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## Editorial

### *Space for Indigenous Healing and the Healing of Healthcare*

My people will sleep for  
one hundred years, but when  
they awake, it will be the artists  
who give them their spirit back.

—Louis Riel, in Wyman  
(2004), p. 85

This is a very special issue of *Ars Medica*. With honour and care, we turn our attention to stories of Indigenous health and healing, sharing the voices of practitioners, students, researchers, and others who have been “patients” in Western medicine. The field of healthcare humanities creates a space to reflect on our common experiences of *being* in a body, of engaging with healthcare, and of witnessing the experiences of others. And yet, too often we choose narrative genres and anticipate narrative arcs that reinforce perspectives of privilege. When we turn to literature and art to make sense of medical experiences, we often overlook subaltern forms and practices of representation, or voices that depict a worldview we do not recognize. By overlooking these perspectives, we miss many opportunities. First, we keep the canon of

the medical humanities small and constrain the possibilities to challenge our own paradigms. Second, we limit our community and the expansive possibilities of inclusiveness. And third, perhaps most importantly, we reproduce a colonial approach that has often shaped medicine, including its historic and ongoing (mis)treatment of Indigenous peoples.

In the 1990s, the federal government of Canada established a Royal Commission to identify factors responsible for the social inequities experienced by Indigenous peoples in Canada (see Canada, 2016). One of the key areas examined by the Commission was health. Health inequities were acknowledged as resulting from colonial policies and practices of oppression and assimilation that continue to be felt into the present, and that account for ongoing social suffering. Colonialism, cultural loss, economic disparities, the reserve system, and the child welfare system have impacted every aspect of the lives of Indigenous peoples and their communities, including health. The Indian Act and related policies resulted in Aboriginal peoples having a unique relationship with governments relative to other Canadians. Along with the legislated inequality and discrimination within these documents came statutory obligations of the federal government toward Indigenous peoples. This paternalistic relationship reinforced the structure of colonialism. While healthcare was offered to Indigenous peoples, it was offered within the frame of Western healthcare's values and practices. Indigenous knowledge and medicine was excluded,

leading to fractured experiences for Indigenous peoples within the healthcare system. Such healthcare can never equal healing.

As Canada moves toward reconciliation, the hope is for increased autonomy for Indigenous peoples, and a generous and enriching collaboration that repairs the paternalistic, exclusionary relationships that shaped the past. The arts have an important role in opening up spaces for new ways of understanding, representing, and relating. Art offers the possibility of creating what Homi Bhabha calls a “third space,” a space of meeting and engagement (Rutherford, 1990). A third space does not require one to relinquish identity or autonomy; it is a new space for exploring how one’s different social locations and identities come together.

To enter into a new space requires great trust and respect. Through our collaborative relationships with community members, and through our own social locations as a physician of European descent who considers herself to be an ally and an Indigenous physician, we have aimed to create a space of trust, respect, and honour in this issue of *Ars Medica*. We hope that this space will be inviting for Indigenous and non-Indigenous peoples alike. Much credit for building and sustaining that space goes to Lisa Boivin, a Dene woman who studies bioethics and traditional knowledge, and who was a Student Editor for the issue. She reached out at many community events to tell people about the project and to invite them to submit pieces. She reminded us often of the obligation we have to honour and respect the stories we receive.

We think you will encounter memory, vibrancy, innovation, and resilience in these works of prose, poetry, and visual art by Lisa Boivin, Brenda Isabel Wastasecoot, Raven Crow, Amy Desjarlais, Kacper Edward Niburski, Jesse Thistle, Celina Carter, Jennifer Lapum, Angela Mashford-Pringle, and Jordan Snyder. Their works spark surprise, wonder, celebration, joy, pain, transformation, and promise. They invite us to rethink healing, and through that reflection they enlarge what we are able to achieve in this new space of possibility.

### *References*

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