

A woman and a young girl are shown in traditional Mexican folk costumes. The woman, on the left, is wearing a blue dress with a large, colorful feathered collar and a red shawl with a large feathered headdress. The girl, on the right, is wearing a white shirt with a butterfly, a colorful shawl, and a large feathered headdress. They are standing outdoors in a grassy area.

Introduction

Upon first glance, the creative arts and health may not seem to have much in common. With greater scrutiny, however, creativity and human well-being – especially the well-being of Indigenous peoples – can be seen as having a long and productive relationship that holds tremendous promise for addressing persistent health inequities between communities and populations.

Patterns of disease and the strategies for understanding and intervening into these patterns are changing around the world. Changes in understanding and interventions are bringing attention to broad and persistent divisions between people's health, divisions which are especially acute between Indigenous and non-Indigenous peoples. In addition, the causes and outcomes of disease are being re-examined within social determinants of health frameworks, creating new opportunities for research and leading to new treatment and prevention approaches. For instance, instead of fighting infectious disease through prescriptions or individualized interventions, health professionals are being called on to address and manage chronic conditions such as diabetes, heart disease, and cancer through population health approaches that act upon the broad range of factors and conditions that influence health (World Health Organization, 2005). In addition,



Issues such as depression and addiction are being increasingly recognized as widespread health problems that must be addressed. Treatments for these conditions often do not involve a cure or lead to the absence of disease. Instead, treatment is aimed at slowing the progression of the condition, improving the quality of a patient's life, and reducing the impact of the condition on their work and family life.

The production, deployment, or enjoyment of creative arts (broadly conceived) has the potential to fit into, impact, and complement this new 'health reality,' underscoring the old adage that medicine is both a science and an art. In Canada, art for health purposes and/or as a healing tool may be particularly relevant to Aboriginal peoples.¹

At one time, diverse, healthy, dynamic, sovereign, and self-governing Aboriginal peoples occupied all the territory now known as Canada. Despite an initial

period of relatively peaceful, equitable co-existence between Europeans and Aboriginal peoples, colonialism and colonization eventually led to the forceful disruption of traditional Aboriginal culture (Harris 2002, 2004). Settler colonial laws, policies, practices, and structures systematically eroded sociocultural practices that for generations had defined Aboriginal peoples. These practices – including, amongst many, feasting and gifting rituals, petroglyphing, body ornamentation, singing, dancing, drumming, weaving, basket making, and carving – were simultaneously art, creative expression, religious practice, ritual models and markers of governance structures and territorial heritage, as well as maps of individual and community identity and lineage (Townsend-Gault & Duffek, 2004; Walsh, 2002). The banning and subjugation of these practices, through residential schooling, deterritorialization, potlatching bans, destruction of totem poles and many other cultural icons,

placement of items of cultural expression into non-Aboriginal institutions, and the theft and subsequent selling of artifacts around the world, amounted to an assault on Aboriginal peoples' identity and what has, by some, been referred to as 'cultural genocide' (Whitelaw, 2006; Harris, 2002; de Leeuw, 2009).

Despite committed efforts to 'de-Indigenize' the lands now known as Canada, sociocultural practices survived (Razack, 2002). Today, the assertion of culture through these practices is an important factor in the wellness, health, and healing of Aboriginal peoples and communities (Chandler & Lalonde, 2008; British Columbia. Provincial Health Officer, 2009; RCAP, 1996; Archibald, 2008). Indeed, in 1996, the Royal Commission on Aboriginal Peoples (RCAP, 1996) documented the specific and unique importance of art to Aboriginal peoples, linking various creative practices directly to the vitality

¹ The term 'Aboriginal peoples' is used in this fact sheet to refer inclusively to First Nations, Inuit, and Métis peoples. When possible, specific terms are used.



of individual and collective identity, strength, resiliency, and overall well-being. A growing body of evidence, explored herein, documents that art is beneficial in healing processes, cultivation of good health, and maintenance of well-being for individuals and communities, particularly for Aboriginal peoples in Canada.

Art Therapy

Art therapy, as practiced by art therapists, has been defined as the union of creative processes and psychotherapy, a union that facilitates the sharing of thoughts and feelings. Art therapists are specially trained and work in a range of settings, including counseling offices, hospitals, elder care homes, and substance abuse treatment facilities. Traditional art therapy processes include painting, drawing, and molding with clay (Canadian Art Therapy Association, 2011). These varied forms of creative expression help to remove communication barriers by providing alternatives to verbal dialogue; a characteristic of art therapy that has

particular relevance to Aboriginal peoples (Ferrara, 2004).

Art as a form of treatment or contributing factor to well-being may be expanded beyond traditional art therapy processes and environments to include writing, listening to, and creating music, dance, photography, sewing, carving, engraving, and other forms of creative expression. Expanding even further, it can be said that the process of art making is therapy, not just a tool used to facilitate the relationship between a therapist and client. The benefits of art making then become something available to everyone, something that can make healthy people healthier.

Art as a Protective Factor

Art, or more broadly creative processes, can be a protective factor that strengthens individuals and communities and acts as a buffer against ill health. The positive effects of art include enhanced self-esteem and self-confidence that occur when an individual is able to express feelings or

experiences, or create something that others can view and enjoy (Fiske, 1999). The process of setting a goal to create something, and then meeting that goal, also has positive effects on self-esteem and self-confidence (Humphreys Weitz, 1996). Creative processes have positive physiological effects which range from decreased heart rate and blood pressure to the release of endorphins – hormones that act like opiates to induce feelings of relaxation (Rockwood Lane, 2005). Art can also have powerful effects on an individual's perception of pain, their attitude, and their emotional state. Health professionals report that after viewing art, their patients are relaxed and more likely to be hopeful and optimistic (Ibid.).

Creative Expression for Community Well-Being

Research indicates strong linkages between: 1) the vitality and wellness of cultural arts and activities within a community, and 2) the sociocultural, and



physical and mental, health of individuals within those communities. The value of art at a community level can be found in both the process of creative production and in the enjoyment of a final product or performance. The creation of art or group participation in creative expressions can foster connections between individuals, leading to feelings of belonging and engagement (Health Development Agency, 2000). These feelings, often combined under the term 'social capital', contribute to improved self-reported and measured health outcomes (Kawachi, Subramanian, & Kim, 2008). Art at a community level can take the form of organized productions, such as the staging of plays, musicals, or concerts; or it may be more informal, such as a community art room where people can meet, talk, and share space while creating their own art (Health Development Agency, 2000). Activities that beautify or revitalize the physical space a community occupies, including gardening, and painting murals or buildings, create a sense of ownership and pride (Semenza, 2003).

Confidence and self-esteem, strong social networks, a sense of ownership, and pride in one's contributions and surroundings are difficult variables to measure quantitatively; however, when they are strengthened, health outcomes are generally positive.

Art and Aboriginal Peoples

Thousands of unique Indigenous groups and communities exist across Canada. They differ by language, geography, material wealth, sociocultural protocols, and history. Colonial policies further differentiated them by designations as Inuit, Métis, or First Nation and by classification as status or non-status (under the federal Indian Act). Despite the unique nature of each Aboriginal group, all groups are united in the experience of a long history of colonization and marginalization. These experiences have contributed to disproportionately high rates of ill-health. Examples of the most glaring disparities include: rates of lung

cancer among Inuit in Canada that are the highest in the world; diabetes rates among Aboriginal peoples that are three to five times higher than those of the general population; and rates of tuberculosis that are six to eleven times higher in the First Nations population than rates in the general Canadian population (Tait, 2008; Health Canada, 2009). These statistics illustrate broad trends of ill-health among Aboriginal people; they do not reflect nor can they address, however, the unique nature of each band, each community, and each individual.

The creative arts may have a valuable role to play in health and sociocultural revitalization for Aboriginal peoples in Canada (RCAP, 1996). Evidence indicates that many of the profound disparities experienced by Aboriginal peoples are the result of alienation and discrimination faced when accessing or thinking about accessing the health care system (Smith, Edwards, Varcoe, Martens, & Davies, 2006). It is difficult,



Using art as a communication tool in a therapy setting is ... an effective way of bridging the divide between primarily non-Indigenous health care systems and providers, and Indigenous world-views and understandings of health.

and even inappropriate, to make broad generalizations about preferred means of expression or sweeping claims about the value of art for healing across Indigenous communities; however, in her work as an art therapist with Cree people in northern Quebec, Nadia Ferrara (2004) found that while many of her patients struggled in traditional modes of therapy involving verbal communication, in an art therapy setting, they felt much more comfortable and were able to address various issues. Ferrara attributes this success to the creative portion of art therapy, in which people draw or paint what they are thinking or feeling. In her experience with Cree people, she found that speaking, and the expression of emotions, creates a power hierarchy between the therapist and the client that does not align well with Cree society, in which individuals are expected to maintain a level of autonomy and personal control that allows the collective to function efficiently (Ferrara, 2004). In contrast, in western society this power imbalance between therapists and clients

is not only accepted, but often promoted. Using art as a communication tool in a therapy setting is therefore an effective way of bridging the divide between primarily non-Indigenous health care systems and providers, and Indigenous world-views and understandings of health.

Beyond individual benefits, creative and cultural expression can promote community strength and resilience, in turn contributing to improved health outcomes. In Indigenous cultures, the production of artistic works or participation in creative expression is woven into the fabric of everyday life, and can include the creation of functional items, such as clothing and baskets; items of spiritual significance, such as totem poles and masks; and participation in songs, stories, and dramas that are used to pass on myths and traditions (Dufrene, 1990; Harvey, 2000). This contrasts with western conceptualizations of art, which generally limit the term to objects or expressions with aesthetic appeal.

In 2007, British Columbia's Provincial Health Officer's Report focused on strategies for improving the health and well-being of the province's Aboriginal peoples. Many of the report's recommendations centered on the need for culturally appropriate health programs and treatment approaches that would ameliorate the road blocks facing Aboriginal people in the current health care system. The report cites specific examples of successful approaches, originating at the community level, that include the revival of cultural and spiritual practices (British Columbia, 2009). The revival, practice, and expansion or exploration of culture has a profound effect on identity formation and solidification, and in turn, health and well-being. According to Chandler and Lalonde (2008), a strong sense of identity is vital for well-being. Knowing who you are and where you come from, and having the opportunity to practice and express the things that define you as unique, creates an incentive to imagine and care for the

person you will be in the future. Without a strong sense of identity, positive lifestyle choices and health practices become meaningless since there is no attachment to the person you are or will be (Chandler & Lalonde, 2008). Having your identity recognized, and your expressions valued, further reinforces a commitment to self-care and well-being.

Healing Between Cultures

In addition to improving individual and community health outcomes, art can play a role in healing relations between Aboriginal and non-Aboriginal Canadians and, in turn, reduce the marginalization often experienced by Aboriginal people when accessing health services. When the expression of culture by one group is valued and respected by members of other cultures, health and social benefits to traditional and modern forms of Aboriginal art has the potential to stimulate interest in Aboriginal culture and respect for the dynamic, resilient, and unique place Aboriginal peoples hold in Canada. This potential was recognized in Volume Three of the Royal Commission on Aboriginal Peoples report where the authors argued for mutual recognition of the value of cultural expressions and practices as a basis for improved relations between Aboriginal and non-Aboriginal peoples (RCAP, 1996).

There are many examples of artistic projects in Canada working toward both revitalizing and increasing Indigenous health and working toward strengthening positive understandings of Indigenous communities by non-Indigenous settlers. Red Sky is a Toronto-based performance company that tours the world showcasing Indigenous dance, theatre and music. The company also engages with communities through workshops, dialogues on art and culture, and artistic revitalization projects (Red Sky Performance, 2011). A recent Spring 2012 issue of the journal *LAKE: A Journal of Art and Environment* is devoted entirely to Indigenous artists and creative

writers contemplating, through creative expressions, the links between place, art, and Indigenous peoples' health and well-being (de Leeuw and Greenwood 2012). There are other evidences. Until 2003, the Historical Canadian Galleries in the National Gallery of Canada displayed a history of Canadian art devoid of Aboriginal objects (Whitelaw, 2006). This changed in 2003 when the galleries were re-opened and renamed the Galleries of Canadian and Aboriginal Art, with pieces of Aboriginal art integrated with Euro-Canadian works. While all works in the gallery are framed in terms of western ideas of aesthetic value, the inclusion of Aboriginal pieces does begin to change perceptions of Aboriginal cultural productions from anthropological artifacts to objects of value and aesthetic appeal (Whitelaw, 2006). In addition, the Canada Council for the Arts has made a strong commitment to supporting Aboriginal artists and arts organizations through a variety of grants and publishing opportunities (Canada Council for the Arts, 2008). One example of this work is the book *Expressions*, produced by Canada Council for the Arts, which profiles twenty-seven Aboriginal artists of different mediums from across Canada, with a focus on how their cultural heritage influences their art (Canada Council for the Arts, 2010). Youth are playing a growing role in expressing Indigeneity in new and creative ways, as evidenced by a 2012 exhibition curated in the Vancouver Art Gallery entitled *Beat Nation*. The exhibit "reflects a generation of artists who juxtapose urban youth culture with Aboriginal identity in entirely innovative and unexpected ways...[demonstrating that as] signifiers of Aboriginal identity and culture continue to shift and transform, and older traditions find renewed meaning in new forms of expression, one thing remains constant: a commitment to politics, to storytelling, to Aboriginal languages, to the land and rights, whether it be with drum skins or turntables, natural pigments or spray paint, ceremonial dancing or

break dancing" (Vancouver Art Gallery [2011]). Also, there is evidence that art has a role to play in ensuring that future medical professionals are more culturally attuned to the health issues, including social determinants, facing First Nations communities, especially in northern and rural places (Klopp & Nakanishi [2012]).

These examples are some of the many Aboriginal art projects and programs that are not only working to make Aboriginal artistic expression more widely known in Canada, but working to change perceptions and stereotypes about Aboriginal culture and peoples. Changing perceptions and stereotypes is the first step to addressing the marginalization and discrimination many Aboriginal people face in general Canadian society and when accessing health services.

Conclusion

In Canada, vast health inequalities exist between Aboriginal and non-Aboriginal peoples. Addressing health disparities and inequalities requires solutions that are as complex as the problems themselves. Solutions must address the root causes of ill-health, the experience of disease, clinical symptoms, and the ways and means through which Aboriginal peoples interact with health care systems. The barriers facing Aboriginal peoples in accessing health care, including differences between a health care system of predominantly non-Aboriginal values and modes of care, as well as Aboriginal world-views and understandings of health must also be addressed if improvements in health outcomes are to be achieved. The most effective solutions will be strengths-based, grounded in the knowledge, traditions, and values of the particular community or individual. For Aboriginal peoples, strengths-based approaches must include the maintenance and revitalization of culture, something that can be achieved by encouraging artistic expressions and creative ways of knowing and being.



References

- Archibald, J. (2008). *Indigenous storywork: Educating the heart, mind, body, and spirit*. Vancouver, BC: UBC Press.
- British Columbia. Provincial Health Officer (2009). *Pathways to health and healing - 2nd report on the health and well-being of Aboriginal People in British Columbia*. Provincial Health Officer's annual report 2007. Victoria, BC: Ministry of Healthy Living and Sport. Accessed October 17, 2011 from <http://www.health.gov.bc.ca/pho/pdf/abohlth11-var7.pdf>.
- Canada Council for the Arts (2008). *Arts and culture in Canada: Fact sheet: Contemporary Aboriginal arts in Canada*. Ottawa, ON: Canada Council for the Arts. Accessed October 17, 2011 from <http://www.canadacouncil.ca/NR/rdonlyres/E1818F5A-AD2F-4333-B719-BFF290B25146/0/FactSheetAboriginalENG.pdf>.
- Canada Council for the Arts. (2010). *Expressions: Canadian Aboriginal Artists*. Ottawa, ON: Canada Council for the Arts. Accessed October 17, 2011 from <http://www.canadacouncil.ca/NR/rdonlyres/B956CB59-9F61-4EC6-B83E-AC0C45040936/0/ExpressionsCanadaCouncilsm.pdf>.
- Canadian Art Therapy Association (2011). *About Art Therapy*. Accessed October 17, 2011 from <http://www.catainfo.ca/faq.php>.
- Chandler, M.J. & Lalonde, C.E. (2008). Cultural continuity as a protective factor against suicide in First Nations youth. *Horizons – A Special Issue on Aboriginal Youth, Hope or Heartbreak: Aboriginal Youth and Canada's Future*, 10(1): 68-72.
- de Leeuw, S. (2009). "If anything is to be done with the Indian, we must catch him very young": colonial constructions of Aboriginal children and the geographies of Indian residential schooling in British Columbia, Canada. *Children's Geographies*, 7(2): 123-140.
- de Leeuw, S. & Greenwood, M. (2012). 'Our art is us': Relationships between Indigenous health, creative expression, and connections with environment and place. *Lake: A Journal of Arts and Environment*, 7: 5-9.
- Dufrene, P. (1990). Utilizing the arts for healing from a Native American perspective: Implications for creative arts therapies. *Canadian Journal of Native Studies*, 10(1): 121-131.
- Ferrara, N. (2004). *Healing through art: Ritualized space and Cree identity*. Montreal, QC: McGill-Queen's University Press.
- Fiske, E. (1999). *Champions of change: The impact of the arts on learning*. Washington, DC: President's Committee on the Arts and the Humanities.
- Harris, C. (2002). *Making Native space: Colonialism, resistance, and reserves in British Columbia*. Vancouver: UBC Press.
- Harris, Cole. 2004. How did colonialism dispossess? Comments from an edge of empire. *Annals of the Association of American Geographers* 94:165-182.
- Harvey, G. (ed.) (2000). *Indigenous Religions: A Companion*. New York, NY: Cassell.
- Health Canada (2009). *A statistical profile on the health of First Nations in Canada: Self-rated health and selected conditions, 2002 to 2005*. Ottawa, ON: Health Canada. Accessed October 17, 2011 from http://www.hc-sc.gc.ca/fni/ah-spnia/alt_formats/pdf/pubs/aborig-autoch/2009-stats-profil-vol3/2009-stats-profil-vol3-eng.pdf.
- Health Development Agency (2000). *Art for health: A review of good practice in community-based arts projects and initiatives which impact on health and wellbeing*. London: UK: National Health Service. Accessed May 7, 2012 from http://www.nice.org.uk/niceMedia/documents/arts_mono.pdf.

- Humphreys Weitz, J. (1996). Coming up taller: Arts and humanities programs for children and youth at risk. Washington, DC: President's Committee on the Arts and the Humanities.
- Kawachi, I., Subramanian, S.V., & Kim, D. (Eds.) (2008). Social capital and health. New York, NY: Springer Science and Business Media LLC.
- Klopp, A., & Nakanishi, A., (2012). Art days: Two medical students reflect on the value of cultural immersion and cultural safety. *BC Medical Journal*, 54(3): 126-129. Accessed April 20, 2012 from <http://www.bcmj.org/mds-be/art-days-two-medical-students-reflect-value-cultural-immersion-and-cultural-safety>
- Razack, S. (2002). When place becomes race: Introduction. In *Race, space, and the law: Unmapping a white settler society*, S. Razack (ed.), pp. 1-21. Toronto, ON: Between the Lines.
- Red Sky Performance (2011). About Red Sky: Community connections. Toronto, ON: Red Sky Performance. Accessed October 17, 2011 from <http://www.redskyperformance.com/community>.
- Rockwood Lane, M. (2005). Creativity and spirituality in nursing: Implementing art in healing. *Holistic Nursing Practice*, 19(3): 122-125.
- Royal Commission on Aboriginal Peoples. (1996). Report of the Royal Commission on Aboriginal Peoples: Volume 3: Gathering strength. Ottawa, ON: Indian and Northern Affairs. Accessed May 7, 2012 from http://www.collectionscanada.gc.ca/webarchives/20071124130346/http://www.aainc.gc.ca/ch/rcap/sg/sim6_e.html
- Semenza, J.C. (2003). The intersection of urban planning, art, and public health: The Sunnyside Piazza. *American Journal of Public Health*, 93(9): 1439-1441.
- Smith, D., Edwards, N., Varcoe, C., Martens, P. J., & Davies, B. (2006). Bringing safety and responsiveness into the forefront of care for pregnant and parenting Aboriginal people. *Advances in Nursing Science*, 29(2): E27-E44.
- Tait, H. (2008). Aboriginal Peoples Survey, 2006: Inuit health and social conditions. Ottawa, ON: Ministry of Industry. Accessed October 17, 2011 from [http://www.cwlc.ca/files/file/Aboriginal%20Peoples%20Survey%202006%20\(Inuit%20health%20and%20social%20conditions\).pdf](http://www.cwlc.ca/files/file/Aboriginal%20Peoples%20Survey%202006%20(Inuit%20health%20and%20social%20conditions).pdf).
- Townsend-Gault, C. & K. Duffek. 2004. Introduction: Image and Imagination. In *Bill Reid and Beyond: Expanding on Modern Native Art*, K. Duffek and C. Townsend-Gault (eds.), pp. 7-20. Vancouver, BC: Douglas and McIntyre.
- Vancouver Art Gallery (2011). Current Exhibitions – Beat Nation. Art, Hip Hop and Aboriginal Culture. Vancouver, BC: Author. Accessed April 20, 2012 from www.ganartgallery.bc.ca/the_exhibitions/exhibit_beat_nation.html
- Walsh, A.N. (2002). Complex sightings: Aboriginal art and intercultural spectatorship. In *On Aboriginal representation in the gallery*, L. Jessup & S. Bagg (eds.), pp. 247-270. Hull, QC: Canadian Museum of Civilization.
- Whitelaw, A. (2006). Placing Aboriginal art at the National Gallery of Canada. *Canadian Journal of Communication*, 31:197-214.
- World Health Organization (2005). Preventing chronic disease: A vital investment: WHO global report. Geneva: WHO Library Cataloguing-in-Publication Data. Accessed October 17, 2011 from http://www.who.int/chp/chronic_disease_report/en/



ION BRANDING + DESIGN



NATIONAL COLLABORATING CENTRE
FOR ABORIGINAL HEALTH
CENTRE DE COLLABORATION NATIONALE
DE LA SANTÉ AUTOCHTONE

FOR MORE INFORMATION:
UNIVERSITY OF NORTHERN BRITISH COLUMBIA
3333 UNIVERSITY WAY, PRINCE GEORGE, BC V2N 4Z9

1 250 960 5250
NCCAH@UNBC.CA
WWW.NCCAH.CA