

Traditional Teachings and Acquired Brain Injury

Background:

Acquired Brain Injury (ABI) refers to an accident or trauma that causes injury to the brain. Typical causes of ABI relevant to Aboriginal Canadians include motor vehicle accidents, falls, violence, intentional injury (suicide and self-harm), and solvent abuse. Injuries from these factors can lead to mild, moderate or severe brain injury, but research is limited in this area for Aboriginal Canadians. Furthermore, there has been no attempt to study rehabilitation efforts in Aboriginal Canadians, or the role that traditional teachings and healing can have in helping clients and caregivers during recovery from brain injury. The negative contributions of geographical isolation, socioeconomic status and psychosocial factors on the recovery of Aboriginal Canadians are of great concern.

Objectives:

There is a lack of information available regarding cultural beliefs and traditional teachings about brain injury, and any traditional healing methods that may be used to treat it. This information is necessary in order to inform culturally competent rehabilitation practices for Aboriginal individuals living with brain injury. As such, the objective of this study was to gain an understanding from Aboriginal Elders in Treaty 3 of traditional teachings and perspectives about the healing of brain injury and how these can inform culturally-relevant rehabilitation practices.

Methods:

A Participatory Action Research (PAR) approach was used in this study. The purpose of PAR is to provide knowledge to inform action, and it is often used by researchers working with communities who experience disparities in health and unequal access to health care (DePoy & Gitlin, 2005). A total of ten participants participated in the study, including the facilitator and a research partner from KAHAC. Nine participants were present for the entire focus group; one participant was only present for the second half of the group. The participants represented six different First Nations communities in Treaty 3. Three researchers from the University of Toronto also attended the initial focus group session.

A focus group was performed to elicit information from participants about traditional teachings and healing methods in regards to brain injury and how they feel this information can be used to inform rehabilitation practice. Research questions based on the study objective were used to guide the discussion. A facilitator from Treaty 3 was used to lead the discussion and to offer translation for participants for whom English is their second language, and for the researchers, who do not speak Ojibway. Focus group discussions were audio taped with the permission of the participants, and were transcribed verbatim. A framework analysis method was used (Ritchie & Spencer, 1994). This systematic approach to data analysis moves through distinct stages of familiarization, identifying a thematic framework, indexing, charting, mapping and interpretation (Ritchie & Spencer, 1994).

After a researcher derived themes, they were shared with the other researchers in order to explain the rationale for choice of themes and as a form of triangulation to increase the validity of the data (Byrne, 2001). A researcher met with the participants a second time in order to member

check the themes and verify their accuracy. Member checking was felt to be an important part of the participatory action approach to the study as it allowed the involvement of participants in the analysis process (Doyle, 2007). Seven of the original ten participants were present for member checking. Documents outlining the themes and showing the connections between codes that fell within each theme were reviewed with participants. Participants were encouraged to confirm the interpretation of the data, correct any misunderstandings, and provide additional information for the purpose of clarification (Doyle, 2007). Permission was sought from the participants before going forth with dissemination.

Results:

Brief Summary of Themes:

1. Spirituality is part of everything

- spirituality is an important part of health
- spiritual guidance is looked for in making decisions
- the Creator is a source of gifts (abilities, medicines, ceremonies, etc.)

2. “Fixing” illness or injury vs. Living with Wellness

- major differences between Western and Traditional approaches including:

Western Approach	Traditional Approach
Western treatment only provided for a short time	Traditional healing provides support for a long time
Seeking treatment when things go wrong	Practicing wellness as a daily way of life (ceremonies and medicines as a way to purify the body, mind and spirit and prevent of illness)
Doctors have skills based on education	Healers have a gift
Treating a person in separate parts	Working with a person as a whole, including spirituality
Doing things <u>to</u> an individual (ex. prescribing drugs) in Western system	Individual has to work for themselves in Traditional healing and people are careful about interfering
People with the same diagnosis get the same treatment	Healing is different for each individual person
Poor prognoses and lack of hope in Western approach	Living with condition as a result of traditional practices and healing - stories shared about people living with FAS, schizophrenia

3. Working together in treating brain injury

- information needed about how you get brain injury and how it is treated from a Western perspective
- struggles in making decisions about life support
 - o doctors advice sometimes comes into conflict with beliefs about presence of individual’s spirit

- guidance is looked for, as it's "not up to us"
- working to motivate survivors of brain injury

4. Financial Support needed for Traditional healing

- healers are not funded like doctors are
- providing traditional healing requires time and money, so gifts or fees are required
- it was suggested that a proposal be put together to get funding for traditional healing
- to get support, evidence is required
 - this is difficult because traditions are oral, and difficult to explain. They are best understood by being seen and experienced
 - concerns about providing information as evidence include fear of misinterpretation and fear of exploitation

Discussion:

This study represents the first research experience of this group of participants in regards to the specific issue of brain injury from an Aboriginal perspective. It was noted during the analysis that each theme seemed to represent the voices of three to four different individuals. During the member checking process, however, there was consensus that the established themes accurately represented the initial focus group discussions, and it was therefore assumed that although not everyone in the group had contributed information for each theme, those who did speak provided information that reflected the thoughts of the group.

The first topics of discussion in the focus group centered on experiences with brain injury and struggles with life support. Subsequent discussions, particularly after the arrival of the final participant, shifted to the topic of a need for financial support, and concerns about misinterpretation or exploitation of information. This shift in discussion topics from experiences and struggles to needs and areas for action illustrated that participants feel it is important that action takes place as a result of this discussion. The identification by participants of a need for funding for traditional healers mirrors the findings and recommendations in a report of the Minister's Forum on Health and Social Services in the Northwest Territories (Helwig, 2000; McNeill et al., 2000). During community consultations, it was heard that there is a need for recognition of and access to traditional healing (McNeill et al., 2000). The report went on to recommend that health boards should "hire competent traditional healers in situations where their expertise and knowledge may be beneficial in treating a patient" (McNeill et al., 2000, p. 20).

Conclusions:

The purpose of the present study was to gain an understanding from Aboriginal Elders of traditional perspectives on brain injury in order to inform more culturally competent rehabilitation. Information arising from focus group discussions furthered the understanding of the differences between Western and traditional approaches to healing and illustrated the importance and pervasiveness of spirituality in traditional Aboriginal life. Participants identified needs for information and funding to facilitate working together with Western health professionals to treat brain injury and to provide traditional healing. Future research would be beneficial to further explore Aboriginal perspectives on brain injury and other illnesses and injuries, and the ways in which the Western and traditional approaches can be brought together.