Culture and language influence our perceptions and experiences of health and illness. Culture is a dynamic and adaptive system of meaning that is learned, shared, and transmitted from one generation to the next and is reflected in the values, norms, practices, symbols, ways of life, and other social interactions of a given culture. It is the foundation of both individual and collective identity and its erosion can adversely affect mental health and well-being, leading to depression, anxiety, substance abuse, and even suicide. Language is “a conveyor of culture” and the means by which knowledge, skills, and cultural values are expressed and maintained. Language suppression, particularly for Indigenous peoples, is “a form of disempowerment and oppression,” that impacts self identity, well-being, self-esteem and empowerment, all of which are key ingredients for individual and community healing. Language maintenance and continuity is critical to revitalizing culture and to the survival of any Indigenous people. For Aboriginal Canadians, who bear a disproportionate burden of illness, culture and language are essential to improving health outcomes.

Linking Aboriginal Culture And Language To Health

From an Aboriginal perspective, health is not “merely the absence of illness or disease, nor is it a set of statistics or measurements. Health is understood to be the physical, spiritual, mental, economic,
Disruption of cultures and languages is a shared experience among colonized peoples.

Colonization and Aboriginal Culture, Language, and Health

The legacy of colonization and poor health continues to be felt by young Aboriginal people in Canada today. The Canadian government enacted a range of colonial policies designed to assimilate Aboriginal peoples, which involved cultural and linguistic suppression, forced relocation onto reserve lands, alienation from traditional territories and ways of life, and perhaps most devastatingly, the creation of residential schools. The goal of residential schools was to assimilate Aboriginal peoples into European society through the separation of children from the cultural influences of families and communities. The first of these schools were established as part of early missionary activities, but they proliferated after the endorsement of the 1879 Davin Report, peaking in 1931 with over 80 schools across Canada. The schools alienated children from their culture by forbidding them to speak their traditional languages or learn the skills they needed to thrive in their communities. Residential schools relied heavily on discipline, punishment and public humiliation, leading to intergenerational impacts. These have been well documented:

It is clear the residential school system contributed to the central risk factor (for FASD), substance abuse, but also to factors shown to be linked with alcohol abuse, such as child and adult physical, emotional and sexual abuse, mental health problems and family dysfunction. The impact of residential schools can be linked to risk factors for poor pregnancy outcomes among women who abuse alcohol, such as poor overall health, poor education, and chronic poverty. Though the last of the residential schools closed in 1996, Aboriginal people continued to experience trauma, loss and grief as a result of the rapid expansion of the child welfare system in the 1960s. During this period, commonly known as the ‘Sixties Scoop,’ disproportionate numbers of Aboriginal children were placed in foster care. For example, by the end of the 1960s, “30% to 40% of the children who were legal wards of the state were Aboriginal children – in stark contrast to the rate of 1% in 1959.”

Children were apprehended under circumstances deemed to be “child neglect” that were instead related to issues of poverty. Many of these children were placed in foster homes and adoptive care with non-Aboriginal families. In conjunction with the residential school experience, the “Sixties Scoop” represented another assault on the ability of Aboriginal peoples to maintain and transmit their culture. The era fractured families and communities, and affected both individual and community health.

Other health consequences of colonization:

- Changes to diets and lifestyles resulting from the disruption of traditional food supplies, a significant result of dislocation from traditional territories and the establishment of “reserve lands.” Health impacts include higher rates of diabetes, obesity, and the prevalence of other major chronic diseases such as arthritis/rheumatism, hypertension and asthma.
- Inequitable access to health services and economic opportunities. For example, the federal government’s failure to officially recognize the status of the Métis has excluded them from many federal Aboriginal health programming and service initiatives.
- Overcrowded housing conditions among Inuit, linked in part to forced
relocation to permanent settlements, has contributed to high rates of severe respiratory tract infections.28

- Elevated rates of suicide, alcoholism, violence, and “pervasive demoralization seen in Aboriginal communities”29 associated with residential schools and the “Sixties Scoop.”

Improving Outcomes

Cultural and linguistic revitalization is essential to improved health outcomes for Aboriginal people, their families, and communities. Armstrong (2000) writes that, “the spirituality of our dances, songs, feasts and festivals, and ceremonies celebrate the self, the family, the community, and the land...It is about renewal and regeneration.”30 Cultural continuity can build individual and community resilience and mitigate poor health outcomes, including youth suicide.31

Investment in early childhood development programs that incorporate traditional culture and language as well as trained teachers is a key to improving health outcomes. Children are the future of communities. If Aboriginal children are to “become well and healthy adults who meaningfully contribute to their communities and broader society (in other words, if Aboriginal children are to be become healthy citizens of their Nations and the world), it is imperative they are well versed in the fundamental values of their histories and cultures.”32 Hornberger (2006) found that children ‘found their voice’ and performed much better academically when indigenous languages where employed as a medium of instruction in the schools.33 Improved academic performance empowers Aboriginal children, provides them with more life choices, and benefits their social development.34

Strategies to improve health outcomes also need to focus on reducing the cultural differences between non-Aboriginal practitioners and Aboriginal clients. Culturally appropriate health care can improve utilization of health services and ensure better treatment outcomes.35 Research indicates that programs and services tailored to specific cultural groups encourage them to seek treatment and improve their outcomes once in treatment.36 Elements of a culturally appropriate health care strategy for Aboriginal Canadians include:

- Health professionals who work in Aboriginal communities learning to communicate in the local language;
- Practitioners combining local knowledge on health and healing with western medicine;
- Community development and control of health care systems to make services responsive to local needs;
- Applying Aboriginal concepts of health and wellness in health care policy and practice; and
- Utilizing traditional healing practices.37