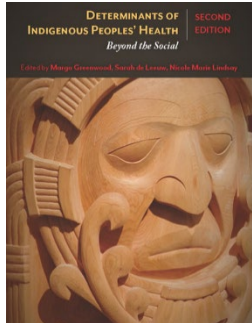




## Beyond the Social: Author Interviews



Welcome to [Beyond the Social: Author Interviews](#), a video series produced by the National Collaborating Centre for Indigenous Health. The NCCIH focuses on innovative research and community-based initiatives promoting the health and well-being of First Nations, Inuit, and Métis peoples in Canada. All of the contributors interviewed in this video series, from the highly-acclaimed book [Determinants of Indigenous Peoples' Health in Canada: Beyond the Social](#), share a common concern with improving the health of Indigenous peoples in Canada and beyond. In sharing First Nations, Métis, and Inuit traditional knowledge alongside Western academic and medical knowledge, the authors demonstrate the potential gains of walking in two worlds, integrating the best of both Indigenous and Western knowledge, and honouring and respecting the diverse healing and medical practices available to us today.

## Video - Chapter 13: Ascribed Health and Wellness, Achieved Health and Wellness: Shifting the Paradigm, with Madeleine Dion Stout



Contributor Madeleine Dion Stout describes a process of transformation in the health of Indigenous people in Canada as they move from a system of health that is ascribed, or imposed towards a state of optimal, achieved health based on Indigenous ways of knowing and being. This process has been accelerated by the urgent need to “do something” to transform the realities of tremendous health

challenges currently experienced by disproportionate numbers of Indigenous people resulting from the impacts of colonization. This reality has spurred Indigenous peoples into action to construct their strengths-based and holistic solutions that are rooted in Indigenous perspectives of what it means to be healthy and well. Non-Indigenous people and organizations who are involved in this transformation must be informed and respectful of the cultural differences and unique needs of Indigenous peoples.

## Transcript

My name is Madeleine Dion Stout. My Cree name is Kētēskwew, which stands in for ancient woman or child with an ancient spirit. My chapter was about the shifting paradigm because on

the one hand, I see our health and wellness on a spectrum and I see, on the one hand, Atikowisi miýw-āyāwin, that means ascribed health and wellness. It's hard in Cree because Cree ... it's hard to translate it because there's a lot of spirit behind it but we usually say it versions into this, "ascribed health and wellness". At the other end of the spectrum is Kaskitamasowin miýw-āyāwin and that means achieved health and wellness. But always there's this mediating force which is a helping ... assisted health and wellness. I think it is extremely important to pay attention to that mediating force and to always remember that's the greatest amount of tension, the greatest amount of conflicts and contradiction, if you will, is always at the centre of this spectrum. It's not at one end or the other, it's in the middle. Because if you think of this spectrum of health and wellness, you might have a bow, and so you'd have on the one end the ascribed health and wellness and on the other, you'd have the achieved health and wellness. But if it's a bow, then the assisted health and wellness symbolically could be a ball – let's say it's a sphere – and it will be easy for it to fall one way or the other. It depends, we can think of it as a street, a linear spectrum, so bend it in all kinds of ways and we can actually make the assisted health and wellness the bigger circle, and then we can place the line, so to speak – the spectrum – as if it were an antler of a deer or a caribou. And so you have this assisted health and wellness, which is the face of the universe or the beings, and then you've got this bow sitting on top here. So again, there you go with the spectrum. It's not always being as you perceive it but imagining it in so many ways, which then wields a lot of the complexity and fluidity of paradigm shifts. They're not linear, they're not circular; they could be spherical, they could be coexisting, all these three parts of these three ways, these three journeys to health and wellness, or they could be giving off to one another or they could be subsuming the other. Although it's like a written text, there's this depth of paradigm shift that hopefully surfaces somewhat in the chapter I contributed.

I don't know if it's hope I feel so much about Aboriginal health now. I just feel such a sense of urgency about doing something about it, about really transforming our realities, as the conference theme stated. I feel a sense of urgency rather than hope. The urgency is because at my age, my future is behind me, so to speak. I have seen a lot. I have observed some very challenging times for Indigenous people, and I know we always want to focus on opportunities and the challenges that come together but there have been, and continue to be, tremendous challenges. I worry because our people are zoning out. I think the world is becoming so harsh and hostile for a lot of Indigenous people. They are zoning out on substance use and violence, family violence and, of course, broken homes and displacement and all of that that is going on. I really feel our spirits are rather hopeless and that's the worst of it, but I also take solace knowing that we have an army behind us now. I feel we have a bigger army behind us. I sit at many tables and I hear foundations identifying Indigenous people and improving our prospects as a priority for them. I see the Nurses Association, the Canadian Nurses Association of Canada taking on that responsibility if you will. I see there is a growing army behind us and that is very encouraging because we can't do this alone. But I also want this army to really look at what are their incentives for now supporting us. Is it material incentives? Is it because they'll get more funding if they support us or is there a strong moral incentive as well for supporting us and for

working with us on improving our health and health prospects, so that we will realize equity in social health and health care equity?

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