremony, which took place in a special structure known as a "medicine lodge", there was a symbolic shooting of the initiate which caused him to fall to the ground apparently dead. He recovered from this while spitting a white shell from his mouth. The ceremony lasted for some days and included a preparatory stage in which there was a cleansing ritual involving sweat baths and was focussed on teaching the initiate the sacred *Midewiwin* myths and rituals. The whole community was invited to participate in the feast which occurred as the finale of the ceremony (Hoffman 1891).

It is now generally believed that the *Midewiwin* was a nativistic phenomenon that arose as a response to European contact and represented an attempt by the once-powerful medicine men to reorganize and restore some of the power they had lost (Hickerson 1970). There were hints of the teachings of the European missionaries in some of the *Midewiwin* symbols. The death and return to life of initiates in a portion of the *Midewiwin* ceremony is suggestive of the Christian resurrection, although this may just be evidence of the universality of certain religious themes. When one early European visitor to an area in Northern



Michigan saw the large *Midewiwin* cross-like symbol he mistook it for the Christian cross, because they were so similar in design (Hoffman 1891). Although the record is incomplete regarding the extent of the *Midewiwin*, it seems to have been more prevalent among the Ojibway to the west, in the area which is now Michigan's Upper Peninsula, and Northern Minnesota and Wisconsin.

The effectiveness of these traditional treatments that were rendered in the past cannot be measured, although it is probable that they were perceived as successful often enough by those who observe them to give credibility to their use. There are illnesses that cause pain and suffering from which one recovers regardless of treatment, though treatment received may be credited with recovery. The amelioration of symptoms alone usually induces an improvement in illness state. This improvement was doubtless often achieved by the use of the many Indian herbal remedies which have been acknowledged by scientific medicine to have pharmacologically effective ingredients. (Moerman 1982). Even a skeptical attitude allows support for the notion that traditional Indian medicine probably produced benefit to those who availed themselves of it a significant part of the time. The benefits might have included effects on the patient's spiritual, physical and emotional health.

Biomedicine

During the years from initial European contact to the last half of the nineteenth century, scientific medicine probably had little impact on traditional Indian

medicine. It is only over the past one hundred years that biomedicine has evolved to its present position of influence, a relatively short period of time for diffusion into traditional practice. In areas that were relatively isolated, such as Manitoulin Island, biomedical practices were particularly late in becoming evident to the resident population because of the scarcity of practitioners who lived and worked there.

Scientific medicine or biomedicine prescribes treatment that is based upon a scientific diagnosis to cure disease. The theory of Koch which identified infectious organisms as the cause of many disease states, has provided a guiding principle since 1883, with the result that a biological cause of illness is one that is primarily sought (Lilienfeld 1976). A biomechanical cause such as fracture or dislocation is another possibility. Biomedical treatment is thus directed to the physical cause of the disorder. Because the cause is interpreted as a physical aberration, measures to correct it are often technological or pharmaceutical interventions that are intended to effect physical change. Although the healing process is not completely understood, it is known that successful cures often result from other than organ or disease specific interventions. Emotional and social factors, though difficult to measure, are known to influence both the onset and outcome of an illness episode.

In attempting to develop greater understanding of the part that psychosocial factors play in recovery, Kleinman (1980) differentiates between illness and disease. Illness, he says "refers to the psychosocial experience and meaning of

perceived disease" and occurs for the patient in the context of family and society (p.63). It includes the secondary personal and social responses to a disease, although illness may also occur in the absence of disease. Disease Kleinman (1980) defines as a "malfunctioning of biological and/or psychological processes" which refers to abnormalities in the structure and function of body organs and systems (p.251). In a criticism of Western medicine, Kleinman, Eisenberg and Good (1978) make the point that biomedical practitioners should be as precise in defining the life problems created by an illness as they are in investigating its biological basis. The inference is that the biomedical approach has not been as effective as it could be if illness-related psychosocial factors were taken into account. In contrast to the biomedical disease-oriented approach, traditional curing is illness-oriented (Kleinman 1980).

Much has been written about the nature of the doctor/patient relationship in recent years. As a significant component of the practice of biomedicine it is a topic of great interest. Mechanic (1972) noted that in this system of medicine the doctor acts primarily as the patient's agent, and on his or her behalf. He says this gives high potential to the relationship for influencing the patient's feeling state and illness-related behavior. Because the patient seeks help when distressed, at a time when s/he is likely to be highly suggestible and open to influence, the physician's attitude to both patient and illness have important effects on the illness outcome. What often happens in practice however, is that the encounter is very brief, the patient may be intimidated by the physician's busy schedule and use of technical terms and as a result may fail to communicate his or her

concerns adequately. Dissatisfaction with the encounter may occur and the patient may fail to follow treatment recommendations. Support for a careful patient interview also comes from Snow (1983) who says:

"Listening to a patient's view of health problems in an interested and sympathetic manner will elicit areas of possible conflict but also beliefs that may be strengthened and reinforced" (p.827).

Although more attention is now being given to the problems surrounding the doctor/patient relationship, and corrective efforts have been undertaken by some, difficulties still remain.

The difference between traditional and modern medicine was examined by Kleinman (1980) who believed that treatment difficulties often arose because the patient and physician came to the healing encounter with different "explanatory models" or beliefs about the causes and meanings of the illness. An explanatory model (EM) may contain beliefs about any or all of the following aspects of illness: etiology; onset of symptoms; pathophysiology; and course of sickness or treatment. EMs are conditioned by personal experience, ethnicity, world view, and society. Kleinman maintained that more effective treatment would be provided if the patient/practitioner interaction was based on a mutually shared understanding of the illness, which is to say more congruent EMs. If patient and practitioner are members of the same culture and share the same world view, they are more likely to have the same explanatory model of illness. In the case of Native North American patients who seek health care from biomedically-oriented practitioners of Euro-American descent, difficulty in establishing the

kind of doctor/patient relationships that Kleinman believes are necessary to effective care may be expected.

Evidence that this difficulty does occur has been found. A study of the use of traditional Indian medicine in San Francisco, where the best in biomedicine is available, found that more than 25% of Native American families in the sample had sought care from traditional sources in the five years preceding the study (Fuchs 1975). As mentioned earlier, many of the residents of Wikwemikong also indicated that they would like to have traditional medicine available to them. When there is lack of satisfaction with a healing encounter because of EM incongruence, patients may be motivated to search for a practitioner with an EM more like their own.

It seems appropriate to consider one other psychosocial aspect of illness which is increasingly significant as it becomes more fully understood. Although it has been thought of as treatment in which a therapeutic drug is replaced with some inert substance, the placebo response is now more broadly defined as having occurred when a patient improves because of the symbolic dimensions of the healing encounter rather than because of technological or pharmacological intervention (Brody 1986a, Engel 1980). A patient's response to an illness often becomes more positive when s/he is given an explanation of the illness that fits with a preexisting world view; receives support from the social group of which s/he is a part; and gains a sense of mastery over the illness (Brody 1986b). In other words, treatment that satisfies the patient's expectations may produce an

emotional effect that leads to physiological change. The total interaction between the patient and the person(s) involved in the healing encounter is the instrument through which this satisfaction will or will not be developed.

Without doubt science has given modern medicine the techniques to greatly improve the outcome of many disease states. At the same time findings such as Kleinman's suggest that traditional curers have a special expertise to offer when providing treatment to people of the same culture, that is not shared by biomedical practitioners. Of course the reverse is also true. Modern technology has obvious advantages as well. However, the attention given to the balance between the social, mental and physical aspects of an illness by traditional Indian medicine might combine well with disease oriented biomedicine to provide a more illness oriented approach to treatment. A combining of effective forces from both traditional Indian medicine and biomedicine might result in a refocussing of efforts to cure the patient rather than the disease.

Landy (1972) cites an interesting study of Navaho healing. It describes patients in present day Navaho settlements who were sent by the traditional diagnostician, the hand trembler, to the establishment biomedical clinic when they were suffering from injuries or sudden disease attacks. When the illness had developed more slowly and was less well defined they were likely to be referred to the Navaho medicine man for treatment. This is an example of the selective combining of biomedicine and traditional Indian medicine in a successful manner.

Landy (1972) studied the role adaptations made by traditional curers to the intrusion of the scientific medical system into a sphere that was previously theirs alone. In some cases the traditional healer remains an strict advocate of conservative treatment views. In a competition with biomedicine, this ineffective role adaptation makes the role no longer a viable one and Landy believes that it must gradually disappear from the culture. In some situations a new curer role is deliberately created along with the introduction of scientific medicine which allows the traditional curer to continue to have a viable place in the scheme of things. Independent adaptive maneuvers that maintain role viability may also be undertaken by the traditional curer. As mentioned above, the Navaho hand trembler has retained the traditional role of diagnostician but now includes the services of the biomedical clinic as one of the treatment options he might recommend to a patient. In this way he has connected himself to both systems and established an altered but still viable curing role. This pragmatic approach can result in a new model that combines elements of both traditional and biomedical curing.

Kleinman (1980) also suggests that adaptation is possible in both practitioner and patient EM. Because EMs are partly conscious and partly outside of awareness, and are generally tacit, they are subject to fairly frequent change. In Landy's example, it seems that the Navaho practitioner was able to make some adaptive maneuvers that reflect adjustments in his EM.

The medicine man must now share with biomedicine and other institutions such as government and the church those areas in which he was once the single authority. The physicians, lawyers, politicians and clergymen who are associated with these institutions have been trained in recognized schools, passed examinations, have professional associations and are recognized by the legal system. This places them at an obvious advantage over traditional curers. The traditional curing role also lacks the support of licensure or third party reimbursement which the biomedical practitioner role enjoys. Thus the change in the level of the power and status of a traditional medicine man as compared to that of the curer of earlier times is obviously very great. In order to consider how traditional Indian curers of the Northern Great Lakes region might have responded to the diminution of their power, it will be helpful to examine their current role. This examination may provide some insight into how the position of a traditional curer within the culture has changed.

CHAPTER 3

THE DATA

Logistics and Process

I travelled to Manitoulin Island in 1987 to visit my informant Sam Osawamik for an exploratory meeting which I hoped would lead to others. I approached our first meeting with the idea that I would not try to structure the interview but would follow his lead, asking as few questions as possible. As we began to talk, I asked for his permission to tape our conversation, but this was denied with the comment "let's save that for next time". In fact, I never again asked to tape our conversations, sensing that somehow this would adversely affect the nature of the interaction. Instead I went to an isolated spot immediately after each meeting ended, adding to the few notes I had taken during the conversation by writing down as accurately as I could from memory what had been said in our meeting.

Sam was not at home when I telephoned after I arrived on Manitoulin Island the first time, on a Sunday morning in May of 1987, so I simply drove to his home and waited until he returned from church. Our initial conversation took place at the side of his house while we sat in the sun on the top of a cistern. People

came and went as we talked, but he did not acknowledge them and I only learned later that they were his sons, daughter, and wife.

Basil Johnston, the ethnographer who had suggested Sam as an informant, had asked that I pay Sam an informant's fee. While in doubt about how best to manage this, I offered him "some money for his church" as I was leaving and he accepted it with no other comment than that it was the custom to take a gift of tobacco to a medicine man. Indeed, tobacco offerings to the spirits have always been an important element in traditional Indian medicine and I said that I would do so the next time I came.

During my next meeting with Sam Osawamik in June 1988, I followed the suggestion of my thesis committee and let him know that I intended to focus my study on his healing experiences alone and would not interview other informants. Most of the information I had obtained from Sam in 1987 was relevant but incomplete, while some of my interests had not been touched upon. I had decided to be more directive if necessary in order to get answers to the questions I had identified as important to my thesis. I also told Sam that I would send him a copy of what I had written about him before I presented it in the thesis so that he could make corrections if I did not have it right. My goal was to learn:

- a) how he developed his healing skill
- b) how he functioned as a medicine man
- c) what people he treated
- d) what illnesses he treated

- e) if he was reimbursed for treating the ill
- f) what his relationship with the biomedical system was
- g) what form his healing encounters took

I hoped to collect enough data relevant to these categories to determine what his curing practices were, how these compared to traditional Indian curing practices, and whether any of the changes that I identified appeared to have developed because of the contact with biomedicine.

My acquaintance from the Lansing Indian Center had made arrangements for me to stay at the home of a lifelong resident of Wikwemikong. Annie my hostess, was a widow who lived alone but who enjoyed frequent visits from her adult children. Her house was in the center of town, within walking distance of the schools, few stores, health center and Band Office. My stay there gave me an opportunity to informally observe another aspect of life at Wikwemikong. My conversations with Annie and her children gave me the impression that they were not so interested in the traditional Indian culture as Sam and his family were. Annie had been a boarder at an off-island school for Indian children beginning at age six and this experience might explain her less interested attitude to Native traditions. The residential schools tried to suppress all evidence of Indian customs in the boarders. At any rate, my contact with my hostess and her family emphasized to me that there are variations in attitude to Indian culture even in this small and isolated area.

On my second visit, I was not able to reach Sam by telephone when I first got to the Island, so I drove to his home and asked his daughter, who was doing laundry at the side of the house, if I might wait for him, and she agreed. I sat on the grass until he drove in looking exactly the same as he had a year earlier. He told me that he had returned from taking his wife to town to her job at the "rehab" center for alcoholics, where she was a cook, and later planned to take his daughter to the health center for a physician's appointment, and so would have some time to talk. At the end of the interview, he invited me to return the next afternoon when he would be able to show me some of the plants he used for curing. However, when that time arrived he was tired and so we sat in the main room of his house and talked. He did show me a yarrow plant growing in the field by the house, which he said was a useful medicinal herb. These experiences have provided me with an interesting look at life at Wikwemikong Reserve and some impressions about the curing activities of Sam Osawamik.

Sam Osawamik: Personal Data

Sam and his first wife had ten children, three of whom died in accidents. His wife had been killed about 20 years previously by a drunk driver, and Sam was both father and mother to his children for some time. His home is decorated with 4H awards won by both he as a leader and his children as active 4H members. He was remarried about 12 years ago to his present wife. They live with an adult daughter and son in their home, which is one of the Canadian government one-story houses that are standard on the reserves. His father's small

log house, where Sam spent his childhood, still stands about 40 feet further down the lane and there are some old outbuildings for livestock in a fenced enclosure to the rear of the property. There is a small cluster of sugar maples beyond the yard. The house is within sight of a small Catholic church.

Sam at age 77 enjoys the status of elder in his Indian community and this extends to his representation of Indian tradition in the larger community of Ontario. He is obviously proud of his heritage, and is pleased to share his knowledge and experience with non-Indian people.

Sam serves as an information resource for Indian culture to Basil Johnston of the Royal Ontario Museum. He is also invited to conferences and schools around Ontario to talk about Indian traditions and is cited in the volume Flowers of the Wild, Ontario and Great Lakes Region as a resource for the Ojibway plant names that are listed in the book. One of the things he has been asked to do at conferences is to demonstrate and explain such things as Indian dance traditions. He says that he insists on proper behavior at the traditional ceremonies and reprimands those who do not show respect. He enjoys this work but finds it quite tiring to talk all day, which is apparently a requirement on such occasions.

The pleasure he has in meeting many people includes the enjoyment he gets from having an occasional joke on some of them. Once he was with a group who were asking about Indian words and the name of the Manitoulin Island ferry boat, Chi-Cheemaun came up. It is the Indian word for big canoe. If spoken carelessly it

may sound like the Indian word for "I'll give you a big kiss". A member of the group pronounced it in this way and Sam laughingly told me that he just asked which one of those present the person asking the question was going to kiss. He keenly enjoyed the joke in the retelling. Another occasion that he likes to tell about involved two women strangers from "overseas" whom he met on his road. They asked him if he knew where the medicine man was, assuming that he was just the farmer he often is. Enjoying himself, he told them "no" and let them wonder for a while before he laughed and told them he actually was the person that they were looking for.

Personal health/self care

Sam Osawamik appears to be in excellent health. He is about 5 feet 11 inches tall, wears glasses and is solidly built without being fat. He has warm brown eyes and a friendly smile and each time I saw him wore brown boots, a navy nylon shell jacket and peaked cap. He is very conscious of the importance of maintaining his own health and says that he no longer drinks nor smokes. Some years ago he was told by a physician at the local health center that he had high blood pressure. He subsequently took it upon himself to change his diet to exclude meat, animal fat, and eggs and to increase his intake of oatmeal, whole grains, onion and garlic. Sam tells that when he returned to the physician following the unfavorable blood pressure report, he was very surprised by Sam's apparent recovery. Sam of course credited the dietary changes he had made for the absence of a high blood pressure reading. Sam also uses daily kelp and Vitamin C tablets as preventive medicine. He believes that vinegar and honey or

pure apple cider taken every day will help to prevent arthritis. He reads the popular lay publication Prevention Magazine and it is possibly this source that inspired some of his nutritional changes. Sam also remarked that much illness comes from "fear and worry", which seems to corroborate with a current focus on the problems created by "stress" in popular health literature. His use of "popular" preventive medicine appeared to be an addition to his traditional curing practices and might be considered an adaptive element. He stated the belief that individuals are responsible for their health in some ways and should observe careful dietary habits. Personal responsibility for health is not a new theme for the Northern Great Lakes people. In earlier times, they hoped to maintain their good health by adhering to other established rules of conduct that were designed to maintain a balance in the spiritual, emotional and social aspects of life.

Sam had casually referred to a number of occasions when he or his family had gone to the health center for treatment and I became curious about his personal use of traditional medicine men for treatment. He told me of a time when he had a very stiff neck and could not move his head at all, although his breathing was normal. He went to the health center and the staff immediately initiated the emergency procedures that are utilized in cases of suspected heart attack. Eventually he was told that nothing was wrong and was sent home, even though he still felt the same. A medicine man friend came to his home later to see him and performed some rituals and "made smoke". Afterwards he told Sam to take the medicine "he knew" and then left. Having already taken what he thought were the appropriate therapeutic measures, Sam was puzzled by these



instructions, but later in a dream he saw what he should do. He prepared tea from a certain tree bark as indicated in the dream, drank it and "got better". Dreams are apparently still powerful sources of curing information for practitioners of traditional Indian medicine. This interesting anecdote may also demonstrate what is really helpful in traditional medicine. When biomedicine was unable to help Sam received encouragement from a medicine man to muster his own resources. In the end he was able to cure himself.

Spiritual beliefs/world view

An information brochure produced in 1986 by the Wikwemikong Band Council contains the statement that "The Indians of Wikwemikong adapted to the Catholic religion when it was introduced in the 17th century." In McClurken's (1989) biography of an Ottawa Indian who lived during the early half of the nineteenth century, the subject reports that the Ottawa leaders in his community, who for practical reasons were hoping for the acceptance of Catholicism by their people, "cast Catholic doctrines in the form of traditional Ottawa beliefs"(p.85). Apparently there were ongoing efforts to present the teachings of the Church as a source of power complementary to the traditional beliefs and thus they found acceptance by the people.

Sam holds a mixture of beliefs that come from both the old and the new religious traditions. He related several experiences that indicated his belief in the ability of other-than-human beings to become visible. At a conference, some white women asked him about *Susquatch*, wondering if it was real. (The legend of

Susquatch concerns a large being who is reportedly seen periodically in the Northwest of Canada.) He told them "yes" that he did believe that *Susquatch* was seen from time to time. He talked to me of a time when one of his children wandered away at a very young age and was gone overnight. Sam and his family had almost given up hope of his safety when the child reappeared and told them that he had been playing down by the river with some boys. Knowing that there were no boys, the parents concluded that it was the "little people", those spirit beings "that are all around us that we can only see if they want us to". The "little people" are very traditional creatures in. A third instance reported by Sam of spirits becoming visible to humans, was of Sam's father appearing to him after his death. Sam saw him as he walked towards him just behind their house, a different kind of spirit presence. These anecdotes seem to describe situations in which spiritual beings underwent metamorphosis and appeared in visible forms, much as they did in the traditional Northern Great Lakes Indian legends.

Sacred stories of the Indians place importance on thunder and lightning and Sam Osawamik shares this belief in their power. "Some people say that it's just electricity, but I believe in it", he said. On two separate occasions he repeated a story about a man who while at home during a storm, noticed that the thunder was particularly loud and seemed to remain over his house without moving on. Eventually the man's daughter went into the yard and buried some tobacco as an offering to the spirits. The lightning came right down to the place she had been and then both the thunder and lightning moved on. The fact that Sam repeated this story on two occasions indicates its importance to him. The traditional belief

in which thunder is a messenger of the spirits and at times must receive an appropriate response seems to be an active component of Sam's belief system.

The new Wikwemikong health center has been constructed in the shape of a Thunder Bird, so apparently the respect is community wide. When I saw Sam after I had seen the plans for the new health center, I commented that the Thunder Bird seemed to be a powerful symbol for the people at Wiky, and he responded by relating a traditional story based on the Thunder Bird myth. The story concerns an Indian family in the old days who were going to sugar camp and could not take their son with them because he was ill with the "lung disease" (probably tuberculosis). Left at home alone, the son saw a stranger at the door who told him to follow exactly in his footsteps. The son gathered his bow and arrows and, following the stranger, stepped exactly where he stepped, until, pretty soon he could feel himself rising up into the clouds. He saw below them the big snake monster and shot arrows at it but kept missing because the moving clouds would block his view at the last minute. Finally the clouds opened at the right moment and the arrows found their mark and killed the snake. At that moment the stranger disappeared, but the boy found in his place a white feather which he put into his pocket, suddenly feeling just fine. He went on to the sugar camp, but when people saw him they were frightened because they believed that he was dead and they ran away. It was then that the boy knew that it had been the Thunder Bird who had come to get him.

Metamorphosis of the Thunder Bird into human form is consistent with Hallowell's interpretation of Thunder Bird activity. The Thunder Bird of Northern Great Lakes Indian legend is obviously closely related to life and death, and by association to curing activities. Thunder and lightning as evidence of the activities of the spirits have traditional supernatural significance that is powerful for Sam and other members of his culture.

The first time I visited Sam Osawamik he was preparing to be inducted as a deacon in the Catholic Church by the Bishop of Northern Ontario. He had studied for four years for this responsibility and was quite excited about it. When I inquired about the ceremony on my second visit to Wikwemikong he told me that for some reason which he did not understand, he had not been included in the induction ceremonies which took place the summer before, and he was obviously very disappointed. I later looked through the archives at the offices of the Manitoulin Expositor in Little Current to try to gain some understanding regarding the mystery of Sam's failure to be inducted as Deacon. I read the news account of the induction of two Wikwemikong residents as Catholic Deacons in June 1987, but there was nothing to indicate why they particularly had been selected, or if others had been in the past or would be in the future. The news article and pictures that described the induction made it evident that it was a mark of great prestige to become a deacon, and a person who had this status would be conspicuously closer to an important source of spiritual power.

Sam frequently attributes any success he has in curing to God and states that "all good comes from God". Religion is obviously very important to Sam and he has had a number of mystical experiences that seem to provide support for his faith. He told me of a time when he was talking to a group of children, to each of whom he wanted to give a copy of the small Sacred Heart religious token that he normally carried in his pocket. He knew that he did not have enough of them to give each child, but when he reached into his pocket he found, to his amazement, that additional tokens were there. He believed that a munificent but invisible force had somehow intervened. This modern "loaves and fishes" story may seem to have Christian roots but it also fits well with traditional Indian beliefs.

Once at Christmas when he was scheduled to help with the church service and the others who were to assist had failed to appear, a group of drunk "kids" came in and started fighting in the church. Sam was "scared and didn't know what to do". He looked at the statue of the Sacred Heart at the front of the church and saw it nod several times. He said "I did not know what this meant", but it caused him to feel very strong and he went and grabbed the "kids" by the wrists and made them "do what they were supposed to do". Such a clear spiritual sign to Sam of his special powers enabled him to perform in a very difficult situation. He was then able to successfully complete the service. As we were talking he repeated that he is never alone, and "that Jesus is here right now". Although some modern Christians talk about the "spirit of God within them", Sam's God seemed to be more of an external presence that is reminiscent of the *manitou* of

the earlier Northern Great Lakes Indian people, one who could appear in a variety of forms.

Sam Osawamik: Medicine Man

a) Development of healing skills

At our first meeting, Sam told me he had become a medicine man by learning on his own, by trying things out and by watching what others did. He said this in response to my question regarding the possibility that it was a youthful vision quest that had prompted his decision to be a medicine man. At the time it seemed to me that I should not have asked such a personal question and that the information with which he replied though true, might be incomplete.

At our second meeting, he related an incident concerning the way in which he first became aware that he had a special ability to cure. It was at a time when he had a wife and ten children to feed and not much money, necessitating that he grow a lot of food and raise pigs to supplement the food that was grown. He had obtained a new male pig and put it into the pigpen, where it bit one of the baby pigs so badly that the intestines were protruding from its abdomen. Sam placed the organs back inside the injured pig's abdominal cavity as well as he could, found a clean place to lay it and put his hands on the pig's body and prayed. The next morning when he came out to the pen expecting the piglet to be dead, he was amazed to find it running around with the others. He concluded that this



was an indication that he had special curing powers and from that time he began to develop his skill as a medicine man.

Sam does not however, take the credit for successful curing but says, "It's not me, it's God. I just pray". When I asked if he was doing less curing now than he had done when he was younger, he replied that he believes that his power is stronger than it has ever been. I supposed that his increasingly active role in the Catholic Church strengthened this belief. A spiritual source of power for the development of curing skills is consistent with traditional beliefs. In a manner not completely unlike that of the early medicine men who developed their curing skills after being assured of the support of the spirits during a vision quest, Sam developed his skills following a different type of experience, but one that to him indicated that he had spiritual support for curing.

b) Medicine man activities

The respect with which Sam approaches the plants and attempts to enlist their cooperation in the curing process reflects the traditional Northern Great Lakes Indian world view in which things thought of as inanimate by members of the Euro-North American culture, are regarded as potentially capable of interaction with humans.

There is a particular way in which Sam collects plants for medicinal use, which is a traditional Northern Great Lakes Indian ritual. Before taking that portion of the plant required, he buries some tobacco at the base of the plant as an offering.

He talks to the plant, telling it what work he hopes it will do and what use it will be put to. "They are like people", he said. If he does not have tobacco available, he will explain to the plant that a tobacco ritual has been or will be carried out in some other place to honor it. It could even suffice to burn the tobacco in the stove at home.

Although there are plant remedies that he regularly uses and may have on hand, there have been instances when a special treatment was suggested to Sam in a dream. The dream of course was spiritually inspired and is reminiscent of the visions obtained in earlier times by the medicine men. On one occasion when the usual remedies were not working for a patient he was treating, he dreamed about a cough medicine recipe that he subsequently made which was very effective for this difficult case. It consisted of cedar bark, balsam limb, seneca root and weekehn (blue flag) cut in small pieces, formed into a packet and boiled for a tea. Some of the other more frequently used remedies that he mentioned to me were the effective treatment of an old woman who had difficulty in "passing water", with a tea made from boiled cornsilk and dandelion root. One remedy Sam mentioned that to my knowledge is used by other Wiky residents is red willow. Moerman (1982) also lists it in his volume of Native American remedies as a commonly used treatment for headache or fever.

c) Curing experiences

Sam told me of some of his successful healing experiences. Once when he was helping at a church camp for children, all the "kids" got summer complaint

(diarrhea). In order to deal with the problem, he made a tea of sweet fern, and all the children came with their cups and took some. The next day they were "better" (recovered). Sam's curing was not restricted to the traditional use of herbs alone. He also had success in treating his wife who had been hospitalized because of diabetes, but was showing little improvement. Sam brought her home and treated her with a tea made from a rather rare plant that grows some distance from Kaboni, on the south end of the reserve. He also insisted that she follow a sugar free diet and drink the tea three times a day in a treatment regimen that apparently combined both scientific (restricted sugar intake) and traditional (herbal tea) approaches to diabetes treatment. Although she improved after this treatment, she later became careless about the diet and had to return to the health center for care, at which time she was started on a schedule of daily insulin injections. After this treatment was begun, she continued to take the special tea and did well.

Another situation that seemed to stress new treatment ideas was a successful treatment involving a friend with arthritis who was hospitalized and confined to a wheel chair. Sam brought the friend home with him and provided a treatment that was based on efforts to make the patient happy and optimistic. He used this approach to let the patient know that someone cared for him. Eventually Sam got him moving about the house until finally he "got better". Sam mentioned after relating this information that Prevention Magazine advertised audiotapes designed to make people laugh that were marketed as therapeutic devices. Whether this was the inspiration for Sam's treatment approach for his friend or

Sam had read the advertisement after the fact and was pleased to believe that it lent credibility to his choice of treatment in this case, I am not sure.

It seemed to me that Sam had treated a wide range of health-related conditions, and I wondered what the limitations of his practice were. When I inquired about his treatment for childbirth he quickly informed me that he had "nothing to do with that", with the exception that he often gave the expectant mother a blessing before the birth. He told me that the women of Wiki all go to the hospital in Little Current for the birth of a child and I got the impression that a man would not have been involved in the delivery of an infant in any case, past or present. (This was later confirmed by my contact at the Lansing Indian Center who had grown up at Wiki).

Although Sam and his family did avail themselves of the services of the biomedically oriented local health center, they often augmented that care with traditional remedies. On the other hand, most of Sam's clients from outside of Wiki seemed to suffer from problems having an emotional/mental basis, and had seemingly tried other cures before coming to him. The reasons for this are not clear but it is possible that outsiders who did not receive successful treatment under the care of biomedical practitioners were inclined to go further afield to seek other treatment alternatives in their search for a cure. It may also be that the kind of treatment provided by this or other traditional Indian medicine men had gained a reputation for success with the emotional/mental type of problem with which they were afflicted.

d) Source of patients

When I asked where most of his patients came from, Sam said they came from "all over" and he specifically mentioned a "heart doctor" from Toronto who came to ask him for help. Sam determined that the doctor had "too much going on in his head". Although this happened at some indeterminate time in the past, Sam was expecting to see the same doctor, in the summer of '88, while he was vacationing on Manitoulin Island. He was flattered by this attention from an impressive biomedical specialist.

On two occasions he talked about the women from overseas who had inquired about the medicine man when they met Sam on the road, and one of whom had "mental problems". He had told the woman who was seeking aid that "there was nothing the matter" and she would be well again "and she cried", but he later heard from her and she told him that she had recovered. Some obvious therapeutic benefits to this encounter are the fact that the woman who had travelled far for treatment probably had strong belief in the power of the curer. His suggestion to her that she would recover gave her hope that she could master the problem.

It was difficult to fix the treatment events that Sam talked about in any time frame and I am uncertain with what frequency he was asked for help with the treatment of an illness. According to the woman with whom I stayed while at Wiky, the local people did not regularly go to Sam for treatment, but this may have been only her perception. Sam himself had mentioned treatment of Wiky



residents and of course he treated members of his family. It seems that his initial curing activities occurred some twenty years ago when he was already the father of ten children. (his youngest child is now in his early twenties).

e) Reimbursement for treatment services

Payment is expected by Sam for the treatment he gives but it may be deferred until later. He stated that he expected to be paid for his work because gathering and drying plants was hard work and added that he would have about a thousand dollars if people paid him what they owed him. This obviously represented a large sum to him. It seems possible that he assumes when someone requests treatment that they intend to pay him but he does not voice a request for it. When I asked him what my payment to him for his time should be he replied "whatever you like", suggesting to me that it was expected but that the initiative was properly mine. He had also talked to me about the Indian attitude regarding sharing, saying that "if you tell an Indian you like something he will give it to you". Perhaps Sam's confidence in the sharing principle has led to abuse by some of his patients, who interpreted his easy attitude to payment as lack of interest in or need for it. Another possible reason for his passive approach to payment might be the avoidance of censure for practicing medicine without a license.

f) The curing encounter

My impression of the initiation and content of a curing encounter with Sam is this. Individuals come to Sam Osawamik and ask for his help when they wish it. He does not solicit patients or promote his skills in any way. In response to my



query he stated that he has never had a patient referred to him by a biomedical practitioner nor has he been asked to come to a hospital to offer traditional treatment to a patient that was being treated there by a biomedical practitioner. When someone comes to him requesting treatment, he asks them what their problem is and what they have done to try to remedy it. Sometimes the patient has already been to other practitioners but has not been satisfied or may have attempted to self-treat with a home remedy. Whatever the prior treatment, Sam may decide that he can treat them or he may decide that he cannot help and may suggest that they go to a biomedical practitioner.

I expect that he works with a considerable base of curing information and an experientially gained understanding of symptoms, tempered with knowledge of his own limitations in the curing arena. His years as the care giver to ten children, his reading of popular medical literature and his personal experience as the recipient of biomedical care have all added to his expertise as a medicine man. Sam expressed respect for Doctor Bailey, a local doctor who had been to an Indian Medicine Workshop in Tucson and had "learned many things". I assume that the biomedical alternative is one that Sam finds very acceptable, particularly in the case of Dr. Bailey.

A healing encounter with Sam will include his request that the patient pray in their own way to get well. Herbal remedies may also be prescribed and diet modifications suggested in some cases. A blessing is also given by Sam. As I was leaving, the last time we met, he said he would like to give me a blessing. Sam

took a vial of sweet smelling "consecrated" oil from his pocket and rubbed it on my forehead and the palms of my hands. Then as we stood outside of his house, with his eyes closed and his lips moving, presumably in prayer, he held my head in his hands firmly for about one minute. I found it a very comfortable experience, and one that engendered a secure, calm feeling. The blessing ritual is probably familiar to Catholics but it also seems to be one that might have a counterpart in traditional Indian medicine.

In the curing encounter, Sam employs techniques that establish a good doctor/patient relationship, one which is likely to be beneficial to the patient. He listens to the patient's view of the problem and acts upon this knowledge to suggest treatment. He exhibits a very personal interest in the patient and his/her illness episode, and by asking them to "pray in their own way" shows respect for their beliefs. His treatment approach is very illness-oriented.

g) Relationship with the biomedical system

Sam told me that just before my second visit he had been asked to spend some time in the medicine lodge at the new health center in the role of traditional medicine specialist. The request had come from Band officials who managed the center, not from the physicians who worked there. He had not responded favorably to the request saying that he had work to do and he couldn't sit around all day. He told the officials who made the request that they would have to pay him, which was agreed to, but he still appeared to think it an inappropriate thing for him to do. It seemed to me that it was Sam's view that biomedicine and

traditional Indian medicine could not come together so easily, perhaps because the location was a distinctly biomedical one. Most of Sam's treatments are administered in the out-of-doors or in some other non-institutional location. I also wondered if his reluctance had anything to do with the fact that the new traditional medicine area was called "medicine lodge", a term reminiscent of *Midewiwin*. *Mide* priests conducted the rituals in *Midewiwin* ceremonies and Sam had denied knowledge of their rituals. I have heard since I last saw him that Sam was involved in the opening ceremonies of the new health center, so perhaps he has altered his viewpoint, or possibly he just appeared on the special occasion of the opening to give the prayer, as a religious representative of the community.

An earlier inquiry about *Midewiwin* and whether it was familiar to him had resulted in Sam's response that he had no personal experience of it although he had heard of it and had also heard that it was very powerful. He added, "They just pointed the medicine bag at someone and it made them fall back". As previously mentioned, the historical record is not clear as to whether *Midewiwin* was ever a part of the Manitoulin Island Indian culture, but Sam had some very specific knowledge of it.

Because I was still wondering about the presence of some form or remainder of *Midewiwin*, I asked Sam if the Wikwemikong medicine men ever got together as a group. He told me that the local medicine people did not get together but that he had on one occasion shown a friend who was a medicine man some plants which he had found to make effective remedies, and which the friend had not

known of. In my conversation with Dr. Bailey, the non-Indian physician who had been treating people at Wiky for more than forty years, and who had been made an honorary chief and blood brother to the band, I learned that it was his belief that a number of people on the reserve acted as curers part of the time on an "as needed" basis. Most of the time they filled other roles such as farmer or band official. In reference to the local practice and use of traditional Indian medicine, Dr. Bailey said "It's part of the way of life". Oddly enough, when I told Dr. Bailey that I had been talking with Sam as a representative medicine man, he expressed surprise, saying that he was Sam Osawamik's physician, but had not known that he practiced traditional medicine. I do not know whether to interpret this fact as a comment on the distance between traditional and modern medicine or the relationship between Euro-North American and Indian individuals.

My impression is that the local curers are very independent practitioners. History indicates that many of the early curing rituals were carried out as community events. The rituals of the *Jessakid* and also *Midewiwin* ceremonies were at least partially public. Some privately conducted curing rituals were also apparent to the bulk of the community because of their audible nature. The sound of medicine drums and curing chants could carry over some distance. In contrast, current traditional curing activities at Wikwemikong seem to be of a very private nature.

CHAPTER 4

RESULTS AND DISCUSSION

The results of the data collection are organized and discussed in five categories that delineate some of the component parts of traditional Indian medicine. The categories are: curing style; the development of curing skill; motivation for curing; the form of the curing encounter; and the kinds of illness that are treated. The discussion includes a comparison of the role and activities of a modern medicine man with those of contact period Northern Great Lakes Indian medicine men. Those elements of the role of today's medicine man that seem to suggest adaptation to the dominant culture are also examined.

Curing style

Sam Osawamik's current role of medicine man is one in which Northern Great Lakes Indian customs and practices are blended with others that are suggestive of European and modern Western influences. As an active lay officer in the Catholic Church he embodies Euro-North American spiritual values. His semi-official Church role identifies him to members of his community as a representative of "western" spiritual values. As an active practitioner of Indian medicine he incorporates traditional values and his role as medicine man



manifests his connection to the traditional Indian cultural and spiritual world. His curing style reflects this combination of cultural beliefs.

Sam's belief in the traditional Great Lakes Indian other-than-human beings as described by Hallowell is evident in his statements regarding "the little people", his assertion that "plants are like people", his respect for thunder and lightning as spiritually significant forms, and in his account of his father's posthumous reappearance. For Sam, these were examples of the ability of spiritual entities to undergo metamorphosis and appear in tangible form. These experiences are very traditional and there are many similar examples in the ethnographic literature of the Northern Great Lakes Indians. They provide evidence of the presence of a strong traditional component in the belief system of today's medicine man.

Consistent with this belief system is the attribution of all curing power to a spiritual source, as was the way of the contact period medicine men. He frequently states that his power to cure comes from God, that it is not he that does the curing but God who is responsible. Sam's God seems to have both traditional Indian and Catholic characteristics. Although "God" is not a traditional Indian value but a distinctly Catholic one, the idea of power coming from the spiritual world to aid in the relief of human suffering and for the support of human endeavors is compatible with traditional Indian values. Sam actively contributes to the curing process by gathering appropriate herbs and by making conscious efforts to increase his curing skills by learning of the techniques of other practitioners, these efforts are apparently also spiritually inspired. As

with the medicine men of an earlier period, curing is accomplished with spiritual aid and is closely allied with religious ritual. Dreams continue to be a source of inspiration and direction for curing activities.

There is evidence that the components of Sam's curing style have at least three sources. That his collection of plants is performed in the traditional manner demonstrates Sam's respect for the potential spiritual power within them. His attribution of the treatment knowledge that he obtains in dreams to spiritual power is also true to tradition. His addition of a Catholic style of blessing in curing encounters brings in a potentially effective element from another more modern source. Thirdly, the use of the alternative "humor therapy" to treat an arthritic friend demonstrates his successful adoption of new forms of treatment from yet another source, that of the popular health literature. This pragmatic approach to curing appears to be an example of the use of two complementary sources of spiritual power, traditional Indian and Catholic, in addition to the incorporation of aspects of popular alternative healing.

Role development

The development of Sam's role as a medicine man went through a series of stages beginning with the use of experientially gained knowledge which was later strengthened by spiritual inspiration. This in turn led to further personal efforts at skill development and the heightening of his spiritual power through church affiliation. Sam's development as a curer entered another stage when he began to study for additional church responsibilities. Whether or not this connection

with the Church was developed in a deliberate attempt to enhance his curing stance, it enabled him to tap two sources of spiritual power, one new and one traditional. The semblance of additional power that resulted from this combination probably made him appear in the eyes of his people, more like the powerful traditional medicine man of the early contact period.

Sam's curing skill was developed when he was an adult, apparently on his own volition following what appeared to him to be an indication that he would be have spiritual support as a curer. From the time of the healing of the pig, Sam actively worked to enhance his curing skills by increasing his knowledge of herbs and their medicinal and curative properties. As mentioned above, he also added other readily available techniques to his repertoire of curing skills.

Motivation for curing

It seems reasonable to speculate that Sam's motivation for curing comes from several sources. When he is reimbursed there is a financial advantage which he believes is deserved because the effort expended in collecting and drying the herbs is considerable. In keeping with the cultural tradition of sharing, he does not withhold treatment for lack of payment. Just as the Indian described by Hallowell followed the spiritual example of sharing with humans, by sharing his material wealth with other members of the group in an egalitarian system, so the medicine man of today may be motivated to share his curing skills by using them to help others. In the present study, this altruism is probably tempered by a modern need for the financial means to material ends that was not a

consideration in traditional times. Another motive for curing might be that of the prestige that accrues to a successful curer.

It was clear that recognition for his skill and curing successes were important to Sam. His assertion that people travelled great distances to see him and that one of his patients had been a "heart doctor from Toronto" offers evidence. He also expended considerable time and effort to share his knowledge of plants and Indian traditions with people from other cultures, and he clearly enjoyed the recognition that came from this activity. Prestige, the traditional value of sharing, and financial reward were principal motivators for Sam's curing activities.

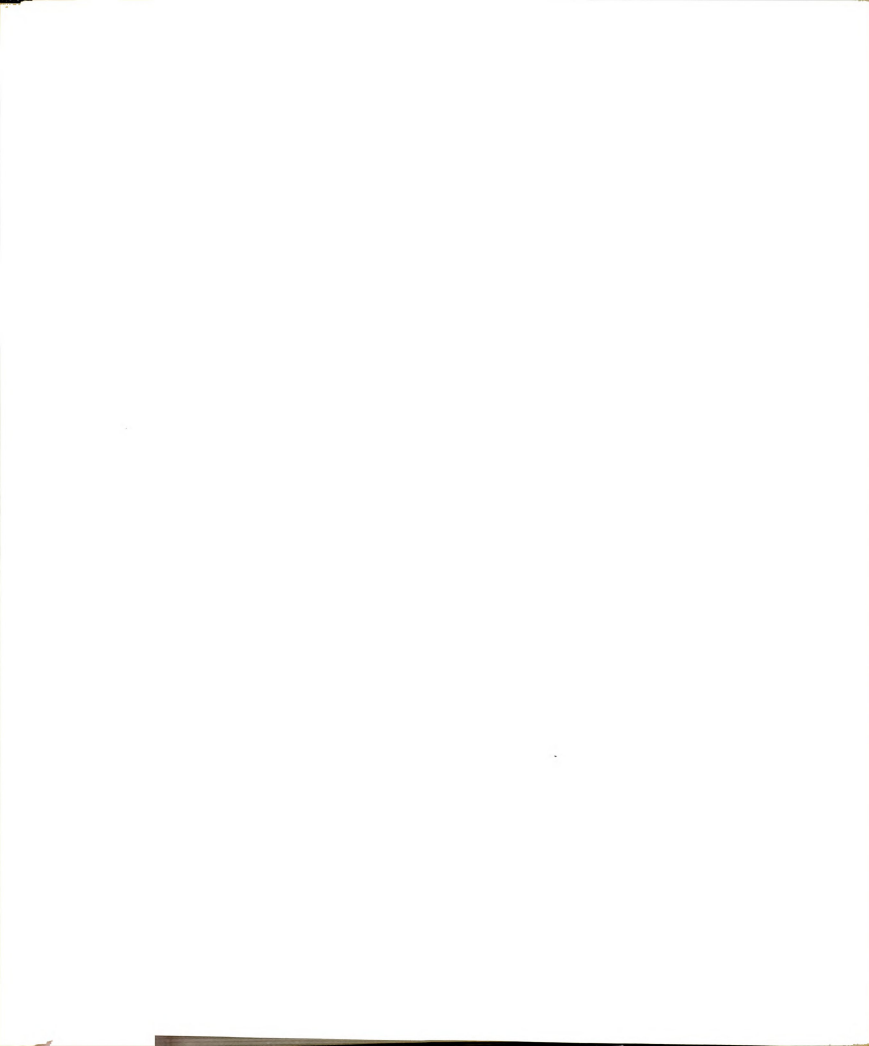
The curing encounter

The form of the curing encounter utilized by Sam is not routine but is always modified to fit a patient's need. In all the cases reported except those within the family, the patient came to Sam and asked for help. An illness-oriented approach was employed. After questioning the individual about the nature of his/her symptoms and prior treatment, Sam made a decision about whether or not he believed that he could help. If he believed that he could not, he would suggest alternative sources of care; if he believed that he could help, he would then proceed to learn about the patient through conversation and observation. If the patient happened to be a Wiky resident, Sam would, as a long time resident of the same small community, almost certainly understand some of their illness-related beliefs without the need for extensive questioning. The likelihood of

congruence in patient/physician Explanatory Models in these cases suggests an increased potential for the development of an effective therapeutic relationship.

Kleinman's research in traditional cultures and his findings regarding the importance of a satisfactory doctor/patient relationship support the notion that the more individualized and personal approach of traditional Indian medicine has value in the curing encounter. Today's medicine man develops a good doctor/patient relationship as an aid to treatment. The treatment is individualized, and based upon an understanding of patient Explanatory Model. This must explain in part the desire of many individuals to use traditional Indian medicine despite the availability and prominence of biomedicine. The attention to individual need provided by traditional medicine allows the patient a greater opportunity to feel satisfied that s/he is getting something more than routine attention. The intimacy of the healing encounter which includes touching and personal prayer may have particularly beneficial therapeutic results.

As treatment, Sam might decide upon the use of a plant or herb. This may have been previously prepared and be available from his stock or it may have to be specifically obtained for the treatment. The traditional ritual for plant collection including a tobacco offering is employed. Root, limb, berry or bark of the plant might be desired. To prepare it for use, it may have to be dried or cut up into pieces and brewed or boiled to make a decoction or tea. Alternatively, a poultice or skin lotion might be required. Dietary changes might be suggested as well during the encounter and individual responsibility for personal health discussed.



The treatment is completed by the giving of a patient blessing and a suggestion that the individual pray for good health, in his/her own way. This aspect of the treatment encounter has great potential for the production of a placebo effect and the benefits to recovery it produces. As a very personal component of the encounter, the blessing provides a strong emotional and symbolic dimension that is possibly its most effective element.

Illnesses treated

Illnesses treated by a contemporary medicine man might include any of those that have not responded to biomedical care. Emotional problems were most often mentioned as responding well to treatment. Others included diarrhea, constipation, urinary retention, arthritis, lung disease, diabetes and high blood pressure. Childbirth is not treated with the exception of the blessing given prior to delivery. It is not clear whether Sam was approached by patients more frequently before or after biomedicine had been tried. My impression is that those patients who travelled a distance for treatment had tried other practitioners first and had not been satisfied. Although biomedical treatment had been tried first in a number of the cases reported in which the patient was a Wiky resident, it is possible that those instances of successful traditional treatment following the failure of biomedicine were reported because of the fact that they demonstrated that traditional medicine was superior in some instances.

Role changes

The data indicate that there are both similarities and differences in the roles of the medicine men of today and that of the medicine men of the early contact period. That the role has changed in a number of respects over the past 400 years is not surprising though fewer changes may have occurred on Manitoulin Island than in some less isolated areas. One of the most apparent changes is in the power inherent in the role of medicine man.

Traditional medicine men in the early contact period and for many years after were called upon to mediate in any occasion of importance and were the primary resource in times of illness or misfortune. For this reason they were among the most valued and respected members of their group. The medicine man of today who must share his authority and prestige with representatives of the church and the biomedical establishment has a much diminished role. Physicians and religious leaders have claimed jurisdiction over significant portions of the medicine man's former role.

Evidence of change on the part of today's medicine man suggests an effort to combat the dispersion of the power of the role by the incorporation of some of the elements from the competing ritual and knowledge into the curing encounter. The use of a religious style of blessing and prayer as a part of the treatment is probably an effective adaptation because its use is sanctioned by the religious establishment and it is likely to be understood and accepted by the people who might come for treatment as a positive and helpful action.

Medicine men have also had to cope with government pressure to cease their medical interventions, at times when traditional Indian curing practices were considered worse than useless by those in authority. This pressure undoubtedly instigated some adaptive maneuvers by medicine men. Where public curing rituals were once common, they are now generally private. Medicine people are not as visible in today's Indian cultures as they were in the past, or at least not to a non-Indian investigator. It is possible that they remain an underground entity in an attempt to avoid interference from members of the dominant culture with their activities. However, there is some evidence that they may now be becoming more visible. The presence of an area in the new Wikwemikong Health Center known as the "medicine lodge", which will be reserved for traditional medicine should encourage more open use of traditional Indian medicine.

None of the activities of the curers that were present in traditional Great Lakes Indian society as described in Chapter 2 of this document, are exactly like those of Sam Osawamik. His activities do not match their descriptions well enough to classify his role as one of the early types. However, there is evidence that suggests continuity with the earlier practices. Cures were revealed to contact period medicine men in dreams which were believed to be communications from a spiritual source, and the data contain Sam's description of two such dreams. Religion and curing have been closely allied in the ministrations of both traditional and modern medicine men. Herbs were, and are still an important and frequently employed remedy for illness, and tobacco continues to be a special substance that is used to honor spiritual power.



In a comparison of today's medicine man with those of an earlier period as described by Jenness (1935) and Hallowell (1975), other similarities are apparent. Although the informant in this study did not make a decision to become a medicine man as the result of a puberty vision, he did so as the result of a mystical experience in which a spiritual force seemed to be suggesting to him that he had special healing powers. Acting upon this message from the spirit world, like the medicine men of the past, he attempted to enhance his healing skills by learning as much as he could from other sources to supplement spiritual guidance.

A difference is found in the way earlier and present-day medicine men appear to have called upon the spirits to intercede in illness. The medicine men of the past sought spiritual aid to discover the causes and cures of illness, often in a public ceremony, whereas the present day curer requests assistance from spiritual sources to determine appropriate treatment, and to achieve a cure, usually in private. The public to private shift may be due to a change in the theories of disease causation that prevail among the Northern Great Lakes Indians, to include the belief that there are some causes that are not of a "personalistic" source. In the past, the task of the medicine man was to determine what behavioral lapse had instigated the spiritual or human intervention that led to the illness. The influence of biomedicine and its preference for physical causes has perhaps lessened the prevalence of spiritual diagnoses in traditional Indian medicine. The addition of some of the widely documented biomedically determined causes and cures of disease to the repertoire of a traditional curer

would be an adaptive maneuver. It seems likely that, whether consciously or unconsciously, both past and present traditional practitioners allowed experiential knowledge of illnesses and cures to supplement spiritual aid.

More responsibility is now left by the medicine man to the individual patient to carry out his/her own health care than was the case in the past, when all curing power was believed to be relayed through the medicine men. However, personal responsibility in matters of health does not seem completely inconsistent with a traditional Great Lakes Indian world view. At the time of European contact, the belief was prevalent that personal behavior regarding the observance of taboos and other forms of cooperation with the other-than-humans would lead to a life of longevity, health and freedom from misfortune. Preventive self-care with a focus on personal health behavior does not seem alien to this view. By broadening and revising the scope of practice, traditional Indian medicine has adapted to changing values in order to remain relevant. Advocacy of the use of preventive medical practices by today's medicine man is also consistent with a general trend in lay society. Although the value of prevention has not been fully adopted by modern biomedicine, its incorporation into traditional Indian medicine appears to be adaptive because of its current popularity with health conscious individuals.

The new role that has evolved for the Northern Great Lakes Indian medicine man demonstrates a very pragmatic approach to curing. It is greatly influenced

by the traditional culture and incorporates effective elements of scientific and popular medicine.

Further study

As is often the case in a preliminary study such as this, several questions have emerged that suggest further research topics of interest. It would be useful to know more about how the two religions come together, that of the traditional Northern Great Lakes Indian and that of modern Catholicism. The statement contained in the Wikwemikong brochure regarding the adaptation of the residents to Catholicism is a provocative one and was not fully explored in this study. The results of data collected from a present day medicine man suggest that it is probable that elements of both religions are strong components of the world view of many Northern Great Lakes Indian people.

It would also be interesting to know how much traditional curing actually does take place at Wikwemikong Reserve, and in other North American Indian communities. How many individuals make use of it, how many individuals provide it and what is the range of treatment that it offers? How effective are the various treatments? An investigation of these questions could produce results that would be of use to health planners and practitioners in their attempts to provide more relevant and effective health care, not only in Indian communities but also in urban centers where many minority groups require health care that is sensitive to their particular needs.

ILLUSTRATIONS



Figure 1. Sam Osawamik seated at the side of his house



Figure 2. Sam Osawamik's house viewed from the road

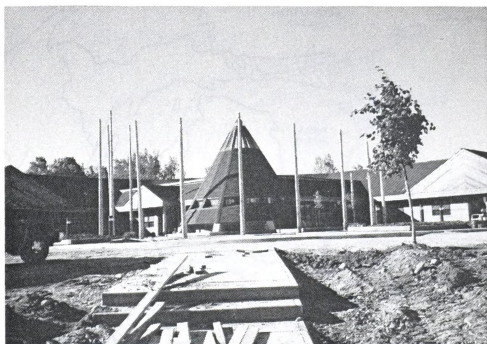


Figure 3. The New Wikwemikong Health Center

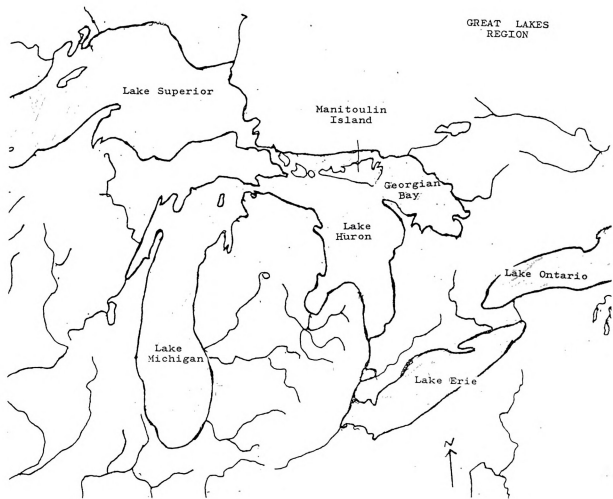


Figure 4. Map of the Great Lakes Region

scale: 1 inch = 107 miles

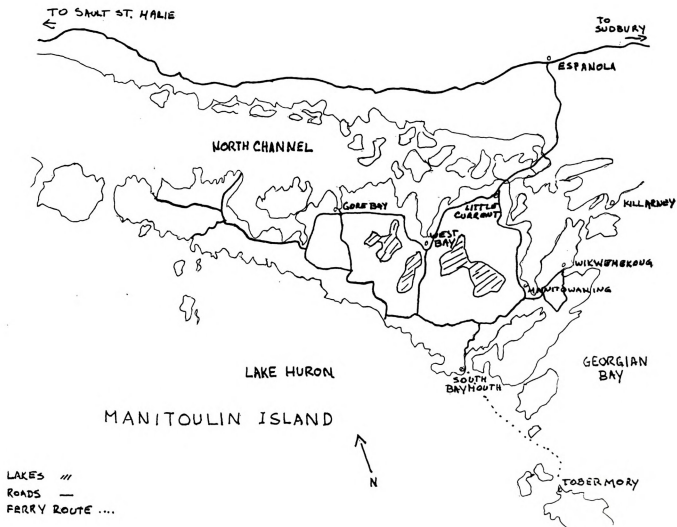


Figure 5. Map of Manitoulin Island

scale: 1 inch = 11.7 miles

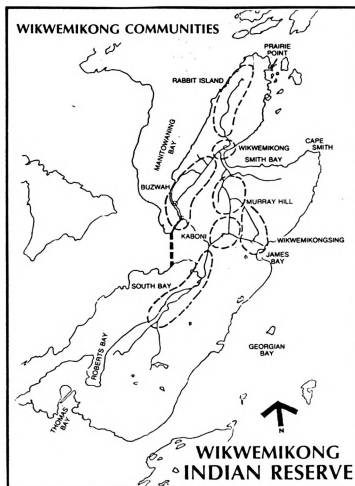


Figure 6. Map of Wikwemikong Reserve

scale: 1 inch = 8 miles

LIST OF REFERENCES

BIBLIOGRAPHY

- Bailey, J.F.
1988 Personal communication.
- Black, Mary B.
1977 Ojibwa Power Belief Systems. in: The anthropology of Power.
Raymond Fogelsson & Richard Adams, Eds. New York: Academic Press
pp. 141-151.
- Black-Rogers, Mary
1989 Dan Raincloud: Keeping our Indian Way. In Being and Becoming
Indian. pp.226-248. James Clifton, Ed. Chicago: The Dorsey Press.
- Brody, Howard
1986a The placebo response Part 1: Exploring the myths. Drug Therapy
July:106-118.
1986b The Palcebo Response Part 2: Use in clinical practice. Drug Therapy
July:119-131.
- Brown, J.S.H., Robert Brightman
1988 "The Orders of the Dreamed": George Nelson on Cree and Northern
Ojibwa Religion and Myth, 1823. St. Paul: Minnesota Historical Press.
- Cleland, Charles E.
1975 A Brief History of Michigan Indians. Lansing: Michigan History
Division, Michigan Department of State.
- Clifton, James A.
1978 Potawatami. In Handbook of North American Indians: Northeast.
15:725-742. Bruce Trigger, Ed. Washington D.C.: Smithsonian Institution
Press.
- Clifton, James A., George R. Cornell, and James M. McClurken
1986 People of The Three Fires. Grand Rapids, MI: West Michigan
Printing, Inc.
- Dunning, R.W.
1959 Social and Economic Change among the Northern Ojibwa. Toronto:
University of Toronto Press.

- Engel, George L.
1980 The clinical application of the biopsychosocial model. *The American Journal of Psychiatry* 137:535-544.
- Feest, Johanna, and Christian Feest
1978 Ottawa. In *Handbook of North American Indians: Northeast*. 15:772-786. Bruce Trigger, Ed. Washington, D.C.: Smithsonian Institution Press.
- Fuchs, Michael, and Rashid Bashshur
1975 Use of Traditional Indian Medicine Among Urban Native Americans. *Medical Care* XIII:915-927.
- Grimm, John A.
1984 *The Shaman: Patterns of Siberian and Ojibway healing*. Norman: University of Oklahoma Press.
- Hallowell, A. Irving
1975 Ojibwa Ontology, Behavior and World View. In: *Teachings from the American Earth: Indian Religion and Philosophy*. D. Tedlock & B. Tedlock, Eds. New York: Livright.
- Hart, Gerald D.
1983 *Diseases in Ancient Man: An International symposium*. Toronto: Clarke Irwin.
- Hickerson, Harold
1970 The clan: An Evolutionary Problem & Origin of the Midewiwin: A Historical Problem. In: *The Chippewa and their Neighbors: A Study in Ethnology*. pp. 37-8. New York: Holt, Rinehart & Winston.
- Hoffman, W.J.
1891 The Midewiwin or "Grand Medicine Society" of the Ojibway. U.S. Bureau of American Ethnology 7th Annual Report:149-300.
- Hultkrantz, Ake
1985 The shaman and the medicine-man. *Social Science and Medicine* 20:511-515.
1987 *Native Religions of North America*. San Francisco: Harper & Row, Publishers.
- Jenness, Diamond
1935 The Indians of Parry Island. Their social and religious life. Ottawa: National Museum of Canada Bulletin #78, Anthropological Series #17.
- Kleinman, Arthur, Leon Eisenberg, and Byron Good
1978 Culture, illness and care: clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine* 88:251-258.

Kleinman, Arthur

1980 Patients and Healers in the Context of Culture. Berkeley and Los Angeles: University of California Press.

Kohl, J. G.

1860 Kitchi-Gami. Wanderings Round Lake Superior. London: Chapman & Hall. Reprinted 1956 Minneapolis: Ross and Haines, Inc.

Landes, Ruth

1968 Ojibwa Religion and the Midewiwin. Madison: The University of Wisconsin Press.

Landy, David

1972 Role adaptation: traditional curers under the impact of Western Medicine. American Ethnologist: 103-126.

Leslie, John, and R. Maguire

1981 The Historical Development of the Indian Act: Vol 2. Contemporary Indian Legislation 1951-1978. 2nd edition. Ottawa: Treaties and Historical Research Center, Department of Indian Affairs Canada.

Lilienfeld, A.M., and D.E. Lilienfeld

1980 Foundations of Epidemiology 2nd edition. New York: Oxford University Press.

McClurken, James M.

1989 Augustin Hamlin, Jr.: Ottawa Identity and Politics of Ottawa Persistence. In Being and Becoming Indian. pp. 82-111. James Clifton, Ed. Chicago: Dorsey Press.

Mechanic, D.

1972 Response Factors in Illness. The Study of Illness Behavior. In Patients, Physicians & Illness. E.G. Jaco Ed. New York: The Free Press.

Moerman, Daniel E.

1982 Geraniums for the Iroquois. A Field Guide to American Indian Medicinal Plants. Algonac, MI: Reference Publications, Inc.

Rogers, E. S.

1978 Southeastern Ojibwa. In Handbook of North American Indians: Northeast. 15:760-771. Bruce Trigger, Ed. Washington D.C.: Smithsonian Institution Press.

Snow, Loudell F.

1983 Traditional Health Beliefs and Practices Among Lower Class Black Americans. The Western Journal of Medicine 139:820-828.

Surtees, Robert J.

1966 The Manitoulin Experiment. In Indian Reserve Policy in Upper Canada 1830-1845. 5:134-184. Ottawa: Carleton University Masters Thesis.

Vecsey, Christopher

1983 Traditional Ojibway Religion and its Historical Changes. Philadelphia: The American Philosophical Society.

ADDITIONAL REFERENCES

- Andrews, Lynn V.
1981 *Medicine Woman*. New York: Harper & Row Publishers, Inc.
- Black-Rogers, Mary
1986 Varieties of starving: Semantics and survival in the subarctic fur trade. *Ethnohistory* 33:353-381.
- Brown, Joseph Epes
1982 *The Spiritual Legacy of the American Indian*. New York: The Crossroad Publishing Company.
- Boyd, Doug
1974 *Rolling Thunder*. New York: Random House.
- Clifton, James A.
1989 *Being and Becoming Indian*. Biographical Studies of North American Frontiers. Chicago: The Dorsey Press.
- Fabrega, Horacio, and P.K. Manning
1979 Treatment options in a pluralistic setting. *Social Science and Medicine* 13B:41-52.
- Foster, George M., and Barbara G. Anderson
1978 *Medical Anthropology*. New York: John Wiley & Sons.
- Glick, Leonard B.
1976 Medicine as an ethnographic category: The Simi of the New Guinea Highlands. *Ethnology* 6:31-56.
- Handelman, Don
1977 The development of a Washo shaman. In: *Culture, Disease and Healing*. Studies in Medical Anthropology. David Landy Ed. pp. 427-438. New York: McMillan Publishing Co.
- Jenness, Diamond
1960 *The Indians of Canada*. 5th edition. Ottawa: National Museum of Canada Anthropological Series #15 Bulletin #65.

Johnston, Basil

1976 Ojibway Heritage. New York: Columbia University Press.

Kavasch, Barrie

1977 Native harvests: Recipes and Botanicals of the American Indian. New York: Random House.

Landy, David

1977 Culture, Disease and Healing. Studies in Medical Anthropology. New York: McMillan Publishing Company.

Neihardt, John C.

1932 Black Elk Speaks. Being the Life Story of a Holy man of the Oglala Sioux. New York: William Morrow & Co.

Pelletier, Wilfred, and Ted Poole

1973 No Foreign Land. The Biography of a North American Indian. New York: Pantheon Books, A Division of Random House.

Radin, Paul

1920 The Autobiography of a Winnebago Indian. New York: Dover Publications.

Warren, William W.

1957 History of the Ojibwa Nation. Minneapolis: Ross & Haines.

Zichmanis, Zile and James Hodgins

1982 Flowers of the Wild, Ontario and the Great Lakes Region Toronto: Oxford University Press.



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