

Discourse

Ascribed Health and Wellness, *Atikowisi miýw-āyāwin*, to Achieved Health and Wellness, *Kaskitamasowin miýw-āyāwin*: Shifting the Paradigm

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Worldwide recessionary economies, “close the gap” adjustments, and community socio-economic and political aspirations are shifting ascribed health and wellness, *atikowisi miýw-āyāwin*, to achieved health and wellness, *kaskitamasowin miýw-āyāwin*, for Indigenous people. The former paradigm has entrenched colonial patterns of domination by and dependency on governments and deference to divine providence. The latter is poised to fully exploit the human agency and traditions of Indigenous people, who, on the whole, have been rendered complacent, fatalistic, and unwell by past injustices. Putting forward an emerging vision for a paradigm shift has fallen on this fertile ground.

Much of the thinking, *māmitonēýihcikēwin*, on the devastating health and social consequences of colonization for Indigenous people has assumed relative homogeneity in the construction and interpretation of this human experience. Little differentiation has been acknowledged on the basis of Indigenous languages such as Cree, *nēhiýiwēwin*, despite the salience of this variable in deepening our understanding of risk factors like enslavement, *awahkānowih*, unhealthy policies and practices, and ensuing imprisonment in pain-wracked minds, bodies, and spirits, *kakwātakitā*. Scant acknowledgement is given to whether and how the responses, *naskomowēnā*, and the human reserves, *sōhkātisiwinā*, of Indigenous people with lived experience might inform new thinking about ancient ideas while drawing on new interventions from old actions.

Shifting from *atikowisi miýw-āyāwin* to *kaskitamasowin miýw-āyāwin* presents other challenges, because while there is ample evidence describing health and health-care inequities internationally, the evidence on ways to reduce those inequities is very limited. In addition, the evidence shows that different populations respond very differently to identical interven-

tions. To be transformative for Indigenous people, the paradigm shift must focus on interventions that draw on *nahi*, fairness, rather than *tipi*, equal. For *nahi* to be realized, the focus has to be on explicit values and inequities — variations in health status that become unfair.

On the one hand, transitioning from *atikowisi mi'yu-āyāwin* to *kaskitamasowin mi'yu-āyāwin* will curb expenditures that have not improved the health of Indigenous people. On the other hand, this shift can inadvertently cause a risk pile-up of *kitimakisona*, poverties and pathologies resulting from unmet human needs. However, it is important to acknowledge that framing poverty as merely economic deprivation has proved too narrow, because it factors away the social suffering and inequities associated with *kitimakisona*. Poverties of all kinds have stolen productive capacity and independence from many Indigenous people, leaving them confused, traumatized, and in poor health.

The root causes of the health, social, and health-care inequities experienced by Indigenous people lie in colonization, *mipahi kayás*, an extremely toxic and deadly past that has insidiously disconnected and dislocated individuals, families, and communities. Moreover, *kayás óma ka nóhikweyā*, the interminable and blunt assault inflicting historic trauma on a massive scale, has become tattooed on Indigenous people. Reserves known as *iskonkana*, leftover plots, or *tipahaskāna*, measured lots, have relegated generations of Indigenous people to the margins of maldevelopment. Residential schools, *kiskinwahamátowikamokwa* — teaching and learning structures — created unnatural, contrived environments that damaged Indigenous cultures, languages, traditions, and heritage. *Māyi-mācihowin*, the bad, ugly, nasty, evil, wicked state of physical, mental, emotional, and spiritual unwellness, is the net effect of these historical patterns on Indigenous people in many communities.

Wholehearted commitment to and personal involvement in constructing solutions has begun the paradigmatic shift, but the process has been burdened by the pain of being strangled by grief and loss, *tāpiscōc kipihkitonēhpitikoweya*. The pain is eased by spiritual assistance, counselling, or the offering of appropriate gifts to a drum song or ceremony, *tipahikēwin*, since traditional practices are perceived by Indigenous people as bestowing a spiritual advantage and a competitive edge socially and politically. When traditional ceremonies facilitate a catharsis of emotions and enhance the ability of individuals to cope with cumulative trauma, then *mōcopiyōwin* — crazed state due to overwhelming experiences and circumstances and corresponding power imbalances — is held in abeyance. Meanwhile, *kitimahitowin*, lateral violence, has Indigenous people at war against themselves where the weaponry is *pāstāhowin*, transgression of taboos.

At the same time, efforts are being made to advance the shift from ascribed health and wellness, *atikowisi mi'ýw-āyāwin*, to achieved health and wellness, *kaskitamasowin mi'ýw-āyāwin*. Adopting traditional perspectives, correcting power imbalances, and riding new waves such as health, social, and health-care equity are increasingly becoming part of the consciousness and health actions of Indigenous people. Because the totality of environments has superseded the entirety of “self,” control over health and health care has been lost, unleashing intense emotions like *pakosēyimowin*, a yearning for a better quality of life and happier times. The end point of *wāskāmsiwin*, recovery — to “come to,” to become altered, to pass gradually into the present, to pass from one phase to another — is where health, social, and health-care *nahi* equity is located.

Holistic and traditional interventions that call for personal involvement in and commitment to transformative change find expression in modern living contexts. Diabetes *sēwankānāspinēwin*, the inability to process the sweetness of life, has to be addressed by applying the very principles that are celebrated with feasts: *pimēyimowin*, thinking well of self; *mamāhtāwisiwin*, personal power; and *wāpātikosowin*, manifest, sensorial evidence. People with diabetes do justice to *nahi* equity when, in keeping with cultural and spiritual teachings, they resolve to reverse their illness in order to live longer, happier lives.

The old paradigm of ascribed wellness, *atikowisi mi'ýw-āyāwin*, where health and wellness are granted by outside sources, has to be replaced by the new paradigm, *kaskitamasowin mi'ýw-āyāwin*, achieved wellness where health and wellness are earned through individual autonomy, collective interests, and creative genius. However, this shift has to accrue to the rightful faces, places, and spaces. *Mihkwakākan*, face, un.masks visages of carriers who have the power to create space, a lot of room, *misi-tawou*, in every place, *misiwē*, so that health, social, and health-care equity is realized by Indigenous people even in a complex, hierarchical, and socially and economically fractured health system. Based on soft logic and hard evidence, *kisēwātisowin* — affection; possessing a great, merciful, kind, and gentle disposition — co-exists with *itamahcihowin* — feeling healthy. Indigenous people with inordinately high rates of illness, sickness and disease, and social and mental problems do not have these basic needs met, yet people are increasingly expected to take matters into their own hands.

While Indigenous people are throwing off the shackles of colonization existentially and literally, through *nimihitowin* — dancing, moving rhythmically — the underlying inequitable structures have to be addressed to avert *poni-waskawewin* — death, stoppage of movement. Therefore, structural violence has to be isolated and treated as a health, social, and health-care determinant, to be corroborated and calibrated

first by Indigenous people. Clear destinations from ascribed wellness, *atikowisi mi'ýw-āyāwin*, towards *kaskitamasowin mi'ýw-āyāwin* have to be established, along with coordinated efforts and pooled resources. This journey has to consider as essential *āniskētastāwin* — attachment; all things are connected — and *wāhkōhtowin* — kinship; everyone is related. Creativity, *ōsihickēwin*, will build on the pragmatism and traditions of individuals and families who are personally involved in and responsible for their own health, social well-being, and health care. Advancing the innate ability to channel distant memory, *ochcikiskisiwin*, with its original instructions will translate knowledge to action.

The old paradigm *atikowisi mi'ýw-āyāwin* will have to give way to the new one, *kaskitamasowin mi'ýw-āyāwin*, since the latter is more humane for Indigenous people. However, until *mi'ýo-pa'ýowin* — good turns from changing fortunes — takes hold and becomes their common fate, Indigenous people will be fearful and ambivalent about the virtual shocks and constant changes being brought about by the shifting paradigm. The sacred objects that sometimes get sold through the twinning of opposites, such as ascribed and achieved health and wellness, is the balance of payment that Indigenous people will have to make unless assisted health and wellness, *nātamakéwin mi'ýw-āyāwin*, is added to the shifting paradigm. Negotiating both sides of the middle initially will maximize the will and ability of Indigenous people to struggle towards health, social, and health-care equity.

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