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THE HIGHLIGHTS

IN THIS ISSUE

ON THE COVER

Night Trees. By Estelle Disch, 2016.

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EDITORS

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LUKANKA

Lukanka is a Miskito word for "thoughts"

Leslie Korn, PhD, MPH
Editor-in Chief

In this June 2026 issue of the *Fourth World Journal*, we proudly showcase scholars dedicated to advancing women's traditional medicine. For this second special series issue, we received an abundance of submissions, necessitating a longer-than-usual issue and underscoring the field's dynamic growth.

The vibrant cover art, entitled Night Trees, generously contributed by distinguished feminist sociologist and activist Estelle Disch, PhD, epitomizes the remarkable diversity of branches and scope we see emerging in the scholarship on women's traditional medicine across the globe.

The adage "The personal is political" resonates here, as many authors integrate self-reflection and personal process into their scholarship. Women scholars continue to promote the understanding that knowledge emerges from lived action and leads to restoration, justice, and collective wellbeing.

Jenny Morgan's article grounds the issue in Indigenous feminist scholarship from Gitxsan territories in Canada. She introduces Post-Settler Disorder and Colonial Contact Fatigue, critiquing settler colonial structures and highlighting matrilineal knowledge, humor, and women's leadership as pathways to healing and renewal. The legacy and ongoing sequelae of Colonization, and their effects on traditional medicine worldwide, are a theme that reverberates throughout many articles in this issue.

Building on Morgan's discussion, Alannah Young and Patricia May-Derbyshire draw on North American Indigenous traditions to explore how women support cultural resurgence through kinship and joint responsibility. Their work emphasizes relationality as fundamental to Indigenous healing systems and community continuity.

Continuing the focus on kinship and relational accountability, the next contribution centers on matriarchy as a healing structure. Renee Tsinigine Holt's "The Indigenous Matriarch Manifesto" examines matriarchy as a framework for healing intergenerational trauma using Diné and Nimiipuu perspectives. Through ceremony, foodways, and kinship accountability, Holt shows that Indigenous healing is collective and relational.

Expanding from matriarchy and kinship, the restoration of women's healing authority is next studied through the domain of birth and reproductive care. In Reclaiming Auntie Wisdom: Cultivating Indigenous Doula Pathways for Birth Justice and Community Healing, the authors highlight North American Indigenous birth justice work through the Indigenous Birth Justice Network. Indigenous doulas are knowledge

keepers and healthcare advocates, advancing a framework for reproductive care that supports cultural sustainability, maternal wellbeing, and indigenous sovereignty.

Continuing the theme of reproductive knowledge and maternal wisdom, this issue extends to ancient South Asian prenatal sciences, as Rani Muthukrishnan examines prenatal traditions in India's Adi Shaiva tradition, drawing on Sanskrit texts, rituals, and modern applications. The paper calls for recognition of Garbha Samskara as a sophisticated Indigenous science and critiques the erasure of embodied feminine knowledge under colonial and modern paradigms.

Drawing on previous discussions about fertility and women's healing knowledge, the next article discusses West African traditional medicine. Tolulope Esther Fadeyi analyzes Yorùbá communities in Southwest Nigeria, where fertility and reproductive care are closely linked to Indigenous cosmologies and women's healing practices. Examining ethnobotany and female healers, it highlights Yorùbá medicine's relevance in reproductive health.

The issue next shifts to consider Indigenous healing practices as expressions of bodily sovereignty and cultural reclamation. Glenis Mark, Amohia Boulton, Tanya Allport, and Gill Potaka-Osborne center Māori healing traditions in New Zealand. Using Kaupapa Māori methodologies, they show rongoā Māori functions as a healing practice and as a means of reclaiming bodily sovereignty and intergenerational knowledge for Māori women.

Moving from Māori healing traditions, the focus shifts to Yakama women's ceremonial foodways. Hailey Allen examines Yakama ecological and ceremonial knowledge in the Pacific Northwest United States. Through elder interviews and her insider position as a participant in Longhouse and First Foods practices, she shares how women sustain reciprocal relationships with land, foodways, and spiritual traditions amid colonial pressures.

Building upon the discussion of ancestral foods and women's knowledge, the next contribution deepens the connection with collective wellbeing. "Our Foods Remember Us" explores the link between ancestral diets, women's nutritional knowledge, and health outcomes, directly connecting Indigenous food sovereignty to cardiometabolic health and cultural resilience, as discussed in prior articles.

Shifting the focus from nourishment and food sovereignty, the scope of the issue broadens to explore the psychological and communal dimensions of healing during crisis. In this context, Supriya Krishnan critiques colonial mental health frameworks in humanitarian crises across India and the Global South. Through mixed-methods and participatory research, she proposes community-led, culturally rooted models of psychosocial support that prioritize epistemic justice and resilience.

Building upon community-led psychosocial models, we now engage with broader policy concerns that shape access and engagement with Indigenous healing systems. The forthcoming policy commentary by Leslie Korn, Hailey Allen,

and Charlotte Bryn Berg connects these models to challenges in traditional medicine policy, explores the effects of US federal health policies on Indigenous communities in the United States, and examines how global frameworks, including the strategic plans by WHO, both foster and imperil traditional medicine. The full commentary will be available online soon.

Dina Gilio Whitaker reviews Amy Bowers Cordalis's book, The Water Remembers, showing how the restoration of the Klamath River and Yurok lifeways reflects the central theme of healing through Indigenous medicine and cultural renewal found throughout the issue.

As in our previous issue, we welcomed narratives that shared diverse ways of knowing, and the issue culminates with Wayra and the Dream Snake, a transformative dream story that affirms the enduring significance of the visionary experience in women's traditional medicine across cultures.

We extend our gratitude to the scholars who provided thorough and substantive reviews for authors and editors. We invite your correspondence at fwj@cwis.org.

Leslie Korn, PhD, MPH
Editor-in Chief

Naming the Fatigue, Rekindling the Fire

Gitxsan Matriarchs' Fight Against Colonial Disorder

By Jenny Morgan, EdD

ABSTRACT

This article introduces two conceptual frameworks—Post-Settler Disorder (PSD) and Colonial Contact Fatigue (CCF)—to describe the ongoing impacts of settler colonialism on Indigenous peoples in Canada. Written from the perspective of a Gitxsan woman, the paper draws on Indigenous epistemologies, storytelling, and feminist scholarship grounded in lived experience. PSD functions as a satirical analytical lens exposing settler denial, historical amnesia, and narratives of innocence that sustain colonial systems. CCF names the cumulative spiritual, emotional, and physical exhaustion experienced through continuous contact with colonial institutions. The article highlights the role of Indigenous women, humor, and matrilineal knowledge as sources of resilience, resistance, and pathways toward healing.

Keywords: settler colonialism, indigenous epistemologies, Post-Settler Disorder (PSD), Colonial Contact Fatigue (CCF), indigenous women

Introduction: Women Who Carry Stories and Keep the Fire Lit

From the place of Indigenous women who carry the stories and keep the fire lit, this paper introduces two Gitxsan-derived frameworks: Post-Settler Disorder (PSD) and Colonial Contact Fatigue (CCF). These concepts name the sickness embedded within settler systems. They also capture the spiritual and emotional heaviness borne by Indigenous peoples who survive ongoing colonial harms.[1] PSD uses satire as subversive truth-telling to expose settler myths and systemic denial. CCF speaks to the cumulative weariness in Indigenous spirits after generations of erasure and violence.

I come to this work as a Gitxsan woman living in the colonized lands called Canada. I am grounded in the knowledge systems of my people and shaped by the layered realities of living under a colonial state. I witness how colonial structures mark our bodies and spirits. Indigenous women, two-spirit peoples, and gender-diverse kin continue to resist erasure.[2] This paper grew from lived experience and reflection, from watching the

[1] Arline T. Geronimus, *Weathering: The Extraordinary Stress Of Ordinary Life In An Unjust Society* (Little, Brown Spark, 2023), pt. 1, "The Erasure, the Erosion, and the Withstanding."

[2] Qwo-Li Driskill, *Asegi Stories: Cherokee Queer and Two-Spirit Memory* (University of Arizona Press, 2016), 3-20.

delusions of settler institutions, and from grief, rage, and moments of clarity. Writing this was a way to make sense of it all. I aim to name the disorder settlers carry and the fatigue we carry from them.

Indigenous women are central as knowledge keepers and sharers. They are cultural continuers who hold wisdom that sustains community resilience and resistance.[3] This paper situates PSD and CCF within Indigenous epistemologies and feminist frameworks. These frameworks emphasize storytelling and healing as acts of resistance.[4,5]

Context and Witnessing: Growing Up Inside the Machinery of the Settler State

Growing up Gitxsan in what is now called Canada meant growing up inside the machinery of a colonial state that was built on our dispossession. The racism I experienced was not incidental; it was systemic, deliberate, and embedded in every institution around me. It shaped my earliest memories, my schooling, the healthcare we received, the stereotypes I saw on television, and the casual disdain or ignorance in the way settlers talked about us. I came to understand that I was living within a system that required our erasure to sustain itself. The more settlers denied our presence, our sovereignty, and our humanity, the more their nation could hold the illusion of innocence.

I was taught from a young age that settlers believed they were entitled to our lands, our silence, our stories, and even our disappearance. These weren't abstract beliefs. Curriculum, law, media, and policy made them real. The classroom taught me that Indigenous peoples were "part of Canada's past." We were often only mentioned in the context of early contact or in the footnotes of settler nation-building. In courtrooms, I saw families criminalized for poverty that colonialism created. On the news, I heard our communities framed as either broken or dangerous—rarely as knowledgeable, sovereign, or resilient.

Before the era of social media, these messages were insidious, woven into everyday life in ways that could be hard to name. But with the rise of comment sections and digital platforms, the hatred became more visible. When the Canadian Broadcasting Corporation (CBC) disabled comments on Indigenous stories in 2015 due to a flood of hate speech and misinformation, it was not a glitch in the system; it reflected it.[6] The comment sections became a mirror, showing the ugliness that has always underpinned Canadian politeness. It was no longer possible to pretend that racism was a thing of the past, or that settlers simply "didn't know." The violence was on full display.

This isn't only about white settlers. Racialized newcomers and second-generation settlers often

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[3] Leannes Simpson, *Dancing on Our Turtle's Back: Stories of Nishnaabeg Re-Creation, Resurgence, and a New Emergence* (Arbeiter Ring Publishing, 2011), 35-48.

[4] Linda Tuhiwai Smith, *Decolonizing Methodologies: Research and Indigenous Peoples*, 2nd ed. (Zed Books, 2012), "Getting the Story Right, Telling the Story Well: Indigenous Activism, Indigenous Research.

[5] Shawn Wilson, *Research Is Ceremony: Indigenous Research Methods* (Fernwood Publishing, 2008), 32-39.

[6] CBC News, "Uncivil Dialogue: Commenting and Stories About Indigenous People," November 30, 2015, https://www.cbc.ca/newsblogs/community/editorsblog/2015/11/uncivil-dialogue-commenting-and-stories-about-indigenous-people.html.

absorb and reproduce anti-Indigenous myths. Scholars like Lawrence and Dua have shown how anti-Indigenous ideologies are woven into the social fabric of Canada.[7] These ideologies serve both white and non-white settlers alike. The "machinery" of the settler state depends on broad complicity. It teaches all who benefit from colonial occupation—regardless of their race—to avoid naming whose lands they are on, whose laws were displaced, and what responsibilities come with living here.

What I came to understand is that white supremacy is not just a legacy; it is a living structure in Canada. John A. Macdonald, Canada's first prime minister, actively pursued policies of starvation, displacement, and assimilation, seeking to "get rid of the Indian problem."[8] His legacy remains in the Indian Act, which continues to legislate Indigenous lives today. The systems that govern our identities, our status, and our access to basic services are colonial tools, designed to control and eliminate us, not support us. The Truth and Reconciliation Commission revealed the scale of this harm, but reconciliation without structural change is just another settler performance.[9]

It was within this context that the frameworks of Post-Settler Disorder (PSD) and Colonial Contact Fatigue (CCF) began to take shape in my understanding. These concepts did not arise solely from theory. They were born from the daily experience of watching settlers cling to myth while we carry truth. PSD names the distortion that settlers must live with to maintain the fiction of innocence. CCF speaks to the exhaustion we carry from navigating their distortions.

This isn't just personal reflection, it's witnessing. Witnessing how systems lie. How institutions silence. How the media turns our pain into spectacle. How policies that claim to protect us often surveil or punish us instead. How settlers weaponize fragility when we name harm, demanding our patience instead of offering accountability.[10] How our truth-telling is seen as aggression, and their denial is treated as reasoned debate.

To grow up Indigenous in Canada is to grow up in a system that gaslights you from day one. You are told your land is not yours, your stories are not valid, your anger is misplaced, and your survival is a burden. Yet, we are still here. Still naming what they won't. Still refusing erasure. This witnessing is not without cost, but it is also where clarity lives. It's where we begin to name not just the harms, but the patterns that keep them going. PSD and CCF are attempts to do just that: to name the disorder at the heart of the settler project, and the weariness it leaves in its wake.

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[7] Bonita Lawrence and Enakshi Dua, "Decolonizing Antiracism," *Social Justice* 32, no. 4 (2005): 121–127.

[8] John S. Milloy, *A National Crime: The Canadian Government and the Residential School System*, 1879 to 1986 (Anniversary ed. University of Manitoba Press, 2017), 5-10.

[9] Truth and Reconciliation Commission of Canada, *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada* (2015), https://publications.gc.ca/collections/collection_2015/trc/IR4-7-2015-eng.pdf.

[10] Robin DiAngelo, *White Fragility: Why It's So Hard for White People to Talk About Racism* (Beacon Press, 2018), 115-122.

Post-Settler Disorder: Wit as Medicine in the Face of Delusion

Earlier in 2025, in the province of Ontario, Canada, Premier Doug Ford claimed that First Nations communities had their "hands out," suggesting that Indigenous peoples are always asking for money and implying that we offer nothing in return.[11] His words echoed a long-standing settler narrative rooted in the colonial belief that we are dependent, undeserving, and somehow a burden to the nation. While he later issued a general apology "to all First Nations," the damage was already done, and the racist backlash his comment stirred up was impossible to ignore. These aren't just offhand remarks; they are symptoms of something deeper.

That comment stuck with me, not just because of its overt racism, but because of the delusion behind it. How can a leader, in 2025, still speak this way without shame, without pause? What was I really witnessing? The more I thought about it, the more I began to name it: Post-Settler Disorder (PSD).

PSD is not a clinical diagnosis. It's a framework, an Indigenous lens to describe a settler condition marked by historical amnesia, cultural narcissism, and an obsessive need to preserve innocence. PSD refers to a pattern where settlers deny or distort the realities of colonialism to maintain their sense of innocence. It is the disease that arises when settlers are so committed to their myths that they can no longer recognize reality. It is the fragile foundation of a society built on theft, denial, and projection. In that space of denial, settlers develop elaborate justifications for their entitlement to our lands, our labour, and our erasure.[12]

PSD shows up in the refusal to accept the facts of colonialism and the ongoing realities of Indigenous dispossession. It manifests in performative land acknowledgments that never lead to material change.[13] It appears in school curricula that name treaties without naming betrayal.[14] PSD flourishes in universities and institutions that tokenize Indigenous presence while resisting Indigenous governance.[15] It thrives when settlers refuse to see themselves as settlers. They choose instead to frame themselves as immigrants, allies, or simply "Canadian."[16]

Settlers living with PSD often cling to the idea that Indigenous peoples are already "included," that equity has been achieved because they've seen our faces in a government ad or heard a few words of our language at a ceremony. But visibility is not justice. Symbolism is not sovereignty. PSD convinces people that they can participate in colonial systems while claiming to

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[11] Adam Carter, "Doug Ford Apologizes for Saying First Nations 'Keep Coming Hat in Hand' Amid Bill 5 Controversy," *CBC News*, June 19, 2025, https://www.cbc.ca/news/canada/toronto/doug-ford-first-nations-apology-1.7566080.

[12] Eve Tuck and K. Wayne Yang, "Decolonization is Not a Metaphor," *Decolonization: Indigeneity, Education & Society* 1, no. 1 (2012): 1–40.

[13] Leanne Simpson, "Land as Pedagogy: Nishnaabeg Intelligence and Rebellious Transformation," *Decolonization: Indigeneity, Education & Society* 3, no. 3 (2014): 1–25.

[14] Truth and Reconciliation Commission of Canada, *Honouring the Truth*.

[15] Sandy Grande, *Red Pedagogy: Native American Social and Political Thought* (Rowman & Littlefield Publishers, 2004), 63-90.

[16] Glean Sean Coulthard, *Red Skin, White Masks: Rejecting the Colonial Politics of Recognition* (University of Minnesota Press, 2014), 25-49.

support decolonization. It gives them permission to remain comfortable and to confuse their comfort with peace.[17]

The disorder is not individual; it's structural. It is fed by the media, policy, law, education, and popular culture. It is why so many settlers are shocked when we speak our truths, name our oppression, or demand land back. It's why Indigenous grief and anger are so often pathologized while settler fragility is coddled.[18] PSD is the condition of a society that tells itself it is good while refusing to reckon with the violence it depends on.

PSD is also ridiculous, and that's where wit becomes medicine. In my community, humor is survival. It is a form of resistance, of clarity, of connection. We use satire, sarcasm, and storytelling not just to endure but to expose. When the weight of settler denial becomes too heavy, sometimes all we can do is laugh, knowing laughter that carries the truth inside it. That laughter is ancestral. It's political. It clears space for truth to land.[19]

Calling it Post-Settler Disorder is part of that medicine. It is subversive truth-telling. It flips the script, naming the real sickness as settler delusion, not Indigenous trauma. For too long, Indigenous peoples have been pathologized, diagnosed, and defined by systems that ignore the causes of our pain. PSD reclaims the power to name. It says: we see what you're doing, and we are not fooled.

The satire embedded in PSD allows us to break through the noise of settler fragility. It offers language for the absurdity we witness daily, when settlers claim to be "offended" by Indigenous resistance, or when institutions ask us to share our truth but only if it's palatable. PSD helps us understand why settlers can't stop centering themselves, even in spaces meant to uplift us. It explains why so many progressive allies stop short when land back becomes more than a metaphor. PSD is what keeps them comfortable while the system continues to dispossess us.

Yet, as much as PSD names harm, it also offers possibilities. If the disorder is denial, then the medicine is the truth. If the condition is rooted in false innocence, then the cure begins with responsibility. Indigenous humor, storytelling, and clarity are tools to interrupt PSD if settlers are willing to listen, sit with discomfort, and transform.

For Indigenous peoples, naming PSD is about regaining the power to frame reality. It is about no longer carrying the weight of settler confusion or educating people who refuse to see. It is a way to redirect energy toward what matters: our sovereignty, our kinship systems, our futures.

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[17] Jeff Corntassel, "Re-Envisioning Resurgence: Indigenous Pathways to Decolonization and Sustainable Self-Determination," *Decolonization: Indigeneity, Education & Society* 1, no. 1 (2012): 86–101.

[18] Joseph P. Gone, "Redressing First Nations Historical Trauma: Theorizing Mechanisms for Indigenous Culture as Mental Health Treatment," *Transcultural Psychiatry* 50, no. 5 (2013): 683–706, https://doi.org/10.1177/1363461513487669.

[19] Emma LaRocque, "Chapter One Insider Notes: Reframing the Narratives" In *When the Other is Me: Native Resistance Discourse, 1850-1990* (University of Manitoba Press, 2011), 17-36, https://doi.org/10.1515/9780887553929-003.

There is power in naming. And when we call it Post-Settler Disorder, we are not just being clever, we are being precise. We are saying: the sickness is not ours to hold. The delusion is not ours to fix. But we will name it and move forward in our truths regardless.

Colonial Contact Fatigue: Born into the Battle

As a Gitxsan woman, I have never known a life untouched by colonial infrastructure. From my first breath, my body and spirit were placed inside systems that were never built for me. Reserves carved from stolen land. Laws like the Indian Act that defined who I was before I had a chance to define myself. Education systems that erased my people from textbooks. Health systems that feared, ignored, maimed, or murdered our bodies.[20] All these systems operate as if we do not belong here, on our own land. Every generation born into these conditions carries a weight that is often invisible to settlers but deeply felt in our bones. This is what I call Colonial Contact Fatigue (CCF), the spiritual, emotional, mental, and physical exhaustion that accumulates over a lifetime of unrelenting contact with settler-colonial systems. It is the long echo of invasion, dressed in bureaucracy and policy, masked as neutrality or progress.

The term is rooted in and builds upon Racial Battle Fatigue (RBF), a concept explored in a volume edited by Hartlep and Ball to describe the stress responses experienced by racialized individuals navigating persistent racism in everyday life, particularly in academic and professional spaces.[21] RBF names the toll of microaggressions, surveillance, exclusion, and the constant need to defend one's presence. For Indigenous peoples, the contact goes deeper and is more pervasive. The entirety of the settler state is structured to erase, assimilate, or manage us. There is no "off switch." We don't walk into and out of colonial space; it surrounds us.

Colonial Contact Fatigue is what happens when your entire life, your education, healthcare, legal status, identity, and even your body, are shaped by the reach of colonial policy.[22] It begins before birth and never lets go. It is the grandmother who couldn't pass down the language because she was punished for speaking it. The parent who fought the school system to stop their child from being labelled. The student who learned about their own people from the perspective of a white author. The professional who must represent the entirety of Indigenous peoples at every meeting. The youth who gets followed in the store. The woman who gets silenced in the boardroom. The community that grieves loss after loss while being told to "be resilient." It is the suffocating loop of having to justify your existence, constantly, politely, and often in spaces where the rules were never written for you.

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[20] Dennis Ward, "Physician Barry Lavallee on Standing Up to the 'Smiling Faces' of Systemic Racism," *APTN News*, November 10, 2020, https://www.aptnnews.ca/featured/physician-barry-lavallee-on-standing-up-to-the-smiling-faces-of-systemic-racism/

[21] Nicholas D. Hartlep and Daisy Ball, eds., *Racial Battle Fatigue in Faculty: Perspectives and Lessons from Higher Education* (Routledge, 2020).

[22] Billy-Ray, *A History of My Brief Body* (Two Dollar Radio, 2020), 108-117.

This fatigue is not about personal weakness. It is about chronic exposure to systemic violence. It is about the cost of survival, and it is cumulative. When I walk into a room as the only Indigenous person present, I carry not only my voice but the weight of countless unspoken histories. I become both representative and target. The assumptions start before I speak: Is she angry? Is she qualified? Is she going to make us uncomfortable?

This burden to constantly translate our realities for others, to be digestible, palatable, non-threatening, is its own kind of violence. Over time, that violence settles into the body. It can look like burnout, like depression, like anxiety, like silence. It can look like leaving a job, or losing sleep, or withdrawing from community. CCF is the weight of never being able to rest because the system never stops pressing against you.

Even when we succeed, earn degrees, secure positions, and find platforms, we are rarely allowed to just be. Instead, we must justify our presence. Explain our identity. Soften our critiques. Translate our joy and rage into something that makes sense to others. When we finally hit a wall, when we name the harm or refuse to carry the load, we are framed as the problem.

This is how settler colonialism maintains itself, not just through force, but through exhaustion. It makes survival itself a struggle. It places Indigenous peoples into positions where we are overextended, under-supported, and expected to educate those who benefit from our dispossession. It wears us down until we doubt our own voices or start to believe we must leave parts of ourselves behind to survive. Yet, this is not new. Our ancestors endured contact that was never consensual. They also endured residential schools, pass systems, child apprehension, sterilization, poverty, and incarceration. They lived through policies designed to destroy Indigenous life, and still, they protected languages, teachings, and kinship systems. The fact that we are here today is testimony to their strength. But strength does not erase the harm. It does not lessen the fatigue.

CCF is not just individual, it is intergenerational. It shows up in our nervous systems. In how our bodies carry stress. In the ways we scan rooms for safety, monitor our tone, and question our intuition. It shows up in the health disparities we face, higher rates of heart disease, diabetes, autoimmune disorders, mental health challenges, all deeply tied to structural violence and cumulative stress.[23]

It shows up in our grief. In our communities, we are losing loved ones too soon. In the unhoused Indigenous peoples walking the streets of their own territories. In the parents who must fight child welfare agencies, and in the youth who carry despair too heavy for their years. None of this is accidental. CCF is the natural response to an unnatural system.

This section is not where I pivot to resilience. That comes later. Here, I honor the cost. I name the toll. I acknowledge the rage and sorrow

[23] Amy Bombay et al., "The Intergenerational Effects of Indian Residential Schools: Implications for the Concept of Historical Trauma," *Transcultural Psychiatry 51*, no. 3 (2014): 320–338, https://doi.org/10.1177/1363461513503380.

that come with surviving in a system that was never meant for us. I say: if you are tired, if you feel stretched thin, if you have moments where you want to disappear, it is not your fault. Your fatigue is not failure. It is evidence of the resistance you carry every day. CCF is real. Naming it is part of our medicine.

Women's Roles, Matrilineal Strength, and Gitxsan Resilience

I write this as a Gitxsan woman. These words carry the teachings of my ancestors, the grief of survival, and the beauty of strength handed down through women. I was born in Terrace, BC, and raised in the Gitxsan villages of Anspayaxw (Kispiox) and Gitwangak (Kitwanga), where our rivers, ridges, and stories shaped me before I even knew how to speak them.[24] Like many families, my parents made the difficult decision to move to the city, to Prince George, BC, believing that it might offer a better life. What followed was not a clear path to opportunity, but deeper layers of colonial struggle.

We left behind our territory, kinship, and the languages of the land for a city that made us feel like outsiders at every turn.[25] We were there less than a year before we had to return to Anspayaxw, but there was no physical home to return to. We were, by every definition, homeless. My parents and two siblings stayed with my grandparents, while my sister and I stayed with our aunt. It was the first and only time our family was separated. It was painful. But we got through it because of kin. Community held us.[26] That's who we are as Gitxsan people.

Eventually, my parents saved up enough money for us to try again, and we returned to Prince George. This time, we stayed. We all finished high school, but the cost was high. I was bullied relentlessly. The racism was overt, targeted, and unrelenting. I had to transfer schools because it became too much. These are just some of the early experiences of Colonial Contact Fatigue (CCF). It was everywhere, outside, in school, in the systems meant to support us.[27] My story is not unique. So many of us "make it" in spite of the odds, and so many others do not. Addiction, suicide, homicide, and poverty are not random tragedies. They are the aftermath of settler violence.[28] These harms follow us wherever we go. But so does our strength.

In our Gitxsan ways, we are a matrilineal society. Our house groups, our names, our responsibilities, they come through our mothers.[29] Our governance, our laws, our feasts,

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[24] Valerie R. Napoleon, *Ayook: Gitksan Legal Order, Law, and Legal Theory*, PhD diss., University of Victoria, 2009.

[25] Linda Liebenberg et al., "Spaces & Places: Understanding Sense of Belonging and Cultural Engagement Among Indigenous Youth," *International Journal of Qualitative Methods* 18 (2019): 1–10, https://doi.org/10.1177/1609406919840547.

[26] Gerald Taiaiake Alfred, *Peace, Power, Righteousness: An Indigenous Manifesto*, 2nd ed. (Oxford University Press, 2009), 91-113.

[27] Chelsea Vowel, *Indigenous Writes: A Guide to First Nations, Métis & Inuit Issues in Canada* (HighWater Press, 2016), 169-232.

[28] Cynthia C. Wesley-Esquimaux and Magdalena Smolewski, *Historic Trauma and Aboriginal Healing* (Aboriginal Healing Foundation, 2004), 1-10, 29-64.

[29] Val Napoleon, "Gitxsan Legal Personhood: Gendered." In *Interrupting the Legal Person*, edited by Austin Sarat, Richard Mailey, and George Pavlich, vol. 87A, (Bingley, UK: Emerald Publishing Limited, 2022), https://doi.org/10.1108/S1059-43372022000087A002.

and our decision-making all rest in the hands of matriarchs.[30] This has always been our way. The colonial systems that tried to erase us didn't count on our women. I was raised by women who never gave up. My mom. My aunts. My cousins. My sisters. I grew up watching them hold together families, stand their ground, raise children, challenge systems, and carry knowledge.[31] We didn't learn strength through theory. We learned it through living. That strength lives in our teachings, our territories, and our responsibilities to each other. Even as we navigate the exhaustion of CCF, Gitxsan matriarchal knowledge guides us. That's where our resilience comes from. In this context, we are reminded that decolonization is not a metaphor, but a material, lived, and relational process.[32] Being Gitxsan means learning to hold space for complexity and to be true to yourself while being accountable to the community.[33] I carry this in how I move through the world. I have had to fight to be seen, but I have also always known where I come from. Our teachings remind us that everyone has a role and that our purpose is not just for ourselves but for the collective good.[34]

This section names that the pain we carry is real, but it also makes visible what colonial systems try to erase: our continuity. Our governance. Our love for each other. Even when pulled away into cities, into silence, into colonial institutions, I am still Gitxsan. We are still connected to our names, our ancestors, and to the matriarchal ways that hold us steady.[35] To be a Gitxsan woman is to carry fire, not just for yourself, but for the next ones. Even while we survive in systems that were never built for us, we are also quietly rebuilding the ones that are.[36]

Pathways Forward: Healing, Wit, and Responsibility

Healing is not a linear journey, nor is it a solitary one. For Indigenous peoples, healing is deeply relational, rooted in collective responsibility, and carried through generations. The wounds inflicted by settler colonialism are profound, spanning centuries of dispossession, genocide, and systemic violence.[37] Yet, within this history of harm lies a persistent thread of resilience, sustained by our knowledges, our stories, and our relationships.

There is a kind of medicine we carry that doesn't come in a bottle, or a clinic, or a system. As Gitxsan people, we know medicine is the land, our family, our stories, our laughter, and our wit. Simpson reminds us that resurgence is rooted in these everyday practices of love and care.[38] It's our aunties joking at the kitchen table after a hard day, our cousins teasing each other in the feast hall, and our quiet humor that arrives just in time to break the tension in the room. It heals something you can't see, but you feel in your bones.

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[30] James Y. Henderson, and University of Saskatchewan, Native Law Centre, *First Nations Jurisprudence and Aboriginal Rights: Defining the Just Society* (Native Law Centre, University of Saskatchewan, 2006), 116-177.

[31] Simpson, *Dancing on Our Turtle's Back*, 54-63.

[32] Tuck and Yang, "Decolonization is Not a Metaphor," 1-40.

[33] Wilson, *Research Is Ceremony*, 80-96.

[34] Kim Anderson, *A Recognition of Being: Reconstructing Native Womanhood*, 2nd ed. (Women's Press, 2016), 135-170.

[35] LaRocque, *When the Other Is Me*, 17-36.

[36] Corntassel, "Re-Envisioning Resurgence," 86-101.

[37] Smith, *Decolonizing Methodologies*, "Imperialism, History, Writing and Theory."

[38] Leanne Simpson, *As We Have Always Done: Indigenous Freedom through Radical Resistance* (University of Minnesota Press, 2017), 83-94.

Indigenous humor and wit function as forms of survival and resistance.[39] In the face of relentless colonial oppression and the exhaustion of Colonial Contact Fatigue (CCF), humor becomes a way to maintain spirit and dignity.[40] It allows us to confront painful realities without being overwhelmed. Through satire, storytelling, and wit, we create a space where truth can be spoken without immediate retribution and where shared laughter becomes an act of defiance against erasure.

As Gitxsan, we are often perceived as quiet people. Maybe we are. We've learned to listen first, to read the room, to move with care, and consider the collective before speaking. This resonates with broader Indigenous experiences of cultural engagement and belonging.[41] Even those considered more extroverted carry themselves with the same grounding. This isn't shyness in the colonial sense; it's attentiveness. It's relational awareness. In that space, wit has power. It helps us reach each other, build relationships, and clear space for truth.

I carry that with me. I know when I speak with wit, people listen. It sometimes surprises them, especially those who don't expect it. That's part of its medicine, too. It breaks through defenses. It brings people closer. It lowers walls. That kind of subtle truth-telling is what Post-Settler Disorder (PSD) calls for, something that wakes people up without crushing them under the weight of their own fragility.[42]

For those of us who experience Colonial Contact Fatigue (CCF), that kind of humor can be a lifeline. It lifts us when the burden is too heavy. It reminds us we're not alone. It creates solidarity where exhaustion might otherwise lead to isolation. The collective laughter echoes the strength in our shared histories and affirms that even in pain, there is power.

But I won't romanticize it. The hurt is real. The systems that drain us are real. Lateral violence, internalized oppression, and the exhaustion of surviving racism day after day are part of our reality, too.[43] These forms of violence fracture communities and relationships, making healing even more urgent and complex.[44] Still, even then, our values remain: Care. Collectivity. Relational accountability.[45] These are what see us through. They remind us that healing is not about individual success but about restoring balance in our relationships, with each other, with the land, and with our ancestors.

The path forward requires truth. It means waking up to the ways PSD and CCF operate in

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[39] Michael T. Garrett et al., "Laughing It Up: Native American Humor as Spiritual Tradition," *Journal of Multicultural Counseling and Development* 33, no. 4 (2005): 194–204, https://doi.org/10.1002/j.2161-1912.2005.tb00016.x.

[40] Devery Jacobs, "LOLing Is Good Medicine: How Indigenous People Use Humour For Survival," *Refinery29 Canada*, June 21, 2021, https://www.refinery29.com/en-ca/2021/06/10477340/how-indigenous-people-use-humour-for-survival.

[41] Liebenberg et al., "Spaces & Places," 1-10.

[42] Garrett et al., "Laughing It Up," 194–204.

[43] Teresa Evans-Campbell, "Historical Trauma in American Indian/Native Alaska Communities: A Multilevel Framework for Exploring Impacts on Individuals, Families, and Communities," *Journal of Interpersonal Violence* 23, no. 3 (2008): 316–338, https://doi.org/10.1177/0886260507312290.

[44] Maria Yellow Horse Brave Heart, "The Historical Trauma Response Among Natives and Its Relationship with Substance Abuse: A Lakota Illustration," *Journal of Psychoactive Drugs* 35, no. 1 (2003): 7–13, https://doi.org/10.1080/02791072.2003.10399988.

[45] Anderson, *A Recognition of Being*, 190-199.

daily life. These aren't abstract theories; they are patterns of harm that shape relationships, policies, and how settlers move through Indigenous lands.[46] For settlers, healing from PSD isn't about personal guilt or performative allyship. It's about responsibility. It's about making a choice: either uphold settler colonialism or uphold Indigenous rights. There is no neutral ground.

Settler colonialism is a structure, not an event.[47] Healing thus demands structural change, not just interpersonal understanding. It means transforming institutions that have long been complicit in Indigenous dispossession.[48] For settlers who seek to stand in solidarity, this means engaging in ongoing unlearning, centering Indigenous leadership, and shifting power rather than appropriating it.[49] The "cure," if there is one, lies in upholding Indigenous sovereignty. In listening deeply. In learning the histories that were kept from you.[50] In choosing to walk a different path, even when it's uncomfortable. It's about transformation, not comfort.

For Indigenous peoples, our healing must continue to be led by our own knowledges. Our matriarchs. Our laws. Our languages. Our laughter. Our land.[51] That's where we return, not just for survival, but for something more: joy, sovereignty, and freedom. Healing is also about responsibility. Not just to us, but to those who came before and those who will come after. It is a commitment to relational accountability, living in ways that honor the sacredness of all life and the interconnection of our communities.[52]

This responsibility demands difficult conversations. It asks us to confront internalized oppression and lateral violence within Indigenous communities. It challenges us to build spaces of care that do not replicate colonial dynamics.[53] It requires us to nurture our young people with pride and strength, equipping them to carry this work forward.[54]

Wit and humor, then, are not distractions from this work but essential components of it. They enable us to name pain while also naming possibility. They create room for joy amidst sorrow, and for resistance within survival. I offer this not as a prescription but as an invitation. To Indigenous peoples, may you find your own ways to hold your pain with laughter and strength. To settlers, may you hear the call to responsibility and transformation. To all who read these words, may this article be part of what opens new paths toward truth, toward justice, and toward the full recognition of Indigenous rights, strength, and sovereignty.

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[46] Coulthard, *Red Skin, White Masks*, 1-24.

[47] Lorenzo Veracini, *Settler Colonialism: A Theoretical Overview*, 2nd ed. (Springer Nature Switzerland, 2024), 24-29, https://doi.org/10.1007/978-3-031-63926-5.

[48] Alfred, *Peace, Power, Righteousness*, 119-127.

[49] Tuck and Yang, "Decolonization is Not a Metaphor," 1-40.

[50] Paulette Regan, *Unsettling the Settler Within: Indian Residential Schools, Truth Telling, and Reconciliation in Canada* (UBC Press, 2010), 83-110.

[51] Simpson, "Land as Pedagogy," 1-25.

[52] Wilson, *Research Is Ceremony*, 73-77.

[53] Lindsey Jaber, Cynthia Stirbys, Jesse Scott, and Emma Foong, "Indigenous Women's Experiences of Lateral Violence: A Systematic Literature Review," *Trauma, Violence, & Abuse* 24, no. 3 (2022): 1763-1776, https://doi.org/10.1177/15248380221077316.

[54] Gone, "Redressing First Nations Historical Trauma," 683-706.

Conclusion

From the perspective of a Gitxsan woman who has lived within the machinery of settler colonialism, this chapter has sought to tell truths that often go unspoken or are unheard. I have named the pervasive sickness of Post-Settler Disorder (PSD), a settler condition marked by denial, delusion, and an unwillingness to reckon with the ongoing realities of Indigenous dispossession.[55,56] I have named Colonial Contact Fatigue (CCF), the spiritual, emotional, and physical exhaustion born from a lifetime enmeshed in systems never designed for our survival or thriving.[57,58] These frameworks are more than academic concepts; they are lived realities carried in our bones, in our grief, and in the resilient hearts of our communities.

Yet, even as we carry these burdens, this article has also lifted up the quiet, unyielding strength of Gitxsan women, our matriarchs who hold the law, the stories, the names, and the fire of our people. Through them, we learn that resilience is relational, that strength is collective, and that healing flows through connection to land, language, and kinship.[59,60] Our matrilineal ways are not relics of a distant past, but living guides that sustain us amidst the fractures colonialism seeks to deepen. Healing is not an individual endeavor but a responsibility carried by the community and the generations yet to come. It requires truth, the difficult reckoning with history and present realities, and the courage to walk paths of transformation, not comfort.[61,62] It demands that settlers choose between complicity in colonialism or solidarity with Indigenous sovereignty. There is no middle ground.[63,64]

During this hard work, wit and humor emerge as essential medicines. Indigenous humor does not minimize pain; it holds it up to the light and breaks the weight of despair with laughter and clarity.[65,66] It is a form of resistance and relational repair, a way to reach each other and build community in spaces fractured by both lateral and systemic violence.[67,68] This article is offered with open hands and an open heart, a Gitxsan voice reaching through time and space to affirm that our stories, our laws, and our love continue. To those who have seen their own lives reflected here, may you find affirmation and strength. To those encountering these frameworks for the first time, may this be a doorway, an invitation into responsibility and action.

Our healing is ongoing, complex, and collective. It calls us back to the land, to ceremony, to language, and to the teachings of our ancestors. It calls us forward into futures defined not by settler colonial frameworks but by Indigenous freedom, sovereignty, and joy.[69,70]

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[55] Simpson, *Dancing on Our Turtle's Back*, 64-75.

[56] Coulthard, *Red Skin, White Masks*, 105-130.

[57] Evans-Campbell, "Historical Trauma," 316–338.

[58] Hartlep and Ball, eds., *Racial Battle Fatigue*.

[59] Anderson, *A Recognition of Being*, Part V: Construct.

[60] Simpson, "Land as Pedagogy," 1-25.

[61] Regan, *Unsettling the Settler Within*, 171-192.

[62] Tuck and Yang, "Decolonization is Not a Metaphor," 1-40.

[63] Alfred, *Peace, Power, Righteousness*, 119-127.

[64] Veracini, *Settler Colonialism*, 133-139.

[65] Garrett et al., "Laughing It Up."

[66] Grande, *Red Pedagogy*, 11-30.

[67] Heart, "The Historical Trauma Response," 7-13.

[68] Jaber et al., "Indigenous Women's Experiences," 1763-1776.

[69] Simpson, *As We Have Always Done*, 175-189.

[70] Wilson, *Research Is Ceremony*, 80-96.

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ABOUT THE AUTHOR

Jenny Morgan

Dr. Jenny Morgan, Gitxsan Nation, Lax Gibuu (Wolf clan), House of Hawaaw, is a social work teaching professor at the University of Victoria, BC Canada. She recently served on the BC Minister's Advisory Council on Indigenous Women & the currently the National Indigenous Leadership Circle. She focuses on Indigenous health & anti-Indigenous racism.

Interweaving Relationality – Inawendiwin (Connection)

Women Revitalizing Resurgence and Reciprocity

By Alannah Young, PhD[1], and Patricia May-Derbyshire, MA, M.Ed[2]

ABSTRACT

Indigenous women's leadership in medicine, health, and education continues to flourish across generations despite the enduring pressures of colonialism and industrialized care. This article interweaves storywork and conversational methods to illuminate seven interconnected, primarily women-led perspectives intersecting with the Center for Indigenous Land-Based Education, Research, and Wellness at xʷc̓ic̓əsəm, at the University of British Columbia, Vancouver: The Medicine Camp; the Medicine Collective; the Indigenous Focusing-Oriented Therapy Collective; the ekw'í7tl Doula Programs; Women's Wellness Gathering; Water Collective, and the Matrilineal Mentorship Collective. These sites address decolonial trauma, environmental justice, and food sovereignty through practices that restore reciprocity among land, body, memory, and community. We present a five-practice framework—research coordination, protocol engagement, preparation and access, application on the land, and reflection and storywork—as a model for weaving Indigenous relational ethics into education, health, and policy. We conclude with recommendations for Indigenous-led governance in health, and higher education as pathways toward planetary wellbeing.

Keywords: Indigenous women, resurgence, relationality, land-based education, matriarchal leadership, reciprocity, knowledge translation

Introduction

This article emerges from long-term, primarily women-led work at the Medicine Camp in rural Manitoba. It traces forward to the Center for Indigenous Land-Based Education, Research, and Wellness (CLERW) at xʷc̓ic̓əsəm ("hw-ts'its'usum" in the hən̓q̓əmin̓əm̓ language) at the University of British Columbia (UBC) and allied community sites across the Prairies and Pacific Coast.[3]

[1] University of British Columbia, Vancouver, Canada.

[2] Simon Fraser University, Vancouver, Canada.

[3] We also wish to acknowledge the guidance, necessary work, and co-governance of the Elders, men, and others who uphold the work of the Medicine Collective, the UBC First Nations House of Learning Community, the Institute of Aboriginal Health, Indigenous Health Education Research Garden (IHREG), the Center for Indigenous Land-Based Education, Research, and Wellness (CLERW) at xʷc̓ic̓əsəmin, and the Indigenous Focusing Oriented Therapy (IFOT) Collective in their many invaluable roles, including c̓simlenəxʷ Vincent Stogan, Thelma Stogan, sʔəyəɬəq Larry Grant, Sulseemiah Jeri Sparrow, Papet Norma Rose point, Te'ta-in Shane Poine, Lee Brown, Richard Vedan, Eduardo Jovel, Wilson Mendes, Dawn Morrison, Linc Kesler, Tim Michell, Dennis Windigo, Norm Leach, Philip & Florence Paytner, Edna Manitowabi, Kathy and Carl Bird, Willie Ermine, and many others.

Its pedagogical foundation draws on place to examine how agency circulates through human and non-human worlds in the creation and maintenance of society from an Indigenous point of view.[4,5,6]

Through processes of colonization, the corruption of the essential bond between the feminine and land has severed how this agency manifests in society.[7,8,9] This work includes the voices of participants compiled through critical ethnography, oral histories, storywork, and conversation methods.[10,11,12,13]

Vanessa Watts compares the colonial epistemological-ontological divide with the Indigenous conception of Place-Thought, arguing that colonial frameworks render agency exclusive to humans, thereby removing non-human agency from what constitutes a society.[14] It is in this limited space of human-only thought that colonial tactics of violence against Indigenous territory and Indigenous women are most rampant; this is accomplished in part by mythologizing Indigenous origin stories and separating communication and treaty-making from historical agreements held with the animal world, the sky world, and the spirit world. Thus, for colonialism to operationalize itself, it must attempt to make Indigenous Peoples stand in disbelief of themselves and their histories. This work reaffirms the sacred connection between place, non-human, and human to access Indigenous ways of knowing

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[4] Jennifer M. Redvers, "'The Land Is a Healer': Perspectives on Land-Based Healing from Indigenous Practitioners in Northern Canada," *International Journal of Indigenous Health* 15, no. 1 (2020): 90–107, https://doi.org/10.32799/ijih.v15i1.34046.

[5] Tabitha Robin, "Land, Kinship, and Healing," *Women, Gender, and Families of Color* (2001).

[6] Alannah Young and Denise Nadeau, "Embodying Indigenous Resurgence: 'All Our Relations' Pedagogy," in *Sharing Breath: Embodied Learning and Decolonization*, ed. Sheila Batacharya and Yuk-Lin Renita Wong (Edmonton: Athabasca University Press, 2018).

[7] Lydia Ayame Hiraide, "Land of Indigenous Feminist Resurgences," *The Feminist Center*, 2024, https://thefeministcenter.org/land-of-indigenous-feminist-resurgences-with-dr-leane-betasamosake-simpson/.

[8] Cutcha Risling Baldy, *We Are Dancing for You: Native Feminisms & the Revitalization of Women's Coming-of-Age Ceremonies* (Seattle: University of Washington Press, 2018).

[9] Leanne Betasamosake Simpson, *Dancing on Our Turtle's Back: Stories of Nishnaabeg Re-Creation, Resurgence and a New Emergence* (Winnipeg: Arbeiter Ring Publishing, 2011).

[10] Jo-ann Archibald, *Indigenous Storywork: Educating the Heart, Mind, Body, and Spirit* (Vancouver: UBC Press, 2008).

[11] Julie Cruikshank, "Are Glaciers 'Good to Think With'? Recognising Indigenous Environmental Knowledge," *Anthropological Forum* 22, no. 3 (2012): 239–50, https://doi.org/10.1080/00664677.2012.707972.

[12] Margaret Kovach, *Indigenous Methodologies: Characteristics, Conversations, and Contexts*, 3rd ed. (Toronto: University of Toronto Press, 2021).

[13] Alannah Young, "Indigenous Elders' Pedagogy for Land-Based Health Education Programs: Gee-Zhee-Kan'dug Cedar Pedagogical Pathways" (PhD diss., University of British Columbia, 2015), https://doi.org/10.14288/1.0135696.

[14] Vanessa Watts, "Indigenous Place-Thought and Agency amongst Humans and Non-Humans (First Woman and Sky Woman Go on a European World Tour!)," *Decolonization: Indigeneity, Education & Society* 2, no. 1 (2013): 20–34.

and translating knowledge as part of matrilineal education responsibilities.[15,16,17,18,19,20]

Inequities within Western imperialized education remain stark. In 2021, only 67% of Indigenous adults aged 25–54 had completed high school, compared to 83% of non-Indigenous adults.[21] Furthermore, only 14% of Indigenous women held a bachelor's degree or higher, compared to 35% of non-Indigenous adults. These disparities mirror those in healthcare, where Indigenous peoples remain overrepresented as patients and underrepresented as practitioners. It is within this landscape that Indigenous women continue to serve as undocumented mobilizers of resurgence: they comprise the majority of participants and embody the intergenerational responsibilities that link medicine, food, and water.[22,23]

Through this work, we contribute an applied practice-based account that interweaves Indigenous feminist and womanist frameworks with clinical and community applications of traditional medicine. We examine seven interconnected sites at and around the CLERW at xʷc̓ic̓əsəm to illuminate how Indigenous women's leadership revitalizes relational law, land-based pedagogy, and trauma-informed practice. Drawing on storywork,[24] Indigenous methodologies, and womanist tribalism,[26,27,28] we articulate a five-practice framework for land-based education and healing that can guide implementation within both community and institutional settings.

The Frameworks

Indigenous Feminist Law

Our work arises from a shared responsibility to mobilize, educate, and regenerate Indigenous knowledge systems for social justice, parity, and

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[15] John Borrows, "Learning Anishinaabe Law from the Earth," *Review of Constitutional Studies* 29, no. 2 (2025): 209–37.

[16] Aimée Craft, *Breathing Life into the Stone Fort Treaty: An Anishinaabe Understanding of Treaty One* (Saskatoon: Purich Publishing, 2013).

[17] Aimée Craft, "Decolonizing Canadian Water Policy: Lessons from Anishinaabe Nibi Inaakonigewin (Our Water Law)," *UCL Open Environment* (2023), https://doi.org/10.14324/111.444/ucloe.000055.

[18] Leanne Betasamosake Simpson, "Theory of Water: Nishnaaabe Maps to the Times Ahead," *Decolonization: Indigeneity, Education & Society 2*, no. 1 (2013): 144–61.

[19] Leanne Betasamosake Simpson, *Theory of Water: Nishnaabe Maps to the Times Ahead* (Toronto: Knopf Canada, 2025).

[20] Watts, "Indigenous Place-Thought and Agency."

[21] Alexandria Melvin, "Postsecondary Educational Attainment and Labour Market Outcomes among Indigenous Peoples in Canada, Findings from the 2021 Census," Statistics Canada, 2023, https://www150.statcan.gc.ca/n1/pub/75-006-x/2023001/article/00012-eng.htm.

[22] Lindsay Allen et al., "Indigenous-Led Health Care Partnerships in Canada," *CMAJ: Canadian Medical Association Journal 192*, no. 9 (2020): E208–16, https://doi.org/10.1503/cmaj.190728.

[23] Simpson, "Theory of Water," 144–61.

[24] Archibald, *Indigenous Storywork*.

[25] Kovach, *Indigenous Methodologies*.

[26] Emily Snyder, "Indigenous Feminist Legal Pedagogies," *Osgoode Hall Law Journal* 58, no. 2 (2021): 385–417, https://doi.org/10.60082/2817-5069.3681.

[27] Young, "Indigenous Elders' Pedagogy for Land-Based Health Education Programs."

[28] Young and Nadeau, "Embodying Indigenous Resurgence."

planetary survival. It draws upon a womanist tribal Indigenous health education model developed through a four-year rural and land-based program that began in 2003.[29] Since 2003, Elders have guided this work, and reference to Indigenous Matriarchs continues to shape our understandings of Indigenous resurgence and reciprocity.

We center Indigenous women's perspectives on our own understandings of territory, community, and our relationship to lands where we are the original peoples. We weave these perspectives into narratives of Indigenous matriarchal constitutional governance.

Our primary leadership responsibility is to demonstrate our understanding of Indigenous relationships as a fundamental law;[30] this challenges colonial and patriarchal distortions of leadership and health, repositioning Indigenous women as central to the governance of medicine, education, and wellbeing.[31] Matriarchal law teaches that holistic health is relational and that continuance of life depends on these laws and languages being practiced.[32,33]

Inawendiwin (Connection) as Governance

Inawendiwin is an Anishinaabemowin word meaning connection or relationship, both of which are a foundation and methodology of this work. It frames our ethics of care and research, requiring us to act as helpers and relatives within a broader kinship web.[34] Relational governance shifts the focus of health education and clinical practice from individual achievement to collective renewal. It repositions healing as an act of restoration rather than a biomedical intervention. Within this framework, pedagogy and medicine are inseparable.[35] In Inawendiwin, there is room for Western modalities when appropriate and needed. Kinship teachings are inclusive of Western and Indigenous modalities together.

Storywork and Conversational Method

We draw upon storywork, Indigenous literary traditions, and conversational methods as interrelated methodologies, honouring

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[29] Alannah Young, "Weaving Indigenous Women's Leadership: Protocols, Pedagogy & Practice," in *Women, Adult Education, and Leadership in Canada*, ed. Darlene Clover, Shauna Butterwick, and Laurel Collins (Toronto: Thompson Educational Publishing, 2015).

[30] Snyder, "Indigenous Feminist Legal Pedagogies," 385–417.

[31] Alannah Young, "Elders' Teachings on Leadership: Leadership Is a Gift," in *Living Indigenous Leadership: Native Narratives on Building Strong Communities*, ed. Carolyn Kenny and Tina Ngaroimata Fraser (Vancouver: UBC Press, 2012).

[32] Lorena Sekwan Fontaine, *Living Language Rights: Constitutional Pathways to Indigenous Language Education* (Winnipeg: University of Manitoba Press, 2025).

[33] Ardith Alison Walkem, "Bringing Water to the Land: Re-Cognize-Ing Indigenous Oral Traditions and the Laws Embodied within Them" (PhD diss., University of British Columbia, 2000), https://doi.org/10.14288/1.0077604.

[34] Lindsay Borrows and Jessica Eisen, "Our More Than Human Constitutions," *Review of Constitutional Studies* 29, no. 2 (2025): 173–208.

[35] Teresa Howell et al., "Sharing Our Wisdom: A Holistic Aboriginal Health Initiative," *International Journal of Indigenous Health* 11, no. 1 (2016): 111–32, https://doi.org/10.18357/ijih111201616015.

knowledge as living relationships.[36,37,38] We actively mobilize Elders' leadership teaching, challenging colonial methods. Echoing Kelm and Townsend,[39] we notice how women's perspectives have been overlooked, and we set out to explore this gendered gap and convey our reflections.

Throughout this inquiry, we share multiple conversations with Indigenous Knowledge Holders.[40,41] The female Indigenous Elders and Matriarchs in this inquiry describe neglected knowledge systems, the context and impact of colonialism, and how their leadership fulfills the holistic health education needs of communities. In our collective storywork, stories are not only data; they are teachings that move through and across time.[42]

Archibald & Parent remind us that in c̓simlenəxʷ Vincent Stogan's teachings of 'hands back, hands forward', storywork requires honouring ancestral guidance and extending one's hands forward to future relatives.[43] Through these narrative practices, we recognize that these stories from camps, collectives, and applied practices are both archives of memory and protocols for living in good relational accountability.

Indigenous Knowledge Translation

Knowledge translation (KT) is commonly defined as the exchange and application of knowledge within a complex system of interactions.[44,45] While research institutes emphasize KT as a link between academic research and health outcomes, Indigenous approaches to KT operate through fundamentally different principles. Here, the "users" of knowledge are not clinicians or researchers but community members who practice orality in kinship.

Orality refers to non-text-based sources of knowledge. This includes community-based, long-practiced transmissions of knowledge through speaking and embodying stories and teachings (e.g., songs, art and material culture, dance, regalia, pictographs, birchbark scrolls

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[36] Archibald, *Indigenous Storywork*.

[37] Margaret Kovach, "Conversation Method in Indigenous Research," *First Peoples Child & Family Review* 5, no. 1 (2010): 40–48.

[38] Deanna Reder, *Autobiocritical Narrations: The Enfolded Self in Indigenous Literature* (Waterloo: Wilfrid Laurier University Press, 2022).

[39] Mary-Ellen Kelm and Lorna Townsend, eds., *In the Days of Our Grandmothers: A Reader in Aboriginal Women's History in Canada* (Toronto: University of Toronto Press, 2006).

[40] Young, "Indigenous Elders' Pedagogy for Land-Based Health Education Programs."

[41] Young, "Weaving Indigenous Women's Leadership."

[42] Archibald, *Indigenous Storywork*.

[43] Jo-ann Archibald and Amy Parent, "Hands Back, Hands Forward for Indigenous Storywork," in *Applying Indigenous Research Methods* (New York: Routledge, 2019), https://doi.org/10.4324/9781315169811-1.

[44] Canadian Institutes of Health Research, *Knowledge Translation Strategy 2004–2009: Innovation in Action* (Ottawa: Government of Canada, 2004).

[45] Alannah Young and Denise Nadeau, "Embodied Pedagogy: All Our Relations," in *Embodying Decolonization: Methodologies and Indigenization*, ed. Heather Ritenburg, Alannah Young, Warren Linds, et al., vol. 10 (2014).

and sand teachings, tracking community, genealogy, treaty, land rights, etc.), crucial for maintaining self-determined cultural continuity despite historical efforts to suppress it. Within Indigenous contexts, KT occurs through ceremony, storywork, and the living practices of Elders, healers, and matriarchs. It is functional—relational, not transactional; embodied, not abstract.

KT is a living decolonizing process, connected to specific lands and ancestral blood memory. This decolonizing framework aligns with the Royal Commission on Aboriginal Peoples,[46] which called for the reorganization of health systems under Indigenous control. Our work responds to these calls by demonstrating how Indigenous-led collectives enact those principles through relational governance, appropriate digital adaptation, and land-based education practices.

Next, we present the seven intersectional perspectives: The Medicine Camp; the Medicine Collective; the Indigenous Focusing-Oriented Therapy Collective; the ekw'í7tl Doula Programs; Women's Wellness Gathering; Water Collective; and the Matrilineal Mentorship Collective.

We then analyze the practices for their implications to trauma, genocide-informed relationality, consent, and restoring Body-Land connections. Food sovereignty, environmental justice, planetary health, and knowledge governance are also discussed. Then, we present five interwoven practices that form the foundation of transdisciplinary, land-based pedagogy and holistic health models.

The Sites of Practice

Medicine Camp: Land-Based Education and Matriarchal Law

Established in 1992, the Medicine Camp continues to demonstrate that, despite colonialism, Indigenous knowledge and leadership education endure.[47]

The camp's pedagogy is rooted in Midewiwin and Matriarchal kinship law, drawing upon Indigenous constitutional orders where women's leadership is understood as both spiritual and practical governance. It arises from the need to create a land-based Indigenous response to inequities centered on reciprocity, cultural continuity, and collective wellbeing. It builds on Eshkakimikwe Kandosowin (*Earth Ways of*

[46] Royal Commission on Aboriginal Peoples, *Report of the Royal Commission on Aboriginal Peoples. Vol. 3, Gathering Strength* (Ottawa: Canada Communication Group, 1996), https://data2.archives.ca/e/e448/e011188230-03.pdf.

[47] Medicine Camp was created in part as a response to systemic inequities facing Indigenous peoples, their underrepresentation in higher education, and overrepresentation in healthcare systems as patients rather than practitioners. The 2021 census data indicate that while Indigenous peoples comprise 5.0% of the population, they represent less than 1% of physicians and 3% of nurses. See Statistics Canada, "The Indigenous Population Continues to Grow and Is Much Younger than the Non-Indigenous Population, Although the Pace of Growth Has Slowed," September 21, 2022, https://www150.statcan.gc.ca/n1/daily-quotidien/220921/dq220921a-eng.htm; Canadian Association of Schools of Nursing, Indigenous Nursing Student and Faculty Survey Report, 2020–2021 (2022), https://www.casn.ca/wp-content/uploads/2022/12/2020-21-CASN-Indigenous-Nursing-Student-Faculty-Survey-Report-EN.pdf; and Future Skills Center and The Conference Board of Canada, Increasing the Number of Indigenous Physicians in Canada: Key Findings and Recommendations (Summary for Executives) (Ottawa: Future Skills Center, 2025), https://fsc-ccf.ca/wp-content/uploads/2025/08/summary-answering-the-call_jun2025.pdf.

Knowing), where land is both teacher and curriculum.[48] Through the camp, Matriarchs and Elders transmit health education, leadership ethics, resurgence, and Indigenous law across generations.[49,50,51]

These pedagogical practices help shape a generation of Indigenous educators, health workers, and community mentors, grounded in Indigenous values of respect, relational accountability, and service. Matriarchs' transmission of knowledge demonstrates the persistence of Tribal women's governance despite the pressures of assimilationist Canadian state narratives and genocidal policies and practices.[52]

The camp's cycles of teaching represent a living pedagogy of resurgence and resilience, modelling what decolonized health education looks like in practice: land-based, intergenerational, and guided by matriarchal and kinship laws.

The Medicine Collective: Ethical Relationality, Plant Medicines, and Protocol

The Medicine Collective is a group of Indigenous Elders and Knowledge Keepers who provide mentorship, guidance, and traditional teachings within and beyond the CLERW at xʷc̓ic̓əsəm, at the University of British Columbia (UBC). Dedicated to Indigenous land-based learning, the Collective works to reconnect students and community members through the principle of "plants and food as medicine," facilitating workshops on traditional plant medicines and ensuring the garden's protocols are guided by Indigenous ethics, reciprocity and applied orality practices.[53,54,55,56]

Academic literature references Aboriginal health practices, such as the Medicine Collective, as successful models of decolonizing health education. Research highlights how the Medicine Collective's mentorship fosters cultural continuity

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[48] Young, "Indigenous Elders' Pedagogy for Land-Based Health Education Programs."

[49] Kathleen Absolon, *Kaandossiwin, 2nd Edition: How We Come to Know: Indigenous Re-Search Methodologies* (Black Point, NS: Fernwood Publishing, 2022).

[50] Jeff Corntassel and Tiffanie Hardbarger, "Educate to Perpetuate: Land-Based Pedagogies and Community Resurgence," *International Review of Education* 65 (2019): 87–116, https://doi.org/10.1007/s11159-018-9759-1.

[51] Matthew Wildcat et al., "Learning from the Land: Indigenous Land-Based Pedagogy and Decolonization," *Decolonization: Indigeneity, Education & Society 3*, no. 3 (2014): I–V.

[52] Young, "Weaving Indigenous Women's Leadership."

[53] Samantha Lenore Fuller and Tabitha Robin, "Animal Relations and the Ethics of Living a Good Life," *CABI One Health* (2025), https://doi.org/10.1079/cabionehealth.2025.0028.

[54] Tabitha Robin, "Our Hands at Work: Indigenous Food Sovereignty in Western Canada," *Journal of Agriculture, Food Systems, and Community Development* 9, no. Suppl 2 (2019): 85–99, https://doi.org/10.5304/jafscd.2019.09B.007.

[55] Alannah Young, "Weaving Indigenous Women's Leadership: Protocols, Pedagogy & Practice," In *Women, Adult Education, and Leadership in Canada, edited by Darlene Clover, Shauna Butterwick, and Laurel Collins* (Toronto: Thompson Educational Publishing, 2015).

[56] Alannah Young Leon et al., "Decolonizing Framework for Land-Based Pedagogies," *Canadian Journal of Native Education* 41, no. 1 (2019): 37–59.

among urban Indigenous youth, providing a critical counter-narrative to colonial health systems.[57,58,59,60] At Simon Fraser University (SFU), we are conceptualizing health technologies grounded in land and water relationality, incorporating Matriarchal guidance, fostering distinctions-based modalities crucial for health equity.[61]

IFOT Collective: Genocide-Informed, Land-Based Psychotherapy

The Indigenous Focusing-Oriented Therapy (IFOT) Collective represents another layer of Matriarchal leadership. This genocide-informed, land-based therapeutic model centers body wisdom, relational ethics, and intergenerational mentorship.[62] The majority of trainees and instructors are women, another lineage of Matriarchal responsibility in health and healing. IFOT situates holistic health within the context of community, land, and connects to ancestral wisdom through blood memory.[63]

The training model is culturally neutral (i.e., not based on the ceremonial or distinct teachings of a specific Nation or Community, but rather is person-centered within a collective relationship of interconnections), integrating body-based techniques with land kinship, sensory awareness, and cultural protocols that restore relational connectedness.

During the COVID-19 pandemic, the Collective shifted to online and hybrid delivery models, led by dedicated Matriarchs from across Turtle Island with a long history of facilitating the IFOT training. This adaptation extended the reach of Indigenous holistic health to remote communities, demonstrating that digital technologies, governed by Matriarchal ethics, can become appropriate conduits of connection.[64,65,66]

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[57] Tonya Gomes et al., "Indigenous Health Leadership: Protocols, Policy, and Practice," *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 11, no. 3 (2013): 565–75.

[58] Howell et al., "Sharing Our Wisdom," 111–32.

[59] Wilson Pereira Mendes, "Growing Connections: Regenerative Land-Based Education for Indigenous Urban Youth at Xwc̓ic̓əsəm Garden 'the Place Where We Grow,'" (PhD diss., University of British Columbia, 2023), http://hdl.handle.net/2429/84765.

[60] Krista Stelkia et al., "Letsemot, 'Togetherness': Exploring How Connection to Land, Water, and Territory Influences Health and Wellness with First Nations Knowledge Keepers and Youth in the Fraser Salish Region of British Columbia," *International Journal of Indigenous Health* 16, no. 2 (2021): 356–69, https://doi.org/10.32799/ijih.v16i2.33867.

[61] Patricia May-Derbyshire, "Kitot'sattook: Indigitalized Spaces, Time Travel, and Kinship Computing Interconnection (KCI)," In *Future Spaces of Power: The Cultural Politics of Digital and Outer Spaces*, ed. Caroline Alphin, E. Leigh McKagen, and Shelby Ward, 181–204 (London: Bloomsbury Academic, 2025).

[62] IFOT Collective et al., "Indigenous Tools for Living: Decolonizing Genocide-Informed Health Education," *AlterNative: An International Journal of Indigenous Peoples* (2025), https://doi.org/10.1177/1177180125135606.

[63] Leilani Holmes, "Heart Knowledge, Blood Memory, and the Voice of the Land: Implications of Research among Hawaiian Elders," in *Indigenous Knowledges in Global Contexts: Multiple Readings of Our World*, ed. George J. Sefa Dei, Budd L. Hall, and Dorothy Goldin Rosenberg (Toronto: University of Toronto Press, 2000).

[64] IFOT Collective et al., "Indigenous Tools for Living."

[65] May-Derbyshire, "Kitot'sattook," 181–204.

[66] Lisa Richardson and Allison Crawford, "COVID-19 and the Decolonization of Indigenous Public Health," *CMAJ: Canadian Medical Association Journal* 192, no. 38 (2020): E1098–100, https://doi.org/10.1503/cmaj.190618.

Midwifery and Doula Programs: Water, Birth, and Women's Responsibilities

Indigenous women's leadership in birth work and maternal health represents another vital site of resurgence, grounded in nibi (water) as both life and law. Water teachings guide women's roles as life-givers, caregivers, and extend Matriarchal governance to reproductive and community health.[67,68] The re-emergence of Indigenous midwifery and doula collectives in Manitoba and British Columbia, ekw'í7tl (ah-quay-tull, family, in Sḵwx̱wú7mesh sníchim), builds on matriarchal ancestral teachings.

In 1990, Dr. Alannah Young became the first documented parent to have a home birth in her family in over five generations, followed by her sister's home birth, and the first Nation-registered birth certificate in five generations. Métis midwife Darlene Birch delivered their babies.

This reawakened midwifery as both cultural continuity and political assertion of Indigenous jurisdiction over women's bodies and birthing practices. Initiatives at the University of Manitoba and UBC anchored Indigenous Doula Collectives to ensure community control.

Importantly, the initiatives reaffirm women's inherent governance over life itself, reclaiming birth as a site of sovereignty, ceremony, and health justice. The Ekwi7tl Indigenous Doula Collective, which partners with the Medicine Collective at xʷc̓ic̓əsəm, continues this lineage. They provide culturally grounded support for birthing people in both urban and rural settings, guided by matriarchal law.

Indigenous doula care responds to a wide range of issues that affect Indigenous women's experiences of pregnancy, birth, and the post-partum period. Indigenous doulas play a critical role in countering medical racism in hospital settings and advancing the resurgence of Indigenous birthing sovereignty.[69,70] These programs have been linked to improved perinatal outcomes, stronger breastfeeding support networks, and increased access to culturally relevant continuity and care.[71,72]

Women's Wellness, Ceremony, and Indigenous Mental Health Gathering

Mental health inequities experienced by Indigenous women represent a persistent challenge within global health discourse.[73,74] As

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[67] Simpson, *Dancing on Our Turtle's Back*.

[68] Simpson, *Theory of Water*.

[69] Archibald and Parent, "Hands Back, Hands Forward for Indigenous Storywork."

[70] Jaime Cidro et al., "Putting Them on a Strong Spiritual Path: Indigenous Doulas Responding to the Needs of Indigenous Mothers and Communities," *International Journal for Equity in Health* 20 (2021): 189, https://doi.org/10.1186/s12939-021-01521-3.

[71] Danette Jubinville et al., "Relationships to Land as a Determinant of Wellness for Indigenous Women, Two-Spirit, Trans, and Gender Diverse People of Reproductive Age in Toronto, Canada," *Canadian Journal of Public Health* 115, no. Suppl 2 (2024): 253–62, https://doi.org/10.17269/s41997-022-00678-w.

[72] Richardson and Crawford, "COVID-19 and the Decolonization of Indigenous Public Health," E1098–100.

[73] Karlee D. Fellner et al., "Reconciling Relations: Shifting Counselling Psychology to Address Truth and Reconciliation," *Canadian Journal of Counselling and Psychotherapy* 54, no. 4 (2020).

[74] Karlee D. Fellner, "Embodying Decoloniality: Indigenizing Curriculum and Pedagogy," *American Journal of Community Psychology* 62, no. 3–4 (2018): 283–93, https://doi.org/10.1002/ajcp.12266.

part of a CIHR-funded project on Indigenous peoples' wellness, 25 Indigenous women, Matriarchs, and Knowledge Holders came together in 2022 to discuss Indigenous women's wellness and ceremony.[75] The gathering was structured by the five-practice framework, which connects research, ceremony, community, land kinship, and Indigenously reparative matriarchal knowledge.[76,77,78]

The dialogues were permeated by a personal and collective desire for restoring health, for women and by women. The initial days focused on setting intentions and establishing cultural protocols. Four Matriarchs, guided by long-practiced women's teachings and protocols, used the storywork methodology. The group applied Matriarchal governance principles to enhance Indigenous women's capacity to walk alongside one another as relational responsibility.[79,80] The gathering balanced the healing work with laughter and gratitude, calling on all to recognize their gifts, honour boundaries, and uphold ancestral protocols.[81,82]

Nibi Inaakonigewin (Water Law), Relational Governance and Water Collectives

Further demonstrating the centrality of nibi (water) to Indigenous women's governance, Anishinaabe Métis lawyer Aimée Craft connects water rights, the legal personhood of water, and the broader rights-of-nature movement.[83] Craft's work with the "Decolonizing Water" initiative and the Nibi Declaration of Treaty 3 operationalizes Anishinaabe law as a foundation for water governance.

The granting of legal personhood status to the Magpie River (Muteshekau Shipu) in Quebec in 2021, a legal innovation aligning with the agency and spiritedness of water that Craft advocates for, is a testament to the effectiveness of weaving Indigenous legal traditions with Western legal training. These principles are supported by actions on the ground. The Vancouver Women's Water Collective, guided by Matriarchs including Dorothy Cucw-la7 Christian, Rita Wong, and Alannah Young, actively supports initiatives. One of them is the Peace & Dignity Journeys, an intercontinental run that started in 1992 and runs every 4 years, reinforcing relational protocols and responsibilities across Turtle Island.

Matrilineal Policy and Mentorship: The Downstream and the Legacy of the Longhouse

Indigenous women's protocols are also applied as matrilineal policy and sovereign governance

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[75] Karlee D. Fellner, *Indigenous Approaches to Wellness & Psychotherapy as a Response to the COVID-19 Mental Health Crisis in Indigenous Communities* (Ottawa: Canadian Institutes of Health Research, 2022).

[76] Lily George et al., *Indigenous Research Ethics: Claiming Research Sovereignty beyond Deficit and the Colonial Legacy* (Bingley, UK: Emerald Publishing, 2020).

[77] Mary-Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900–50* (Vancouver: UBC Press, 1998).

[78] Young and Nadeau, "Embodying Indigenous Resurgence."

[79] Fuller and Robin, "Animal Relations and the Ethics of Living a Good Life."

[80] Robin, "Our Hands at Work."

[81] Fuller and Robin, "Animal Relations and the Ethics of Living a Good Life."

[82] Robin, "Our Hands at Work."

[83] Aimée Craft, "Decolonizing Canadian Water Policy: Lessons from Anishinaabe Nibi Inaakonigewin (Our Water Law)," *UCL Open Environment* (2023), https://doi.org/10.14324/111.444/ucloe.000055.

within complex institutional environments. Christian and Wong's *The Downstream: Reimagining Water* archives testimonials of Matriarchs using Indigenous protocols as policy to restore relational responsibilities as law, exemplified by the Vancouver Water Walks in 2013.[84,85,86]

This event demonstrated that governance is procedural, requiring explicit adherence to protocols (e.g., securing the consent of local Nations). This governance is sustained by active mentoring and reciprocity, embodying the "Hands back, hands forward" through platforms like the Full Circle First Nations Performance Society.[87,88]

At UBC, Matriarchs, including Rosalind Ing, Verna Kirkness, Madeleine MacIvor, Jo-ann Archibald, Ethel Gardner, Jan Hare, and many others, paved the way for institutional change within the Faculty of Education and the First Nations House of Learning (FNHL). Dr. Ing established Indigenous student seats and supported programming within the Faculty of Medicine.

Alannah Young helped to establish the Longhouse Leadership program.[89] This work confirms that establishing Indigenous spaces within academia is a crucial example of Matrilineal responsibility applied as an informal form of institutional policy.[90]

Cross-Site Practices and Implications

Across the seven sites, Indigenous women's leadership is expressed through a shared ethic of relational law. Though each site is distinct, they form an interdependent ecology of resurgence that restores responsibilities between land, body, and community while addressing the ongoing impacts of colonial trauma and structural inequity.[91,92,93,94,95,96]

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[84] Isaac K. Oommen, "Women Waters Ceremonial Walk," Vancouver Media Co-op, June 12, 2013, Video, https://vancouver.mediacoop.ca/fr/video/women-waters-ceremonial-walk/16425.html.

[85] Tsleil-Waututh Nation Sacred Trust, "Water Ceremony at Whey-Ah-Wichen / Cates Park, North Vancouver," 2023, https://twnsacredtrust.ca/water-ceremony-at-whey-ah-wichen-cates-park-north-vancouver/.

[86] Rita Wong and Dorothy Christian, *Downstream: Reimagining Water* (Waterloo, ON: Wilfrid Laurier University Press, 2017).

[87] Archibald and Parent, "Hands Back, Hands Forward for Indigenous Storywork."

[88] Young and Nadeau, "Embodying Indigenous Resurgence."

[89] First Nations House of Learning, "Longhouse Teachings: Respect, Relationships, Responsibility, and Reverence," University of British Columbia, accessed October 22, 2025, https://fnhl.ubc.ca/longhouse/longhouse-teachings/.

[90] Young, "Weaving Indigenous Women's Leadership."

[91] Dwayne Donald et al., "Relational Ecologies of Indigenous Leadership," Journal of Indigenous Education Studies 5, no. 2 (2012): 34–52.

[92] IFOT Collective et al., "Indigenous Tools for Living."

[93] Dawn Morrison, "Back to the Roots: Restoring Indigenous Food Landscapes," Cultural Survival Quarterly 44, no. 1 (2020).

[94] Dawn Morrison, "Reflections and Realities: Expressions of Food Sovereignty in the Fourth World," in Indigenous Food Systems: Concepts, Cases and Conversations, ed. Priscilla Settee and Shailesh Shukla (Toronto: Canadian Scholars, 2020).

[95] Young, "Indigenous Elders' Pedagogy for Land-Based Health Education Programs."

[96] Young and Nadeau, "Embodying Indigenous Resurgence."

These initiatives demonstrate that women's traditional medicine functions not as static cultural heritage but as an applied system of governance, education, and clinical care capable of guiding ethical practice across institutions and territories. Together, they reveal that health, education, and leadership are interwoven when grounded in Matriarchal principles of relationship, reciprocity, and renewal.[97,98,99]

Trauma, Genocide Informed Relationality, and Consent

Safety and consent are ceremonial rather than administrative checkboxes. Within Indigenous frameworks, consent arises through protocol, kinship, and the pacing of relationships.[100] At the Medicine Camp, spiritual and cultural kinship begins with the land itself; each teaching opens with protocols and acknowledgments, locating learners in relationship.[101] Within the IFOT Collective, this becomes clinical practice: facilitators attune to bodily signals and collective energy to establish relationality before work begins.[102,103]

The IFOT Collective's online gatherings during COVID-19 modelled ethical accompaniment, maintaining reciprocity and cultural continuity across distance.[104,105] The midwifery and doula programs extend this principle to perinatal care: birth is approached through ceremony, water law, and relational accountability rather than as a medicalized event.[106] The Women's Wellness Gathering in 2022 fostered kinship among women and the land, IFOT training principles and protocols, and the necessary conditions for individual and collective healing.

This relational ethic extends further through Nibi Inaakonigewin, where consent is recognized as a legal obligation to the natural world, acknowledging that the agency of water demands that we seek permission from the land itself,[107] treating Nibi not as a resource to be managed, but as a relative with rights. The water owns itself, and the Matrilineal Policy Collective operationalizes genocide-informed care and consent through governance, asserting that legal and institutional engagement requires protocol

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[97] Archibald, *Indigenous Storywork*.

[98] Archibald and Parent, "Hands Back, Hands Forward for Indigenous Storywork."

[99] Kelm, *Colonizing Bodies*.

[100] Kovach, "Conversation Method in Indigenous Research."

[101] Young, "Indigenous Elders' Pedagogy for Land-Based Health Education Programs."

[102] Stephanie Daniel Tipple, "Decolonizing the Conceptualization of Trauma: An Indigenous Focusing-Oriented Approach" (Master's thesis, University of Calgary, 2021), https://doi.org/10.11575/PRISM/39371.

[103] Shirley Turcotte and Jeffery J. Schiffer, "Aboriginal Focusing-Oriented Therapy (AFOT)," in *Emerging Practice in Focusing-Oriented Psychotherapy: Innovative Theory and Applications*, ed. Greg Madison (London: Jessica Kingsley Publishers, 2014).

[104] IFOT Collective et al., "Indigenous Tools for Living."

[105] Richardson and Crawford, "COVID-19 and the Decolonization of Indigenous Public Health."

[106] Simpson, *Theory of Water*.

[107] Lee Maracle, "Water," in *Downstream: Reimagining Water, ed. Dorothy Christian and Rita Wong* (Waterloo, ON: Wilfrid Laurier University Press, 2017).

as a form of collective consent.[108,109,110] Across these contexts, relational consent acts as the first protocol that affirms agency and care within the community.

Holistic Health, Colonial Trauma, and Restoring the Body-Land Connection

Each initiative treats colonialism as an ongoing condition expressed through body, memory, and land. The seven sites collectively deconstruct trauma, grief, and chronic disease as outcomes of disconnection from Indigenous legal and kinship systems.[111,112] The IFOT Collective explicitly frames its work as genocide-informed, situating trauma within colonial violence rather than individual pathology.[113]

At the Medicine Camp, embodied pedagogies like song, movement, and ceremony restore physiological regulation and spiritual grounding.[114] Within the Medicine Collective, plant and food medicine are reframed as kinship responsibilities, reconnecting metabolic health to soil, seasons, and ancestral biocultural ecosystems.[115] The midwifery and doula programs bring this similar logic to reproduction, reconnecting birth to land and water as sacred sources of kinship, balance, and vitality.[116,117]

This reverence for water is codified through Nibi Inaakonigewin, where the legal personhood of water asserts that planetary health and human wellbeing are indistinguishable; protecting Nibi is an act of protecting the collective body. Similarly, the Women's Wellness Gathering in 2022 operationalizes this restoration through material culture, where shawls and medicines serve as relational technologies to knit together body, mind, and spirit as a part of women's restorative action.

Matrilineal policy structurally supports these actions, recognizing that institutional presence, such as xʷc̓ic̓əsəm at UBC, and direct action, such as Water walks, are necessary acts of re-membering, or returning fragmented relationships among body, land, and community to wholeness.[118,119] This holistic understanding

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[108] Courtney Defriend and Celeta M. Cook, "Reawakening of Indigenous Matriarchal Systems: A Feminist Approach to Organizational Leadership," *Healthcare Management Forum* 37, no. 3 (2024): 160–63, https://doi.org/10.1177/08404704231210255.

[109] George et al., *Indigenous Research Ethics*.

[110] National Collaborating Center for Indigenous Health, *Informed Choice and Consent in First Nations, Inuit and Métis Women's Health Services: Summary Report* (Prince George, BC: National Collaborating Center for Indigenous Health, 2021).

[111] Young, "Indigenous Elders' Pedagogy for Land-Based Health Education Programs."

[112] Alannah Young and Denise Nadeau, "Moving with Water: Water Relationships and Responsibilities," in *Downstream: A Water Anthology*, ed. Rita Wong and Dorothy Christian (Waterloo, ON: Wilfrid Laurier University Press, 2017).

[113] IFOT Collective et al., "Indigenous Tools for Living."

[114] Young, "Weaving Indigenous Women's Leadership."

[115] sʔəyəɬəq Larry Grant et al., "Indigenous Restorative Land-Based Practices for Urban Youth," *Journal of Indigenous Wellbeing* 6, no. 3 (2021): 16–30.

[117] Simpson, *Theory of Water*.

[118] Young and Nadeau, "Embodied Pedagogy: All Our Relations."

[119] Oommen, "Women Waters Ceremonial Walk."

of health challenges industrialized biomedicine and advances applied practices of Indigenous self-determination in health governance when appropriate.[120,121]

Food Sovereignty, Environmental Justice, and Planetary Health

Food and medicine are inseparable from holistic health and environmental governance at each site. The Medicine Collective and the Working Group on Indigenous Food Sovereignty (WGIFS) illustrate that cultivating food is an act of both medicine and kinship responsibilities. WGIFS, grassroots, primarily Indigenous women-led organization, advances food sovereignty by applying ancient knowledge to critically analyze related issues—food, land, health, sustainability, and engaging in policy, advocacy, and land-based initiatives.

Guided by a Matriarch advisory group, WGIFS is supported by IFOT training and the Medicine Collective's ongoing grant support for Indigenous food systems network initiatives like the Cwelcwelt Kuc "We are Well" program and advocates for the wild salmon caravan initiatives.[122,123] Medicine Camp pedagogies and IFOT workshops integrate harvesting ethics and plant and food as relatives and are medicine foundations for wellness.[124,125,126,127]

Here, the act of gathering and wrapping oneself in the medicines that stand and feed and nurture us and being "held" by the waterways acts as an ecological relation where the land itself participates in education and the repair of spirit.[128,129,130,131]

The water-focused sites, from Nibi Inaakonigewin to the Vancouver Water Walk, are actions of matrilineal work, underscoring that water law is fundamental to planetary health. By upholding Nibi as a legal person with rights, these collectives challenge the commodification

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[120] Carla M. Dhillon, "Indigenous Feminisms: Disturbing Colonialism in Environmental Science Partnerships," *Sociology of Race and Ethnicity* 6, no. 4 (2020): 483–500, https://doi.org/10.1177/2332649220908608.

[121] Royal Commission on Aboriginal Peoples, *Report of the Royal Commission on Aboriginal Peoples*.

[122] Morrison, "Back to the Roots."

[123] Morrison, "Reflections and Realities."

[124] Joni Adamson, "Medicine Food: Critical Environmental Justice Studies, Native North American Literature and the Movement for Food Sovereignty," *Environmental Justice* 4, no. 4 (2011): 213–19, https://doi.org/10.1089/env.2010.003.

[125] Jeffrey Ansloos et al., "Indigenization in Clinical and Counselling Psychology Curriculum in Canada: A Framework for Enhancing Indigenous Education," *Canadian Psychology/Psychologie Canadienne* 63, no. 4 (2022): 481–92, https://doi.org/10.1037/cap0000344.

[126] Grant et al., "Indigenous Restorative Land-Based Practices for Urban Youth," 16–30.

[127] Young, "Weaving Indigenous Women's Leadership."

[128] Shelby Henry, "Water Walkers," *Indigenizing Learning*, accessed March 14, 2026, https://indigenizinglearning.educ.ubc.ca/water-walkers/.

[129] Holmes, "Heart Knowledge, Blood Memory, and the Voice of the Land."

[130] Daniel Heath Justice, "Review of *Real Indians: Identity and the Survival of Native America*, by Eva Marie Garroutte," Wicazo Sa Review 20, no. 1 (2005): 201–3.

[131] Tabitha Robin Martens et al., "Feeding Indigenous People in Canada," *International Social Work* 65, no. 4 (2020): 652–62, https://doi.org/10.1177/0020872820916218.

of nature, situating water protection as a responsibility to kin, biocultural ecological restoration, and preventive medicinal practices. Together, these movements link Indigenous women's medicine within environmental justice and planetary survival.[132]

Knowledge Governance and Anti-Extraction

Each site enacts a distinctive form of Indigenous knowledge governance. Permissions are relational, authority is grounded in kinship and responsibility rather than ownership.[133,134,135] Matrilineal Policy work is key, establishing that institutional and community engagement must be guided by intertribal protocols as embodied in the Water Walks.

This framework is reinforced by Nibi Inaakonigewin, governance that extends beyond human jurisdiction; by recognizing water's legal personhood, Indigenous law acts as an anti-extraction mechanism, which demands consent from the land.[136,137]

The Medicine Collective maintains ethical guidelines to safeguard Traditional Knowledge from appropriation, with benefits being returned to communities. IFOT trainers uphold cultural and clinical protocols that are person-centered and held within the collective.[138] Similarly, the Women's Wellness Gathering demonstrated that governance is also an embodiment of reparation and restores kinship connection-inawendiwin.

Elders at the Medicine Camp determine what knowledge and teachings may be shared, when, and with whom.[139] The institutional leadership of matriarchs, Elders, and advisories, in establishing the FNHL as a component of Matrilineal legacies, ensures that knowledge governance is placed within Indigenous jurisdiction in the academic sphere. This exemplifies community-determined research in action, aligning with the Four R's—Respect, Relevance, Reciprocity, and Responsibility—and the relational ecologies of Indigenous leadership.[140,141] They clarify appropriate roles for non-Indigenous collaborators: to act as Helpers under Indigenous Elders' guidance, accountable to the relationships that make collaboration possible.

Five Interwoven Practices

Across the different sites, Indigenous women's leadership is expressed through five interwoven practices that form the foundation of transdisciplinary, land-based pedagogy. Articulated by Young as eshkakimikwe

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[132] Dhillon, "Indigenous Feminisms."

[133] Kovach, "Conversation Method in Indigenous Research."

[134] Ritenburg et al., "Embodying Decolonization: Methodologies and Indigenization," *AlterNative: An International Journal of Indigenous Peoples* 10, no. 1 (2014): 67–80.

[135] Robin, "Land, Kinship, and Healing."

[136] Marlow Gregory Sam, "Oral Narratives, Customary Laws and Indigenous Water Rights in Canada" (PhD diss., University of British Columbia, 2013), https://doi.org/10.14288/1.0074307.

[137] Walkem, "Bringing Water to the Land."

[138] IFOT Collective et al., "Indigenous Tools for Living."

[139] Young, "Weaving Indigenous Women's Leadership."

[140] Donald et al., "Relational Ecologies of Indigenous Leadership."

[141] Verna J. Kirkness and Ray Barnhardt, "First Nations and Higher Education: The Four R's—Respect, Relevance, Reciprocity, Responsibility," *Journal of American Indian Education* 30, no. 3 (1991): 1–15.

kandosowin (*Earth Ways of Knowing*): the Gee-zhee-kan'dug (*Cedar*) pedagogy encompasses research, protocol, preparation, application, and reflection, constituting a cyclical and relational framework for Indigenous education and governance.[142] Grounded in relational law and guided by matriarchal and Elder governance, they operationalize Indigenous law.

This cyclical framework ensures that each act of knowledge creation is relational, accountable, and regenerative.[143,144,145,146,147] It demonstrates that education and medicine are not separate domains but interwoven responsibilities that sustain both communities and living systems that support all life. Indigenous law is realized when it is embodied—living the teachings (e.g., in foraging, dance, ceremony, or song).[148]

Research Coordination: Relationship Before Knowledge

Research within Indigenous frameworks begins not with hypothesis or extraction but with relationship-building; this means coordinating with local Nations, Elders, and resource people so that inquiry is grounded in place and protocol.[149,150,151,152,153]

Indigenous legal orders are broadly understood as the foundational, living systems of relational accountability and obligations derived from the land, ancestors, and the spiritual worlds.[154,155] Inawendiwin is an example of legal ordering that restores connection, balance, and the maintenance of cyclical, reciprocal responsibilities therein.[156,157] Protocol describes

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[142] Young, "Weaving Indigenous Women's Leadership."

[143] Grant et al., "Indigenous Restorative Land-Based Practices for Urban Youth," 16–30.

[144] Henry, "Water Walkers."

[145] Young, "Weaving Indigenous Women's Leadership."

[146] Young and Nadeau, "Moving with Water."

[147] Young Leon et al., "Decolonizing Framework for Land-Based Pedagogies."

[148] Young, "Weaving Indigenous Women's Leadership."

[149] Jo-ann Archibald, "Creating an Indigenous Intellectual Movement at Canadian Universities: The Stories of Five First Nations Female Academics," in *Restoring the Balance: First Nations Women, Community, and Culture*, ed. Gail Guthrie Valaskakis, Madeline Dion Stout, and Éric Guimond (Winnipeg: University of Manitoba Press, 2009).

[150] Howell et al., "Sharing Our Wisdom."

[151] Kirkness and Barnhardt, "First Nations and Higher Education."

[152] Kovach, "Conversation Method in Indigenous Research."

[153] Brian Schnarch, "Ownership, Control, Access, and Possession (OCAP) or Self-Determination Applied to Research: A Critical Analysis of Contemporary First Nations Research and Some Options for First Nations Communities," *International Journal of Indigenous Health* 1, no. 1 (2004): 80–95.

[154] Borrows, "Learning Anishinaabe Law from the Earth."

[155] Young, "Weaving Indigenous Women's Leadership."

[156] Young and Nadeau, "Moving with Water."

[157] Young, "Weaving Indigenous Women's Leadership."

the specific, culturally situated ethical actions required to activate and access knowledge, thereby upholding specific legal orders.[158,159]

At the Medicine Camp, for example, research coordination is expressed through the seasonal return to the land-based health education Camps, where knowledge generation is embedded in the cyclical renewal of land-based relationships.[160,161]

The Medicine Collective enacts this through collaborative design with community members, ensuring that teachings about plants and food medicines arise from shared responsibility, rather than institutional agendas. Similarly, the Women's Wellness Gathering in 2022 connected community, land kinship, and Indigenously reparative Matriarchal knowledge. Research occurred in Circle, and a shared inquiry into material culture and holistic wellness was led by Matriarchs from diverse Indigenous Nations, in a spirit of respect for the lands and waterways.

Research coordination, across all sites, reflects the core principle that knowledge gathering requires accountability to its carriers. This accountability manifests in IFOT through the participatory co-development of trauma-informed curricula with Indigenous practitioners.[162,163]

Similarly, in the Matrilineal Policy context, coordination is evident in the sharing of testimonial stories, as expressed in The Downstream: Reimagining Water (2017). This publication features self-determined community engagements, in which knowledge keepers from each host Nation open the daily gatherings by sharing their relationships to bodies of water.

Protocol Engagement: Governance Through Relationship

Protocol is not a preliminary step but a governance system that structures relationships, permissions, and responsibilities.[164] In each site, protocol functions as the interface between knowledge and ethics. At the Medicine Camp, for example, protocol governs the use of sacred teachings and materials, ensuring the safety and integrity of the land-based pedagogy.[165]

The Matrilineal Policy Collective's work aims to formalize this into a legal policy framework, where protocols such as local nation and intergenerational representation serve as principles for collective action, exemplified by the Vancouver Water Walks and Mediwiwin waters walks.[166] Aimée Craft's work on Nibi Inaakonigewin deepens this by framing protocol as Indigenous legal orders for water itself.

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[158] Grant et al., "Indigenous Restorative Land-Based Practices for Urban Youth."

[159] Young, "Weaving Indigenous Women's Leadership."

[160] Diane Simon et al., "Embodied in Indigenous Research: How Indigeneity, Positionality, and Relationality Contribute to Research Approaches and Understanding," *Healthy Populations Journal* 3, no. 1 (2023), https://doi.org/10.15273/hpj.v3i1.11475.

[161] Young, "Weaving Indigenous Women's Leadership."

[162] Francesca Maximé, "All My Relations with Shirley Turcotte, RCC," *Be Here Now Network*, September 21, 2021, Podcast. https://beherenownetwork.com/francesca-maxime-ep-51-all-my-relations-with-shirley-turcotte-rcc/.

[163] Turcotte and Schiffer, "Aboriginal Focusing-Oriented Therapy (AFOT)."

[164] Donald et al., "Relational Ecologies of Indigenous Leadership."

[165] Young, "Weaving Indigenous Women's Leadership."

[166] Ayse Gursoz, "Meet Josephine Mandamin (Anishinaabekwe), The 'Water Walker,'" *Mother Earth Water Walk*, 2017, https://www.motherearthwaterwalk.com/?p=2845.

The midwifery and doula programs weave protocols into ceremony, marking key phases of lifegiving through water, welcoming, naming, and coming-of-age ceremonies. At the Women's Wellness Gathering, protocol served as the container for relational accountability, where matriarchs modeled adherence to women's responsibilities; this required participants to recognize and carry their gifts, honour boundaries, and uphold protocols with one another. Across these sites, protocol engagement functions as an ethical infrastructure to ensure that Indigenous knowledge is grounded in self-determined sovereignty, respect, and continuity.

Preparation and Access: Creating the Conditions for Learning

Preparation involves making access possible, not only through materials and logistics, but through emotional, physical, and spiritual readiness and community inclusion. In Indigenous pedagogy, preparation means setting the table before teaching begins.[167,168] At the Medicine Camp, preparation includes logistical planning for land-based accommodations, setting up the lodges for teachings, and engaging in personal and spiritual readiness.[169]

The Medicine Collective prepares by introducing Indigenous ethical research methods and local plants as kin relationships, engaging Indigenous-led land-based pedagogies and protocols, and by offering alter-narratives demonstrating cultural continuity. The WGIFS prepares its staff and researchers by weaving IFOT principles into its governance to ensure policies for restorative ecologies are genocide-informed and benefit all kin relations, and learning from the land (e.g., salmon cycles).

The institutional work of matriarchal leaders at UBC represents a foundational act of preparation. By establishing the First Nations House of Learning (FNHL) and the Institute for Aboriginal Health, these leaders, in collaboration with intertribal Elder advisories, men, faculty, youth, gender-diverse persons, and the broader community, created the essential physical and intellectual infrastructure for Indigenous students.

Such systemic efforts remain rare in higher education, as they require the difficult labor of embedding Indigenous Matriarchal Law within the typically rigid and hierarchical structures of Western institutional systems. This labor paved the way for land-based initiatives like the Indigenous Health Research and Education Garden (IHREG) and the current Center for Land-based Education, Research and Wellness at xʷc̓ic̓əsəm, ensuring that students can access and embody ancestral knowledge within the academy. Through these diverse expressions, preparation ensures that learning unfolds within conditions that apply relational connection, collective care, and reciprocity, enabling many generations to access holistic wellness as an applied intergenerational responsibility.

[167] Archibald and Parent, "Hands Back, Hands Forward for Indigenous Storywork."

[168] Young, "Indigenous Elders' Pedagogy for Land-Based Health Education Programs."

[169] Young, "Weaving Indigenous Women's Leadership."

Application on the Land: Embodied Practice and Experiential Learning

Application transforms relational teachings into lived practice. The moment when knowledge returns to the land and theory, it becomes an embodied experience. At the Medicine Camp, for example, this occurs through active participation in ceremonial cycles and harvesting practices, embodying matriarchal law as lived governance unfolds.[170,171,172]

The Matrilineal Policy collective applies its governance principles through direct action, supporting the Peace and Dignity and Coastal Canoe Journeys and conducting the Water Walks, physically asserting relational responsibilities through movement on the land. Nibi Inaakonigewin's work, for example, applies this legally, as seen in the granting of personhood to the Magpie River, enhancing awareness and translating water law into tangible protection.

Within IFOT, land-based application integrates sensory, environmental, and ethical awareness into trauma healing, repair, and reparation if and when desired.[173,174] At the Women's Wellness Gathering, application was always present and embodied: women weaving together mind, body, and spirit responsibilities.[175] In all cases, application represents the moment when knowledge ceases to be abstract and becomes embodied relational law.

Reflection and Story Sharing: Transformation and Continuity

Reflection and story sharing complete the cycle by returning learning to the community. This is where knowledge becomes collective memory, an archive of lived experience that informs current and future generations.[176,177] At the Medicine Camp, reflection occurs through storywork and sharing of personal journeys.[178] Matrilineal Policy work formalizes reflection through the stories in *The Downstream* and WGIFS, both of which translate lived experience into shared lessons for intertribal governance and institutional navigation.

The Women's Wellness Gathering facilitated such reflection through relationship-building, sharing laughter and gratitude, and balancing the healing work with the joy of reestablishing kinship networks.

The creation of the Longhouse Leadership program at FNHL ensures that reflections on leadership teachings become a core part of the institutional curriculum.[179,180] On all sites, reflection closes each cycle and opens the

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[170] Heidi Kiiwetinepinesiik Stark et al., eds., *Indigenous Resurgence in an Age of Reconciliation* (Winnipeg: University of Manitoba Press, 2025).

[171] Watts, "Indigenous Place-Thought and Agency."

[172] Young, "Indigenous Elders' Pedagogy for Land-Based Health Education Programs."

[173] IFOT Collective et al., "Indigenous Tools for Living."

[174] Indigenous Focusing-Oriented Therapy, "Aboriginal/Indigenous Focusing-Oriented Therapy (A/IFOT)," YouTube video, 11:34, posted March 29, 2018, https://www.youtube.com/watch?v=0DmyCXT_iJc.

[175] Robin, "Land, Kinship, and Healing."

[176] Archibald, "Creating an Indigenous Intellectual Movement."

[177] Kovach, "Conversation Method in Indigenous Research."

[178] Young, "Indigenous Elders' Pedagogy for Land-Based Health Education Programs."

[179] First Nations House of Learning, "Longhouse Teachings."

[180] Young, "Elders' Teachings on Leadership."

next. They affirm that Indigenous education is transformative, regenerative, and medicine, always returning to the land, story, kinship, and interconnectedness.

Practice and Policy Recommendations

The collective teachings of the seven sites of practice make clear that Indigenous women's leadership in traditional medicine is not an adjunct to public health or education. Meeting the Indigenous health indicators in Indigenous communities requires a holistic approach, foundational to relational governance and community wellbeing.[181,182,183]

Inawendiwin is practiced by living in right relationship with all living relations as a shared responsibility. This includes matriarchal leadership, access to cultural continuity, interconnection with land relatives, and remembrance of ancestral laws that have sustained the People since time immemorial. Policy and practice must therefore move beyond consultation to shared or delegated governance with Indigenous Nations and matriarchal leaders. Health and education systems could embed Indigenous relational law as operational ethics in decision-making, research, and care.[184,185]

Long-term resourcing is essential for Indigenous-led and land-based education, which has proven transformative in programs like the Medicine Camp and the Center for Land-Based Education Research and Wellness at xʷc̓ic̓əsəm at UBC.[186,187,188]

Impactful and sustained funding structures are necessary for community-defined curricula, matriarchal governance, and mentorship models that bridge ceremony, land-based learning, and digital access for rural communities.[189,190,191] These investments cannot be symbolic gestures; they are structural acts of redress that restore continuity to the knowledge systems sustaining Indigenous health.

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[181] Absolon, *Kaandossiwin*, 2nd Edition.

[182] Jamie Donatuto et al., "Developing Responsive Indicators of Indigenous Community Health," *International Journal of Environmental Research and Public Health* 13, no. 9 (2016): 899, https://doi.org/10.3390/ijerph13090899.

[183] Kathleen Heggie, *Indigenous Wellness Indicators: Including Urban Indigenous Wellness Indicators in the Healthy City Strategy* (Vancouver: City of Vancouver, 2018).

[184] Rachelle K. Gould et al., "Exploring Indigenous Relationality to Inform the Relational Turn in Sustainability Science," *Ecosystems and People* 19, no. 1 (2023), https://doi.org/10.1080/26395916.2023.2229452.

[185] Lisa N. Aguilar et al., "Critical Relationality in Research: A Framework for Engaging in Research Alongside Indigenous Communities," *Journal of School Psychology* 110 (2025), https://doi.org/10.1016/j.jsp.2025.101430.

[186] Redvers, ""The Land Is a Healer.""

[187] Young, "Indigenous Elders' Pedagogy for Land-Based Health Education Programs."

[188] Alannah Young Leon et al., "Restorative Indigenous Land Based Practices for Urban Youth," *Journal of Indigenous Wellbeing* 4, no. 1 (2019): 21–32.

[189] Defriend and Cook, "Reawakening of Indigenous Matriarchal Systems."

[190] IFOT Collective et al., "Indigenous Tools for Living."

[191] May-Derbyshire, "Kitot'sattook."

Protecting Indigenous Traditional Knowledge requires community-controlled ethical frameworks and Indigenous-led research governance.[192] Knowledge must circulate relationally, not just transactionally, under the jurisdiction of the peoples who hold it.[193] This includes supporting the publication of testimonial works like *The Downstream* as essential forms of Indigenous knowledge dissemination, protocols, practice, and policy creation.[194,195,196,197,198]

In parallel, clinical systems should integrate Indigenous holistic health methods, including focusing-oriented therapy, plant medicine, midwifery, and doula care, through partnerships that uphold cultural sovereignty.

Implementing these sovereign health initiatives is both a necessary and overdue response to a healthcare system under immense stress. Clinical systems can support new initiatives that build capacity by leveraging the inherent strengths of Indigenous community-led care. This transition would be an act of institutional preparation that creates the structural space for Indigenous Matriarchal Law to function within both the academy and clinical care. By establishing these frameworks, the system moves from skepticism and reactivity to providing care that upholds cultural continuity.

New Indigenous women-led initiatives, such as the Survivors Circle for Reproductive Justice, continue to challenge ongoing genocidal policies and practices of sterilizing Indigenous people.[199] Their efforts are resulting in significant shifts in reproductive justice, including the introduction of Bill S-228,[200] which is under review to criminalize forced or coerced sterilization by amending the Criminal Code.

Organizations such as Dr. Karlee Fellner's ᒪᖾᑭᐢᑭ+ Maskihkiy Wellness are, at the time of writing this paper, supporting survivors and community members' access to culturally safe birth and parenting support as a fundamental right. Expanding access to trauma/ genocide-informed and decolonized reproductive health services must be prioritized.

Health policy must also recognize that land, food, and water are central to wellness. Indigenous women's leadership in food sovereignty and environmental justice, through seed rematriation, water ceremonies, land stewardship, and ecological restoration, demonstrates that planetary

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[192] First Nations Information Governance Center, "The First Nations Principles of OCAP," 2018, https://fnigc.ca/ocap-training/.

[193] Kovach, "Conversation Method in Indigenous Research."

[194] Gomes et al., "Indigenous Health Leadership."

[195] Howell et al., "Sharing Our Wisdom."

[196] Morrison, "Back to the Roots."

[197] Lyana Patrick, "Decolonizing Planetary Health: Rebuilding Social, Cultural, and Environmental Relationships for Indigenous Well-being," Health Research BC, 2024, https://healthresearchbc.ca/award_researcher/lyana-patrick/.

[198] Young and Nadeau, "Moving with Water."

[199] Survivors Circle for Reproductive Justice, "What Is the Survivors Circle?" accessed October 22, 2025, https://www.reproductivejusticesurvivors.ca/what-is-the-survivors-circle.

[200] Canada, Parliament, Senate, *Bill S-228: An Act to Amend the Criminal Code* (Sterilization Procedures), 45th Parl., 1st sess. (2025), https://www.parl.ca/DocumentViewer/en/45-1/bill/S-228/third-reading.

health is Indigenous health.[201,202,203,204,206,207] The legal precedents set by Aimée Craft and Nibi Inaakonigewin offer a roadmap for policy that treats water not as a resource, but as a relative with rights.

Centering Indigenous women's governance within policy, research, and clinical practice represents a shift from extraction to relationship—from systems that connect inawendiwin, life to those that sustain it. When matriarchal ethics guide policy, it becomes reparative, restoring balance between land, body, and community.

Conclusion

Across the seven sites, Indigenous women's leadership sustains systems of medicine, repair, education, and upholding governance systems rooted in relational law. These initiatives show that resurgence is not abstract but an embodied, intergenerational practice in which land, body, and story create a continuous pedagogy of care.

These initiatives demonstrate how Indigenous women sustain clinical and community care through matriarchal governance, protocol, and ceremony. Guided by womanist and Indigenous feminist frameworks and grounded in inawendiwin (connection), we show how land-based pedagogy, genocide-informed therapies, and land, water, and birth-centered practices enact Indigenous law as relational governance.

The Medicine Camp reaffirms that learning begins with the land. The Medicine Collective restores ethical relations in urban spaces. The IFOT Collective reasserts Indigenous psychotherapeutic practice, while the Midwifery and Doula programs return birth and water to their rightful place in community governance. The Women's Wellness Gathering demonstrates the power of material culture (made by hand) in 'walking back' one's spirit with care and the support of women, while Nibi Inaakonigewin asserts that water law is planetary law.

The Matrilineal Policy elements show that matriarchal protocols function as self-determined law in institutional and public advocacy spaces. Together, these sites demonstrate that traditional medicine is a living governance system capable of transforming health, education, and policy.

The five interwoven practices—research coordination, protocol engagement, preparation and access, application on the land, and reflection and story sharing—provide a framework for translating relational ethics into daily practice. They show that knowledge is

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[201] Dhillon, "Indigenous Feminisms."

[202] Mary Kate Dennis and Tabitha Robin, "Healthy on Our Own Terms: Indigenous Wellbeing and the Colonized Food System," *Journal of Critical Dietetics* 5, no. 1 (2020): 4–11.

[203] Morrison, "Back to the Roots."

[204] Morrison, "Reflections and Realities."

[205] Redvers, "'The Land Is a Healer.'"

[206] Young and Nadeau, "Moving with Water."

[207] United Nations General Assembly, *United Nations Declaration on the Rights of Indigenous Peoples*, A/RES/61/295 (2007).

renewed through relationship, ceremony, and reciprocity.

As Indigenous women continue to lead the regeneration of medicine, food, and water systems, they demonstrate the principle that health and sovereignty are inseparable. Their work reminds us that planetary wellbeing depends on relational governance and that health begins and ends in connection. Inawendiwin.

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ABOUT THE AUTHORS

Alannah Young, PhD

Alannah Young, PhD, is a Senior Research Associate at the Center for Indigenous Land-Based Education, Research & Wellness at xʷc̓ic̓əsəm. She is Nehinaw Cree from Treaty Five and Anishinaabe Kwe from Treaty One Territory. Her PhD research focused on Indigenous Elders’ pedagogy in land-based health education programs. Alannah works with the Indigenous Medicine Collective, an Indigenous-led group of holistic health practitioners and researchers situated on the unceded territories of xʷməθkʷəy̓əm. Her research examines how Indigenous protocols and principles mobilize land-based policy, pedagogy, Indigenous food sovereignty, and matrilineal holistic wellness initiatives. Alannah is also a community trainer for Indigenous Focusing-Oriented Therapy (IFOT) and Indigenous Tools for Living (ITFL), providing body-centered and genocide-informed approaches to complex trauma through land-based and holistic modalities.

Patricia May-Derbyshire, MA, M.Ed

Patricia May-Derbyshire is a PhD candidate in Interactive Art and Technology at Simon Fraser University, situated within the Indigitalization and Pain Studies Labs. Her research explores relational trust, genocide-informed health technologies, complex trauma, chronic pain, and care pathways following sexual assault. Her work is grounded in relationships with xʷc̓ic̓əsəm and Siksikaitsitapi communities, and in supporting Indigenous therapies and women's governance systems that restore cultural continuity, kinship, and wellbeing. Guided by peers and Elders, she documents and shares stories of survivance and resilience. Through collaborative design, writing, and community-engaged practice, she works toward reimagined care pathways and digital worlds grounded in reciprocity.

The Indigenous Matriarch Manifesto

Kinship, Matriarchy, and Indigenous Healing

By Renee Tsinigine Holt, PhD

ABSTRACT

This article examines Indigenous matriarchy as a dynamic framework for healing intergenerational trauma and sustaining cultural continuity. Grounded in Diné (Navajo) and Nimiipuu (Nez Perce) knowledge systems, it employs an Indigenous feminist, narrative-based methodology that positions lived experience as theory. Situating personal and familial histories within the broader context of colonial boarding school policies, the paper argues that disruptions to matriarchal roles and kinship systems have had lasting impacts on community wellbeing. Through analysis of women-centered practices—including foodways, ceremony, and relational accountability—it demonstrates that healing is enacted through collective relationships rather than individualized models of care. The article identifies Indigenous women as central agents in maintaining cultural knowledge and facilitating intergenerational recovery. It concludes that Indigenous matriarchy remains an active, adaptive system of governance and care, and calls for its greater recognition within Indigenous health frameworks and feminist scholarship.

Keywords: Indigenous matriarchy, intergenerational trauma, kinship systems, Indigenous feminism, cultural continuity

Introduction

This paper examines Indigenous matriarchy as a foundational framework for healing, through which trauma-informed recovery, resilience, and cultural continuity are sustained through kinship. Employing a blended Indigenous theoretical–narrative methodology, the author situates lived experience within Indigenous feminist, matriarchal, decolonial, and historical trauma scholarship grounded in Navajo (Diné) and Nez Perce (Nimiipuu) knowledge systems. Raised by parents impacted by residential boarding school policies, the author contextualizes personal healing within broader colonial disruptions of Indigenous matriarchal structures, women's cultural knowledge transmission, and relational systems of care and kinship that establish a universal manifesto of understanding.

Through self-reflective analysis of women-centered teachings, relational responsibilities, and everyday cultural practices, this paper demonstrates how Indigenous matriarchy functions as an embodied practice and healing system rather than a symbolic or romanticized tradition.

Without pathologizing unresolved historical grief and trauma, Indigenous matriarchal knowledge is demonstrated through culturally and trauma-informed care, nourishment with first foods and gathering, ceremonial practices, relational accountability, and intergenerational responsibility grounded in kinship systems and language.

By weaving theory with lived experiences, this work affirms Indigenous women as healers, cultural knowledge keepers, and sustainers of life whose labor is central to disrupting trauma through ancestral healing practices that move beyond survivance. The paper posits that Indigenous matriarchy remains a living, adaptive system of healing and governance, and calls for greater awareness and recognition of matriarchal frameworks within Indigenous health and healing, and for the creation of an Indigenous feminist manifesto that is relatable and universal to Indigenous women around the world.

This work is grounded in an Indigenous matriarchal epistemology in which kinship functions as methodology, ethics, and theory. Within Diné (Navajo) and Nimiipuu (Nez Perce) knowledge systems, Indigenous feminism emerges from relational accountability to land, clan, and community rather than individualist or abstract feminist frameworks. Self-location and lived experience are, therefore, not supplemental to theory but constitute theory when situated within collective histories and cultural teachings. This anchor framework allows subsequent narrative and analytic sections to be read as Indigenous feminist praxis rather than personal reflection.

Blended Indigenous Theoretical–Narrative Approach and Autoethnographic Orientation

This article employs a blended Indigenous theoretical–narrative methodology grounded in Diné (Navajo) and Nimiipuu (Nez Perce) knowledge systems.[1,2,3,4,5,6,7] Rather than separating theory from lived experience, this approach understands Indigenous knowledge as relational, land-based, and enacted through kinship responsibilities, first foods practices, ceremonial participation, and everyday cultural responsibilities. Narrative is not treated as anecdotal evidence but as an analytic site through which Indigenous matriarchal theory is practiced and examined.

This methodology is inherently trauma-informed, centering safety, relational accountability, cultural continuity, and intergenerational responsibility. Healing is

[1] Esther Belin, *From the Belly of My Beauty* (University of Arizona Press, 1999).

[2] Jennifer Nez Denetdale, "Chairmen, Presidents, and Princesses: The Navajo Nation, Gender, and the Politics of Tradition," *Wicazo Sa Review* 21, no. 1 (2006): 9–28, https://doi.org/10.1353/wic.2006.0003.

[3] Cheryl Ellenwood, *Contributions to Indigenous Leadership and Community Development Initiatives* [Report] (Center for Native American Research and Collaboration, Washington State University, 2021).

[4] Rebecca Paul, *Listening to the Birds: A Nez Perce Woman's Journey of Self-Discovery and Healing* (Washington State University Press, 2025).

[5] Beth Piatote, *Antíkoni* (Yale University Press, 2013).

[6] Melanie Yazzie, "Decolonizing Development in Diné Bikéyah: Resource Extraction, Anti-Capitalism, and Survivance," *Journal of Native American and Indigenous Studies* 5, no. 1 (2018): 1–25.

[7] Farina King, *The Earth Memory Compass: Diné Landscapes and Education In The Twentieth Century* (University Press of Kansas, 2019).

understood as collective and enacted through kinship systems, language, land relationships, and ceremonial practices rather than individualized or disclosure-based models of recovery. Ethical rigor is maintained through refusal, cultural protection, and non-extractive engagement, recognizing that withholding ceremonial and relational knowledge is itself a trauma-informed methodological practice.[8,9,10,11] Autoethnographic and narrative elements in this study are employed not as confessional or self-disclosure practices, but as Indigenous storywork and analytic methods grounded in relational accountability and collective history.[12]

Within Indigenous research paradigms, lived experience is understood as a legitimate source of knowledge when situated within cultural teachings, kinship systems, and historical contexts.[13,14,15,16] This approach resists extractive research practices that demand disclosure of trauma or ceremonial knowledge as evidence and instead prioritizes ethical refusal, cultural protection, and participant safety—including the author as a relational subject. Consistent with Indigenous trauma-informed research principles, narrative is used selectively and intentionally to illustrate theory in practice while avoiding pathologization or harm.[17,18,19] In this framing, autoethnography functions as a methodological strength that honors Indigenous cultural knowledge, rather than a limitation requiring external validation.

The methodological foundation of this work draws from Indigenous research paradigms that privilege relationality, responsibility, and community accountability.[20,21,22] Knowledge production is understood as a reciprocal process rooted in lived relationships to land, culture, and community rather than a detached observation. As such, this essay situates personal experience

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[8] Ellenwood, *Contributions to Indigenous Leadership*.

[9] Joseph P. Gone, "A Community-Based Treatment for Native American Historical Trauma: Prospects for Evidence-Based Practice," *Journal of Consulting and Clinical Psychology* 81, no. 5 (2013): 751–762, https://doi.org/10.1037/a0033720.

[10] Audra Simpson, *Mohawk Interruptus: Political Life Across the Borders of Settler States* (Duke University Press, 2014).

[11] Linda Tuhiwai Smith, *Decolonizing Methodologies: Research and Indigenous Peoples*, 2nd ed. (Zed Books, 2012).

[12] Jo-ann Archibald, *Indigenous Storywork: Educating the Heart, Mind, Body, and Spirit* (UBC Press, 2008).

[13] Margaret Kovach, *Indigenous Methodologies: Characteristics, Conversations, and Contexts* (University of Toronto Press, 2009).

[14] Leanne Betasamosake Simpson, *As we Have Always Done: Indigenous Freedom Through Radical Resistance* (University of Minnesota Press, 2017).

[15] Shawn Wilson, *Research Is Ceremony: Indigenous Research Methods* (Fernwood Publishing, 2008).

[16] Smith, *Decolonizing Methodologies*.

[17] Maria Yellow Horse Brave Heart and Lemyra M. DeBruyn, "The American Indian Holocaust: Healing Historical Unresolved Grief," *American Indian and Alaska Native Mental Health Research* 8, no. 2 (1998): 56–78.

[18] Bonnie Duran and Eduardo Duran, *Native American Postcolonial Psychology* (State University of New York Press, 1995).

[19] Gone, "A Community-Based Treatment for Native American Historical Trauma."

[20] King, *The Earth Memory Compass*.

[21] Smith, *Decolonizing Methodologies*.

[22] Wilson, *Research Is Ceremony*.

within broader historical and structural contexts of settler colonialism, federal Indian policies related to residential boarding schools, and the ongoing processes of assimilation that have disrupted Indigenous cultural practices related to first foods systems, hunting and gathering subsistence practices, and generational cultural knowledge transmission through kinship systems.[23,24]

Historical trauma theory provides an interpretive framework for understanding the intergenerational impacts of colonial violence within Indigenous communities while avoiding deficit-based or pathologizing narratives.[25,26,27] This framework is paired with Indigenous scholarship that centers Indigenous women as cultural knowledge keepers, healers, and theorists whose embodied knowledge sustains families and communities across generations.[28,29,30,31,32,33]

Food sovereignty is approached not only as a political or environmental movement, but as an embodied healing practice enacted through everyday relationships to traditional foods, land stewardship, and ceremonial responsibilities that enact kinship and community. As Indigenous people, we heal in community, not isolation. By following cultural practices and ceremonies that involve getting out onto the land to gather first foods, fish, hunt, and engage with family (both immediate and extended) and community, this allows for the transfer of cultural knowledge and healing practices related to the land and ceremony.

By braiding theory with lived illustration, this methodology resists colonial separations between mind and body, theory and practice, and scholar and community. It affirms Diné philosophies, exerts Nimiipuu food sovereignty, and blends both as a site of Indigenous resistance and survivance and advances Indigenous-centered approaches to healing that remain grounded in women's medicinal and food source knowledge systems, intergenerational relationality and kinship, and cultural continuity that defines Indigenous feminist manifestation of a more holistic and inclusive praxis.

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[23] Simpson, *Mohawk Interruptus*.

[24] Eve Tuck, "Suspending Damage: A Letter to Communities," *Harvard Educational Review* 79, no. 3 (2009): 409–427.

[25] Eduardo Duran, *Healing the Soul Wound: Counseling with American Indians and Other Native Peoples* (Teachers College Press, 2006).

[26] Gone, "A Community-Based Treatment for Native American Historical Trauma."

[27] Maria Yellow Horse Brave Heart-Jordan and Lemyra M. DeBruyn, "So She May Walk in Balance: Integrating the Impact of Historical Trauma in the Treatment of Native American Indian Women," in *Racism in the Lives of Women: Testimony, Theory, and Guides to Antiracist Practice*, ed. Jeanne Adleman and Gloria M. Enguídanos (Haworth Press, 1995), 345–368.

[28] Joyce Green, ed., *Making Space for Indigenous Feminism* (Fernwood Publishing, 2007).

[29] Denetdale, "Chairmen, Presidents, and Princesses."

[30] Jennifer Nez Denetdale, "The Value of Oral History on the Path to Diné/Navajo Sovereignty," *American Indian Quarterly* 33, no.1 (2009): 79–87.

[31] Lee Maracle, *I Am Woman: A Native Perspective on Sociology and Feminism* (Press Gang Publishers, 1996).

[32] Simpson, *Mohawk Interruptus*.

[33] Paula Gunn Allen, *The Sacred Hoop: Recovering the Feminine in American Indian Traditions* (Beacon Press, 1986).

In keeping with a trauma-informed Indigenous methodology, the following narrative is shared selectively to illuminate how matriarchal teachings emerge through relational encounter rather than disclosure or admittance. What follows is a situated narrative offered not as personal anecdote but as a lived illustration of Indigenous matriarchal knowledge in practice, marking a turning point in how patriarchal influence became visible within my own healing process.

Healing is Generational

"To really begin your healing, you have to unlearn looking at yourself through the eyes of your father." Kaupapa Maori Elder aka Wahine Wisdom

It's been ten years since I visited Aotearoa and met a dear Maori elder who passed during COVID. Her knowledge, wisdom, and spirit are a memory for many of us today. The healing I experienced with her left an impression on my life as it relates to understanding how patriarchal influences can be subtle and unknowing. Since that destined encounter, I have been working intentionally to unlearn how I view myself through the settler colonial gaze and patriarchal influences in my life.

As I struggled internally with what she taught me that evening, I was unaware of how much she would influence my journey from that day forward. Not only did her words take me by surprise, but I also had no idea how much of an impact she would have on my healing. I believe that's when the story of my resilience and overcoming began.[34] What I thought I knew began to change drastically, and that's how awakening happened for me. Shortly after, I signed up for a Feminism in Education course and discovered bell hooks' *Understanding Patriarchy* (2004) and spent the next semester interrogating how the "imperialist white supremacist, capitalist patriarchy" influenced my understanding of womanhood.

At the time, I vacillated between self-identifying as a feminist or a womanist and read critical works by Black feminist scholars Patricia Hill Collins,[35] Angela Davis,[36,37] and Alice Walker.[38] Coursework included readings and critical discourse on white feminists Judith Butler and Simone de Beauvoir,[39,40] who I thought were removed from what I knew as an Indigenous woman. Suffice to say, as an Indigenous woman, I come from two very distinct nations that have wrestled with patriarchal influence since 1492. While growing up Diné, white feminist ideologies were not always quite what I experienced. Up to that semester, I was unfamiliar with feminist theory and began researching Indigenous women scholars for my assigned "alternate" or

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[34] Green, *Making Space*.

[35] Patricia Hill Collins, *Black Feminist Thought: Knowledge, Consciousness, and the Politics Of Empowerment*, 2nd ed. (Routledge, 2000).

[36] Angela Y. Davis, *Women, Race, & Class* (Random House, 1981).

[37] Angela Y. Davis, *Women, Culture & Politics* (Vintage Books, 1989).

[38] Alice Walker, *In Search of Our Mothers' Gardens: Womanist Prose* (Harcourt Brace Jovanovich, 1983).

[39] Judith Butler, *Gender Trouble: Feminism and the Subversion of Identity,* 10th anniversary ed. (Routledge, 2000).

[40] Simone de Beauvoir, *The Second Sex,* trans. C. Borde and S. Malovany-Chevallier (Vintage Books, [1949] 2011).

secondary course readings. I looked beyond the course syllabus to identify what seemed most appropriate to the feminism I grew up with and understood. During that time in my academic journey, I encountered the works of Indigenous women scholars such as Green,[41] Maracle,[42] and Goeman and Denetdale,[43] which marked the beginning of my own intellectual self-discovery.

Feminism, from my lived experience, oversimplifies the deeply embedded relationships I have with the women who raised me. I realize it tends to reveal more about how unsettling the settler colonial gaze can be, especially when explaining white feminism theoretically. From an Indigenous perspective, as a Diné and Nimiipuu, the word feminist lends itself to white feminism and white supremacy, which often doesn't embody what I lived and experienced in childhood, teenhood, young adulthood, marriage, or motherhood.[44,45,46,47,48] Oftentimes, white feminism erases Indigenous women's experiences due to its lack of intersectionality and its upholding of patriarchal influences, and why I believe Indigenous matriarchy is greater than feminism.

Kinship Protocols and Relational Accountability

As a Diné, we are taught to introduce our clans before we begin our work, as my mother reminded me: "*k'é béego*," loosely translated as "it is by and through kinship." Whether it is an academic work-related presentation or being out in any Indigenous community, we first introduce ourselves using our clan system. It is a Diné cultural protocol, and understanding this practice and way of being is how we recognize and respect those who came before us and those we are in the presence of to maintain cultural understandings of who we are in relationship to the land and where our clans comes from, what our clans are known for, and how our clans came into to being. The intricate social-archaeological kinship system known as *K'é* is not only how we introduce ourselves, but also how we express our relationality to one another.[49] My first clan is Tsé naha bił nii (With the Rock or Sleeping Rock) clan, my second clan is born and raised by Tł izi łání (Many Goats) clan, my third and maternal clan is Tsí naa'jinii (Black Streaked Wood) and my fourth and paternal clan is Bįįh'bitoo'ni (Deer in Water or Deer Spring) and Nez Perce.

Grounded in the matriarchal cultural knowledge that also informs and defines Diné epistemology and methodology, as a young matriarch, I find that Indigenous Cultural Knowledge (ICK) is how I ground myself from the

[41] Green, *Making Space*.

[42] Maracle, *I Am Woman*.

[43] Mishauna R. Goeman and Jennifer Nez Denetdale, "Native Feminisms: Legacies, Interventions, and Indigenous Sovereignties," *Wicazo Sa Review* 24, no. 2 (2009): 9-13, https://dx.doi.org/10.1353/wic.0.0035.

[44] Belin, *From the Belly of My Beauty*.

[45] Denetdale, "Chairmen, Presidents, and Princesses."

[46] Denetdale, "The Value of Oral History on the Path to Diné/Navajo Sovereignty."

[47] King, *The Earth Memory Compass*.

[48] Yazzie, "Decolonizing Development in Diné Bikéyah."

[49] Hollie Kulago, "Theorizing Community and School Partnerships with Diné Youth," *Journal of Curriculum Theorizing* 28, no. 2 (2012): 60-75.

center and the spirit of all my work and writings. When I taught classes, I assigned my students the previously mentioned Indigenous female authors solely to uplift and share their work. Growing up Diné, we are taught that mothers are the first teachers.

As an emergent scholar, at that time in my academic journey, I was a much younger person and had not come to my own awareness or identity as a matriarch in training. I introduced to all my classes Indigenous cultural protocols and followed in the steps of previous Indigenous scholars who created introductory statements that situated and located who they were in relation to self. I believe in that practice when teaching and find it helpful when assigning critical self-reflection essays on the first and towards the end of the semester to circle back. A significant part of my scholarship is grounded in critical self-reflection and has become a part of my practice. Personally, I believe self-reflexive exercises helped me along my healing journey, showing me how much can change in a few months and how important they can be to healing, personal growth, and professional development.

As Indigenous women, we must also acknowledge the teachings given to us before we decide to write about them. Whether it's elders or people, what we know is an extension of our family, community, and nation, and is valid ICK. In my research of Indigenous feminisms, I found dissertations with personal statements, even read books with prologues,[50] which created a space for and situated scholars, "this is who I am and where I come from" as a natural and normal part of introducing oneself within the academy. In Nimiipuu, when one states who they are in relation to clan-family, community, and nation, they are speaking from their truth.[51,52,53]

Although how one person does this may differ from one nation to the next, we understand, and even if we may not all agree, there is only one way to introduce ourselves, and it always includes our family, community, and/or nation. We also respect the universal law and cultural protocols that, when someone does indeed share something as intimate and personal as their clans, these realities are what we come to learn as truths and practice in our own research today.

ICK is the heartbeat of Indigenous methodologies for my work. I remember a time when I thought Vine Deloria was the end-all and be-all of American Indian Studies (AIS), and for my master's thesis, I used to say "Vine is Fine" as a point of reference for any AIS readings and literature. I'm GenX, so from the time of the 19th century, when AIS courses were taught from Custer Died for Your Sins, and God Is Red, as an outlier, I can look back on my formal education and realize how patriarchal influences pushed Indigenous male scholars before Indigenous female scholars. For example, by the time I discovered my favorite Indigenous female scholars, such as Lee Maracle.[54] How could anyone forget *I Am Woman* when deconstructing

[50] Kovach, *Indigenous Methodologies*.

[51] Paul, *Listening to the Birds*.

[52] Piatote, *Antíkoni*.

[53] Tuck, "Suspending Damage."

[54] Maracle, *I Am Woman*.

and critiquing the patriarchy and its ties to white supremacy?

When we say to the world that we are going forth with an Indigenous matriarchal methodology and political statement, it is what we, as Indigenous matriarchs, must do.[55,56] When universities say they're about Indigenous research, yet there is limited space for Indigenous women, it reminds me we still have work to do. Recently, I took a class on community-based research and design, and when it came to the course readings on outreach, I'm not sure why, but I was taken aback by how simple it seems for non-Indigenous researchers to understand that they are guests within any Indigenous community, yet it is something that must still be taught and included before research can begin.

When working in any community, it is imperative that guests of any Indigenous community engage in meaning-making that is reflective of an Indigenous perspective, which implies they must also work with and be led by Indigenous people, not non-Indigenous or Native academics or researchers.

The foundation that I have is based on my Diné upbringing. I was raised by Diné matriarchs who showed me firsthand what it means to become a woman. We are first born as a child, a girl child to be specific, and for me, who was raised in a settler colonial world, it's taken me all 54 years of my life to understand what little I know about being a young matriarch. I honor all the Diné women who came before me, from my great-grandmothers and grandparents, who did not speak English, to my parents, the Boomer generation, who were sent away to federal boarding schools across the Navajo reservation and into Southern Utah.

Today, when I listen to my parents talk about their experiences, neither of them laments and wish they could go back. What they remember and cherish, and recall, are memories of friendships, sports and recreational activities and introduction to ways of this glistening world. As an Indigenous woman who speaks from what the academy has named a feminist, I write as a young matriarch. As a mother, not only to three children, but my plus two who became a part of my life later.

I never understood what a mother does, or is to her family, until I had children of my own. Diné have teachings about motherhood and the respect and dignity that come with the childbearing years all begins with K'é. Although my childbearing years are done, I have begun the next part of my journey as a woman, into becoming a grandmother. I welcome these years. Reluctantly, hesitantly, and distinctively with one desire, to create a safe and healthy home environment.

It's taking me a long time to stand up on my own and look back at where I've come from, and to have a positive outlook on life. This Indigenous matriarch manifesto is about reclamation and healing.

It's about identity.

It's about livelihood.

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[55] Simpson, *Mohawk Interruptus*.

[56] Simpson, *As We Have Always Done*.

Most of all, it's about Indigenous women's liberation.

When it comes to the liberation of Indigenous people throughout the world, there seems to be a pervasive colonial thought or theory, concept, or map that gives the idea that assimilation was the best thing that happened for Indigenous people. Historically, it was the most culturally devastating, and yet somehow, Europeans and their descendants believe they brought Indigenous people civilization. Building from the Mujeres Zapatistas movement, this Indigenist matriarch manifesto is an honoring of every Indigenous woman and child who suffered and endured the needless oppression from settler colonial patriarchal influences.

As a mother in the collective Indigenous healing movement, there is a new consciousness and understanding of what it means to be a good relative or "five-fingered being" or "earth surface people" according to my Diné elders. It involves a lot of relearning ancestral practices and unlearning of the disrupting and historical influences of the western patriarchy on modern and contemporary Indigenous societies, especially as it pertains to violence against women and children.

I am Diné through my mother, and healing as a practice opened doors for my children and me to talk about the unresolved historical and contemporary grief and childhood/adult traumas that prevented our healing. Unhealed pain and unresolved traumas have led many Indigenous families and people away from their culture, and when in recovery, the return to Indigenous cultural practices helps to challenge and question western patriarchal influences that resulted in this manifesto.

This is written for all the women and little girls (and boys) of the world who understand their mothers' love, fear, and suffering in silence at the hands of the settler colonial patriarchy. Current Indigenous research findings include scholarship from Indigenous matriarchs who not only lead their families through their critical works, but also through their kinship and family responsibilities, by virtue of their cultural education and protection of children.

In the early formative years, education and kinship practices safeguarded children's lives and taught them where to find food, shelter, and water. In early education, the practice of kinship included knowing our clans and where or who to seek help and shelter with; as well as survival, including the protection of the elderly, who were the teachers of land-based practices, language, kinship, and ceremonial practices. The survival and future of any Indigenous nation thus began with the women and children of the family clan to sustain the future of the People.

In contemporary matriarchy, there is a direct line of ancestry in which every female born child is also named and recognized as a descendant of a clan mother. While it is known that male children are also born into matriarchy, however, in matriarchy, it is understood that a male child would not remain in the clan, unlike a female child. A female child will bring children into the world and grow the family, and a male child will marry and move to live with his female partner to

help her create her family, and her children will then belong to her mother's clan.

In a matrilineal descent system, an individual is considered to belong to the same descent group as their mother. This ancient matrilineal descent pattern contrasts with the currently more popular pattern of patrilineal descent, from which a family name is usually derived. For Diné, it begins at birth and with the *Kinaalda* when we are taught to be reverent and mindful of our state of mind and to grind corn that will be used to make a corn cake to feed the people at the end of the ceremony. This is also when we are taught to let go of our childhoods and are gifted "new" clothes as we reemerge into the world as a newly blessed young woman. I didn't understand the significance and meaning of matriarchy until I learned the patriarchy doesn't raise daughters to be matriarchs. It raises daughters to exist behind the head of the household, which is contrary to Indigenous matriarchy, where the woman is the head of the household. In Nimiipuu it is common knowledge women provide well over 50% of the staple diet with first foods. She is the head of her domain, and everything she works for is for the betterment and protection of the home, which is for the children. It's taken me a long time to understand this about being born and raised in a matriarchy.

Growing up I learned matriarchy represents the female expression of childhood, adulthood, motherhood, sisterhood, and elderly grandmotherly wisdom. The vastly different and cultural clashes I grew up with changed when I met the patriarchal influences which created in me traumatic memories that cut a deep and cavernous soul wound. I learned later as a young adult, that unhealed patriarchal influences can continue when not addressed and harm the lives of children and leave scars that don't belong to the children.[57,58,59,60] What I learned taught me, healing also involves rematriation, which is a sacred return and honoring of Indigenous matriarchy. Rematriation is a critical and key element to healing throughout the global Indigenous community.

Indigenous matriarchal cultural knowledge is ancestral and rooted in kinship systems that predate the colonial forms of governance. As a result, the following Indigenist matriarchal manifesto represents a universal reckoning of what Indigenous women around the world can rediscover when centering on motherhood, children, family, community, and nation. Together, these commitments articulate an Indigenous matriarchal framework that is trauma-informed, grounded in relational accountability, cultural continuity, and the protection of women, children, LGBTQ+, Elders, and future generations through kinship-based practices.

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[57] Brave Heart and DeBruyn, "The American Indian Holocaust."

[58] Duran and Eduardo Duran, *Native American Postcolonial Psychology.*

[59] Duran, *Healing the Soul Wound.*

[60] Gone, "A Community-Based Treatment for Native American Historical Trauma."

Indigenous Matriarchy Manifesto Commitments:

- **Centers and protects** the safety and well-being of women, children, LGBTQ+ relatives, and Elders as a foundational responsibility of matriarchal care.
- **Supports and uplifts** children as carriers of hope, knowledge, and future possibilities.
- **Works for generations yet to come**, recognizing responsibility to unborn descendants whom we may never meet.
- **Honors kinship systems** as generational obligations, recognizing kinfolk as family bound by responsibility rather than proximity.
- **Reclaims and transmits ancestral language(s)** as a practice of cultural continuity and intergenerational healing.
- **Learns from the land**, acknowledging Mother Earth as the first mother and original matriarch.
- **Remembers and upholds** songs, ceremonies, and gathering practices that sustain ancestral relationships and collective resilience.
- **Values first foods** and ancestral subsistence teachings as sources of healing, nourishment, sustainability, and cultural knowledge.
- **Practices healing collectively**, affirming that healing is relational and enacted within families, communities, and nations rather than in isolation.

In reviewing this short list, matriarchs work daily to maintain their relationships with children and elders who also teach the children, immediate and extended kinfolk, and clans that help them to protect and sustain the lands of their ancestors. Together, these commitments articulate a matriarchal framework grounded in Indigenous epistemologies and lived experience, positioning trauma-informed care, cultural responsibility, and relational accountability via kinship as central to Indigenous healing and governance.

Conclusion

This paper has argued that Indigenous matriarchy is neither symbolic nor historical, but a living framework of culture, governance, and social organization, healing, and relational responsibility enacted through kinship and Indigenous women's lives. Drawing from Indigenous scholarship alongside lived experience as a Diné–Nimiipuu woman and young matriarch, I have situated healing as a collective, intergenerational practice rooted in kinship, land, language, and ceremony rather than an individualized or solely clinical process.

By centering Indigenous women's knowledge as epistemological rather than supplemental, this work challenges colonial academic conventions that separate theory from lived experience and extracts Indigenous knowledge through

disclosure. Instead, it advances an Indigenous relational methodology that honors refusal, protects culture, and recognizes care, memory, and accountability as forms of intellectual labor. In this framing, matriarchal healing functions as governance—sustaining families, communities, and nations through cultural responsibility rather than hierarchy. It asserts that Indigenous matriarchal knowledge endures not because it has been preserved or unscathed by settler colonial patriarchal influences, but because it has adapted, resisted erasure, and continues to persist through Indigenous matriarchal practices where women who govern, heal, and carry responsibility forward—often do so without recognition, however, are also never without a purpose or meaning.

What follows is offered as a closing declaration situating this work within Indigenous matriarchal epistemologies.

A Closing Refusal of Erasure:

- **I locate myself** as a Diné–Nimiipuu woman whose scholarship emerges from lived responsibility as a daughter, mother, and young matriarch, accountable to ancestors, community, and future generations rather than extractive academic norms.
- **I refuse** colonial frameworks that separate theory from lived Indigenous womanhood or treat Indigenous healing, governance, and matriarchy as symbolic, historical, or supplementary to Western knowledge systems.
- **I affirm** Indigenous matriarchy as an ongoing generational practice of relational governance enacted through care, kinship, land stewardship, memory, and cultural responsibility, rather than through domination or institutional hierarchy and recognition.
- **I protect** ceremony, relational ancestral knowledge, and Indigenous data from disclosure, commodification, and extractive academic consumption, recognizing refusal and withholding as ethical and methodologically rigorous practices.
- **I practice** healing as a matriarchal responsibility—one that is collective rather than individual, embodied rather than abstract, and sustained through Indigenous women's everyday labor of being trauma-informed, survival, and remembrance.
- **I carry forward** this work not as recovery of a lost past, but as continuity: asserting that Indigenous matriarchal knowledge lives in the present and will persist through Indigenous women who govern without permission.

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ABOUT THE AUTHOR

Renee Tsinigine Holt

Dr. Renee Tsinigine Holt (Navajo/Nez Perce) is a Post Doctoral Researcher for the Indigenous Resilience Center (IRes) at the University of Arizona (UA). She is from the Tsé naha bił nii (With the Rock or Sleeping Rock) clan, born and raised by Tł izi łání (Many Goats) clan, her maternal clan is Tsí naa'jinii (Black Streaked Wood) and her paternal clan is Bįįh'bitoo'ni (Deer in Water or Deer Spring) and Nez Perce. She received her Ph.D. in Cultural Studies and Social Thought in Education at Washington State University-Pullman.

Prior to joining IRes, she was a post-doctoral fellow at the University of Idaho working with Native American Law Faculty & Student Association and the Indigenous CIRCLES. Her research centers on Indigenous well-being, environmental health science, and Native Food, Energy & Water Security and Sovereignty.

Dr. Tsinigine Holt was raised on Navajo Nation and is an enrolled member of the Nez Perce Tribe.

Reclaiming Auntie Wisdom

Cultivating Indigenous Doula Pathways for Birth Justice and Community Healing

By Tess Abrahamson-Richards, MichaeLynn Kanichy, Glenda Abbott, and Penny Spencer

ABSTRACT

Indigenous doulas protect and pass on ancestral birth and reproductive knowledge and nurture safe birthing spaces for Indigenous people and communities. This paper shares findings from a community-embedded mixed-methods study of the Indigenous Responsive Mentorship Doula Initiative in the northwestern United States. The authors introduce the Auntie Wisdom Indigenous Doula Training Framework highlighting the growth and traditional healing doulas experienced in this training initiative, as represented by cedar (knowledge), sweet grass (connection), and sage (advocacy). The initiative successfully prepared doulas to offer birth support, advocate with and for their clients, and collectively support community healing and futurity. Results indicate the important need for additional resources to support community-led Indigenous doula work and physical birth justice hubs, especially in rural Tribal communities.

Keywords: Indigenous doula, birth, maternal health, Indigenous knowledge, wise practices

Introduction

Indigenous doulas are traditional medicine and knowledge keepers whose work, at its deepest essence, bridges Indigenous science, clinical practice, and womxn's community knowledge. Those who protect and pass on these practices are vital to the ongoing work to reclaim Indigenous reproductive and birth justice during a time in which our people continue to face unacceptable rates of maternal and infant mortality and maternal physical and mental health inequities. In an effort to continue uplifting Indigenous knowledge as evidence and the intergenerational practice-based wisdom of Indigenous womxn, this paper brings together Indigenous birth workers who developed the Indigenous Birth Justice Network (IBJN) Training program and Indigenous scholars who were invited to lead the program's evaluation – all four of whom are community-embedded Indigenous birth justice advocates – to tell the story of the culturally-grounded training program development, the experiences and perspectives of the first two training cohorts, and the training's individual and collective impacts. We aim to share the *Auntie Wisdom Indigenous Doula Training Framework* with other communities to strengthen documentation of Indigenous-led pathways to certification in reproductive and perinatal care. This is necessary work to grow sovereign space within settler colonial political, epistemic, and health care settings that have too often intentionally marginalized and harmed our knowledge, self-determination, and well-being.

Background

Indigenous communities in Washington State are diverse, sovereign, and geographically dispersed, including coastal, rural, and urban areas, as well as regions connected through shared Indigenous languages, kinship networks, and cultural traditions that long predate the U.S.-Canada border. Our Tribes maintain deep relationships to land, water, kinship systems, and ancestral teachings that shape our understandings and practices of health, birth, and family wellbeing. At the same time, Indigenous communities continue to navigate the ongoing impacts of settler colonialism, including land dispossession, forced relocation, family separation, and the erosion of Indigenous health systems. These structural conditions continue to shape maternal health experiences and access to care for Indigenous birthing people and their families.

American Indian and Alaska Native (AI/AN) birthing people in Washington experience persistent inequities in maternal and infant health outcomes, including disproportionately high rates of maternal morbidity and mortality compared to Non-Hispanic White populations. The Department of Health's Maternal Mortality Review Panel (MMRP) has consistently documented that AI/AN communities experience the highest pregnancy-related maternal mortality rates in the state.[1] These inequities are not attributable to individual behaviors but rather reflect systemic barriers such as structural racism within health care systems, chronic underinvestment in Indigenous-led health infrastructure, and the marginalization of Indigenous knowledge and practices related to pregnancy, birth, and postpartum care.

Geographic isolation and rurality further constrain access to maternal health care for many Tribal communities across Washington. A community-informed report written by Hummingbird Indigenous Family Services, the *Washington State Indigenous Perinatal Status Report* documents that multiple Tribal communities are located in counties classified as maternal care deserts, where no hospitals with obstetric services or birth centers are available.[2] For example, the report notes that several Tribal health facilities, including those serving coastal and rural communities, do not offer maternity care services, requiring pregnant people to travel long distances, often 70 miles to 75 miles or more, to reach the nearest hospital capable of providing obstetric care. In these settings, access to prenatal care, labor and delivery services, and postpartum follow-up is shaped by transportation availability, weather conditions, and limited local provider options, increasing the likelihood of delayed or fragmented care for Indigenous families.

Maternal health inequities in Washington are also shaped by gaps in postpartum and behavioral health support. The MMRP has identified behavioral health-related causes, including

[1] Washington State Department of Health, *Washington State Maternal Mortality Review Panel: Maternal Deaths 2021–2022* (Olympia: Washington State Department of Health, December 2025), publication no. 141-253, accessed December 29, 2025, https://doh.wa.gov/sites/default/files/2025-10/141-253-MaternalMortalityReviewPanelReport-2025.pdf.

[2] Camie Jae Goldhammer, *Washington State Indigenous Perinatal Status Report* (Hummingbird Indigenous Family Services, September 2024), accessed December 29, 2025, https://drive.google.com/file/d/1MZgDb6MJbGuqKl01rdc7pAsKU4pGc0Hc/view.

overdose and suicide, as leading contributors to pregnancy-related deaths in Washington, with a substantial proportion occurring between six weeks and one year postpartum.[3] Indigenous families navigating postpartum mental health challenges, substance use, housing instability, or involvement with child welfare systems often encounter fragmented services that fail to account for the interconnected social, cultural, and historical contexts of their lives. Despite these challenges, Indigenous communities across the state continue to revitalize our own systems of care. Indigenous knowledge related to pregnancy, birth, and family wellbeing has long emphasized relational accountability, collective responsibility, and the integration of physical, emotional, spiritual, and community health. Indigenous-led approaches – including Indigenous doula work – that center cultural continuity, community-embedded support, and intergenerational knowledge transmission have increasingly been recognized as critical pathways for strengthening maternal health access and addressing inequities in rural and Indigenous communities.[4,5,6] This is exemplified by the growing Indigenous doula and birthwork movement across the state, connected to international initiatives that have been expanding. Indigenous doulas offer trusted care and buffer health systems' harms for many families through their work rooted in connectedness, sovereignty, and culture.,

The Indigenous Responsive Mentorship Doula Initiative

The Indigenous Birth Justice Network (IBJN) is a collaborative, Indigenous-led initiative dedicated to supporting the health and well-being of Indigenous families facing the growing crisis of maternity deserts in rural communities. Comprising multidisciplinary and tribally diverse teams from Indigenous communities across Washington state and Alaska, IBJN works to provide meaningful, person-centered support services. The network connects Indigenous families with essential resources, including perinatal care, cultural lifeway support, health and wellness safety, harm reduction, system navigation, and other tailored family services. With a strong emphasis on cultural safety, healing-centered care, and community engagement, IBJN fosters trust, collaboration, and integrated support for the unique needs of Indigenous individuals and families. Over the past four years, IBJN's statewide teams have been developing culturally grounded, essential wrap-around support for Indigenous families. Recently, we welcomed the Alaska Native Birthworkers Collective, active since 2017, which brings valuable insights and rural healthcare experience to our efforts.

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[3] Washington State Department of Health, Washington State Maternal Mortality Review Panel.

[4] Sarah Ireland et al., "Indigenous Doulas: A Literature Review Exploring Their Role and Practice in Western Maternity Care," Midwifery 75 (2019): 52-58.

[5] Katy B Kozhimannil, "Indigenous Maternal Health—A Crisis Demanding Attention," JAMA Health Forum 1, no. 5 (2020): e200517-e200517. American Medical Association.

[6] Patricia M. Corcoran et al., "Models of Midwifery Care for Indigenous Women and Babies: A Meta-Synthesis," Women and Birth 30, no. 1 (2017): 77-86.

[7] Jaime Cidro et al., "Putting Them on a Strong Spiritual Path: Indigenous Doulas Responding to the Needs of Indigenous Mothers and Communities," International Journal for Equity in Health 20, no. 1 (2021): 189.

[8] Shannon I. Maloney et al., "Foundational Features of Indigenous Pregnancy Care: Lessons Learned from Indigenous Pregnancy Care Providers," Midwifery 135 (2024): 104025.

A key emphasis of IBJN is its rural focus, recognizing the unique challenges faced by Indigenous families in remote and underserved areas, such as limited access to healthcare, clinic closures, geographic isolation, and resource scarcity. The network prioritizes partnerships with Tribal organizations and collectives in regions such as the Spokane Tribe (Eastern Washington), the Makah Birth Justice Collective (Neah Bay, Clallam County), and the Spokane Urban Intertribal IBJ Center, while extending recruitment to Stevens, Ferry, and surrounding counties. This approach ensures that training and support are tailored to rural realities, including transportation barriers, poverty, mental health needs, and the integration of local ancestral teachings.

In 2023-2024, IBJN trained approximately 20 new Indigenous Helpers and Doulas through a Certified Doula/Birth Helper Curriculum. Rooted in Indigenous approaches, the curriculum was developed in collaboration with an experienced Indigenous midwife, Ancestral Knowledge Keeper, and network partners, blending Western doula standards with ancestral birth teachings, such as traditional medicines, postpartum traditions, and cultural birthing practices. Topics included birth and postpartum support, advocacy skills, emotional and spiritual self-care, and addressing complex family needs like substance use prevention and child welfare avoidance.

This paper focuses on the 2023-2024 trainee group. In June, one cohort participated in a training in Western Washington and a second cohort participated in a training in Eastern Washington. To ensure successful, community-led outcomes, these new Indigenous Birth Helpers and Doulas require ongoing mentorship and support in rural Washington. Our work aims to provide culturally responsive care and mentorship opportunities for Indigenous birth workers, contributing to the reduction of the care access and quality disparities referenced above. In response to the growing maternity deserts in Washington state, our rural Indigenous communities are training Birth Helpers and Doulas. However, many tribal areas are incorporating doulas as a profession for the first time and lack experienced mentors. To address this gap, the network established an Indigenous Responsive Mentorship Doula Initiative as part of the statewide Indigenous Birth Justice Network. Both cohorts received ongoing mentorship and virtual training opportunities through the fall when IBJN hosted wrap-up events. The training featured topics related to birth and postpartum support, culturally rooted birth care, and related skill sets for supporting birthing Indigenous people and their families.

Auntie Wisdom Indigenous Doula Training Framework - Passing the Medicines of Knowledge, Connection, and Advocacy

We offer the *Auntie Wisdom Indigenous Doula Training Framework* developed through the results presented below, our immersive experiences in the training spaces, and the training curriculum. The training itself is rooted in ceremony and offers space to sit together in a communal circle, passing literal and figurative medicines from hand to hand. In our framework, the medicines are represented by

cedar (knowledge), sweet grass (connection), and sage (advocacy) (Figure 1). These are the primary elements trainees highlighted as what they received from the training that they can now pass on to families they serve to advance birth and reproductive justice in their communities.

Figure 1
Passing the Medicine

Methods

This project aimed to evaluate the Indigenous Responsive Mentorship Doula Initiative (hereafter referred to as the IBJN doula training program)'s impacts on its targeted outcomes. These include training participants' doula-related skills and knowledge, professional confidence, access to mentorship and support, and successful launch of their doula practice. We also sought feedback on training programs and doulas' insights into Indigenous birth justice, as well as the experiences and impacts of culturally rooted training for themselves and their clients. Twenty doula trainees participated in the evaluation, with 20 completing the pre-training survey, 10 completing the post-training survey, and 16 participating in qualitative focus group interviews. Participation at all data collection time points was evenly split across the two doula training cohorts. Most trainees were Indigenous from communities in the Pacific Northwest, and trainees self-identified as women or as non-binary. They ranged in age from 21 to 54, with an average of 31. Prior to their Indigenous doula training, 60% of trainees were working full-time, 15% were working part-time, and 25% were not working. 35% of trainees intended for doula work to be their full-time job, 50% intended for it to be a part-time job, and 15% did not intend to earn a part-time or full-time income from their doula work.

Our research approach is rooted in Indigenous methodological approaches to relationality, respect, relational accountability, reciprocity, and place that honor Indigenous knowledge systems and emphasize our responsibilities as good relatives to those we partner with in research efforts.[9] Both researchers leading the

[9] Natalie Moyer et al., *A Braided Approach to Understanding Home Visiting in Indigenous Communities*, OPRE Report no. 2024-366 (Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2024), accessed December 12, 2025, https://acf.gov/sites/default/files/documents/opre/opre-braiding-research-approaches-dec24-correctedcitation.pdf.

evaluation are Indigenous to the communities that were involved in this IBJN training program. MichaeLynn Kanichy (Makah & Pohnpeian) is an Indigenous public health researcher and community organizer. She is a Co-Founder of *The Hi•dubał Baʔas*, where she holds a dual role as researcher and program leader, working alongside community members to support Indigenous birth workers and the reclamation and revitalization of Indigenous birthing knowledge. Her approach reflects a commitment to Indigenous self-determination and the use of research in service of community-defined priorities. Tess Abrahamson-Richards (Sp'q'n'iʔ/Spokane) is a mother of two and has worked in Indigenous perinatal and early childhood research and evaluation for many years. Currently, she is the Director of Data Sovereignty at Hummingbird Indigenous Family Services and a PhD candidate in Social Welfare at the University of Washington. Her work centers Indigenous wisdom, birth justice, and community- and strengths-led processes. A key motivation for us to take on this work was to utilize our research training to uplift the Indigenous womxn-led birth work, knowledge reclamation, and revitalization happening in our communities, which have been marginalized in the existing research literature and in resource allocation.

We are grateful to everyone involved in the efforts described in this paper for trusting us to collect and share these data stories responsibly and for their close partnership in the study design, implementation, and dissemination. Our co-authors Glenda Abbott and Penny Spencer led the IBJN training initiative, contributed to all phases of the evaluation, and participated in writing this manuscript. Glenda Abbott is nehiyaw-Plains Cree from Pelican Lake First Nation, Saskatchewan in Treaty 6 Territory, Canada. Glenda is a grandmother and mother who has dedicated much of her time learning from knowledge keepers to revitalize and reclaim Indigenous knowledge systems. Her work focuses on Indigenous-led, community-based projects and cultural revitalization initiatives related to food sovereignty, Indigenous midwifery/doula, traditional medicine, Indigenous holistic wellness, and land-based education curriculum development. Penny Spencer belongs to the Spokane Tribe and is the Executive Director of the Spokane Tribal Network which houses the Indigenous Birth Justice qe qut Program and Center. Penny is a dedicated community educator and plant teacher. She enjoys going out and gathering plants with her granddaughters. She has significantly expanded STN, its work, and its impact on birth justice for Plateau Interior Salish people.

For this evaluation, we used a multi-method approach to gather insights from IBJN doula trainee participants, involving both quantitative and qualitative data. The research team designed pre- and post-training surveys that were collected electronically. These surveys included multiple-choice, Likert-scale, and open-ended text response questions about their prior perinatal support experiences, training motivations, reflections on Indigenous birth justice and the role of doulas, mentorship and support needs, and professional support networks as birth workers. Pre-training survey data were collected

at the first in-person training gatherings. Post-training survey invitations were sent out via email. This difference in modality likely impacted the lower response rate at the post-training time point.

Qualitative data were collected during four focus group interviews. Three of the four focus groups were held remotely via Zoom, and one was held in person. The interview guide was designed to explore doulas' perspectives on the availability of prenatal and birth services in their communities, including birth justice concerns; the role doulas play in improving care experiences and addressing systemic issues in healthcare; what participants found meaningful during the in-person training and ideas for improvement; what they've used from the training or plan to use in the future; the inclusion of Indigenous practices and the impact of culturally grounded training; early experiences supporting families and what has helped or challenged their confidence and practice; the usefulness of follow-up meetings after the initial training; desired support moving forward; and anything else participants wished to share. The two research team members took turns facilitating and taking notes during the focus groups. All focus groups were recorded and professionally transcribed. We utilized a reflexive thematic analysis grounded in the IBJN doula training program framework and goals centered in Indigenous reproductive and birth justice principles.

Due to the small number of transcripts, we elected not to code the data using a software package and instead collaboratively identified themes across the transcripts through iterative review and discussion between the two research team members. To support this process, in addition to repeated engagement with the transcripts, we also re-listened to focus group recordings, consulted our notes from the focus groups and post-interview research team debriefs, and triangulated between focus group themes and our survey results. Qualitative findings included in the results below occurred across multiple focus groups and/or were particularly salient due to their high alignment or departure from the program framework, background literature, or survey results.

Results

Study results are organized under four domains: (1) Motivations for Joining the Training; (2) Indigenous Birth Justice and Integrating Indigenous Perspectives and Practices into Doula Work; (3) Growth in Doula Knowledge and Confidence; and (4) Training Experiences, Support, and Initial Doula Activities. All domains integrate qualitative data from surveys and focus group interviews, and all domains except domain two integrate quantitative survey data.

Motivations for Joining the Training

Only three of the 21 trainees had previously attended a doula training; no one had formally served as an Indigenous doula before, and five people had completed any previous related training (e.g., lactation counselor training, childbirth education). However, three-quarters of trainees (15 people) had prior experience

supporting people in labor, and one-third of trainees (7 people) had prior training or education on Indigenous birth practices and traditions or related traditional knowledge. Most of these experiences were as family members and reflect the traditional knowledge and role-sharing that occur in Indigenous families and communities outside "official" training settings.

Participants were asked about their motivations for joining the training program. Common themes that arose were Commitment to Community, Culture, and Heritage; Personal Lived Experience and Professional Growth; and Passion for Maternal and Child Health, Empowerment, and Advocacy. Each of these themes is also expanded on under the next domain surrounding Indigenous Birth Justice and reflects the elements in the *Auntie Wisdom Framework*– connection (to community, culture, and heritage), knowledge (about doula and birth work), and advocacy.

Commitment to Community, Culture, and Heritage: Trainees placed a strong emphasis on serving and strengthening Indigenous communities, preserving cultural traditions and Native languages, and addressing the specific and holistic needs of Indigenous families. One participant said, "I want to serve my community and family and help keep my family connected to their roots and traditions." Another shared:

> "I always knew something was missing in my life. And I didn't know what it was. But when I started learning the language, I realized, 'Oh, culture is what I'm missing in my life.' … But then it just feels like the more I learn and start doing more, I just want to share it and feel like all of us should know this. It's very powerful and healing. And it's an honor for us to be able to share what we learn with everyone. It's really powerful and healing for not just myself– doing for others is really healing. … So that's why I do it [doula work]."

Personal Lived Experience and Professional Growth: Many trainees expressed that they are driven by personal and family experiences with childbirth and breastfeeding, highlighting a desire to provide the support they felt was lacking during their own journeys or in family members' journeys. As one trainee shared, "When I gave birth and started my breastfeeding journey, I didn't really have any guidance, and I wish I had someone to help me speak up for myself." Another discussed thinking about their future, too, "I've wanted to become a doula while in high school and never went to the nearby town trainings, and now that I'm in college and work in health care, I feel like it'll be beneficial for my community or others and to myself. I would also like to be educated because I'd like a more natural birth at home that involves cultural practices in the future." This quote also touches on the desire for professional growth that many participants expressed was central to their motivation. Trainees were interested in gaining new skills and certifications, such as becoming a midwife, lactation consultant, doula, massage therapist, and pediatric nurse, to serve their communities better (e.g., "My ultimate goal is to be a midwife. I want to provide Indigenous birth services to underserved women of color"). The focus on

professional growth and skills development demonstrates the visibility of these career pathways among this participant group and the meaningfulness they see within them.

Passion for Maternal and Child Health, Empowerment, and Advocacy: Participants showed a deep interest in childbirth, maternal health, and early childhood care, with a specific focus on ensuring positive birthing experiences and supporting breastfeeding. One participant wrote, "I have always been amazed by childbirth and would love to learn how to ensure that mothers get the best possible experience." Dovetailing with "Professional Growth and Skills Development," this again underscores the resurgence of the birthwork field more broadly in Native communities. The goal of empowering womxn, particularly young Indigenous mothers, was also a recurring focus (e.g., "I'm passionate about empowering Native women and women of color in the birth process."). This includes providing education, support, and advocacy. Empowerment and advocacy were mentioned frequently in both surveys and interviews, often in tandem with stories about the ill effects many life givers have experienced when they were not empowered or advocated for, as detailed throughout these findings.

Indigenous Birth Justice and Integrating Indigenous Perspectives and Practices into Doula Work

In the pre-training survey, participants were asked, "If a friend asked you about what Indigenous birth justice means and how it is important in doula work, what would you tell them?" Related to what was shared above about training motivations, we identified four primary themes in their responses: (1) Revitalizing Traditional Teachings (e.g., "Keeping traditional teaching alive"); (2) Empowerment and Advocacy (e.g., "Helping Indigenous families have a voice, and their wants/needs are being met throughout the pregnancy and after delivery."); (3) Culturally Respectful Care (e.g., "…that term 'Indigenous birth justice' embodies the idea that Indigenous women have a right to practice traditional ways of birth and prenatal/postnatal care, and infuse any and all traditional practices with modern care while being respected"; and (4) Preservation for the Next Generation (e.g., "This is important work to me, specifically for my daughter; I want her to have full support and confidence in herself and culture while she enters the next sacred time in her life"). These themes interweave the connection and advocacy components of our framework.

We also asked trainees how they envisioned integrating Indigenous perspectives and practices into their doula work. All responses centered cultural integration and empowerment, with responses most frequently mentioning education and advocacy (teaching traditional medicines, creating birth curriculums, and advocating for cultural practices), integrating cultural practices and traditions (using Indigenous language, songs, placenta care, and traditional birthing methods), creating culturally safe spaces (ensuring families can practice their cultural traditions in a supportive and respectful environment), advocating for Indigenous families

(providing resources, support, and guidance), and supporting personal and cultural identity (encouraging families to connect with their heritage and ancestors during the birthing process).

In the focus groups, many doulas similarly emphasized that Indigenous birthwork is about cultural revitalization and healing, both interpersonally and intergenerationally – "It's not just about birth, it's about healing whole communities." They described doula work as a return to traditional roles, such as aunties, sisters, and knowledge keepers. There were many instances when trainees said things like, "We get to be auntie" or "A doula is like a traditional auntie or a traditional sister." One person said, "It's very nice to have a different sight on how we could help our moms to be healthy and keep to the Earth and being those traditional sisters and aunties to them. And I think that doulas also help make the birth journey a very light and happy time, because usually it's really stressful on the mom." Doula trainees expressed in great detail their strong motivation to serve families who lack support, particularly young parents, rural families, people living far from home, or those with strained or no familial connections:

> "I think that's where we come in to help foster the connection. Even if it's just to bring the family back, the support back, to mom. And for mom and dad, his family, whoever is going to be there. Because there's a lot of people, too, that don't have family. And in [city] here, we get a lot of people from a lot of different Tribes everywhere. So we've got people from Montana, we've got people from down south, we've got people from all over this region. So a lot tell us, 'We don't have family here.' So it's kind of, 'Do you have something that you need to do culturally? Traditionally, is there anything that you do?' Or, 'This is what we do with my people.'"

> "Another mom was like, 'I don't have anyone. All of my immediate family are gone, or they've stayed away. My children don't have cousins. We don't do things.' … And I told her, 'Well, if you want to make your own traditions, we can do that. We can do it however you envision it. It's your family, and I can help you.' They thrive on that emotional support, emotional, spiritual. I think it gives them a sort of like a protective barrier to feel like they are in a safe space because they're constantly creating a safe space for their children. And I think that's one of the positives of being a doula for your community members because it's like a ripple effect. The moment you drop that in the water, it just spreads bigger and bigger, and it touches almost all over."

And, in very deep ways, the trainees emphasized the centrality of culture to their perspectives on birth, doula work, and what makes the Indigenous doula role unique:

> "I've always felt really spiritually connected with birth. … I grew up going to ceremony. My mom went to them and danced when

> she was pregnant with me. … Birth is ceremony. That's never been a metaphor for me, it feels very literal. I remember hearing stories about– my grandma talked about being born at home. … And that felt so powerful to be able to be born in your homelands and not have to drive hours and hours away and to go into some building where people don't care about you. They don't look like you. They are mean to people who look like you. And they don't care about any of those things. It just felt very unfeeling. So, I never knew what a doula was, but I grew up thinking that 'Birthwork is so cool. These people are so cool. It'd be so cool to deliver babies, but I don't want to be a doctor.' … And then I was invited to the training. And the more that I learned, the more I was– I also wanted to be a midwife. I wanted to be able to help our people to have births outside of hospitals. I wanted to help them from all aspects of pregnancy before and after. And yeah, it's cultural, but it's very explicitly spiritual for me. It feels really, really deeply important for me to work with people who really believe in that."

As the above quote shows, the advocacy theme from the surveys also emerged in qualitative conversations. Geographic distance, clinic closures, limited culturally relevant services, and provider discrimination were repeatedly named as birth justice issues. In their own lives, in stories passed down from prior generations, or while attending someone else's birth, participants discussed experiences in hospital birth settings when they have seen or heard about medical staff deploying fear tactics ("They plant seeds of fear: 'Your BMI is a little high… your baby's not moving…' Even when everything is normal."), pressuring women to be sterilized ("They told my grandma, 'You already have your daughters. Let's just take your uterus.'"), exhibiting racial bias and failing to provide informed consent.

But amidst these painful realities, doulas had the opportunity to offer powerful moments of advocacy and healing. One trainee shared, "I told the hospital: 'Nobody says anything when this baby is born. The first words they hear will be in the [Indigenous] language.'" Another described their work as rooted in love, "It's a ripple effect. When you show love to that parent, it spreads to their baby, their family, their healing." Another participant wove together the themes discussed here surrounding cultural revitalization, birth justice, and advocacy, sharing:

> "To add on to everything that was just said, that was a lot of my wanting to be a doula, to reconnect with culture and kind of bring it back. And the further I got into the work, it was more or less like wanting to protect these families, safeguarding our traditions in a way to be an advocate, to be a stronger voice for them, because the colonization of how people are like, 'You can't voice your opinion in a hospital. You have to go by what they say.' That's totally false. And a lot of people who are Indigenous and of color, if they can have someone who has a backbone to be able to speak up for that, I

feel like they'll feel more empowered to be able to continue having families or bringing them up in a good way."

The end of this quote highlights the depth of the connection between these themes and reproductive autonomy and futurity for Indigenous life givers, for whom their birth experiences shape their own and their families' well-being far beyond the perinatal period.

Growth in Doula Knowledge and Confidence

Before and after the program, doula trainees were asked to rate their current knowledge on a variety of domains relevant to doula work on a scale of "1-beginner" to "5-expert." Pre-training, the trainees' overall average across all knowledge domains was 2.4. Average self-rated knowledge by item ranged from 2.1 to 2.9. Domains scoring the highest for existing knowledge (2.8-2.9) were current knowledge of pregnancy and childbirth overall and pregnancy and postpartum mental health concerns. Domains scoring the lowest for existing knowledge (2.1-2.2) were common perinatal medical procedures and interventions, the skills doulas use to advocate for their clients, knowledge of referral options and other resources to address perinatal physical and mental health concerns, and Indigenous cultural birthing practices.

Post-training, the trainees' overall average across all knowledge domains was 3.6. Average self-rated knowledge by item ranged from 3 to 4.1. Domains scoring the highest for knowledge (>3.8) were current knowledge of pregnancy and childbirth overall, the skills doulas use to advocate for their clients, and effective ways to emotionally support a doula client.

Domains scoring the lowest for existing knowledge (3.0-3.1) were common perinatal medical procedures and interventions, and knowledge of referral options and other resources to address perinatal physical and mental health concerns. Trainees saw especially notable growth in their knowledge surrounding advocacy skills, offering emotional support, labor comfort measures, and Indigenous cultural birthing practices. However, knowledge grew across all domains (Table 1).

We also collected pre- and post-training data on doula trainees' self-rated confidence supporting clients in the same areas on a scale of "1-not at all confident" to "5-totally confident." Pre-training, the trainees' overall average across all confidence domains was 2.5. Average self-rated confidence by item ranged from 2.1 to 3.4. Domains scoring the highest for current confidence (3-3.4) were offering emotional support to a doula client, advocating for a doula client (for example, speaking up on their behalf or supporting them in saying no to something their OB doctor suggests), and offering breast/chest feeding support to a new parent. Domains scoring the lowest for current confidence (2.1-2.2) were teaching families about cultural birthing practices, explaining common perinatal medical procedures and interventions to pregnant people and their partners, and offering pregnancy and childbirth education to pregnant people and their partners.

Post-training, the trainees' overall average across all confidence domains was 3.6. Average self-rated confidence by item ranged from 3.1 to 4.3. Domains scoring the highest for current confidence (>4) were offering emotional support to a doula client and advocating for a doula client. Domains scoring the lowest for current confidence (3.1-3.2) were providing information and resources to address common pregnancy-related and postpartum physical health issues. Again, trainees noted growing confidence across all areas, especially in offering pregnancy and childbirth education to pregnant people and their partners, explaining common perinatal medical procedures and interventions, and teaching labor comfort measures (table 1).

	Self-rated knowledge			Self-rated confidence		
Topic	**Pre**	**Post**	**Change**	**Pre**	**Post**	**Change**
Pregnancy and childbirth overall (Knowledge); Offering pregnancy and childbirth education to pregnant people and their partners (Confidence)	2.81	3.8	**+0.99**	2.14	3.5	**+1.36**
Common perinatal medical procedures and interventions (K); Explaining common perinatal medical procedures and interventions to pregnant people and their partners (C)	2.1	3.1	**+1.00**	2.1	3.5	**+1.4**
Labor comfort measures (K); Teaching labor comfort measures to pregnant people and their partners (C)	2.57	4.0	**+1.43**	2.33	3.6	**+1.27**
The skills doulas use to advocate for their clients (K); Advocating for a doula client (C)	2.1	3.9	**+1.80**	3.19	4.3	**+1.11**
Effective ways to emotionally support a doula client (K); Offering emotional support to a doula client (C)	2.33	4.1	**+1.77**	3.29	4.2	**+0.91**
Breast/chest feeding support skills (K); Offering breast/chest feeding support to a new parent (C)	2.62	3.5	**+0.88**	2.85	3.4	**+0.55**
Common physical health issues during pregnancy (K); Providing information and resources to address common pregnancy-related physical health issues (C)	2.26	3.4	**+1.14**	2.29	3.2	**+0.91**
Common postpartum physical health issues (K); Providing information and resources to address common postpartum physical health issues (C)	2.62	3.6	**+0.98**	2.33	3.1	**+0.77**

	Self-rated knowledge			Self-rated confidence		
Topic	**Pre**	**Post**	**Change**	**Pre**	**Post**	**Change**
Referral options and other resources to address pregnancy and postpartum physical health issues (K); Offering mental health support to a doula client (C)	2.1	3.0	**+0.90**	2.5	3.7	**+1.2**
Pregnancy and postpartum mental health concerns (K); Connecting a doula client with mental health resources (C)	2.71	3.8	**+1.09**	2.29	3.33	**+1.04**
Referral options and other resources to address pregnancy and postpartum mental health issues (K); Teaching families about cultural birthing practices (C)	2.1	3.1	**+1.0**	2.05	3.4	**+1.35**
Indigenous cultural birthing practices (K); Supporting families in accessing knowledge about cultural birthing practices from someone/somewhere other than yourself (C)	2.14	3.5	**+1.36**	2.48	3.56	**+1.08**

Building on the pre-post comparisons above, trainees were asked directly about the areas in which they learned the most and the areas in which they would like additional training and support in the future. Through the IBJN program, trainees reported learning the most about pregnancy & childbirth education and advocating for clients (100% of trainees). Most trainees also reported learning a lot about the basics of perinatal medical procedures and interventions (70% of trainees), labor comfort measures (90% of trainees), providing emotional support (80% of trainees), providing postpartum support (80% of trainees), offering culturally aligned doula care (80% of trainees), and how to care for yourself emotionally and spiritually as an Indigenous doula (70% of trainees). High endorsement across these many domains reflects an overall experience of having learned a great deal in the training program.

At the end of the training program, the two primary areas in which doula trainees reported still needing support were learning about resources for client referrals (80% of trainees) and how to care for themselves emotionally/spiritually as a doula (70% of trainees). Gaps in referral knowledge may be due to limited access to high-quality referral resources and a lack of knowledge about and connection to them. The high co-occurrence between trainees who reported learning the most about self-care and still needing the most support in this area reflects the intensity of Indigenous doula work and what we heard in focus groups about one's own journey of healing and the reclamation of traditional practices while serving as an Indigenous doula. Most trainees also reported still needing support in learning to provide breast/chestfeeding support and to offer culturally aligned doula care. Again, there is a high co-occurrence between

both learning a lot and wanting to learn more about culturally aligned doula care, highlighting the cultural access the IBJN training program provided, as well as the deep desire for ongoing cultural reconnection in Indigenous communities, particularly in Indigenous birth spaces.

Training Experiences, Support, and Initial Doula Activities

In the focus groups, participants shared that the IBJN training made them feel well-supported. In contrast, those who had attended trainings offered elsewhere described feeling underprepared, culturally disconnected, or burdened by certification requirements ("We need fewer hoops and more support."). Mentorship was seen as a key resource, especially culturally aligned guidance. In the survey, doulas reported varying access to mentorship, with most reporting a lot or a medium amount. However, all doulas said they would like to have more support from mentors. This underscores the importance of relational connection and culturally based doula training networks. When asked via the survey and focus groups how connecting with an Indigenous Birth Justice collective supported them in the process of becoming a doula, trainees shared reflections such as:

> "For me, this training, there was something different. I don't know exactly what it is, but the way that the information clicked with me as far as, 'Can I do this or not?' was completely different than any other training I've had. And so there was something about this training, and I wish I could help you identify what it was, but it made it feel like something that I could do. And just something as simple as people being in the different positions and how to support them during labor, that didn't seem nearly as scary as it's been every other training that I've had. And so I don't know if it was the teachers' approach or just this sort of idea that, 'Yeah, you can kind of do this, and then it's fine, and everything's great. And if you don't do that, that's okay too.'.....It's not big and scary. And I don't have to be this doula who comes in, who knows everything about everything and I know how to do all this stuff and every intervention and every position.'... I felt so different after this one that it felt doable."

Preparing and supporting doulas in their launch into actual practice was a key goal of the training and the program's intention, and this lasted over many months. At the conclusion of the training program, we surveyed doulas about their involvement in doula work and in IBJN-sponsored activities throughout the program. Most doulas were engaged with doula work or other activities in some way. Seven of the ten follow-up survey participants had served families in some aspect of their reproductive journeys, and these doulas had provided birth support to a total of 12 families since their training several months earlier. All but one had taken part in IBJN's virtual training opportunities. Most had participated in three virtual sessions. Half of the participants in the follow-up survey had participated in birth/early parenting community events since their training, with a range of one to four events attended.

During focus groups, we asked participants for their feedback on future iterations of the IBJN training and other Indigenous doula training programs. Their ideas include additional opportunities for hands-on practice (e.g., shadowing experienced doulas); more training in traditional skills like moccasin or baby board making; and ongoing refreshers and regional gatherings ("The [initial in-person] training filled my cup every day, but I wish it was longer. I want to do it again."). Doulas emphasized the need for more structural supports and investments in Indigenous doulas, i.e., streamlined, culturally aligned pathways to certification and reimbursement. Trainees appreciated the IBJN training and certification pathway, as well as IBJN bringing in a consultant to support trainees in navigating the billing process for state doula Medicaid reimbursement.

At the same time, they recognized the demand for more of this kind of training, ongoing support, and gathering spaces for Indigenous doulas, as well as greater, more stable investments in Indigenous doula work from other sources. They pointed out that Medicaid will not meet every birth need in our communities, and doulas themselves need to earn a steady income ("The business model didn't fit. We want to serve low-income families, but how do we get paid?"). Also in the vein of structural supports, trainees named the need for dedicated physical spaces in rural Tribal communities to serve as Indigenous birth justice houses or hubs– "I'll say for us out here, maybe if we start kind of gently doing pressure. Or now that they're building a new building for the clinic. Maybe we can dream to have a little section there specifically for us doulas out here and for moms. That's the way I can see it." This model exists in a few places, but doulas see this as an essential need in every Native community that warrants greater investment.

Mentorship, ongoing support, and structural investments are key priorities for trainees. Most experienced high access to mentorship at the end of the training. They found that being connected to an Indigenous Birth Justice collective helped them not only launch into their new doula roles but also offered community and connection within a group with shared passions and, often, shared cultural backgrounds and commitments. However, participants also reported wanting more access to mentorship and support. They called for permanent programs and spaces for Indigenous doulas to gather, receive training, and serve families (i.e., birth justice centers/hubs). Washington state offers Medicaid reimbursement for eligible births; however, these doulas would like to see compensation models that provide steady income and reimbursements for non-Medicaid-covered births, given likely coverage gaps for some families (e.g., those who rely solely on Indian Health Service coverage).

The data here demonstrate that the IBJN doula training program is a wise practice and a promising approach for continued implementation. The concept of Indigenous wise practices is a response to the western evidence based practice paradigm that

discredits Indigenous knowledge.[10,11] Wise practices "incorporate local knowledge, culture, language, and values into program design and implementation," sometimes alongside Western-based or blended multi-epistemic approaches.[12] Through its intentional structure and content, guided by Indigenous women's ancestral knowledge, the IBJN program goes beyond what a typical doula training offers. It was very effective in teaching foundational doula skills and preparing trainees to offer birth support. Additionally, in a wise fashion, our data showcase the value of its holistic and culturally rooted approach in successfully preparing doulas to attend to Indigenous families' specific needs in birth preparation and birthing healthcare spaces.

Cultural safety has been named as a priority for advancing Indigenous birth justice. Culturally safe care "ensure[s] that Indigenous women and people who give birth feel safe in their interactions with providers" (Stiffarm, 2023) and addresses dynamics of power and colonialism in birthing care spaces that Indigenous life givers often must navigate.[13] The data here reveal that the IBJN program contributed to doulas' own cultural safety related to historical trauma and racism, especially in contrast to other birth work training spaces, while also strengthening their knowledge and tools to pass that experience on to families they serve. Cultural knowledge transmission was also highlighted as an opportunity for a parallel process of doula healing and knowledge access being passed on to birthing families. This aligns with Indigenous culture, as well as with healing frameworks and the evidence behind Indigenous culturally grounded interventions.[14,15] All of this relates to the intertwined pathway towards Indigenous birth and epistemic justice.

There are many reasons why Indigenous doulas have blossomed as a response to reproductive and birth justice issues in our communities. Advocacy was a key theme throughout our findings and a core motivator for trainees. Just by being present, and with the right training, doulas are extremely well-positioned to intervene in moments of medical racism, coercion, and neglect, moments that can be pivotal for maternal well-being and birth-related outcomes for both the mother and

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[10] Brian Calliou, "Wise Practices In Indigenous Community Economic Development," *Inditerra Rev. Int. Sur L'autochtonie* 4 (2012): 14-26.

[11] "Wise Practices for Life Promotion: Indigenous Leadership for Living Life Well," *Wise Practices*, accessed January 3, 2026, https://wisepractices.ca/.

[12] Donald Warne, "Walking Through Truth: Indigenous Wisdom and Community Health Equity," *Stanford Social Innovation Review*, July 26, 2023, accessed December 29, 2025, https://ssir.org/articles/entry/walking_through_truth_indigenous_wisdom_and_community_health_equity.

[13] Amy Stiffarm, *Cultural Safety Practices for Working with Indigenous Birth Givers in Montana* (Healthy Mothers, Healthy Babies – The Montana Coalition, July 2023), accessed December 8, 2025, https://hmhb-mt.org/native-american-initiatives/.

[14] Karina L. Walters et al., "Growing from Our Roots: Strategies for Developing Culturally Grounded Health Promotion Interventions in American Indian, Alaska Native, and Native Hawaiian Communities," *Prevention Science* 21, no. Suppl 1 (2020): 54-64.

[15] Jessica Saniguq Ullrich, "For the Love of Our Children: An Indigenous Connectedness Framework," *AlterNative: An International Journal of Indigenous Peoples* 15, no. 2 (2019): 121-130.

baby.[16,17] Furthermore, doulas can be trained in community settings using community training curricula and can do their work without an institutional home base, making it more feasible to nurture community-grown doulas. Embedding Indigenous knowledge into doula training is an act of sovereignty and futurity that intentionally centers Indigenous womxn's knowledges of reproduction, birth, and resistance. Our people's own ways of knowing and being have sustained our wellness for millennia and protected us throughout the colonial era, and our wisdom and leadership are the pathway towards restored intergenerational thriving.[18] Therefore, it makes sense that Indigenous grassroots community leaders are prioritizing initiatives like the Indigenous Responsive Mentorship Doula Initiative to expand access to doula care for more families.

Resources are a birth justice issue given the imperative to invest in community-led efforts in order to move the needle on the ongoing Indigenous maternal health crisis in Washington state and beyond. Underscoring our findings, the Washington MMRC developed recommendations for addressing maternal mortality in the state and its severely disproportionate impacts on Indigenous life givers that align closely with our participants' insights. These recommendations, shaped by the committee's in-depth review of maternal mortality cases in the state in recent years, are to "improve health care quality and access," "strengthen community support services," and "provide equitable, culturally responsive care."[19] However, as doulas in this study noted and as Indigenous doulas elsewhere have described, funding remains a limitation. Grassroots efforts can maintain their positive features and community-led nature while being supported by far better infrastructure and resources.[20] There will need to be much greater investment in collectives like IBJN and in individual Indigenous doulas (these things, in fact, go hand in hand), in order to realize the ongoing support and physical spaces trainees named as priorities – priorities echoed in at least one other published study on urban Indigenous doula work, and that our findings extend into rural contexts.[21]

As the abundance of Indigenous womxn's wise practices continues to power the proliferation of Indigenous doulas, future research can support this work through learning agendas that respect ancestral and community-based knowledge systems. This entails community-led research and the blending of goals to inform and uplift program implementation through meaningful lines of inquiry. Structural and sustainable resources are needed to support doula work and, to a lesser degree, data-related storytelling to

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[16] Jaime et al., "Putting Them on a Strong Spiritual Path," 189.

[17] Caroline Fidan Tyler Doenmez et al., "Heart Work: Indigenous Doulas Responding to Challenges of Western Systems and Revitalizing Indigenous Birthing Care in Canada," *BMC Pregnancy and Childbirth* 22, no. 1 (2022): 41.

[18] Ms Christina E. Oré et al., "American Indian and Alaska Native Resilience along the Life Course and across Generations: A Literature Review," *American Indian and Alaska Native Mental Health Research (Online)* 23, no. 3 (2016): 134-157.

[19] Washington State Department of Health, *Washington State Maternal Mortality Review Panel*.

[20] Larissa Wodtke et al., "The Need for Sustainable," *Women's Health* 18 (2022): 17455057221093928.

[21] Wodtke, "The Need for Sustainable."

continue learning and sharing knowledge about these initiatives. While our data converge with other Indigenous doula and perinatal cultural safety literature, there remains an overall limited number of studies on this topic, especially in the United States. Furthermore, more research stories from service recipients' perspectives are needed that leverage diverse methods.

Limitations

Though every story shared is a rich universe in and of itself, and participants represent a diversity of rural and urban Indigenous communities, our participant sample is limited to a specific geographic region and a defined number of doula trainees. More data are warranted to test our research questions and framework in other communities. Additionally, quantitative analyses rely solely on pre- and post-test data from the intervention group, without a control group, and on a small sample of participants. There could be some selection bias introduced by who elected to participate in the post-training survey. However, though not a causal research design, alternate explanations for training-related knowledge and confidence growth are difficult to rationalize, especially in light of qualitative results underscoring the training's impacts and efficacy.

Conclusion

This study adds to the emerging literature on Indigenous doula efforts in the United States and is the first to focus on the growing Indigenous Responsive Mentorship Doula Initiative. Our *Auntie Wisdom Indigenous Doula Training Framework* emphasizes the program's success as an Indigenous wise practice that supports growth in knowledge, connection, and advocacy skills among trainees. The learning and healing doulas gained through this program prepared them to share these experiences with birthing families and to nurture positive, supportive, and culturally safe birthing spaces. As birth and reproductive justice remain urgent priorities for Indigenous life givers, greater investments are needed to support community-led and grassroots initiatives such as this one through material resources and ongoing knowledge sharing.

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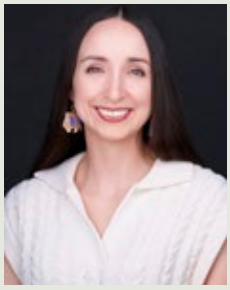
ABOUT THE AUTHORS



Teresa Abrahamson-Richards

Tess Abrahamson-Richards, PhD, MPH, is a citizen of the Spokane Tribe of the Interior Salish Plateau. She is the Director of Data Sovereignty at Hummingbird Indigenous Family Services and collaborates with the Indigenous Birth Justice Network. She is a mother of two children. She earned her PhD in Social Welfare from the University of Washington. Her research focuses on Indigenous reproductive justice and holistic family wellbeing in the early stages of life.

MichaeLynn Kanichy

MichaeLynn Kanichy is a member of the Makah Tribe and is of Pohnpeian (Micronesian) descent. She is a co-founder of The Hi•dubał Ba?as in Neah Bay, WA, and a Research Associate at Washington State University's IREACH.

ABOUT THE AUTHORS

Glenda Abbott

Glenda Abbott focuses on Indigenous-led community projects and cultural revitalization initiatives, including through the Indigenous Birth Justice Network. She is nehiyaw-Plains Cree from Pelican Lake First Nation, Saskatchewan in Treaty 6 Territory, Canada.

Penny Spencer

Penny Spencer is the Executive Director of the Spokane Tribal Network which houses the Indigenous Birth Justice qe qut Program and Center. Penny is a dedicated community educator and plant teacher and belongs to the Spokane Tribe. She is located in Spokane, WA.

Reclaiming the Sacred Science of Garbha Samskara

The Adi Shaiva Tradition's Vision of Conscious Conception and Prenatal Care

By Rani Muthukrishnan, PhD

ABSTRACT

This paper examines Garbha Samskara practices described in the *Garbha Upanishad* within the Adi Shaiva tradition, exploring how ancient prenatal sciences cultivated cognitive development and spiritual consciousness in children. Drawing on original Sanskrit verses, the eNpregnancy program revived by Supreme Pontiff of Hinduism Sri Nithyananda Paramashivam (SPH), Akashic record readings, historical accounts of royal women who raised enlightened children, and testimonies of parents participating in the eNpregnancy program in modern times, the study demonstrates that pre-colonial Indian societies possessed advanced understandings of fetal consciousness and maternal–fetal bonding. It argues that modern Western educational paradigms and the contemporary expectations imposed on women have eroded access to these knowledge systems, leading to a disconnection from embodied feminine wisdom. Through analysis of ritual structures, philosophical foundations, and methodologies, the paper positions Garbha Samskara as an indigenous alternative to medicalized pregnancy and calls for epistemic justice and recognition of women's traditional medicine as legitimate science.

Keywords: Garbha Samskara, Garbha Upanishad, Adi Shaiva tradition, prenatal communication, Indigenous knowledge systems, traditional medicine, maternal wisdom, cognitive development, spiritual consciousness

Introduction: The Erasure of Sacred Science

In modern times, pregnant women across the globe navigate pregnancy through a narrowly defined biomedical lens, experiencing their journey as a series of clinical checkpoints, ultrasound measurements, and risk assessments. This medicalization of pregnancy, while offering certain technological advantages, comes at an incalculable cost: the systematic erasure of millennia-old wisdom traditions that understood pregnancy not merely as a biological process but as a sacred science of consciousness transmission. Among the most sophisticated of these erased traditions is the practice of Garbha Samskara, the ancient Indian science of prenatal education and spiritual cultivation found in the Garbha Upanishad.

The Garbha Upanishad, one of the minor Upanishads of the Krishna Yajurveda, presents a comprehensive understanding of embryological development intertwined with spiritual philosophy and practical methodologies for conscious pregnancy.[1] The Garbha Samskara component of this text outlines specific practices, rituals, and approaches that expectant parents—particularly mothers—were to undertake to ensure not only the child's physical health but also their cognitive, emotional, and spiritual capacities.[2] These practices were not peripheral folk customs but central components of dharmic life, understood as essential to the continuation of civilization itself.

His Divine Holiness Sri Nithyananda Paramashivam, in his extensive discourses on the science of conscious birth, has revealed that conscious birthing practices were implemented with remarkable sophistication in pre-colonial India.[3] According to his revelations, these practices produced children with demonstrably higher cognitive abilities, enhanced intuitive faculties, and accelerated spiritual development. Historical accounts, including the story of Queen Madalasa, who systematically sang sacred verses and engaged in conscious communication with her children in utero, raising them to become enlightened beings, provide validation of these traditional methodologies.

However, today, this knowledge system remains largely unknown and inaccessible to contemporary women. The colonial disruption of indigenous knowledge and education systems, the privileging of Western biomedical models as the sole legitimate framework for understanding pregnancy, and the contemporary restructuring of women's lives around industrial capitalism have combined to sever most women's connections to these ancestral wisdom traditions. Modern women face impossible expectations: to remain productive workers until the moment of birth, to minimize the disruption pregnancy causes to economic life, and to trust exclusively in technological interventions. At the same time, their own embodied knowledge is granted no legitimacy. This represents not merely a loss of cultural heritage but active harm through the deprivation of tools that could enhance both maternal well-being and prenatal child development.

This paper seeks to recover and articulate the Garbha Samskara tradition as a complete system of prenatal science, examining its philosophical foundations, ritual practices, and developmental outcomes. By placing this tradition in dialogue with contemporary research on fetal consciousness, prenatal psychology, and epigenetics, while simultaneously critiquing the colonial and patriarchal structures that have rendered this knowledge inaccessible, this research argues for the urgent necessity of restoring women's traditional medicine to

[1] Jasmine Gujarati and Ritesh Gujarati, "Garbha Saṃskara: Prenatal Education Concepts, Practice and Prospects," *Journal of Ayurveda and Holistic Medicine* 2, no. 1 (2014): 40–46.

[2] Kushboo Jha et al., "Garbhasanskara: A Miracle to Woman," *Ayushdhara* 8, no. 2 (2011): 3178–84, https://doi.org/10.47070/ayushdhara.v8i2.715.

[3] Nithyananda Paramashivam, "Secrets of Conscious Birth with Bhagawan Sri Nithyananda Paramashivam 1," YouTube video, August 3, 2020, https://www.youtube.com/watch?v=ra6kUsutJl4.

its rightful place as legitimate, valuable, and scientifically sophisticated knowledge.

Author Positionality

The author writes from the position of a practicing Adi Shaiva, initiated into the Shaiva tradition for over two decades, where consciousness is not a conceptual framework but a lived, experienced reality. The author's understanding of birth, body, and life processes emerges from direct initiation by SPH, sustained spiritual practice, embodied discipline, and direct participation in a consciousness-based ecosystem that views life, pregnancy, and birth as deeply relational phenomena and sacred human experiences. This article is informed by the author's lived experience within this tradition, as well as her role as an observer/trainee in multiple eNpregnancy sessions—a structured, consciousness-centered approach to pregnancy preparation. The eNpregnancy acharyas[4] from whom the author learned are also trained in Western medicine,[5] providing a unique integration of traditional and modern approaches.[6]

While the author does not claim clinical or biomedical authority, she consciously situates this work outside purely mechanistic paradigms of childbirth. Instead, she offers experiential insights, observations, and interpretive reflections rooted in traditional knowledge systems derived from consciousness-based practices that prioritize human possibility, emotional maturity, and energetic integrity. This positionality shapes both what the author observes and how she interprets it. The author presents these perspectives transparently to invite dialogue with a wider audience seeking to understand traditional, consciousness-based approaches to birthing beyond dominant medical narratives.

Theoretical Framework: Decolonizing Pregnancy Knowledge

Indigenous Epistemology and Women's Ways of Knowing

To approach the Garbha Upanishad and the Garbha Samskara tradition with intellectual integrity, one must first establish an epistemological framework that does not automatically privilege Western scientific materialism as the sole arbiter of truth. Indigenous knowledge systems, including the Adi Shaiva tradition, operate from fundamentally different assumptions about the nature of consciousness, the relationship between matter and spirit, and the sources of valid knowledge. Linda Tuhiwai Smith's seminal work on decolonizing methodologies emphasizes that research is not an innocent or distant academic exercise but an activity with something at stake, occurring within specific political and social conditions.[7] The study of traditional prenatal practices cannot be separated from the colonial

[4] eNpregnancyCare, "Why eN – Pregnancy Care," YouTube video, January 3, 2014, https://youtu.be/cbq0MTYMsy0.

[5] KAILASA's eN-Pregnancy Care, "Miracles Experienced While Conducting Delivery of eN-Pregnancy Care Mothers," YouTube video, June 23, 2018, https://www.youtube.com/watch?v=8p5X8CrkGPc.

[6] KAILASA's eN-Pregnancy Care, "A Pediatrician's Experience with eN Pregnancy Care," YouTube video, July 16, 2020, https://youtu.be/_YTXXOvXxsg.

[7] Linda Tuhiwai Smith, *Decolonizing Methodologies: Research and Indigenous Peoples*, 2nd ed. (London: Zed Books, 2012).

histories that delegitimized these practices, nor from the contemporary power structures that continue to marginalize indigenous knowledge.

Engaging with Garbha Samskara requires what Shawn Wilson calls "relational accountability"—an understanding that knowledge is not extracted from communities but exists in relationship, carrying responsibilities to those knowledge holders and their descendants.[8] Sandra Harding's work provides additional theoretical grounding by arguing that perspectives from marginalized positions—including women's experiential knowledge—can offer a more complete and less distorted understanding than supposedly neutral scientific positions that fail to examine their own assumptions and power relations.[9] Pregnant women's embodied knowledge of their own gestational experiences, and the collective wisdom accumulated by generations of women supporting pregnancy and birth, constitutes a legitimate and valuable epistemic resource that Western medicine has systematically devalued.

The Adi Shaiva tradition operates on a non-dualistic philosophical foundation, understanding consciousness as primary and matter as its manifestation. This ontological position is not simply an article of faith but the foundation for a sophisticated set of practices and observations about the nature of reality, including fetal development. The tradition recognizes multiple valid sources of knowledge (*pramanas*), including direct perception, inference, testimony of realized beings, and direct revelation. SPH's access to the Akashic records—the subtle energetic repository of all events and knowledge—represents, within this epistemological framework, a valid means of accessing historical information and technical details of ancient practices.[10]

Colonialism, Western Medicine, and the Erasure of Traditional Knowledge

The displacement of traditional prenatal knowledge systems did not occur through neutral scientific progress but through deliberate colonial policies and the imposition of Western biomedical models as tools of cultural domination. As postcolonial scholars have extensively documented, British colonial administration in India systematically worked to delegitimize indigenous knowledge systems, including Ayurvedic medicine and spiritual practices, as "superstition" requiring replacement by modern, rational, Western approaches.[11]

This process was deeply gendered. Colonial administrators and missionaries were particularly concerned with Indian women's practices around pregnancy and childbirth, which they viewed as dangerously backward. The British implemented policies to train Western-style midwives and doctors while actively suppressing traditional birth attendants (*dais*) and the knowledge systems they carried. Claims of reduced maternal

[8] Shawn Wilson, *Research Is Ceremony: Indigenous Research Methods* (Halifax, NS: Fernwood Publishing, 2008).

[9] Sandra Harding, "Rethinking Standpoint Epistemology: What Is 'Strong Objectivity'?" in *Feminist Epistemologies*, ed. Linda Alcoff and Elizabeth Potter (New York: Routledge, 1993), 49-82.

[10] Nithyananda Paramashivam, "How to Access Akashic Records," YouTube video, October 8, 2023, https://youtu.be/zKJjOpmfp4Q.

[11] Projit Bihari Mukharji, *Nationalizing the Body: The Medical Market, Print and Daktari Medicine* (London: Anthem Press, 2011).

and infant mortality justified this intervention. However, as historians like Maneesha Lal have shown, colonial health interventions were often more concerned with producing healthy colonial subjects and managing Indian population growth than with genuine care for Indian women's wellbeing.[12]

The loss of Garbha Samskara and related traditions was not the result of a single rupture but of a slow, cumulative erosion driven by colonial and postcolonial change. Western education systems established under British rule elevated European medicine, science, and philosophy as universal truths while casting Indian knowledge as backward superstition, a hierarchy that many Indian elites themselves came to internalize. At the same time, colonial economic restructuring dismantled village and household life—the very spaces where such practices were lived and transmitted—leaving women without the time, support, or intergenerational guidance needed to sustain them during their childbirth. In the meantime, pregnancy was increasingly medicalized, reframed as a condition requiring expert (and largely male) intervention rather than a natural process held within women's embodied knowledge. Ironically, reforms justified in the name of women's liberation often stripped women of authority, transforming them from knowledge-holders into passive patients. The decline of Sanskrit education further severed access to foundational texts, while missionary campaigns actively discouraged ritual practices as pagan. Together, these forces hollowed out the social, linguistic, and spiritual ecosystems that had sustained Garbha Samskara, so that by the mid-nineteenth century, it survived only in isolated families, spiritual enclaves, or fragmentary folk forms, largely detached from their original depth and meaning.

The legacy of these colonial interventions persists in contemporary India and throughout the Global South, where Western biomedical approaches dominate institutional healthcare. At the same time, traditional practices survive primarily in rural areas or among communities with limited access to modern medical facilities—ironically rendering these practices as markers of poverty and backwardness rather than sophisticated alternatives. For women of Indian descent living in Western contexts, access to traditional prenatal knowledge has been even more thoroughly severed, as diaspora communities often assimilate into dominant medical cultures while losing connection to ancestral practices.

Contemporary Western obstetric practice, while claiming neutrality and scientific objectivity, embodies specific cultural values: the mechanization of the body, the privileging of efficiency and standardization over individual experience, the assumption that technological intervention improves natural processes, and the treatment of pregnancy as a medical condition requiring expert management rather than a normal life process. These values align

[12] Maneesha Lal, "The Politics of Gender and Medicine in Colonial India: The Countess of Dufferin's Fund, 1885–1888," *Bulletin of the History of Medicine* 68, no. 1 (1994): 29–66, https://www.jstor.org/stable/44451545.

with industrial capitalism's requirements for productive labor and the management of women's reproductive capacity in service of economic imperatives.[13]

For contemporary women—especially those in Western societies or global urban centers—the conditions that once made Garbha Samskara possible are largely absent. Economic pressures require most women to work full-time well into pregnancy, treating gestation as a brief interruption to productivity rather than a protected period of inward cultivation. Socially, the dominance of nuclear families has replaced the web of elder women and communal support that traditionally carried this knowledge, leaving many pregnant women isolated and without guidance. Pregnancy itself has become intensely medicalized and surveilled, with constant testing and risk assessment fostering anxiety and fear instead of the calm, trusting mental state that Garbha Samskara practices. Even when interest exists, most women lack the preparation to begin mantras, yogic practices, and Ayurvedic dietary principles, which require training and contextual understanding that are no longer commonly transmitted. This is compounded by cultural disconnection—diasporic Indian women may feel embarrassment or ambivalence toward traditions labeled "backward," while women from other backgrounds hesitate out of concern for authenticity or appropriation. Underneath all of this lies a deeper problem: the absence of sacred time. Modern life offers no shared rhythms, household rituals, or social expectations that pregnancy deserves withdrawal, reverence, and sustained spiritual attention.

The result is a profound loss—women are denied access to tools that could enhance their own experience of pregnancy and potentially optimize their children's development. This denial is compounded by the fact that most women do not even know such tools exist, so thoroughly has the erasure been completed.

The Garbha Upanishad: Textual Foundations

Historical and Philosophical Context

The Garbha Upanishad belongs to the minor Upanishads and is classified as a Samanya Upanishad (general Upanishad) that deals with philosophical and yogic topics. The Upanishad is structured as a dialogue, following the classical Upanishadic format in which a seeker approaches a teacher for knowledge. In this case, the text addresses fundamental questions about the nature of human embodiment: How does the body form? What is the relationship between consciousness and the developing embryo? What factors influence the child's nature and capabilities?

The philosophical framework of the Garbha Upanishad operates within a broader Vedantic understanding that sees individual existence (*jivatman*) as fundamentally connected to universal consciousness (*paramatman*). However, the text is not merely philosophical speculation but presents a precise developmental embryology intertwined with spiritual psychology.

[13] Robbie Davis-Floyd, *Birth as an American Rite of Passage*, 2nd ed. (Berkeley: University of California Press, 2003).

It describes the week-by-week development of the fetus, identifying when consciousness enters, when various faculties develop, and how the experiences and actions of parents—particularly the mother—shape the incarnating soul's trajectory.[14]

A crucial verse from the text states:

Shukra-shonita sambhutam bijabhaga-vashena tu
Yoni-samskara sambhavam garbha-vyadhi-samudbhavam
"Born from the union of seed and ovum, influenced by the characteristics of the seed portions, shaped by the conditioning of the womb, the embryo becomes subject to various conditions."

This verse encapsulates several key principles: the biological basis of conception from male and female contributions, the genetic or karmic inheritance contained within the seed (*bija*), the profound importance of the uterine environment (*yoni-samskara*), and the various influences that can affect development. The term yoni-samskara is particularly significant—*samskara* means both "conditioning" and "refinement" or "purification," suggesting that the womb is not simply a passive container but an active environment that can be consciously shaped to influence developmental outcomes.

The Architecture of Consciousness in Fetal Development

The Garbha Upanishad presents a detailed timeline of fetal development that is remarkable for its precision and for its integration of physical and conscious development. While Western embryology focuses exclusively on physiological changes, the Upanishadic framework tracks the gradual involvement of consciousness with the developing form.

According to the text, the embryo is in a fluid state (*kalala*) in the first month after conception. During the second month, it solidifies into a firmer mass (*ghana*). By the third month, limbs and organs begin to differentiate. The text identifies the fourth month as crucial—this is when consciousness becomes more firmly established, and the child begins to develop awareness in the womb. The specific verse states:

Caturthan tu masa praptah sanjayate sarva cetana
"Upon reaching the fourth month, all consciousness becomes active."

This understanding aligns intriguingly with contemporary research in developmental neuroscience, which identifies the second trimester as the period when neural structures develop sufficiently for organized brain activity.[15] However, the Upanishadic framework operates from a different ontological base—namely, that consciousness emerges from neural complexity. However, that consciousness increasingly engages with the developing nervous system as the

[14] Pankaj Sharma et al., "A Comparative Exploration of Garbhopanishad in the Purview of the Brihatrayee: A Review," *International Journal of Research in Ayurveda and Pharmacy* 15, no. 5 (2024): 155–61, https://doi.org/10.7897/2277-4343.

[15] Bill Hathaway, "Mid-Pregnancy May Be Defining Period for Human Brain," *Yale News*, October 4, 2021, https://news.yale.edu/2021/10/04/mid-pregnancy-may-be-defining-period-human-brain.

physical substrate becomes capable of supporting it.

The text continues to detail development through subsequent months, noting that by the fifth month, the child develops awareness of hunger and thirst; by the sixth month, organs are fully formed; by the seventh month, the child is enveloped by the vital airs (*prana*); by the eighth month, all consciousness is complete (*sarva-tattva-sampurnata*). Most significantly, the Garbha Upanishad describes how the child in the eighth or ninth month develops memory of previous births and karmic patterns:

> *Aneka-janma-sambhutam karma-avaranat smrtih*
> "Memory arises of many births, covered by the veil of karma."

This understanding presents pregnancy not as the creation of entirely new consciousness but as providing embodiment for consciousness that carries its own history and tendencies. The role of the mother, therefore, becomes not simply to grow a body but to provide the optimal environment for this consciousness to manifest its highest potential while potentially clearing or minimizing karmic obstacles.

Garbha Samskara: The Practice of Conscious Pregnancy

Philosophical Foundations of Prenatal Care

The samskaras in Hindu tradition are the sacraments marking major life transitions, beginning before birth and continuing through death. Garbha Samskara is thus not simply prenatal care but a sacred process of purification and conscious shaping that begins at conception—or ideally, even before.

The underlying philosophy recognizes several crucial principles:

1. *Consciousness precedes conception*: In the Adi Shaiva tradition, viewed from the quantum field perspective, consciousness is the fundamental reality. It is omnipresent and cannot be created or destroyed. It is the underlying characteristic that unites all life. A child is not a blank slate or a consciousness emerging from biological complexity, but is an existing conscious entity seeking embodiment. This consciousness brings karmic tendencies, capabilities, and spiritual evolution from previous existences. The fetus is already the quantum field itself, the unit that measures the entire universe. Nurturing the space before birth means awakening the inherent quantum qualities.

2. *Garbha Upanishad principles - Nurture begins at conception*: While the physical contributions come from both parents, the mother's body, consciousness, emotions, thoughts, and spiritual state constitute the entire world for the developing child. Her experiences become the child's experiences; her consciousness shapes the child's developing consciousness.[16]

[16] Nithyananda Paramashivam, "How You Cognize You Comes from Mother," YouTube video, May 12, 2023, https://www.youtube.com/shorts/VsJJRgPCgDg.

3. *Life is not measurable - Start BEING the measure*: The moment of conception is not biological alone—it is spiritual. The jiva brings its karmic blueprint, and the parents' consciousness becomes the first classroom. In the Western paradigm, children are treated as objects to be measured, shaped, and educated. The Adi Shaiva tradition believes that the fetus is already an enlightened consciousness waiting to remember itself. Prenatal nurture is a means of helping it remember, not programming it like software.*17*

4. *Critical developmental windows*: Specific periods during pregnancy represent optimal times for specific developmental influences. Just as the physical body develops in stages, so too does the capacity for various forms of learning, emotional patterning, and spiritual awareness.[18]

5. *Intergenerational transmission*: The practices of Garbha Samskara were understood as creating not just individual development but intergenerational patterns. A mother who engaged in consciousness-based practices was not simply improving her own child but establishing patterns that would influence how her children approached their own future pregnancies.[19]

Preparatory Phase: Garbhadhana Samskara

The Adi Shaiva tradition, as elaborated by SPH, emphasizes that Garbha Samskara properly begins before conception, recognizing that the sacrament of conception itself is sacred. Conscious preparation by both parents is a requirement before they create the new life form, as the circumstances, consciousness, and intentionality surrounding conception profoundly influence the kind of soul drawn to the parents and the capacities that soul can express through the resulting embodiment.[20]

According to traditional practice, conception was approached as a sacred ritual, not a casual or merely biological event. The couple would prepare through:

1. *Purification practices*: Both partners would engage in physical purification (bathing, fasting, dietary preparations) and spiritual purification (meditation, mantra recitation, completion and release of negative patterns). The aim is to purify the consciousness of their partners through initiated practices so the quantum field they create becomes a manifestation channel for the descent of higher consciousness. [21]

2. *Timing*: Conception was timed according to astrological considerations, the woman's menstrual cycle, and planetary positions considered favorable qualities in the child.[22] The tradition holds that conception at different times produces different capacities—certain periods favored intellectual development, others spiritual

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[17] Nithyananda Paramashivam, "The Human Brain Can Do This… If You Just Change Your Breathing," YouTube video, August 30, 2025, https://www.youtube.com/shorts/XVfC-ZYePB8.

[18] Jha et al., "Garbhasanskara."

[19] Nithyananda Paramashivam, "What Is the DNA of Enlightenment," YouTube video, May 13, 2014, https://youtu.be/ovg9zEOafv0.

[20] Nithyananda Paramashivam, "Guidelines to Husband and Wife before the eN-Pregnancy Program," YouTube video, August 21, 2020, https://www.youtube.com/watch?v=s-65YkD7CCk.

[21] Paramashivam, "Guidelines to Husband and Wife."

[22] Nithyananda Paramashivam, "Open the Door and Let the Breeze Enter | Part 28," YouTube video, January 26, 2026, https://youtu.be/QL_tsc7pDlY.

sensitivity, others physical strength. With proper preparation, birthing can lead to enlightenment.[23]

3. *Conscious intentionality*: At the moment of conception, both partners hold clear intention and visualization regarding the type of birth, the nature of the child they want to conceive. This was understood not as imposing ego-desires upon the child but as sending an invitation into the cosmos for a soul with particular qualities and purposes.

4. *Invocation*: Specific mantras and prayers would be recited to invoke divine blessings and to call a soul of high spiritual evolution.[24]

Daily Practices During Pregnancy

Once pregnancy was confirmed, the mother entered a disciplined yet nurturing rhythm of daily practices intended to support her well-being and the child's holistic development. These practices functioned as an integrated system, addressing the physical, emotional, mental, and spiritual dimensions of gestation.

Physical Practices

Each day began with the Morning Revolution Protocol, in which the mother rose during the sacred *Bramha Muhurta* window (4 a.m. to 6 a.m.) and began the day with deep, conscious breathing. This breathing was understood as a direct means of witnessing and experiencing cosmic presence across multiple dimensions,[25] cultivating the inner stability, energy, and patience needed for daily life. Alongside this, a specialized pregnancy diet evolved across trimesters to meet the changing developmental needs of the fetus, emphasizing sattvic foods—fresh fruits, whole grains, ghee, and milk—while avoiding rajasic and tamasic substances, and incorporating specific herbs and preparations to support healthy growth.[26] Gentle movement and yoga were also integral, with carefully selected asanas focused on spinal health, pelvic flexibility, and optimal fetal positioning, practiced with an emphasis on breath awareness rather than exertion. Daily dental care[27] and oil massage (abhyanga) with prescribed herbal oils further supported the mother by easing physical discomfort, preventing stretch marks, and fostering an intimate, appreciative connection with her transforming body, turning bodily care itself into a quiet ritual of awareness and reverence.[28]

Mental and Emotional Cultivation

With so many events and happenings within the body while nurturing a child in the womb,

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[23] Nithyananda Paramashivam, "Akashic Readings: Death 1," YouTube video, September 27, 2012, https://youtu.be/nPlFdHlg0fc.

[24] Nithyananda Paramashivam, "Putra Kameshti Yaga: Hindu Science of Bearing Divine Children," YouTube video, October 23, 2017, https://youtu.be/98kfWkv1u4k.

[25] Nithyananda Paramashivam, "Trinetra Kumbhaka – Breathing Technique to Attain the State, Space, & Powers of Mahadeva," YouTube video, April 23, 2018, https://www.youtube.com/watch?v=G_9a90zgrZk.

[26] Nithyananda Paramashivam, "Sure Ways to Weight Loss | Patanjali Yoga Sutras 137," YouTube video, March 24, 2011, https://www.youtube.com/watch?v=kfUbG3o3_NY.

[27] Nithyananda Paramashivam, "This Ancient Powder Heals Teeth, Gums & Gut," YouTube video, September 16, 2025. https://youtu.be/dexj_flG358.

[28] Nithyananda Paramashivam, "The Cosmic Womb: How Your Soul Grows in Silence," YouTube video, September 25, 2025, https://youtu.be/ZIJM_8fAB9c.

mothers were taught to practice stillness and to witness themselves to maintain perspective. Through constant practice, it is possible to experience a state of conscious awareness without thoughts or the need to verbalize. It is the experience of cosmos flowing through oneself.[29]

The pregnant woman was encouraged to cultivate specific chants that negate the harsh emotions, conflicts, violent imagery, and distressing experiences, which were to be avoided or minimized. This stabilizes the prana.[30] The expectant mother would spend time with her husband to establish a deeper connection with realized beings, wise elders, and spiritually evolved individuals.[31] Their presence and conversation were understood to elevate the consciousness in the ecosystem she thrives in and thereby influence the child.

Sound Practices: The Heart of Garbha Samskara

The most distinctive and powerful aspect of Garbha Samskara involves the systematic use of Nada, sound. SPH's revelations emphasize the power of sound in transmitting enlightenment, and 'Nada' sound is a principle (tattva) through which conscious experiences can be transmitted.[32] Aligned with this, practices such as mantra recitation and devotional singing (*bhajan and kirtan*) can be used to establish direct communication with the child in utero. Each mantra carries specific vibrational patterns that can influence physical development, consciousness, and spiritual protection. Specific mantras were recited with the understanding that they would create an energetic protective shield around the developing child and maintain the mother's consciousness in a state of divine connection.

The Extraordinary Case: Queen Madalasa and the Enlightened Children

Historical accounts preserved within the Adi Shaiva tradition, and corroborated by SPH's access to the Akashic records, describe a remarkable case that demonstrates the full potential of Garbha Samskara practices: a queen in ancient times who raised multiple children to enlightenment through the systematic application of these methods. When she became pregnant with her first child, she resolved to observe the entire Garbha Samskara tradition with absolute dedication. SPH reveals the technique for harnessing the child's high prana energy.[33]

Her daily routine, which SPH gives to all mothers, became:

1. *Morning*: Energy activation through deep breathing to receive cosmic transmission.

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[29] Nithyananda Paramashivam, "Nirvikalpa Samadhi is the Source of all Knowledge!" YouTube video, February 16, 2020, https://youtu.be/BaDG3w_nKiE.

[30] Nithyananda Paramashivam, "Sound of Prana: The Subtlest Mantra Versus Mantra Chanting," YouTube video, August 14, 2008, https://www.youtube.com/watch?v=WqZJKynQWz0.

[31] Nithyananda Paramashivam, "How the Institution of Marriage Affects the Length Breadth & Depth of a Person?" You Tube video, July 2, 2019, https://youtu.be/pLUm3cLx24E.

[32] Nithyananda Paramashivam, "Nada Tattva – The Power of Sound!" YouTube video, January 26, 2020, https://www.youtube.com/watch?v=cfvXFsgwAb4.

[33] Nithyananda Paramashivam, "Nurturing Enlightenment: The Story of Queen Madalasa," YouTube video, December 16, 2024, https://youtu.be/4oSyM3MYPfs.

2. *Noon*: Consciousness maintenance through sacred practices such as japa and music.

3. *Evening*: Divine download through samadhi meditation as the fetus and mother prepare to sleep.

Throughout the day, the queen maintained constant awareness of her thoughts and emotions, immediately noticing and redirecting any negative mental states, understanding that every thought created an imprint on the developing child's consciousness. Most remarkably, the accounts describe how the queen developed such sensitivity that she could feel the child's consciousness responding to different practices. She noticed, for instance, that when she recited verses from the Upanishads, the child would become very still, as if in deep attention. When she sang devotional songs in praise of Shiva, the child would become active, as if dancing. She used these responses to tailor her practices, developing what amounted to a two-way communication with her unborn child.[34]

Skeptics might dismiss such accounts as mythology or hagiography. However, SPH's detailed revelations from the Akashic records provide specific information about the practices, to be used, the timing of practices coordinated with the child's developmental stages, and the phenomenology of the consciousness-to-consciousness communication she cultivated.[35] These details are consistent with the systematic knowledge preserved in the Garbha Upanishad and other Sanskrit sources, suggesting not mythology but historical documentation of practices that produced replicable results. The results shared by the participants indicate successful experiences.[36]

Scientific Correlates: Contemporary Research on Prenatal Consciousness

While the epistemological frameworks differ fundamentally, contemporary research in multiple scientific fields has begun documenting phenomena that the Garbha Samskara tradition has recognized for millennia. This convergence does not validate the ancient tradition—which stands on its own authority—but provides a bridge for modern audiences to consider these practices seriously.

Fetal Auditory Development and Sound Perception

Developmental biology has established that the auditory system begins functioning in the second trimester. By weeks 18-20 of gestation, the fetus can detect sounds, and by 24-26 weeks, auditory responses are well-established.[37] Ultrasound studies have shown that fetuses respond to external sounds by increasing heart rate and altering movement patterns.

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[34] Nithyananda Paramashivam, "Your Body's Silent Language: The Cosmos Responds," YouTube video, September 29, 2025, https://www.youtube.com/watch?v=QHgvKivNGLU.

[35] KAILASA's eNpregancy Care, "Chant Your Way To Discover Your True Nature- Mantra Pushpam," YouTube video, July 15, 2020, https://youtu.be/LL992N5hZEc.

[36] eNpregnancyCare, "Experiences Jagatpreeti Australia," YouTube video, March 14, 2014, https://youtu.be/B-S-a3v4CyI.

[37] Stanley N. Graven and Joy V. Browne, "Sensory Development in the Fetus, Neonate, and Infant: Introduction and Overview," *Newborn and Infant Nursing Reviews* 8, no. 4 (2008): 169–72, https://doi.org/10.1053/j.nainr.2008.10.007.

More remarkably, research has demonstrated that fetuses develop the ability to recognize specific sounds, particularly the mother's voice, and retain this recognition after birth. Newborns show clear preference for their mother's voice over other female voices, for stories read repeatedly during pregnancy over new stories, and even for specific musical pieces heard frequently in utero.[38] This research validates the Garbha Samskara emphasis on the mother's voice as the primary sonic environment and on repetitive exposure to specific beneficial sounds.

Studies on prenatal music exposure have shown measurable impacts on postnatal brain structure and function. Children whose mothers listened to music regularly during pregnancy show enhanced auditory processing, earlier language development, and, in some studies, higher scores on measures of cognitive function.[39] While this research uses Western classical music rather than the specific mantras and ragas prescribed in Garbha Samskara, it demonstrates the principle that organized sound during gestation has formative impact.

Maternal Stress, Emotion, and Fetal Programming

The emerging field of fetal programming, or developmental origins of health and disease (DOHaD), has documented extensively how maternal stress, nutrition, and emotional states during pregnancy have lasting effects on a child's physiology and psychology.[40] Maternal cortisol (a stress hormone) crosses the placenta and influences fetal brain development, particularly in regions involved in the stress response and emotion regulation. Children whose mothers experienced high stress during pregnancy show altered stress response systems, increased risk for anxiety and depression, and, in some studies, reduced cognitive function.[41]

Conversely, positive maternal emotional states, social support, and practices like meditation have been shown to optimize fetal development. Research on mindfulness meditation during pregnancy demonstrates reduced maternal anxiety and depression, improved birth outcomes, and enhanced maternal-infant bonding.[42] Studies of yoga during pregnancy show similar benefits.[43]

These findings validate the Garbha Samskara emphasis on cultivating positive emotional states, avoiding stress and conflict, and engaging in spiritual practices. The tradition understood intuitively what is now being demonstrated empirically: the mother's consciousness directly

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[38] Anthony J. DeCasper and William P. Fifer, "Of Human Bonding: Newborns Prefer Their Mothers' Voices," *Science* 208, no. 4448 (1980): 1174–76, https://doi.org/10.1126/science.7375928.

[39] Minna Huotilainen and Simo Pakarinen, "Music Perception in the Human Brain: Learning and Individual Differences," *Annals of the New York Academy of Sciences* 1423, no. 1 (2018): 104–12, https://doi.org/10.1111/nyas.13655.

[40] Peter D. Gluckman and Mark A. Hanson, *Developmental Origins of Health and Disease* (Cambridge: Cambridge University Press, 2006).

[41] Elysia P. Davis and Curt A. Sandman, "The Timing of Prenatal Exposure to Maternal Cortisol and Psychosocial Stress Is Associated with Human Infant Cognitive Development," *Child Development* 81, no. 1 (2010): 131–48, https://doi.org/10.1111/j.1467-8624.2009.01385.x.

[42] Larissa G. Duncan and Nancy Bardacke, "Mindfulness-Based Childbirth and Parenting Education: Promoting Family Mindfulness during the Perinatal Period," *Journal of Child and Family Studies* 19, no. 2 (2010): 190–202. https://doi.org/10.1007/s10826-009-9313-7.

[43] Kwon, Rachel et al., "A Systematic Review: The Effects of Yoga on Pregnancy," *European Journal of Obstetrics & Gynecology and Reproductive Biology* 250 (2020): 171–77, https://doi.org/10.1016/j.ejogrb.2020.03.044.

shapes fetal brain development and the child's lifelong psychological patterns.

Epigenetics and Environmental Programming

Perhaps most striking are findings from epigenetics—the study of how environmental factors influence gene expression without altering the underlying DNA sequence. This research has demonstrated that maternal experiences, behaviors, and exposures during pregnancy can activate or silence specific genes in the developing fetus, creating lasting changes that can even be transmitted across generations.[44]

Maternal nutrition, stress exposure, and even social experiences create epigenetic marks that influence the child's metabolism, stress response, immune function, and neurological development. Diet, emotional states, and environmental exposures—all factors addressed in Garbha Samskara protocols—have now been shown to induce molecular-level changes with lifelong consequences. While Western epigenetics focuses on biochemical mechanisms, and the Vedic tradition speaks of subtle energy and karmic patterns, both recognize the same fundamental principle: pregnancy is not simply the unfolding of a genetic program but a dynamic process where maternal consciousness and environment actively shape developmental outcomes.

Prenatal Communication and Consciousness

The most controversial area of contemporary research—and the most directly relevant to Garbha Samskara claims—involves fetal consciousness and the possibility of genuine communication between mother and unborn child. Conventional developmental neuroscience has been reluctant to attribute consciousness to fetuses, given the difficulty of defining and measuring consciousness even in adults.

However, researchers working in prenatal and perinatal psychology have documented phenomena that challenge materialist assumptions. Studies show that fetuses respond differently to the mother's voice versus other sounds, that patterns of fetal movement correlate with maternal emotional states in ways that suggest responsiveness rather than mere physiological connection, and that some mothers report experiences that seem to involve genuine communication with the fetus—receiving information about the child's needs, preferences, or even future characteristics.[45]

The field of prenatal and perinatal psychology, pioneered by researchers like Thomas Verny and David Chamberlain, has collected extensive evidence that contradicts the assumption of fetal unconsciousness. Adults under hypnosis, in therapeutic settings, have reported apparently genuine memories from the womb and

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[44] Maurizio Meloni and Ruth Müller, "Transgenerational Epigenetic Inheritance and Social Responsibility: Perspectives from the Social Sciences," *Environmental Epigenetics* 4, no. 2 (2018): 1–10, https://doi.org/10.1093/eep/dvy019.

[45] William A. McCarty, "Infant and Early Childhood Communications: Exploring the Foundations of Knowing," In *The Embodied Mind: Understanding the Mysteries of Cellular Memory, Consciousness, and Our Bodies*, ed. Thomas R. Verny (New York: Pegasus Books, 2021), 89–124.

birth, including details later verified with medical records or parental testimony. While methodological questions remain, the volume and specificity of such accounts challenge the default assumption that consciousness is absent until late in development or after birth.[46]

Reclaiming and Adapting Traditional Practice

Movements for Revival

In recent decades, movements to revive and restore traditional Indian knowledge systems have emerged, including efforts to restore Garbha Samskara practices:

The work of SPH and the eNpregnancy program guided by SPH has been central to this revival. Through extensive research into Sanskrit texts, revelations from the Akashic records, and the revival of traditional practices, SPH has worked to make these teachings accessible to contemporary practitioners. The establishment of gurukuls (traditional spiritual schools) where Vedic sciences are taught in living tradition rather than as academic subjects has created new pathways for transmission.

Organizations focused on traditional childbirth practices, such as the Traditional Birth Attendants' associations in various Indian states, have worked to document and preserve indigenous knowledge. While often focused on birth attendance rather than prenatal practices specifically, these movements represent recognition of the value of traditional knowledge.

The global yoga movement, despite its commercialization and frequent disconnection from traditional contexts, has made some prenatal yoga practices widely available. While these often lack the integration with mantra, ritual, and spiritual philosophy that characterized traditional Garbha Samskara, they represent at least a partial opening.

Adaptation for Contemporary Contexts

Reviving Garbha Samskara in contemporary contexts requires both faithful preservation of essential principles and creative adaptation to current realities.

Essential practices that can be maintained:

- Daily mantra recitation, even if limited to 15-20 minutes
- Regular meditation and conscious breathing
- Direct communication with the unborn child
- Maintenance of positive emotional states and conscious avoidance of harmful influences
- Dietary attention to sattvic principles within available resources
- Regular exposure to sacred music and texts

Necessary adaptations:

- *Time compression*: While traditional

[46] David B. Chamberlain, *The Mind of Your Newborn Baby*, 3rd ed. (Berkeley, CA: North Atlantic Books, 1998).

practice assumed hours per day, adapted practice might focus on consistent shorter sessions, perhaps 30-60 minutes of formal practice supplemented by integrated awareness throughout the day.

- *Community building*: Since traditional extended family structures are largely unavailable, creating alternative communities—pregnancy circles, spiritual practice groups, online communities—that can provide knowledge sharing, support, and collective practice.
- *Technological supports*: While traditional practice emphasized live sound, recordings of mantras and classical ragas can provide some benefit when live music is unavailable. Online resources can make teaching accessible where physical teachers are not.
- *Partner involvement*: In traditional practice, the husband's role was often peripheral except at conception. Contemporary practice can benefit from fully involving partners in prenatal communication and from creating couple practices of meditation and mantra.
- *Integration with medical care*: Rather than positioning traditional practice in opposition to medical care, finding ways to integrate—sharing practices with supportive healthcare providers, using medical appointments as opportunities to practice awareness rather than anxiety.
- *Cultural translation*: For practitioners not from Indian backgrounds, finding authentic transmission while also making necessary cultural translations. This might involve learning about the philosophical foundations while also connecting practices to one's own spiritual tradition or understanding.

Research Imperatives

For Garbha Samskara practices to gain wider acceptance and accessibility, several research directions are essential:

1. *Documentation*: Systematic documentation of traditional practices as they are still maintained by traditional practitioners, particularly in rural India and within specific spiritual lineages. This includes video documentation, detailed textual analysis, and oral history collection.
2. *Phenomenological research*: Qualitative research with women who practice Garbha Samskara, documenting their experiences, perceived benefits, challenges, and outcomes. This research should be designed by and with community members rather than imposed by outside researchers.
3. *Clinical trials*: Well-designed studies comparing developmental outcomes in children whose mothers practiced Garbha Samskara versus control groups. Such research faces methodological challenges because randomization is difficult, confounding variables are

numerous, and truly measuring "higher consciousness" is perhaps impossible in materialist frameworks. However, even limited outcome studies (measuring cognitive development, emotional regulation, attachment security, etc.) could demonstrate benefits.

4. *Neuroscience studies*: Brain imaging research examining how specific practices (mantra recitation, meditation, devotional singing) affect maternal brain patterns and stress physiology during pregnancy. While this does not capture the tradition's full philosophical framework, such research could demonstrate mechanisms of effect.

5. *Longitudinal studies*: Following children whose mothers practiced Garbha Samskara into adolescence and adulthood to assess long-term developmental trajectories.

6. *Cross-cultural comparison*: Examining whether traditional prenatal practices in other indigenous cultures show similar patterns and outcomes, which would suggest universal principles rather than culture-specific phenomena.

Broader Implications: Women's Medicine and Epistemic Justice

Garbha Samskara within the Landscape of Traditional Women's Medicine

The Garbha Samskara tradition represents one expression of a global heritage of women's traditional medicine—knowledge systems developed by women, for women, addressing women's specific health needs, and transmitted primarily through female lineages. Across cultures, women developed a sophisticated understanding of fertility, pregnancy, childbirth, postpartum care, and child-rearing, systems that were marginalized or destroyed through similar processes of colonization and medicalization.

Traditional African midwifery practices, Indigenous American pregnancy customs, and European folk medicine traditions around childbirth have all faced similar delegitimization. The pattern is consistent: knowledge developed through generations of careful observation and experimentation, knowledge that served communities effectively, was dismissed as superstition and replaced by supposedly universal medical knowledge that has often served women poorly.

The revival of Garbha Samskara is thus not merely about one specific tradition. However, it represents a larger movement for epistemic justice—recognition that traditional and indigenous knowledge systems constitute legitimate science, sophisticated understandings developed through valid methodologies, and deserve preservation, respect, and integration into contemporary practice.

The Politics of Reproduction Knowledge

Control over reproductive knowledge is fundamentally political. Who defines what pregnancy means, what constitutes appropriate prenatal care, what outcomes matter, and whose knowledge counts? These questions determine women's autonomy, their bodily sovereignty, and

their power within society. The displacement of traditional prenatal knowledge represented a transfer of power from women and communities to medical institutions and professionals, from local, diverse practices to standardized protocols, and from holistic understanding to reductionist frameworks that industrial medical systems could manage.

Reclaiming traditional prenatal knowledge is thus inherently feminist, even when originating in traditions that were themselves patriarchal in many ways. It represents women reclaiming authority over their own bodies and reproductive experiences, insisting on the validity of their experiential knowledge, and refusing to be reduced to passive patients requiring expert management. However, such reclamation must be undertaken with care to avoid simply romanticizing tradition or creating new forms of pressure on women. The goal is not to mandate that all women practice Garbha Samskara but to make this knowledge available as one option among many, restoring choices that have been taken away.

Implications for Human Potential

If the claims of the Garbha Samskara tradition are even partially accurate, these practices can enhance cognitive development, accelerate spiritual evolution, and help children manifest higher capacities—with profound implications. We may have systematically denied multiple generations access to tools that could have significantly enhanced human development.

The contemporary crisis in child and adolescent mental health, the struggles with meaning and purpose many young people experience, the feeling of disconnection from something deeper—[47] these may be partially attributable to the loss of practices like Garbha Samskara that would have established stronger foundations of consciousness and connection from the beginning of life.

From the perspective of the Vedic tradition, we are consciousness seeking expression through form. The quality of that expression depends significantly on the conditions provided during the formative period of gestation and early development. By optimizing those conditions through conscious practice, we may enable higher expressions of human capacity—not creating superiority but allowing each soul to manifest more fully its inherent nature and capabilities.

This is not eugenic thinking, which seeks to create superior humans by selecting certain genetic lines while eliminating others. Rather, it is a democratic spirituality that provides tools available to any pregnant woman to help any child, regardless of caste, class, or inherited characteristics, manifest their fullest potential.

Conclusion: Toward a Future of Restored Wisdom

The Garbha Upanishad and the Garbha Samskara tradition represent a sophisticated science of human development that was nearly lost to history, its erasure a consequence of

[47] Nithyananda Paramashivam, "Secrets of Powerfulness – Grow Beyond Lust, Addiction, Teenage Violence, Confusion," YouTube video, July 31, 2017, https://www.youtube.com/watch?v=iahH46687uo.

colonial domination, medical imperialism, and the systematic devaluation of women's traditional knowledge. However, this knowledge persists—in Sanskrit texts, in the memories of traditional practitioners, in the revelations accessed through consciousness by beings like SPH, and in the living results visible in those few families who have maintained these practices.

The evidence, both traditional and contemporary, suggests that prenatal consciousness and development are far more complex and consequential than reductionist biomedical models acknowledge. Fetuses are not passive, unconscious organisms simply following genetic programs but aware beings, responsive to their environment, capable of learning, and profoundly influenced by maternal consciousness, emotional states, and intentional practices.

The queen who raised enlightened children through the systematic application of Garbha Samskara principles demonstrates what is possible—not as mythology but as documented achievement, replicable by those willing to engage with the same dedication and conscious intentionality. Her story serves not to create unrealistic expectations but to expand our sense of human possibility, challenging the assumption that our current level of human consciousness and capacity represents a fixed ceiling.

For contemporary women, the real challenge is finding ways to access and live out this knowledge within the pace and pressures of modern life. This means making traditional wisdom easier to learn through education and translation, creating social and economic support so pregnant women can sustain spiritual practice, and rebuilding community support systems that once came from extended families. It also involves adopting these practices thoughtfully, so they remain true to their core principles while aligning with today's realities, investing in research to document their benefits, and encouraging medical systems to recognize and respect the value of traditional approaches.

More broadly, the recovery of Garbha Samskara represents a necessary correction to centuries of colonial knowledge suppression. It calls us to recognize that indigenous and traditional knowledge systems constitute legitimate, valuable science, often more sophisticated in certain dimensions than Western alternatives. It demands epistemic humility from Western-trained professionals and institutions, acknowledgment that their frameworks may be limited or distorted.

For women specifically, reclaiming traditional prenatal knowledge is an act of resistance against the medicalization and depersonalization of pregnancy, an insistence on autonomy and authority over our own reproductive experiences. It is recognition that our bodies carry wisdom, that our ancestors' knowledge matters, and that we have the right and capacity to shape our children's development through conscious practice.

The path forward requires both recovery and innovation, the faithful preservation of essential knowledge, and creative adaptation to new contexts. It requires building bridges between

traditional wisdom and contemporary science, not to validate one through the other but to allow each to inform and enrich the other. It requires global cooperation as different indigenous traditions share their own forms of pregnancy wisdom, finding common principles while respecting unique expressions.

Most fundamentally, it requires a shift in consciousness—from viewing pregnancy as a medical condition requiring management to recognizing it as a sacred opportunity for conscious participation in the emergence of new life. It requires understanding that those nine months of gestation are not merely waiting time before "real" life begins, but a crucial formative period when foundations are established that will influence an entire lifetime and potentially generations to follow.

As we face unprecedented challenges—environmental crisis, mental health epidemics, disconnection from meaning and purpose—we need every tool available to enhance human consciousness and capacity. The revival of Garbha Samskara offers such a tool, tested by millennia of practice, validated by emerging science, and waiting to be reclaimed by those courageous enough to trust in ancient wisdom while adapting it for contemporary needs.

The future of human flourishing may depend on our willingness to learn from the past, to restore what was lost, and to ensure that future generations have access to the full inheritance of human knowledge about how to support consciousness in manifesting its highest potential from the very beginning of embodied life.

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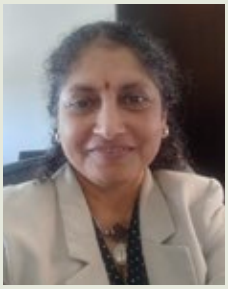
ABOUT THE AUTHOR



Rani Muthukrishnan, PhD

Rani Muthukrishnan is an interdisciplinary scholar and research administrator whose work explores the applicability of unified Adi Shaiva traditions across academic domains. Initiated into the Adi Shiva Parampara by Sri Nithyananda Paramashivam, she is a practicing Shaivaite whose work emphasizes life-positive traditions and their relevance to education, ecology, and human development. Dr. Muthukrishnan holds doctoral degrees in Ecology and Education. Her research examines the intersections of traditional knowledge systems, environmental awareness, literacy, and cognition. She has published on ecoliteracy, children’s learning, and philosophical frameworks in education, with attention to children’s literature and experiential learning models. Professionally, she serves as Executive Director of Research Compliance at Texas A&M University–San Antonio, leading initiatives in research integrity, regulatory compliance, and institutional governance.

Wombs, Waters, and Wort

Infertility, Ethnobotany, and Pharmacognosy Among Female Healers in Southwest Nigeria

By Tolulope Esther Fadeyi, PhD

ABSTRACT

Interest in Yorùbá fertility and childbearing practices arises from deeply embedded cultural values that prioritize reproduction as central to social identity and continuity. Building on the works of Thomas Bowen, Karin Barber, and Ade Dopamu, this study argues that fertility in Yorùbáland transcends biological function, representing a critical dimension of cultural survival. Drawing on oral histories and indigenous traditions, the paper examines conceptions of pregnancy, infertility, and reproductive health within Yorùbá society. It highlights how infertility is often attributed to spiritual or malevolent forces, necessitating the intervention of traditional medicine and female healers. These practitioners play a crucial role in addressing both physical and ontological barriers to conception, demonstrating resilience and specialized knowledge. The study further explores local medical systems and gendered experiences, revealing Yorùbá maternity care as a holistic and culturally grounded practice. Ultimately, the analysis underscores the enduring relevance of indigenous knowledge in shaping reproductive health outcomes despite colonial and modern influences.

Keywords: Yorùbá fertility, Indigenous knowledge, female healers, infertility, reproductive health, cultural practices

Introduction

I met Amope Iretioluwa Grace in autumn 2024 at her seventieth birthday celebration. I was captivated by her closing remarks and persuaded her to share her past experiences. She is the first and only child of her mother and the eighth of her father's thirteen children. Like her mother, Amope was unable to conceive after seven years of marriage. While she found comfort in her husband's presence, her mother-in-law and her own mother were impatient and could not refrain from punishing her. Their explanations for Amope's infertility largely attributed it to witchcraft. They advised her only to consult an herbalist. This conflicted with the Christian faith of Amope and her husband. After years of waiting to have a child, Amope finally relented and sought the help of *Iyanifa*, a female herbalist. As she recounted her experiences with a series of herbal remedies and rituals before she became pregnant, tears of joy involuntarily rolled down her cheeks.

Amope experiences echo Yorùbá oral poetry. Wasiu Monkelegbe, an herbalist, recalled this poetry during our discussion. Monkelegbe learned oral poetry from his father as part of his training. He narrated how Orunmila persuaded a diviner after the latter was mocked for lacking a companion.[1] The diviner was then asked to offer sacrifice with *ogosan eyin* (180 palm nuts); *eku mesan* (nine rats), *eja mesan* (nine fishes), *ijapa* (a turtle), *igbin* (a snail), *ataare mesan* (nine alligator pepper), *obi mesan* (nine kolanuts), *orogbo mesan* (nine bitternuts), and *apo owo mesan* (nine bags of money).[2] Orunmila gave the resulting mixture of the sacrifice to his menopausal mother. She conceived four months later.

Interest in Yorùbá fertility and childbearing practices stems from distinctive traditions that define African peoples. Thomas Bowen's depiction of 'infertile women' in Yorùbáland supports Karin Dame Barber's view. According to Barber, the desire for children is more significant than prosperity, good health, or long life.[3,4] Ade Dopamu contends that the capacity to conceive and the desire for motherhood are deeply rooted in the Yorùbá worldview;[5] therefore, women who struggle to conceive are often seen as victims of societal humiliation and marginalization.[6] Although these scholars wrote in an earlier period, their central argument remains that fertility serves as a form of cultural survival rather than merely reflecting a biological truth in Yorùbáland.

This paper draws on oral history and traditions related to fertility rituals and practices to understand conception, pregnancy, and reproduction in Yorùbáland. It begins with an overview of gender and medicine that leads to discussions of infertility. Since cases of infertility were often linked to malevolent forces, traditional medicine and female healers became vital in overcoming social and ontological barriers to fertility in the region. The second section explores local approaches, knowledge systems, and methods related to fertility, highlighting the resilience and resourcefulness of female healers in combating infertility and maternal mortality in Yorùbáland. By offering a new perspective, it portrays Yorùbá maternity care as a complex and holistic tradition, deeply rooted in cultural beliefs despite the influence of colonial changes. This analysis enriches our understanding of Yorùbá history and emphasizes the vital role of indigenous knowledge systems in supporting women's reproductive health.

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[1] Oral Interview with Wasiu Monkelegbe, a Native Doctor, 89 years old, Lagos Island, Lagos, June 29, 2025.

[2] Oral Interview with Wasiu Monkelegbe.

[3] Thomas Jefferson Bowen, *Adventures and Missionary Labours in Several Countries in the Interior of Africa from 1849 to 1856* (London: Frank Cass, 1968).

[4] Karen Barber, "How Man makes God in West Africa: Yorùbá Attitudes Towards the "Òrìsà," *Journal of the International African Institute* 5, no. 3 (1981): 735.

[5] P.A. Dopamu, "Traditional Medicine in Health Care Delivery," in *Understanding Yoruba Life and Culture*, ed. N. S. Lawal, N. O. Sadiku, A. A. Mathew, and P. A. Dopamu (Trenton: Africa World Press, 2004), 429.

[6] Roland Hallgren, *The Good Things in Life: A Study of the Traditional Religious Culture of the Yoruba People* (Lund: Plus Ultra), 91.

Susan Rasmussen's work, *Those Who Touch: Tuareg Medicine Women in Anthropological Perspective*, provides insights into how Tuareg medicine women assert their legitimacy. She describes how they navigate the dominant influences of Islam, market economies, and modernizing social structures.[7] By emphasizing the ongoing interaction between sacred and secular logics, Rasmussen suggests that Tuareg women actively negotiate within religious spheres. In contrast, I assert how reproductive knowledge was preserved, adapted, and transmitted. It goes beyond healing touch to include healing substances. This shows how indigenous infertility treatments coexisted within parallel epistemic worlds alongside laboratory pharmacology. By focusing on infertility as a key practice of female healers in Southwest Nigeria, I show how wombs became sites of experimentation. This paper also shows how female healers assumed the roles of custodians of reproductive knowledge both before and after the postcolonial era.

Female Power, Reproduction, and Yorùbá Cosmology

Perspectives on gender, reproduction, and female power in Yorùbáland rekindle interest in re-evaluating assumptions that have shaped the writing of African medical and social history. In Oyèrónkę́ Oyěwùmí's *The Invention of Women: Making an African Sense of Western Gender*, Oyěwùmí encourages scholars to reconsider the Yorùbá understanding of gender in African societies.[8] Oyěwùmí argues that the cultural construction of gender in pre-colonial

Figure 1
Osun Groove illustrating motherhood
Source: Photo taken by the author

Yorùbá society centers on seniority, lineage, and relational authority, in contrast to Western explanations of gender and its origins. Oyèrónkę́ shows that the social dynamics of gender in Yorùbá culture focus on seniority, clearly defined roles, and moral justification. This perspective offers new insights into debates within the historiography of reproduction and healing in Yorùbáland. Women wield authority over fertility, and herbal knowledge differs from Western portrayals of women. In Yorùbá cosmology, women are involved in ritual knowledge, fertility management, diagnosis, divination, herbalism, and the careful stewardship of reproductive knowledge. These roles are embedded in Yorùbá

[7] Susan J. Rasmussen, *Those Who Touch: Tuareg Medicine Women in Anthropological Perspective* (DeKalb: Northern Illinois University Press, 2006), 45.

[8] Oyèrónkę́ Oyěwùmí, *The Invention of Women: Making an African Sense of Western Gender Discourses* (Minnesota: University of Minnesota Press, 1997).

social and spiritual power. In this context, women's participation in fertility management and healing constitutes a vital aspect of social power rooted in Yorùbá cosmology.

Colonial rule shaped many of these arrangements. As Oyěwùmí notes, colonialism introduced a new gender dynamic that emphasizes a dominant society based on sexual identity, hierarchy, and professionalism.[9] Colonial medical officers and missionaries brought European ideas about gender hierarchy and professional authority. Maternity care improved notably with the rise of trained male professionals, mission birthing homes, dispensaries, and hospitals. These developments often overshadowed indigenous healing practices and knowledge, which were seen as informal and outdated.[10] Local authority over fertility became distorted, limited, and often ignored, despite restricted access to medical facilities in Nigeria's rural areas. Even so, expectant and pregnant women continue to seek various options for care while relying on local healing methods—a legacy that colonial powers could not entirely erase.

A brief examination of Yorùbáland through Oyěwùmí's work shows that female influence over reproduction in the eighteenth century persisted into the nineteenth even as the British established a formal presence in the region. This influence was never fixed or singular; it changed along with shifts in religion, medicine, and political authority. Ignoring this in the history of reproduction in Yorùbáland misrepresents both past and present. The record shows that women actively shaped reproductive health.

Oyěwùmí cites Yorùbá deities to support her argument that gender was not the primary organizing principle in precolonial Yorùbá society and cosmology. While she recognizes the significance of the universe to humanity, Oyěwùmí's ideas emphasize the importance of the metaphysical world from a Yorùbá perspective, particularly the roles of fertility and reproduction.[11] She values the vital contributions women made in ritual and procreation. To acknowledge the views of Yorùbá scholars that female deities played a prominent role in promoting maternal health in Yorùbáland, she highlights the significant roles of Osun.[12] The specific functions of female deities in nineteenth-

[9] Oyěwùmí, *The Invention of Women*.

[10] See Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Cambridge: Polity Press, 1991), 56. Charles Good adds a new perspective to the roles of medical missionaries in British colonies. Accordingly, he established that European powers solely vested the missionaries with the provision of healthcare services and education in the colonies. For more on the provision of maternal health services by missionaries, see Charles Good, *The Steamer Parish: The Rise and Fall of Missionary Medicine on an African Frontier* (Chicago: University of Chicago Press, 2004), 278. See Jean Comaroff and John L. Comaroff, *Of Revelation and Revolution: Christianity, Colonialism, and Consciousness in South Africa* (Chicago: University of Chicago Press, 1991); David Maxwell, *Christianity, and the African Imagination: Essays in Honour of Adrian Hastings* (Leiden: Brill, 2002); Megan Vaughan, "Healing and Curing: Issues in the Social History and Anthropology of Medicine in Africa," *Social History of Medicine* 7, no. 2 (1994): 283-295; and Jean Comaroff, "Medicine, Colonialism, and the Black Body," *International Journal of African Historical Studies* 19, no. 3 (1986): 513-536.

[11] Oyěwùmí, *The Invention of Women*, 81-96.

[12] The roles of Osun and Yemoja in fertility, procreation, and motherhood cannot be overestimated. See Tolulope Fadeyi, "Indigenous Knowledge and Healing: Traditional Obstetric Care and Global Maternal Health in Southwest Nigeria," in *Critical Approaches to Heritage for Development*, ed. C. Cross and J. Giblin (London: Routledge, Press, 2022), 180-195; Diedre L. Badejo, *Osun Seegesi: The Elegant Deity of Wealth, Power and Femininity* (Trenton, NJ: Africa World Press, 1996); and Mei-Mei Sanford and Joseph M. Murphy, eds., *Osun Across the Waters: A Yoruba Goddess in Africa and the Americas* (Bloomington: Indiana University Press, 2001).

century Yorùbáland influenced the shaping of gender roles and continue to be reflected in the roles of female healers today. Concepts such as *Iyanifa* and *Iyalawo*, within the *Aje framework*, exemplify the powerful influence of women in Yorùbá fertility, rituals, and reproduction. Drawing on these examples, I advance Oyěwùmís arguments by analyzing female cultural power in pre-colonial Yorùbáland.

Scholars like Ayele Kumari and Susanne Wenger, help explain the complex and often paradoxical roles women played in Yorùbá society. The contradictory nature of these roles is symbolized by the feminine institution known as *Awon Iya Wa* or *Aje* (Our Mothers).[13,14] Kumari describes Iyami, a Yorùbá term, as signifying feminine powers and the biological features of women.[15] *Aje* is often perceived as cruel and mysterious, but also as reflecting the creative powers of motherhood. Karin Barber notes the link between female fertility and witchcraft. This link lies in *Aje's* ambiguous power to support reproduction or manipulate pregnancy and childbirth.[17] The primary role of *Aje* is to aid reproduction, increase fertility, and empower priestesses to fulfill the mandate of motherhood. That focus is central to this paper.

The connection between spiritual authority and fertility is also evident in Ifa divination practices.[18] The title *Iyalawo* refers to a woman with sacred knowledge of healing and medicine. *Iyalawo* as *Aje* is widely recognized in the Ifa corpus—Odu Ifa forms the system through which humans express their destiny. At the same time, Orisha Orunmila holds the exclusive authority over Odu Ifa. *Iyalawo* memorizes and interprets the 256 Odus, learns the various divinatory methods, and is skilled in examining and diagnosing patients. Through these verses, healers identify cases of infertility and pregnancy issues, interpret spiritual states, and prescribe rituals or medicines.

Like their male counterparts, Iya Mọlę̀ and Agbaye Arabinrin Oluwa, notable healers with specialization in gynecology and obstetrics care, are among the many priestesses in Yorùbáland who use divinatory tools such as *opon Ifa* (tray), *opele* (divining chain), and *ikin* (sacred palm nuts). Oyěwùmí highlights a cultural understanding of gender, emphasizing the importance of female power in fertility and reproduction today.

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[13] Ayele Kumari, *Magical Calabash: Sacred Healing from the African Ancestral Mothers* (Dover, New Hampshire: Maat Group, 2010).

[14] Susanne Wenger and Gert Chesi, *A Life with the Gods in Their Yoruba Homeland* (Wörgl, Austria: Perlinger Verlag, 1983).

[15] Ayele Kumari, "The Great Mother's Function in the World," accessed 6 September 2025, https://ayelekumari.com/ifayele-blog/iyami-as-the-great-mothers- function-in-the-world/.

[16] Oluwatoyin Vincent Adepoju, "Womb Wisdom to Cosmic Wisdom: Women and African Spiritualities in Africa and the Diaspora," in *The Palgrave Handbook of African Women's Studies*, ed. Olajumoke Yacob-Haliso and Toyin Falola (Cham: Palgrave Macmillan, 2019), 1-21.

[17] Karin Barber, *I Could Speak until Tomorrow: Oriki, Women and the Past in a Yoruba Town* (Edinburgh: Edinburgh University Press, 1991).

[18] Toyin Falola, "Cosmologies and Epistemologies," in *Global Yorùbá: Regional and Diasporic Networks* (Bloomington: Indiana University Press, 2024), 89.

Figure 2
Osun priestesses performing divination
Source: Photograph taken by the author

Further evidence of female authority in reproductive health emerges within the Ifa corpus itself. My interaction with Ajawesola, an Osun priestess with over four decades of experience, highlighted the roles women play in traditional healing.[19] She believed that women gained prominence, supporting Oyeronke Olajubu's view that women were visible in traditional medical practices. An example from the Ifa corpus is Eji Ogbe, which describes how Orunmila's daughter learned the practice of Ifa to support female reproductive health.[20] Other verses, including Iwori Meji and Odu Oturupon Irete, recount how Alara and Oluwo took on the roles of Iyanifa respectively to improve fertility in pre-colonial Yorùbáland. In the old Oyo kingdom, Arugba Ifa, called Onigbogi's mother, was not only a renowned Iyanifa but also initiated Alado into the Ifa cult.[21] These accounts reinforce Oyěwùmí's broader argument about women's prominent and influential roles within Yorùbá social and religious structures.

Yorùbá mythology offers further insights into the cosmological basis of female authority. In one account, Olodumare empowered three deities. To the only female orisha, he gave a calabash shaped like an ellipsoid. This calabash was infused with *ase* (power) from Olodumare.[22] The strength of

[19] Oral Interview with Olosande Raliatu Ajawesola, 72, Osun Priestess, Sasha Community, Moriya, Ibadan, August 16, 2025.

[20] Oyeronke Olajubu, "Seeing through a Woman's Eye: Yoruba Religious Tradition and Gender Relations," *Journal of Feminist Studies in Religion* 20, no. 1 (Spring, 2004): 58.

[21] Samuel Johnson, *History of the Yorubas from the Earliest of Times to the British Protectorate* (Lagos: CMS Nigeria Bookshops, 1921).

[22] Andrew H. Apter, *Black Critics & Kings: The Hermeneutics of Power in Yoruba Society* (Chicago and London: University of Chicago, 1992), 243.

this power lies in the female orisha's capacity to punish her offenders as well as to use it for the benefit of humanity. Babatunde Lawal has also provided an explanation for female power related to fertility. He suggested that women persuaded Esu, who granted them *Aje* powers.[23,24] Accordingly, Esu instructed them to meet Orunmila, who asked the women to swear before Olodumare that the power would be used for the good of humanity.[25,26] The dominance of Aje over all deities is significant; their spheres of influence extend beyond fertility, as they act as mediators between Olodumare and other deities.[27]

Drawing on Ifa divination verses, Wande Abimbola discusses ideas on female power, agency, and fertility. He highlights Olodumare's gift of power to women (*Aje*), which surpasses that of men.[28] Likewise, Olodumare warns women against the reckless use of this power. Wande asserts that women hold prominent roles in fertility management and that these roles predate the arrival of the British in Yorùbáland. Similarly, the Ifa corpus, Odu Ose Otura, offers insight into the rivalry between the female deity (Osun) and sixteen male deities.[29] This unhealthy rivalry caused chaos on earth, prompting them to seek help from Olodumare. He told them they undermined Osun's power and instructed them to seek her forgiveness. Osun, already conceived as a female child, affirmed her support if the child in her womb was male. In this context, Obatala secretly changed the child's gender to male in Osun's womb. Since Ifa verses can explain such ideas of female power, Oyěwùmí's argument about the visibility of women in Yorùbáland and their vital roles in maintaining women's health cannot be overstated.

A key perspective is the sacredness of Osun water, which marks a watershed in the history of indigenous medicine, particularly regarding fertility regulation in Yorùbáland. Specifically, it signifies a developmental phase in women's reproductive health and the expression of feminist strength as a symbol of motherhood. The importance of Osun water as a major form of hydrotherapy used to enhance maternal healthcare was reevaluated during both the colonial and modern periods. Infertile women favor non-biomedical practices rooted in the social and cultural aspects of the health system. Unlike its previous roles in treating various diseases, Osun water's primary function became to diminish the shame associated with infertility and to elevate expectant mothers to the status of joyful motherhood, leading to the global institutionalization of Osun.

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[23] Babtunde Lawal, *The Gèlédé Spectacle: Art, Gender, and Social Harmony in an African Culture* (University of Washington Press, 1997).

[24] Raymond Prince, "The Yoruba Image of the Witch," *Journal of Mental Science* 107 (November 1961): 795- 805.

[25] Lawal, *The Gèlédé Spectacle*.

[26] Prince, "The Yoruba Image of the Witch."

[27] Marjorie Keniston McIntosh, *Yoruba Women, Work, and Social Change* (Bloomington: Indiana University Press, 2009), 194.

[28] Wande Abimbola, *Yoruba Oral Tradition: Poetry in Music, Dance and Drama* (Ile-Ife: University of Ife, Department of African Languages and Literatures, 1975).

[29] *Odu Ose Otura* on witches and fertility in Yorùbáland.

Scholars have shown great interest in *Aje* and their roles in fertility. Some argue that *Aje* are connected to infertility, miscarriage, and menstrual problems. Apter suggests that the name *Aje* refers to women who consume life and interfere with reproductive fluids.[30] Conversely, others acknowledge that, despite possessing both negative and positive powers, *Aje* play a significant role in supporting fertility in Yorùbáland.[31]

The influence of female spiritual authority also clearly manifests in Yorùbá ritual festivals. For instance, the Gelede festival celebrates motherhood and honors the spiritual powers linked to *Àwọn Ìyá Wa*. Babatunde Lawal points out that the festival is heavily influenced by *Aje*, fertility, and motherhood, which explains why more women participate, believing it will boost their fertility.[32,33] Notably, *Iyalase* (the chief priestess), who leads the Gelede society and the shrine, performs sacrifices for fertility and acts as a mediator between *Iya nla*, the Gelede society, and the broader community. As Henry and Margaret Drewal observe, “the sole aim of Gèlèdé spectacle is to honor and harness female mystical power.”[34]

The themes of fertility and ritual power are expressed in festivals dedicated to Yemoja. In Ayede village in the Ekiti region, for example, a ritual calabash bearing a red parrot feather symbolizes the potentiality of *Aje* in female fertility.[35] According to Andrew Apter, this symbol represents the link between female spiritual power and reproductive potential. The calabash itself is interpreted as a symbolic womb containing both fertility and transformative spiritual energy.[36] Rituals are performed to enhance the revitalization of female reproductive health and procreation. In this sense, the symbolism of the womb, water, and ritual power reflects the broader cultural understanding of reproduction as a domain deeply intertwined with female spiritual agency,[37] resonating with Oyèrónkẹ́ Oyěwùmí’s perspective on women's representation in Yorùbá society.

Another vital element of Yorùbá fertility traditions is the sacred water linked to the two female deities Ọ̀ṣun and Yemoja.[38] Specifically, the healing properties of water play a crucial role in their practices; therefore, many priestesses are strategically situated near rivers. In some cases, water is consistently available at their shrines to speed healing, especially if they are not near a river. Fertility is a key aspect of Yorùbá health and well-being. This is reflected in the Yorùbá saying, *Eni ti o bi omo kan ti kuro ni agan*, which means "She who has a child cannot be regarded as barren."[39] As previously noted, ‘*agan*’ describes

[30] Apter, *Black Critics & Kings*, 113.

[31] Teresa Washington, *Our Mothers, Our Powers, Our Texts: Manifestations of Ajé in Africana Literature* (Oya's Tornado, 2015), 14.

[32] Lawal, *The Gèlédé Spectacle*.

[33] Prince, "The Yoruba Image of the Witch," 798.

[34] Henry J. Drewal and Margaret T. Drewal, *Gẹlẹdẹ: Art and Female Power among the Yoruba* (Bloomington: Indiana University Press,1970), 7.

[35] Apter, *Black Critics & Kings*, 113.

[36] Apter, *Black Critics & Kings*, 113.

[37] Apter, *Black Critics & Kings*, 113.

[38] It is important to note that in difficult encounters, traditional healers appease other deities like Esu.

[39] Yorùbá proverb depicting fertility and wellness.

the condition of infertility. Therefore, fertility among the people means more than just having children; experiencing fulfilling motherhood after childbirth is a significant part of a good life in Yorùbáland. Such benefits can be obtained from deities through priestesses.

The prominence of priestesses in these traditions demonstrates that female authority has long been woven into Yorùbá cultural structures. Gender roles in Yorùbá society were shaped not only by biological differences but also by complex cultural, spiritual, and social dynamics. Therefore, it becomes clear that gender existed before the British arrival in Yorùbáland. As Gayatri Spivak has suggested in another context, such forms of authority often remain "doubly in shadow," overlooked within dominant narratives yet continuing to influence social life.[40] The symbolism of the *Igba Àjẹ́*—the sacred calabash captures this enduring presence. As Jacob Olupona notes, any attempt to think that women did not exist in pre-colonial Yorùbáland overlooks the deep cultural traditions that still sustain reproductive knowledge and healing practices across generations.[41]

Herbal Knowledge and Reproductive Care in Yorùbáland

Reproductive care in Yorùbáland has traditionally been rooted in a rich body of herbal knowledge, closely intertwined with social, cultural, and spiritual aspects of the ecosystem. Women's health, fertility, and childbirth were managed by female healers through the use of plants, rituals, and pharmacological preparations. Conditions such as infertility, menstrual irregularities, pregnancy loss, and fibroids, as observed by Yeye Mole during our discussion, were associated with physiological imbalances, poor nutrition, emotional stress, ancestral neglect, and spiritual neglect.[42] Herbal remedies, therefore, act as a bridge between the reproductive body and larger cosmological orders.

Anovulation, understood locally as a disruption of the menstrual cycle following a period of bleeding, was addressed through remedies, rituals, and herbal preparations.[43] Fayemi Omotola, an aged herbalist with specialty in ritual preparation and appeasement during the interview, described a remedy that emphasized patience and routine as much as the use of plants: the root of asọ́fẹ́yẹ̀jẹ̀ (*Rauvolfia vomitoria*), carefully measured, was combined with six tablespoons of ọ̀sùn ilé Yorùbá (*Diospyros alboflavescens*) and simmered in a clay pot, then allowed to cool and filtered. One cup of the decoction would be taken before sleep.[44] Akeju Olubukola, a local fertility specialist who learned the art of traditional medicine from

[40] Gayatri Spivak, "Can The Subaltern Speak?" in *Reflections on the History of an Idea: Can the Subaltern Speak?*, ed. Morris, Rosalind (New York: Columbia University Press, 2010), 258.

[41] Jacob K. Olupona, "Yorùbá Goddesses and Sovereignty in Southwestern Nigeria," in *Goddesses Who Rule*, ed. E. Benard and B. Moon (Oxford and New York: Oxford University Press, 2000), 258.

[42] Oral Interview with Yeye Mole, 85, Healer, Ire-Ekiti, Ekiti State, Nigeria, August 17, 2025.

[43] Diana Hamilton-Fairley and Taylor Alison, "Abc of Subfertility: Anovulation," *BMJ: British Medical Journal* 327, no. 7414 (2003): 546–49.

[44] Oral Interview with Fayemi Akinfisoye Omotola, Herbalist, 80 years old, Yidi Arole Apete, Idi Community, Ibadan, Oyo State, September 18, 2025.

her mother, however, framed treatment in more activating terms, favoring a hotter and more pungent preparation in which aridán (*Tetrapleura tetraptera*), ẹ̀rù alámo (*Xylopia aethiopica*), and ìyẹ̀rẹ̀ (*Piper nigrum*) were boiled in large volumes with a pinch of salt, with the resulting liquid consumed in sharp, warming doses before breakfast and after dinner.[45] These oral recollections illustrate how TBAs guide prospective mothers to live with these remedies and restore reproductive balance.

Menstrual irregularities received equally detailed attention. Silifat Ayilara, a herbs seller, described a "local flushing" using *agbo aparun*, a potent mixture of lime water and local gin designed to clear internal blockages. This was followed by an infusion of white and red leaves of *asunwon* (*Senna alata*), lightly fortified with *kaun* (potash), taken morning and night until bleeding resumed.[46] Ayilara said that in resistant cases, one should grind together the dried head of a parrot, *ewe owu* (cotton leaves), *ewe lali* (*Lawsonia inermis*), and *ewuro* (*Vernonia amygdalina*), then swallow with hot pap at night. Arifadele Ifakunle, an Ifa Priest, however, emphasized heat, circulation, and persistence, recommending mixtures of bitter kola, ginger, and cloves soaked patiently in water and lime juice, taken in doses, along with simpler nightly brews of ginger, cloves, and *aidan*.[47] Arifadele Ifakunle's practice easily combines local and imported substances, incorporating maca root powder alongside Yorùbá botanicals, and in more severe cases, extending treatment to vaginal insertions made from dried *Jatropha curcas* seed and potash alum. My interactions with these female healers show that menstrual irregularity is a complex condition, managed through ongoing therapeutic relationships rather than a quick fix. Uterine fibroids (*Iju*) were regarded as a serious threat to pregnancy and childbirth. Omotola Fayemi explained that smaller fibroids could be managed with daily doses of *ewe ibale* (broom leaf), *oparun* (bamboo), and *ataare* (*Aframomum melegueta*) steeped in schnapps, along with potent preparations of *aidan toro* (*Senna fistula*), *pandoro* (*Kigelia africana*), *osan ganhin*, and *iyere* (*Piper guineense*) taken with hot pap or fermented pap water (*omidun*) to reduce and break up hardened growths.[48] High Chief Ifalere Odegbami Odegbola, head of the Ifa cult in Ibadan, described an intricate layering system: roots, barks, seeds, and potash mixed in clay pots with *omidun*, sealed for slow extraction, while simultaneous gin infusions of shallots, gladiolus, and *epakun* were consumed each morning to warm and prepare the womb for pregnancy.[49] In private notes, Pa Raheem Sangotedo recorded grinding *Allium ascalonicum* with *ogbe ori akuko* (*Heliotropium indicum*), citrus bark, bitter leaves, kola nut, and forest

[45] Oral Interview with Fayemi, 55, Local Pharmacist, Mowe, Ibafo, Ogun State, June 30, 2025.

[46] Oral Interview with Silifat Ayilara, 76, Herbs Seller, Sango-Ota, Ogun State, November 6, 2025.

[47] Oral Interview with Arifadele Ifakunle, 61, Ifa Priest, Sango-Ota, Ogun State, November 5, 2025.

[48] Oral Interview with Fayemi Akinfisoye Omotola, Herbalist, 80 years old, Yidi Arole Apete, Idi Community, Ibadan, Oyo State, September 18, 2025.

[49] Oral Interview with Chief Ifalere Odegbami Odegbola, 73, Ifa Priest, Araba of Ibadan, Oyo State, October 5, 2025.

roots, given with pap, lime water, or palm oil, sometimes reduced to ash for ingestion.[50] Across these remedies, healers demonstrated a deep understanding of the female reproductive system and the ritual effort needed to restore balance.

Figure 3
Herbal plants
Source: Photo taken by the author

Among the healers I interacted with, worm infestations were regarded as both spiritual and biological threats. Chief Ifalere Odegbami Odegbola notably identified especially stubborn types—*aran ginisa, aran ewuru*, and *aran latanlatan*—that were believed to lodge in the uterus through malevolent spiritual intervention.[51] Remedies included *egbo ota*, taken daily with pap, or soaked in water with strict dietary discipline, especially avoiding sugar, which was thought to nourish worms. Similarly, Silifat Ayilara prescribed decoctions of *epo igi aworoso* (*Acalypha wilkesiana*), *eru* (*Croton lobatus*), lemon juice, sugar, and cow bile in measured doses. Dense powders of *egbo ewuro* (*Vernonia amygdalina*), forest barks, roots, and seeds were also used.[52] These treatments emphasized the moral and cosmological aspects of reproductive health, blending physiology, ritual, and ethics.

There was a clear consensus among the healers I interviewed. Sexually transmitted infections, collectively called *aarun ìgbálòpò*, were believed to migrate inward, causing pelvic inflammatory disease and obstructing conception or safe childbirth. Some healers began with simple yet potent mixtures—dried bark of *Securidaca longepedunculata*, ground with *Allium sativum*, and taken with hot pap at dawn to draw the infection outward. Others

[50] Oral Interview with Raheem Sangodola (Baba Sango), 107, *Oluawo* Herbalist, Igbo-Ile, Igbo-Ora, Oyo State, September 28, 2025.

[51] Oral Interview with Chief Ifalere Odegbami Odegbola, 73, Ifa Priest, Araba of Ibadan, Oyo State, October 5, 2025.

[52] Oral Interview with Chief Ifalere Odegbami Odegbola.

preferred stronger decoctions: the hollowed flesh of bara (*Citrullus lanatus*) cut and boiled in a clay pot with *Gladiolus psittacinus*, bark of *ijebo* (*Entandrophragma utile*), and potash, taken morning and evening in half-cup doses.

Most of the healers I interviewed agreed that Pelvic Inflammatory Diseases appeared in multiple interconnected forms, including *ooru inú*—an internal heat that smoldered unseen—and ẹ̀dá. This persistent leucorrhea is evidenced through odor and discharge. Baba Sango described treatment as a matter of careful sequencing and bodily timing: a filtered decoction of *Allium sativum* and *kanafuru* (cloves), combined with a brew of guava leaves, was effective.[53] He also mentioned that a small morning ritual involving warm water mixed with a teaspoon of lemon juice, apple (*Malus pumila*), or even sodium bicarbonate could help reset the body gently before the day began.

To manage discharge and vaginal odor, Silifat prescribed a stronger, aromatic boil of *Ocimum gratissimum*, *ewe igbálẹ̀* (*Moringa oleifera*), garlic, *aidan* (*Tetrapleura tetraptera*), turmeric, ginger, and cloves simmered in two liters of water, strained, and stored, with women taking half a glass twice daily.[54] When *ẹ̀dá* proved stubborn, other practitioners resorted to slower infusions: hot water poured over the roots of *atori* (*Glyphaea brevis*), roots and leaves of *asunwọ̀n* (*Senna podocarpa* and *Senna alata*), shallots, and potash, left overnight and drunk for three mornings before breakfast. More pungent remedies included ground seeds of *Garcinia kola* and *Aframomum melegueta*, roots of *àjẹ́ kò bàlé* (*Croton zambesicus*), leaves of Acacia nilotica and *Mimosa pudica*, taken with cold pap; or fermented leaves of *pantanmo* (*Mimosa pudica*) and ginger soaked in gin or lime and sipped each morning. For internal heat, the body was cooled rather than purged: onions and garlic crushed into a paste and fermented in wild honey, a tablespoon taken three times daily for weeks, alongside lighter vegetable infusions made from *Talinum fruticosum, ewedu* (*Corchorus olitorius*), and lemon.

Infertility was once traditionally associated with moral or spiritual imbalance.[55] Neglecting family deities, forgetting ancestors, breaking oaths, or neglecting obligations could hinder conception. In Yorùbá cosmology, deities are not distant abstractions, but active beings involved in fertility, and infertility was often viewed as a sign of having offended them. This imbalance needed acknowledgment rather than concealment.[56] Healers explained that each person has spiritual ties even before birth, and that forgotten promises, whether made intentionally or unintentionally, could quietly obstruct pregnancy until they were ritually addressed. However, the dual roles of witchcraft in reproductive health remain a contentious

[53] Oral Interview with Raheem Sangodola (Baba Sango), 107, *Oluawo* Herbalist, Igbo-Ile, Igbo-Ora, Oyo State, September 28, 2025.

[54] Oral Interview with Silifat Ayilara, 76, Herbs Seller, Sango-Ota, Ogun State, November 6, 2025.

[55] Oluwafemi J. Alabi, "Perceptions of Surrogacy Within the Yoruba Socio-Cultural Context of Ado-Ekiti, Nigeria," *F1000Research* 9 (2020): 103.

[56] Yemi Elebuibon, *Invisible Powers of the Metaphysical World: A Peep into the World of Witches* (Ibadan, Nigeria: Creative Books, 2008).

issue among scholars.[57] Such perspectives have frequently been regarded as either positive or negative.

Chief Yisau Adebayo Alapinni prescribed ètùtù Agba, an atonement intended to restore harmony between a woman and the unseen forces believed to influence her fertility. He described rituals involving the slaughter of a lamb, a kid, and a piglet, all generously coated in palm oil and taken to a T-junction precisely at 1:00 a.m.[58] The woman moved without clothing, symbolizing vulnerability and honesty. He emphasized that the remains of these animals were untouchable; consuming them would breach the sacrifice and nullify its purpose. He further explained that the woman would sleep with *epo ebo* (*Erythrophleum suaveolens*) placed beneath her pillow, add it to her bath, and drink water. Another sacrifice took place in the dead of night, at exactly 2:00 a.m., when red oil and the intestines of a goat were again carried to a T-junction, underscoring the rite's liminal nature. This was accompanied by frying *akara* in palm oil; three pieces were used to ritually cleanse the entire body, then discarded at the crossroads. The woman was required to remain silent until morning. The carefully prepared mixtures, often involved in these acts, included *agbaarin* (*Dioclea reflexa*), leaves of *lapa* and *agbalumo* (*Chrysophyllum albidum*) cooked with a female duck, palm oil, and *ata ijosi* (*Capsicum frutescens*), or *Croton lobatus* combined with the root of female pawpaw (*Carica papaya*) and catfish (*Clarias gariepinus)*.[59]

On spiritual beliefs, Chief Yisau Adebayo was clear that divination was vital, for only through consultation could one learn what *ọkọ orun* or *ẹgbẹ*—the spiritual guides believed to accompany individuals before birth must be released from the womb.[60] He described a ritual that was both personal and solemn: carved wooden figures, one male and one female (*ọmọ langidi*), tied together with *ìlàrùn* (a cotton comb) using black and white thread, symbolizing the balance of forces that govern life. She would offer a prayer of motherhood to the carved sculpture and cast it into a flowing stream, not looking back until she departs. In this ritual logic, fertility was not forced but petitioned for, entrusted to moving water and unseen companions, with the woman's obedience, composure, and faith forming the final and decisive elements of the cure. These herbal practices reveal their roots in Yorùbá healing traditions and ongoing engagement with changing social and religious worlds. As argued by Tolulope Fadeyi, Yorùbá reproductive medicine, thus, was as much a moral and spiritual endeavor as a medical one, shaped by knowledge, experience, and sustained patient involvement.[61]

Indigenous Knowledge and Herbal Medicine in a Changing Yorùbáland

Local people's knowledge of their health, illnesses, and diseases, also known as indigenous

[57] See Margaret T. Drewal, *Yoruba Ritual: Performers, Play, Agency* (Bloomington and Indianapolis: Indiana University Press, 1992), 177–78; Taiwo Mankinde, "Motherhood as a Source of Enpowernment of Women in Yoruba Culture," *Nordic Journal of African Studies* 13, no. 2 (2004): 170; and Washington, *Our Mothers, Our Powers, Our Texts*, 13-14.

[58] Oral Interview with Chief Yisau Adebayo Alapinni, 72, Jagun-Olukoyi of Ikoyi, Osun State, August 24, 2025.

[59] Oral Interview with Chief Yisau Adebayo Alapinni.

[60] Oral Interview with Chief Yisau Adebayo Alapinni.

medical knowledge, is vital for improving maternal health. Following the United Nations' declaration of the rights of indigenous peoples in 2007,[62] the recognition of traditional medicine and the safeguarding of herbal plants were promoted as valuable cultural heritage, without discrimination. In Yorùbáland, traditional medical practitioners have called for integrating indigenous knowledge into Western obstetric practices.[63] On an individual level, efforts have been made to orally pass down this knowledge to younger generations. Despite these initiatives, the cultural and epistemic importance of indigenous medical knowledge remains underappreciated within Western medicine. The historical study of Yorùbá medicinal practices shows how environmental changes, colonial influence, and technological progress have impacted the indigenous health system. Herbal medicine was used to meet the community's economic, biological, and spiritual needs. As Anthony Buckley notes, the main aim of Yorùbá medicine is to eliminate *kokoro* (germs or insects) and *aran* (worms) from the body, as they interfere with processes like digestion and fertility.[64] Buckley describes traditional Yorùbá ideas of the human body as similar to a cooking pot prone to overflowing. He explains that the female monthly blood flow is essential for insects and worms to overflow their containers. In this context, the female menstrual cycle is seen as a physiological process that allows harmful agents to leave the body. Herbal decoctions, called *egboogi*, played a crucial role in regulating fertility, preventing conception problems, and reducing maternal mortality.

Understanding indigenous medical knowledge requires attention to the social contexts in which it was conceived and produced both before and after colonization. During these periods, traditional healers served as crucial mediators in safeguarding the cultural legacy of the Yorùbá people, not only at the threshold of British invasion but also throughout the colonial period and into modern times. This reality challenged the Eurocentric view of insurmountable differences between indigenous lifestyles in British colonies before and after invasion. On the other hand, the role of 'history' in stabilizing the cultural meanings and values of indigenous medical knowledge became increasingly significant.

A seemingly justified explanation of the role of history in stabilizing indigenous medical knowledge has sparked a lasting debate among scholars about the nature of the indigenous knowledge system itself. On the one hand, it is referred to as traditional herbal knowledge; on the other, it is positioned within a pre-colonial, non-modern framework. The implication of this term has led to viewing it as static. In response, Edward Said argues that "the elusive nature of the past and the uncertainty that characterized the past, or whether it continues or has concluded,

[62] United Nations, "United Nations Declaration of the Rights of Indigenous Peoples," accessed November 11, 2025, https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html.

[63] Fadeyi, “Indigenous Knowledge and Healing,” 183-185.

[64] Anthony D. Buckley, *Yoruba Medicine*, 2nd ed. (New York: Athelia Henrietta Press, 1997).

albeit in different forms, gives rise to traditions and indigenous African knowledge systems."[65] Said further explores the past as an attempt to uncover African indigenous institutions, leading to a reorganization of knowledge. According to George Sefa Dei, this knowledge encompasses the spiritual, material, and non-material aspects of existence, emphasizing that indigenous knowledge is not static.[66]

Oral tradition has long been crucial in preserving historical and medicinal knowledge in Yorùbáland. Jan Vansina consistently highlights the importance of oral tradition from past generations as an authentic source of historical information. He describes oral traditions as accounts from the past that transcend current generations. Oral tradition can be viewed as history itself, not merely a source.[67] Since oral societies lacked writing systems, they preserved their history through oral transmission. It provides a reservoir of evidence from which historians can select relevant and meaningful material to reconstruct the past and write history. Gerald Vizenor's interest in oral tradition is to explore the survival of knowledge. Vizenor agrees with Vansina that oral traditions should be preserved because they verbally reconnect us with the past.[68] However, this issue has now resurfaced within the context of reproductive politics, as historians and custodians of oral tradition are called to offer solutions to major maternal health crises through their historical knowledge.

The transmission of indigenous medical knowledge, an oral tradition, was undertaken by priests, diviners, herbalists, Traditional Birth Attendants (TBAs), local pharmacists, and elderly people. In centralized kingdoms like Yorùbáland, the creation and dissemination of knowledge were controlled and regulated because of their cultural and economic importance. Such traditions may be passed on informally at home, within the family, or during ceremonies such as marriages and naming rituals. These are often linked with initiation through age grades, secret societies, puberty rites, or during the training and apprenticeship of future traditional healers.

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[65] Edward Said, *Culture and Imperialism* (London: Vintage Books, 1994), 1.

[66] George Sefa Dei, "Indigenous Knowledge Studies and the Next Generation: Pedagogical Possibilities for Anti- Colonial Education," *Australian Journal of Indigenous Education* 37, (2008): 5-13. Other scholars have written about the dynamic nature of indigenous herbal medicine. One example is Rachel Opeyemi Odunlade and Christopher Okiki's article, which explores how traditional herbal healers, such as *elewe omo*, acquire the knowledge of herbal medicine. A distinctive argument raised in the article is that not only is herbal medicine and knowledge dynamic but also free of any secrecy or spiritism. On their part, Saheed Amusa and Charles Ogidan argued that the resilience of Yoruba indigenous medicine and knowledge is overwhelming and plays an integral role in health management in contemporary Yoruba land, despite the great influence of modernization, colonization and Western medicine. See Racheal Opeyemi Odunlade and Olatokunbo Christopher Okiki, "Exploring the Role of Information Managers in Knowledge Transfer and Preservation among The 'Elewe Omos' (Indigenous Herbal Medicine Practitioners) of the Yorubas in Nigeria," *Journal of Information and Knowledge Management* 9, no. 4 (2018): 142-159; Fadeyi, "Indigenous Knowledge and Healing," 180-195; and Saheed Amusa and Charles Ogidan, "Yoruba Indigenous Medical Knowledge: A Study of the Nature, Dynamisms, and Resilience of Yoruba Medicine," *Journal of Knowledge Economy* 8, no. 3 (2017): 977–986.

[67] Vansina's definition of oral tradition connotes that historical knowledge must have passed down or been stored by more than a generation or century and that such knowledge cannot be found in the present except they investigate the past. See Jan Vansina, *Oral Tradition as History* (Nairobi: Heinemann, 1985), 27.

[68] Gerald Vizenor, "Aesthetics of Survivance," in *Survivance: Narratives of Native Presence*, ed. Gerald Vizenor (Lincoln,Nebraska: University of Nebraska Press, 2008), 1-23.

Although few media exist to preserve this knowledge, the tendency to balance the ongoing dynamic of lived change with the cultural need to remain objective is crucial.

As stories of historical figures and events become part of oral tradition, their accuracy regarding chronology, objectivity, and interpretation can be influenced. This is evident in the evolving cultural processes that have shaped society over time. A perspective includes different interpretations of the role of *Aje* (witches) in supporting pregnancy, reproduction, and motherhood in Yorùbáland. The annual Gelede festival ritual aims to honor *Aje*, with masks symbolizing and celebrating the spiritual powers of women-witches.[69] The traditional dance performance depicts Yemoja, a fertility goddess, who was invoked to perform a ritual due to fertility issues with Oluweri. After the ritual, she gave birth to Efe (a boy) and Gelede (a girl). Lawal Babatunde argues that these rites were preserved and gradually evolved into the Gelede mask dance to address infertility. Naturally, the validity of the story of Yemoja's fertility powers, as mentioned in Odu Ifa, has been questioned by scholars. Supporting this view, Ileana Alcamo suggests that the possession of *Aje* power and elements of *eleiye* by primordial mothers does not equate to the representation of Eve in the Christian biblical account but rather justifies the distortion of the cosmology.[70]

The resilience of oral tradition and indigenous medical knowledge has created opportunities for healers to provide solutions to significant infertility issues caused by malevolent forces. Writing on the literature of sacred cults, Wande Abimbola argues that the Ifa literary and divinatory corpus contains historical evidence of past implements and tools used in Yorùbáland, derived from the personal names of people (Ifa priests).[71] Will Coleman elaborates on this perspective within the context of reproduction and motherhood as reflected in Odu Ifa. In his geometric illustration of the 256 sacred *odus* of scripture, Coleman depicts Ose Meji as a conqueror who empowers women to overcome the trials of infertility and find joy as mothers of children. [72]

From the pre-colonial era to modern times, indigenous medical knowledge has persisted as new ideas about treating diseases have emerged, evolving through a dialogue with changing environments. The capacity of local communities to adapt to shifting circumstances throughout history underscores the broader significance of indigenous knowledge. Yorùbá practitioners of indigenous medicine are included within this understanding. While epistemic responsibility

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[69] Odu Ifa Iwori Meji offers great insights into the mythic origin of the Gelede festival. Such an explanation has aroused thoughts on the roles of aje (witches) as a fertility plower or plunderer. Lawal argues that aje engenders fertility. By recounting Iwori Meji's account of Yemoja, Lawal captures the impact of ritual sacrifice in fertility enhancement. For more details, see Babatunde Lawal, *The Gelede Spectacle: Art, Gender, and Social Harmony in an African Culture* (Seattle: University of Washington Press,1997), 39.

[70] Ileana S. Alcamo, *Ìyá Nlá, Ìyá Nlá, Primordial Yoruba Mother* (Brooklyn, NY: Athelia Henrietta Press, 2006), 23, 29.

[71] Wande Abimbola, "The Literature of the Ifa Cult" in *Sources of Yoruba History*, ed. Saburi Oladeni Biobaku (Oxford: Clarendon Press, 1973), 41-62.

[72] Will Coleman and Awo Fa'lokun Fatunmbi, *African Traditional Religions: Ifá* (Atlanta: Atlanta University Center - Robert W. Woodruff Library, 2021).

values memory and personal ownership of knowledge, it is essential to recognize that no indigenous knowledge based on oral tradition produced after the British invasion of Yorùbáland can be regarded as a legitimate tradition. The question of who holds authority over a tradition has shaped how history assesses the value of indigenous knowledge, both past and potential.

Along this line, it is appropriate to regard the production and transmission of local medical ideas in Yorùbáland as 'legitimate indigenous knowledge.' Firstly, it is generated through oral traditions, both formally and informally, during the pre-literate era, when no written records existed. Secondly, its development and dissemination served to fulfill the traditional social and cultural mandate of nurturing human lives and society at large. Following encounters with certain leaves and herbs during hunting, hunters and custodians of oral tradition were entrusted with protecting the lives of the people. This knowledge was passed to individuals to help conserve herbs and plants in their environment for human use. It also reflects the shaping of religious and cosmological ideas, with no clear boundary between history, religion, and philosophy. Thirdly, knowledge of herbs has been acquired and, to some extent, enriched by the historical context of religion. Gods and ancestors imparted this knowledge to healers, hunters, and priests, who also established the core institutions of the medical community. This has compelled these practitioners to adhere strictly to the principles laid down by their ancestors to prevent endangering the community's health. Lastly, this knowledge has been transmitted either secretly or openly, illustrating the processes by which pre-colonial indigenous knowledge was transmitted. Memories of fertility rites, sacrifices, incantations, literary verses, and the use of herbs and leaves are now passed down as historical knowledge. Such knowledge was similarly handed down through generations, markedly different from what was obtained during the pre-literate period.

Conclusion

This paper investigates infertility in Southwest Nigeria as a cultural, social, and historical issue. It explores local knowledge systems where women act as healers, diagnosticians, and guardians of reproductive health. Moving beyond biomedical science, it demonstrates how herbal remedies and ritual practices are vital in supporting fertility. Female healers employ ethnobotanical knowledge, herbal medicine, oral traditions, and personal experience to promote fertility and reproduction. It emphasizes that indigenous fertility care and healing roles reflect a consistent worldview.

This paper demonstrates that Yorùbá ideas about infertility and motherhood are well reflected in their cosmology and beliefs; whether originating from natural, preternatural, or metaphysical forces, the influence of malevolent forces cannot be ignored. In this context, Yorùbá female healers served as intermediaries between the community and deities regarding fertility issues. They recognised fertility rituals rooted in local knowledge, performed using herbs, plants, and sacrifices. The Yorùbá conceptualisation of

fertility also laid the foundation for collective efforts by healing institutions to address infertility and promote maternal health. It highlighted how male herbalists (Eeski Awo) assist female healers in fostering fertility.

This paper further asserts that indigenous methods for addressing infertility are dynamic and constantly evolving in response to shifting religious and social beliefs. In Yorùbá cosmology, reproductive wombs are linked to lineage continuity, ancestral worship, and deities such as Osun, Esu, Ifa, Yemoja, and Obatala. The paper argues that Yorùbá women carefully validate and preserve traditional therapeutic knowledge alongside religious expressions. The persistent presence of female healers highlights the cultural understanding of the womb and demonstrates how the transmission and safeguarding of reproductive knowledge continue across generations.

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ABOUT THE AUTHOR

Tolulope Esther Fadeyi

I am a historian of medicine and science specializing in African medical history, with a strong research focus on maternal health, neonatal care, and indigenous knowledge systems in colonial and postcolonial contexts. I am currently a Research Associate at the Centre for the History of Science, Technology and Medicine, University of Manchester, where I work on the Wellcome Trust–funded Antimicrobial Resistance project. My research examines the intersections of indigenous therapeutic practices, colonial health interventions, and global health systems in 20th-century Nigeria. I explore the roles of traditional birth attendants, mission maternities, and evolving pharmacological practices. I am expanding my work to explore the history of maternal and neonatal immunisation in Nigeria drawing on oral history, ethnography, and archival methods.

Embodying Mana Wāhine

Rongoā as Identity, Body Sovereignty and Knowledge Transmission

By Glenis Mark, PhD, Amohia Boulton, PhD, Tanya Allport, PhD, and Gill Potaka-Osborne, PhD

ABSTRACT

This article examines how Māori healers navigate the reclamation and revitalization of rongoā Māori as a locus of cultural identity, bodily sovereignty, and intergenerational resilience. Drawing on qualitative interviews, the study employs a hybrid methodology combining Kaupapa Māori principles with Indigenous qualitative research methods. Findings highlight that rongoā is not solely a therapeutic modality but also a living expression of mana wāhine through identity, body sovereignty, and knowledge transmission. Participants describe rongoā as an embodied experience, a reclamation of bodily autonomy, and as a form of healing knowledge succession. By applying Indigenous epistemologies, we aim to demonstrate that rongoā supports identity reclamation, self-determination in healthcare, and the ongoing creation of Indigenous knowledge. This research contributes to the growing recognition of Indigenous healing systems as central to decolonization, wellbeing, and cultural resurgence.

Keywords: Rongoā Māori, mana wāhine, Kaupapa Māori

Introduction

Across Aotearoa | New Zealand a growing movement for political change, cultural reclamation and revitalization, Indigenous sovereignty, and embodied resistance is evident. Central to this movement is the resurgence of interest in, and practice of, rongoā Māori, a holistic system of healing grounded in whakapapa (genealogy), wairua (spirit/spirituality), and deep relationality with the natural world. While rongoā has long been recognised for its therapeutic value, it is increasingly understood as a cultural and political practice affirming Māori identity, spiritual continuity, and epistemology.[1,2,3,4,5,6]

[1] Annabel Ahuriri-Driscoll et al., *The Future of Ongoā Māori: Well-Being and Sustainability* (Institute of Environmental Science and Research Ltd, 2008).

[2] Donna Kerridge, *Rongoā Rākau Māori Herbal Medicine* (Auckland: Ora New Zealand, 2018).

[3] Glenis Mark, "Rongoā Māori (Traditional Māori Healing) Through the Eyes of Māori Healer: Sharing the Healing while Keeping the Tapu" (Doctoral thesis, Massey University, 2012).

[4] Glenis Mark et al., *Cultural, Ethical, Research, Legal and Scientific* (CERLS) Issues of Rongoā Māori Research (Whanganui, New Zealand: Whakauae Research for Māori Health and Development, 2018).

[5] Bruno Marques et al., "Adapting Traditional Healing Values and Beliefs into Therapeutic Cultural Environments for Health and Well-Being," *International Journal of Environmental Research and Public Health* 19, no. 1 (2022): 426, https://doi.org/10.3390/ijerph19010426.

[6] Erena Wikaire, "The Past, Present and Future of Traditional Indigenous Healing: What Was, Is, and Will Be, Rongoā Māori" (Doctoral dissertation, University of Auckland, 2020).

Within this framework, wāhine Māori (Māori women) are regarded as knowledge holders, healers, and descendants of atua wāhine (female deities), playing a pivotal role in embodying the many dimensions of rongoā.

Despite their centrality to Māori cosmology, epistemology, and society, the voices and experiences of wāhine within rongoā practice have often been overlooked or subsumed within broader narratives of Māori health. This article addresses that gap by foregrounding the lived realities of Māori women who engage in rongoā both as a healing modality and as an expression of *mana wāhine*, through which Māori women enact authority, agency, and ancestral power. Through centering wāhine narratives, the study explores how rongoā becomes a site through which Māori women enact body sovereignty, reclaim cultural identity, and transmit intergenerational knowledge.

Mana wāhine is both a theoretical and methodological framework grounded in the lived realities, genealogical knowledge, and spiritual philosophies of Māori women.[7] Emerging as an Indigenous feminist critique, it resists the imposition of colonial worldviews and reaffirms Māori women's centrality in the maintenance of cultural, spiritual, and political life.[8,9] At its core, mana wāhine honors the multiple roles and identities traversed by wāhine Māori across the life-course, recognizing their intrinsic mana as derived from atua wāhine, whenua (land), and whakapapa.[10] The etymology "wa" denoting time/space, and "hine" signifying female essence, situates wāhine cosmologically within Māori knowledge systems.[11,12] As a theoretical orientation, mana wāhine is informed by, but distinct from, Western feminist traditions. It prioritizes mātauranga Māori, asserts Indigenous female authority, and critiques the intersecting oppressions of colonialism, patriarchy, and cultural marginalisation.[13,14] Critically, mana wāhine is not only conceptual; it is embodied, with material, spiritual, and political consequences in the everyday lives of Māori women.

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[7] Aria Graham, "Tika Tonu: Young Māori Mothers? Experiences of Wellbeing Surrounding the Birth of Their First Tamaiti" (Doctoral dissertation, Victoria University of Wellington, 2018).

[8] Donna Campbell, "Ngā Kura a Hineteiwaiwa: The Embodiment of Mana Wahine in Māori Fibre Arts" (Doctoral thesis, University of Waikato, 2019).

[9] Leonie Pihama, "Tihei Mauri Ora: Honouring Our Voices: Mana Wahine as a Kaupapa Māori Theoretical Framework" (Doctoral dissertation, University of Auckland, 2001).

[10] Wikitoria Theresa August, "The Māori Female – Her Body, Spirituality, Sacredness and Mana: A Space Within Spaces" (Master's thesis, University of Waikato, 2004).

[11] Campbell, "Ngā Kura a Hineteiwaiwa."

[12] Pihama, "Tihei Mauri Ora."

[13] Pihama, "Tihei Mauri Ora."

[14] Naomi Simmonds, "Mana Wahine: Decolonising Politics," in Mana Wahine Reader: A Collection of Writings 1999–2019, Volume II, edited by Leonie Pihama, Linda T. Smith, Naomi Simmonds, Joeliee Seed-Pihama, and Kirsten Gabel (Hamilton: Te Kotahi Research Institute, 2019), 105–22.

Rongoā Māori, often narrowly associated with plant-based remedies, must be situated within a broader Indigenous framework of holistic health and wellbeing. Traditionally inclusive of ritenga and karakia (rituals and prayer), rongoā rākau (herbal medicine), mirimiri (bodywork), wai (water therapies), and spiritual interventions, rongoā is a dynamic system which interweaves body, land, wairua, and ancestral intelligence.[15,16,17,18] It transcends biomedical paradigms, operating across physical, emotional, and spiritual dimensions.[19,20,21]

The concept of wairua, central to the practice of rongoā, is difficult to define, being akin to one's "soul" or "spirit." Wairua is a medium for ancestral communication, and a trans-temporal energy sustaining balance.[22,23]

Within te ao Māori (the Māori world), the body is not merely a biological vessel but a sacred site of mana, cosmology, and memory. The maternal body, in particular, is honored through the concept of whare tangata, or "the house of humanity." The kōpū or womb, which physically grows and nourishes the next generation, also links wāhine directly to Papatūānuku (Earth Mother) and the atua wāhine.[24,25] These connections are embedded in tikanga (customs) that uphold the tapu (sacredness) of the female form. However, colonization, by Christianity, patriarchy, and suppression of Indigenous knowledge, has profoundly disrupted these cosmologies. Aotearoa | New Zealand was colonized by the British in the 19th century through a series of actions that included the signing of Te Tiriti o Waitangi (The Treaty of Waitangi) in 1840. Although the Treaty was intended to establish a partnership between Māori and the Crown, the English version was used to justify British sovereignty, leading to widespread land confiscation, war, the erosion of Māori rights, language, authority, and healing systems.[26] Colonial frameworks reinterpreted

[15] Ahuriri-Driscoll et al., *The Future of Ongoā Māori*.

[16] Mason Durie, Whaiora: *Māori Health Development* (Auckland: Oxford University Press, 1998).

[17] Kerridge, *Rongoā Rākau Māori Herbal Medicine*.

[18] Mark, "Rongoā Māori."

[19] Glenis Mark et al., "Acknowledging the Māori Cultural Values and Beliefs Embedded in Rongoā Māori Healing," *International Journal of Indigenous Health* 12, no. 1 (2017): 75–92, https://doi.org/10.18357/ijih121201716902.

[20] Robert McGowan, "The Contemporary Use of Rongoā Māori: Traditional Māori Medicine" (Master's thesis, University of Waikato, 2000).

[21] Hukarere Valentine, "Kia Ngāwari ki te Awatea: The Relationship between Wairua and Māori Well-Being: A Psychological Perspective" (Doctoral thesis, Massey University, 2009).

[22] Mark et al., *CERLS Issues of Rongoā Māori Research*.

[23] Marques et al., "Adapting Traditional Healing Values."

[24] August, "The Māori Female."

[25] Kirsten A. Gabel, "Raranga, Raranga Taku Takapau: Healing Intergenerational Trauma through the Assertion of Mātauranga Ūkaipō," in *He Rau Murimuri Murimuri Aroha: Wāhine Māori Insights into Historical Trauma and Healing*, ed. C. Smith and R. Tinirau (Te Atawhai o te Ao, 2019), 16–27.

[26] Margaret Mutu, "To Honour the Treaty, We Must First Settle Colonisation (Moana Jackson 2015): The Long Road from Colonial Devastation to Balance, Peace and Harmony," *Journal of the Royal Society of New Zealand* 49, suppl. 1 (2019): 4–18, https://doi.org/10.1080/03036758.2019.1669670.

pūrākau (ancestral narratives) to center male figures, commodify the Māori maternal body, and marginalize wāhine within health, political, and spiritual spheres.[27,28,29]

Despite these disruptions, Māori women remain at the forefront of cultural resurgence. The reclamation of moko kauae (sacred chin tattoo), traditional birthing practices, and the revitalization of rongoā represent powerful acts of healing and resistance.[30,31] Such practices restore individual wellbeing and reassert the role of Māori women as cultural leaders and custodians of Indigenous futures. Tā moko, the act of creating a sacred tattoo, has been described as both a healing ritual and an archive of whakapapa and ancestral protection.[32] Similarly, the expansion of rongoā to include toi Māori (Māori arts) highlights the sensory, sonic, and visual dimensions embedded in both.[33,34]

Central to the endurance of these practices is intergenerational knowledge transmission. Grandmothers, mothers, and aunties all serve as living repositories of mātauranga; holding, and passing forward embodied, ecological, and spiritual understanding of health.[35,36] In this context, rongoā becomes both a healing modality and a conduit for ancestral memory and cultural continuity.

Te Ao Rauropi: Mapping the Biosphere of Rongoā Māori shares findings from a three-year research project undertaken with traditional Māori healers, practitioners and experts. Drawing on our study findings, we explore how wāhine Māori (Māori women) enact mana wāhine (female sovereignty or authority) through rongoā Māori. We posit rongoā Māori as a site of cultural identity, bodily sovereignty, and intergenerational knowledge. By centering on the experiences of healers that affirm Māori female bodies as sacred and sovereign, we argue that rongoā can be regarded as a living practice of resistance, renewal, and healing.

Methods

This study was grounded in a Kaupapa Māori theoretical framework. Kaupapa Māori is an Indigenous research paradigm that serves both as a methodological approach and an

[27] Pihama, "Tihei Mauri Ora."

[28] August, "The Māori Female."

[29] Gabel, "Raranga, Raranga Taku Takapau."

[30] Mera Penehira, "Mouri Tu, Mouri Moko, Mouri Ora! Moko as a Wellbeing Strategy" (Doctoral thesis, University of Waikato, 2011).

[31] Naomi Simmonds, "Honouring Our Ancestors: Reclaiming the Power of Māori Maternities," in *Indigenous Experiences of Pregnancy and Birth*, ed. Hannah T. Neufeld and Jaime Cidro (Toronto: Demeter Press, 2017), 1–19.

[32] Penehira, "Mouri Tu, Mouri Moko, Mouri Ora!"

[33] Maihi Potaka, "Whakarongo" (Master's thesis, Massey University, 2021).

[34] Wikaire, "The Past, Present and Future of Traditional Indigenous Healing."

[35] Paulé Aroha Ruwhiu, "Ka Haere Tonu Te Mana o Ngā Wahine Māori: Māori Women as Protectors of Te Ao Māori Knowledge" (Master's thesis, Massey University, 2009).

[36] Kahutoi Mere Te Kanawa, "Taonga Tuku Iho: Intergenerational Transfer of Raranga and Whatu" (Doctoral thesis, University of Waikato, 2022).

epistemological stance. This positioning enabled a culturally aligned examination of mana wāhine within rongoā Māori. Kaupapa Māori research is defined by its orientation toward Māori self-determination. It is an approach to research that is conceptualized and undertaken by Māori, for Māori, and with Māori, and it prioritizes the aspirations, values, and ways of knowing embedded within te ao Māori.[37,38] This framework was particularly well-suited to a study focused on wāhine Māori, whose roles as cultural healers, knowledge holders, and sovereign agents are often obscured or marginalized within Western research paradigms. By privileging mana wāhine as both a lived reality and a theoretical lens, Kaupapa Māori provides the necessary foundation for honoring the spiritual, embodied dimensions of wāhine engagement in rongoā Māori.

The research design integrated mātauranga Māori with qualitative interpretive methods, enabling cultural grounding alongside methodological rigor, analysis, and synthesis. This hybrid approach allowed the research team to remain culturally grounded while also engaging in rigorous interpretive processes appropriate to Indigenous health scholarship. Rongoā research guidance is drawn from the Cultural, Ethical, Research, Legal, and Scientific (CERLS) Guidelines, a document outlining essential criteria for the conduct of rongoā Māori research, including cultural integrity, full transparency, the upholding of healer rights, and methodological appropriateness.[39] The use of CERLS ensured that the research process aligned with the spiritual, ethical, and political dimensions of rongoā Māori and that the knowledge shared by wāhine participants was treated with the respect it demands.

Fifty-five participants were recruited using purposeful sampling and selected for their experiential knowledge and engagement with rongoā Māori as either healers, patients, or both.[40] Participants were located across several regions of Aotearoa, including Northland, Waikato, Whanganui/Manawatū, Hauraki in the North Island and Te Waipounamu (the South Island). Participants ranged in age from 20 to 80 years and represented a diversity of cultural backgrounds, with 45 identifying as Māori and 10 as Pākehā (New Zealander of European descent). Thirty-nine participants were women, and most were employed in education, health, or community sectors. Their roles as healers, patients, or both reflected the fluid and often overlapping positions Māori occupy within rongoā healing networks, further affirming the positioning emphasised by mana wāhine theory.

Following recruitment, participants engaged in two, semi-structured, face-to-face interviews, individually or in groups, based on preference. Interviews were audio-recorded

[37] Leonia Pihama et al., "Creating Methodological Space: A Literature Review of Kaupapa Māori Research," *Canadian Journal of Native Education* 26, no. 1 (2002): 30–43.

[38] Shayne Walker et al., "An Exploration of Kaupapa Māori Research, Its Principles, Processes and Applications," *International Journal of Social Research Methodology* 9, no. 4 (2006): 331–44, https://doi.org/10.1080/13645570600916049.

[39] Mark et al., *CERLS Issues of Rongoā Māori Research*.

[40] Lawrence A. Palinkas et al., "Purposeful Sampling for Qualitative Data Collection and Analysis in Mixed Method Implementation Research," *Administration and Policy in Mental Health* 42, no. 5 (2015): 533–44, https://doi.org/10.1007/s10488-013-0528-y.

and later transcribed for thematic analysis.[41,42] In keeping with tikanga Māori (Maori values and protocols), participants received koha (a gift of acknowledgement) in the form of grocery vouchers. Further, as a means of upholding principles of manaakitanga (hospitality) and reciprocity, each session was followed by a shared meal. Ethical approval for the study was granted by the New Zealand Ethics Committee (Protocol NZEC20_36).

Data collection and analysis occurred in an iterative and cyclical manner, consistent with Indigenous qualitative methodologies. Analysis was conducted using the Rourou Approach (literally 'basket,' used here to denote data analysis), a Kaupapa Māori method of knowledge interpretation grounded in the whakataukī: *'Nāu te rourou, nāku te rourou, ka ora ai te iwi'* ('With your basket of food and my basket of food, the people will be fed').[43,44] This framework honors the collaborative and co-constructed nature of Māori knowledge and is particularly suited to a study centred on mana wāhine and rongoā Māori, both of which are culturally based practices.

The Rourou approach involved: (1) individual thematic analysis of each kōrero; (2) cross-case comparison; (3) collaborative synthesis of insights; and (4) a kīnaki phase, supporting the creation of a visual biosphere map of rongoā Māori. The graphic synthesis is described elsewhere and serves to visually articulate the holistic nature of rongoā.[45] By weaving together Kaupapa Māori, mana wāhine, and the Rourou method, this study affirms the validity of embodied, spiritual, and relational knowledge in Indigenous health scholarship. The study recognizes rongoā as more than a healing modality; it is a site of sovereignty, whakapapa, and collective reclamation.

Findings

Three interwoven themes emerged from the broader *Te Ao Rauropi: Mapping the Biosphere of Rongoā Māori* research project. While the overarching study explored rongoā Māori broadly, the participant views presented here focused specifically on the pivotal role of wāhine in sustaining and revitalising cultural knowledge. The themes detailed include:

1. Standing Strong: Reclaiming Wāhine Identity and Whakapapa through Moko Kauae

2. Embodied Autonomy: Wāhine Sovereignty over Reproductive, Spiritual, and Healing Journeys

3. He Wāhine, He Puna Mātauranga: Intergenerational Transmission of Rongoā and Cultural Healing Practices

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[41] Ann Bowling, *Research Methods in Health: Investigating Health and Health Services* (Maidenhead: Open University Press, 2009).

[42] Robert E. Stake, "Case Studies," in *The Sage Handbook of Qualitative Research*, 2nd ed., edited by Norman K. Denzin and Yvonna S. Lincoln (Thousand Oaks, CA: Sage Publications Ltd, 2000), 435–54.

[43] Mark, "Rongoā Māori."

[41] Glenis Mark et al., "Rourou Māori Methodological Approach to Research," *MAI Journal* 4, no. 1 (2015): 60–70.

[45] Glenis Mark et al., *Te Ao Rauropi* (2024), https://www.teaorauropi.co.nz/te-ao-rauropi-model.

Together, these themes illustrate how Māori women enact and sustain sovereignty, wellbeing, and whakapapa continuity in contemporary contexts. The wider study findings are reported elsewhere.[46]

Standing Strong: Reclaiming Wāhine Identity and Whakapapa through Moko Kauae

The reclamation of moko kauae by Māori women is a deeply personal and collective act of cultural resurgence, affirming identity, whakapapa, and mana wāhine. The following examples illuminate various dimensions of this journey, and although these excerpts are drawn from a single key informant, these narratives offer layered insights into the cultural, spiritual, and intergenerational dimensions of moko kauae. Firstly, this participant reflects on the role of wāhine who receive kauae (literally chin tatoo, but in this context is an abbreviation of moko kauae) as cultural pathfinders within their families and communities:

> … I feel many women who actually come to get kauae … are that person like me, [they] will stand alone in our families sort of representing te ao Māori … it is us who are carving a pathway… some of our whānau members … would like to follow, would like to learn about … kauae.
> Key Informant, Te Waipounamu

This excerpt highlights the experience of cultural leadership and solitude often felt by wāhine who choose to receive moko kauae, particularly in whānau contexts where te ao Māori has been fragmented by colonization. This participant acknowledges both the burden and beauty of being the first to reclaim this taonga (treasure), but also the hope that moko kauae is increasingly embraced within extended whānau networks, signalling a broader inclusivity in identity reclamation.

This participant then reflected on the symbolic significance of traditional Māori art forms and the celebration of mana wāhine within them:

> … our tūpuna were onto it. They reinforced … who you are and where you stand and where you come from in every single art form, and … our carved houses and there is a story on every wall whether it be a tukutuku (ornamental lattice work) panel or the tāhuhu (ridge pole of a house) on the spine or the heke (rafters), everything is done in a very deliberate way, on purpose. I think everything in our art forms … our wharenui (meeting houses), the body of a woman … they celebrate that mana wāhine, and that's I think something that got lost and pretty much squashed through colonization heavily, that mareikura taonga (treasure of nobly born females), and the mana of wāhine. I think our art forms spoke about that, that woman were celebrated for their wonderful abilities and skills … likened to Papatūānuku, our earth mother. Much of that kōrero (narrative) got lost and I think carving, the art form, survived in our houses and tukutuku … just about died completely,

[46] Mark et al., *Te Ao Rauropi*.

> but if it wasn't for those kuia (female elder) that took on kauae … they preserved it so that we could sit here now and look at each other.
> Key Informant, Te Waipounamu

This passage situates moko kauae within the broader cultural system of Māori art forms, which have long celebrated the centrality and sanctity of wāhine. Although colonization suppressed the visibility of mana wāhine, practices like moko kauae were sustained by kuia who ensured their survival. This practice served to reclaim personal identity but also restored intergenerational narratives of veneration, artistry, and spiritual continuity.

Embodied Autonomy: Wāhine Sovereignty over Reproductive, Spiritual, and Healing Journeys

The concept of body sovereignty within Indigenous and Māori contexts encompasses more than physical autonomy. Body sovereignty has been seen as the active resistance of colonial and biomedical impositions, definitions and measures as well as the reaffirmation of traditional knowledges and embodied experiences as a site of mana, and intuition.[47,48] The following narratives reveal how wāhine exercise sovereignty over their bodies through culturally based responses to health crises and reproductive decisions.

The first statement from a key informant in Whanganui/Manawatū, illustrates the convergence of biomedical intervention and Indigenous spiritual practice:

> … so I ended up going in to hospital and found out that I had low hemoglobin so I ended up having to have six lots of blood … pumped back into my body because my body was running on empty so … for us I guess as wāhine as well… our bodies are just layered with a whole lot of trauma and we just justify it constantly. And even when we are … well connected to the taiao (environment) … to ourselves and work in a rongoā space, we still manage to find ourselves … at these places [of unwellness?] … so I had to have six lots of blood … and … I really felt like I needed to do a pohiri (welcome) to welcome in this blood that … belonged to six different people and so I ended up making contact with my Nan and then with my rongoā group that I have … just to put the karakia (prayers) out … this is what my tinana (body) is going through right now. Which, you know, on another world it might look like it's really strange, this person is doing this, but that's how I felt about it. I felt that it needed a wātea (settling) and a whakatau (conclusion) … and so everyone that I spoke to … was like … that's kei te pai (good), and had already done up my … wairākau (herbal remedies) to send up to me … that's all done ā wairua (by spirit), … I was in the best place to receive the support that I needed in the

[47] August, "The Māori Female."

[48] Ashlea Gillon, "Body Sovereignty and Te Matatini: Thoughts from a Kaimātakitaki," *MAI Journal* 9, no. 2 (2020): 173–79.

> hospital but within that environment I also needed a wairua kaupapa (spiritual approach) as well to support me in that healthy journey.
> Key Informant, Whanganui/Manawatū

This comment conveys both the bodily trauma experience as well as the reclamation of spiritual and cultural control over the healing process. The Māori cultural protocols and practices of pōhiri, karakia, and the preparation of wairakau were deliberate actions that ensured the safety of the patient as they undertook a Western treatment. Completing these actions reaffirmed that sovereignty over the body included the right to contextualize medical treatment within one's own cultural beliefs, values and ethics, challenging the lack of patient choice often seen in Western healthcare systems.

The second excerpt, from a focus group participant in Waikato, explores body sovereignty in the context of fertility, contraception, and intentional conception:

> … I went to a wānanga (meeting) and they were talking about hormones and contraception and what that really does to your body and … I remember being told that … it is your body, it's yours, what's the point of calling it yours if you're gonna rely on something else in order to control it or to determine what's going on in that timeline? So … she had this big kōrero around contraception and she said, you don't need contraception, you have the control of your own body to be able to tell it what you want and what you don't want. I thought, alright … let's give this a crack then. And … for the next three years I practiced it and it worked … I told my body if I didn't want to, if I didn't want to hold a baby during this time … my body, my āhua (appearance), my wairua, we would not hold a baby at this time. And [partner's name] pestered me for about a year … dropping hints for one more baby. And … we had the conversation … and I said, oh, fine, I will do one more, don't ever ask me to be pregnant for you ever again. And that was on the Saturday night and on the Wednesday morning I woke up and I looked at him and I said, we're pregnant … it's already happened, done. Went to the doctor he said, yeah, you're probably less than a week pregnant. So Saturday I called it and Wednesday she came … My body told me … I guess the mental, mentality and the wairua side of it had opened the doors and the body done whatever it needed to in order for it to happen."
> Focus group, Waikato

This narrative shows an embodied form of sovereignty where reproductive choices are guided by tuning in to her own body, wairua, and mental intention. When challenged by dominant discourses around hormonal control, this participant instead framed the body as inherently capable of self-regulation when one is in deep communication with it. These choices demonstrate a profound reclamation of reproductive autonomy. It also illustrates a model

of body sovereignty that incorporates not just physical will, but a dialogue between body, spirit, and whakapapa.

He Wāhine, He Puna Mātauranga: Intergenerational Transmission of Rongoā and Cultural Healing Practices

Within te ao Māori, women have long held central roles as repositories and transmitters of intergenerational knowledge. This includes not only language and ritual, but also embodying the preparation and application of rongoā Māori, as well as the preservation of mātauranga through lived experience. The following statements illustrate how wāhine Māori continue to pass on traditional knowledge within whānau, often through everyday acts of care, connection to the taiao, and holistic healing, particularly through the maternal and grandmother lines.

The first participant reflects on her grandmother's role as a rongoā practitioner, highlighting a spiritually grounded understanding of wellbeing:

> My Nan was a rongoā practitioner … we always had rongoā, she would always make us drink it, it was terrible, and she would always miri (short for mirimiri, meaning massage) us when there was something going on up here [in my head], more so than the tinana (body). And she kind of used to take us for bush walks and show us where to go and stuff but it was always about the mauri, is what she let us know.
> Focus group, Northland

This example positions the speaker's grandmother as both a healer and educator, whose methods extended beyond physical treatment to include the spiritual essence or mauri, of a person. The act of taking mokopuna (grandchildren) into the bush to learn about plants is a key form of intergenerational knowledge transmission, grounding healing practices in both land and lineage. Although the participant recalls the taste of rongoā as unpleasant, the memory also shows reverence for her grandmother's role as a cultural guide and kaitiaki of wellbeing.

The next participant describes witnessing the application of traditional remedies by both her mother and grandmother:

> … as a child … when we … [were injured and] bleed[ing] my Nana would go and get the cobwebs and put them on, you know? They never showed us anything, but they'd go and get it or, you know, just things for cough that they'd go and get it, Mum and my Nana … and panipani (ointment) … they'd do that … or else if … my brothers had an injury, you know, they'd go and get some tūpākihi (Coriaria arborea) … and … bathe them in it. So, there was a lot of … rongoā or karakia or … especially waiata (song) and karakia when we were sad or we were māuiui (sick), you know?
> Focus group, Northland

While the elders did not always explicitly teach these practices, their consistent use of these practices created an experiential learning

environment in which rongoā was embedded in daily life. It is also clear that wāhine hold and enact these roles through caregiving, ritual, and relational attentiveness.

Another participant from Waikato reflects on her evolving appreciation for her mother's teachings:

> … my Mum … whenever we were sick, we had to drink kūmarahou (Pomaderris kumeraho). Um, she got it from my Nan, and she made us drink it, as yuck as it was as a kid, now I appreciate it but as a kid it was like, "oh, why do I have to drink this? This is gross". …ee, hindsight is a great thing to now look back and, wow, my Mum is … teaching me my rongoā.
> Focus group, Waikato

This example highlights the intergenerational transmission of rongoā knowledge through the maternal line and the recognition of its significance in retrospect. The participant recalls her mother enforcing the use of kūmarahou, a traditional cleansing plant, despite her resistance as a child. It is only in adulthood that the participant comes to understand this as an act of cultural education. The shift from aversion to appreciation illustrates how mātauranga Māori is often internalised over time and may not be fully recognized until later reflection allows its cultural value to emerge.

Across these three themes, a common thread emerges: the pivotal role of wāhine Māori in the reclamation and transmission of Indigenous knowledge, autonomy, and identity. Participants demonstrated that the reawakening of cultural practices, whether through the wearing of moko kauae, the conscious exercise of reproductive agency, or the application of ancestral healing methods, is not merely personal but profoundly relational and collective. Wāhine serve not only as practitioners of cultural knowledge but also as living bridges between past and future generations. These healers affirm their sovereignty over body, identity, and knowledge as both a personal act and a communal responsibility rooted in tikanga Māori.

Discussion

This study advances a mana wāhine-informed interpretation of rongoā Māori as a vital site for affirming Māori female identity, embodied sovereignty and intergenerational knowledge transmission. Viewed through this lens, rongoā is not simply a collection of healing practices but a relational, spiritual, and political enactment through which wāhine Māori assert tino rangatiratanga (sovereignty) over their bodies, whakapapa, and roles as cultural stewards. The following discussion examines how the three thematic strands; identity reclamation through moko kauae, embodied sovereignty, and intergenerational transmission, extend and enrich existing literature on mana wāhine, rongoā Māori, and Indigenous resurgence.

Reclaiming Wāhine Identity and Whakapapa through Moko Kauae

The findings reveal moko kauae as a powerful act of identity reclamation and cultural continuity. This aligns with Campbell's framing of

mana wāhine as grounded in whakapapa, wairua, and self-definition, and with Pihama's assertion that Māori women possess the inherent right to express and define themselves through their own lived experiences.[49,50]

Participants' narratives frequently positioned wāhine who receive kauae as cultural pathfinders often standing alone in families impacted by colonial fragmentation yet carving a path for others to follow. These experiences reflect the relational and collective dimensions of mana wāhine, where identity is not solely individual but rooted in reconnection and revitalization within whānau and hapū. The spiritual and symbolic significance of moko kauae as embodied whakpapa resonates with Penehira's view of tā moko as both a healing modality and a cultural marker inscribed with ancestral intention, protection, and wairua.[51]

This intergenerational significance of moko kauae is echoed across historical periods. Throughout all eras, including contemporary society, Māori have associated moko kauae with mana (authority, prestige). In early periods, moko kauae reflected the mana of wāhine within their whānau, hapū, and iwi. As colonization disrupted traditional Māori social structures, moko kauae became increasingly aligned with broader movements of Māori nationalism and cultural resistance. In the contemporary period, the resurgence of moko kauae marks a powerful act of empowerment, not only for individual women but also within their familial and tribal contexts.[52]

Tā moko, particularly facial moko, has re-emerged as a potent symbol of Māori self-determination, identity, and cultural pride. Many Māori are embracing moko as part of a cultural renaissance, affirming their connection to te reo Māori, tikanga, and whakapapa.[53] In this way, moko kauae serves as both a personal and political act; restoring ancestral knowledge, affirming mana wāhine, and asserting the sovereignty of tangata whenua in a contemporary Aotearoa.

This act of reclaiming Māori female identity through moko kauae also constitutes a direct challenge to colonial erasures of Māori womanhood. August contends that colonization disrupted the cosmological positioning of wāhine as descendants of atua wāhine and Papatūānuku, reconfiguring Indigenous narratives to diminish their mana.[54] Participants' recognition of moko kauae as a return to ancestral aesthetics and spiritual authority illustrates a conscious resistance to colonial distortions and reaffirms the sacred status of wāhine within te ao Māori.

Wāhine Sovereignty over Reproductive, Spiritual, and Healing Journeys

The concept of body sovereignty emerged in this study as a powerful expression of mana wāhine in response to both biomedical and

[49] Campbell, "Ngā Kura a Hineteiwaiwa."

[50] Pihama, "Tihei Mauri Ora."

[51] Penehira, "Mouri Tu, Mouri Moko, Mouri Ora!"

[52] Rawinia Higgins, "He Tānga Ngutu, He Tūhoetanga Te Mana Motuhake o the Tā Moko Wāhine: The Identity Politics of Moko Kauae" (Doctoral thesis, University of Otago, 2004).

[53] Higgins, "He Tānga Ngutu."

[54] August, "The Māori Female."

cultural interventions. Participants described deeply embodied experiences of trauma, healing, and spiritual reclamation, illustrating how Māori women engage with colonial health systems while upholding Indigenous relational ethics. These findings extend August's assertion that Māori women's bodies are governed by tikanga due to their intrinsic tapu and the mana of the whare tangata; not solely because of biological function, but because of their genealogical and cosmological significance.[55]

Participant narratives revealed that autonomy over menstruation, reproduction, illness, and healing was enacted through spiritual practices, karakia, and wairua-based understanding of health. One participant's initiation of a pōhiri to receive donor blood in a hospital setting exemplifies a mana wāhine approach to bodily sovereignty. In this example, the participant is asserting spiritual control and contextualizing biomedical care within a Māori cosmology. These actions align with McGowan's emphasis on taha wairua (the spiritual side of wellbeing) as central to the healing potency of rongoā, and with Valentine's framing of wairua as a permeable, relational, and foundational dimension of Māori wellbeing.[56,57]

These embodied practices stand in stark contrast to colonial health interventions, which historically pathologized and regulated Māori female bodies. Gabel (2019) documents how state policies systematically targeted Māori women's reproductive autonomy, eroding traditional practices surrounding birthing, menstruation, and mothercraft through a Euro-Christian framework.[58] In the context of this study, the actions of participants reflect a deliberate reclamation of bodily sovereignty where wahine Māori reject the separation of body from its cultural and spiritual context. Such practices are congruent with Simmonds' assertion that mana wāhine must be materially enacted, not just theorized, in the lived, bodily realities of Māori women.[59]

To extend the concept of body sovereignty further, for Indigenous peoples, sovereignty encompasses both the right to self-determination and the responsibility to uphold and live in alignment with that identity (Monture, 2008).[60] Sovereignty, in this context, is relational rather than individualistic. Indigenous worldviews position the self as inseparable from land, kin, and collective ancestry; all of which are central tenets of Indigenous epistemologies. As Monture argues, First Nations identity is fundamentally a function of community and relational belonging.[61] It is both an internal sense of self as well as a lived expression of interconnectedness that breathes life into Indigenous knowledge systems. Viewed this way, the enactment of body sovereignty by wāhine Māori in this study is as personal as it is profoundly communal and cosmological. The

[55] August, "The Māori Female."

[56] McGowan, "The Contemporary Use of Rongoā Māori."

[57] Valentine, "Kia Ngāwari ki te Awatea."

[58] Gabel, "Raranga, Raranga Taku Takapau."

[59] Simmonds, "Mana Wahine: Decolonising Politics."

[60] Patricia A. Monture, "Women's Words: Power, Identity and Indigenous Sovereignty," Canadian Woman Studies 26, nos. 3–4 (2008): 153–59.

[61] Monture, "Women's Words."

enactment of body sovereignty reaffirms the critical place of women within whānau, whenua, and wairua.

Intergenerational Transmission of Rongoā and Cultural Healing Practices

Participants consistently identified maternal and grandmother lines as primary conduits for the transmission of rongoā knowledge, affirming the central role of wāhine in sustaining mātauranga Māori. These findings support Ruwhiu's conclusion that despite urbanization, colonization, and social disruption, many Māori women have continued to preserve and transmit cultural knowledge.[62] Often expressed through everyday acts such as administering kūmarahou, performing karakia, or gathering healing plants, this transmission reflects a form of epistemic sovereignty rooted in relational practice.

The continued preservation and transmission of cultural knowledge resonates with Te Kanawa's notion of weaving knowledge as an intergenerational continuum.[63] Just as raranga (weaving) requires the succession of relationships and embodied skill, so too does rongoā, which is often shared experientially rather than didactically. These findings also align with Wikaire's recognition of non-linear, sensory, and multi-modal knowledge transmission through waiata, karakia, tukutuku, and intimate engagements with the whenua.[64] This form of transmission defies Western educational models, privileging lived experience and relational immersion.

Participants also reflected on their evolving relationship to ancestral teachings often recalling a youthful resistance that matured into appreciation in adulthood. This shift underscores the temporal rhythms of Māori knowledge uptake, highlighting what Pihama describes as the fluidity of wāhine roles and identity across the life course.[65] Such dynamics affirm the endurance of rongoā as a system of knowledge that adapts, returns, and reawakens across generations.

In contrast to the findings of this study, other research has suggested that the transmission of traditional healing knowledge is often regarded as a spiritual process, passed down to the chosen through dreams and visions.[66] However, healing knowledge is also transferred through mentorship, apprenticeship, and collaborative interactions among healers. In many African communities, knowledge sharing extends beyond a transactional process; it is situated within a wider belief system that conceives of healing as sacred and relational.[67]

Some traditions also emphasise secrecy in knowledge retention, where the sharing of healing knowledge is tightly controlled and often spiritually sanctioned. For example, Haeata

[62] Ruwhiu, "Ka Haere Tonu Te Mana o Ngā Wahine Māori."

[63] Te Kanawa, "Taonga Tuku Iho."

[64] Wikaire, "The Past, Present and Future of Traditional Indigenous Healing."

[65] Pihama, "Tihei Mauri Ora."

[66] Jan Resenga Maluleka and Mpho Ngoepe, "Turning Mirrors into Windows: Knowledge Transfer among Indigenous Healers in Limpopo Province of South Africa," *South African Journal of Information Management* 20, no. 1 (2018): 1–7, https://doi.org/10.4102/sajim.v20i1.918.

[67] Maluleka and Ngoepe, "Turning Mirrors into Windows."

describes how Sámi healers believe that the responsibility for determining a successor rests solely with the knowledge-holder.[68] Decisions are based on the perceived ability of the chosen individual to carry the knowledge with integrity.[69]

As in our study, Mvula also highlights the role of demonstration and observation as practical methods for knowledge transfer.[70] Traditional healers were found to actively train family members and interested individuals, often through embodied, experiential learning. Challenges such as illness, emotional distress, and social isolation were however, common among novices and underscore the spiritual and psychological demands placed on emerging healers. Mvula also recommends that community leaders actively support the preservation of healing knowledge by incorporating cultural education into ceremonial gatherings, particularly for youth.[71]

Taken together, these cross-cultural insights into knowledge transmission underscore the deeply relational, spiritual, and ethical dimensions of Indigenous healing systems - dimensions that are similarly reflected in the experiences of wāhine Māori. The findings of this study reposition rongoā Māori not simply as a therapeutic system, but as a holistic, relational practice through which mana wāhine, whakapapa, and tino rangatiratanga (self-determination) are continuously enacted. What was once viewed through a functionalist lens has evolved into an understanding of rongoā as a holistic system encompassing spiritual, genealogical, and environmental aspects of Māori life.[72,73] The narratives shared here affirm rongoā as a site of resistance and cultural resurgence embodied through care, connection, and intergenerational guardianship.

Recognizing rongoā as a sovereign knowledge system has critical implications for health and healing research, policy, and practice. Rather than positioning rongoā as an adjunct to biomedicine, policy frameworks must engage with it as a self-determining system grounded in whakapapa, wairua, and collective wellbeing. Future research could explore the gendered dynamics of rongoā, particularly with respect to the authority of wāhine Māori as healers, teachers, and cultural protectors. Rongoā healing principles may also serve as the foundation for developing culturally grounded research methodologies rooted in Indigenous cosmologies and healing ethics. In addition, the right for Māori and all women to body sovereignty should be endorsed and rongoā knowledge transmission practices should be prioritized.

Ultimately, rongoā, as enacted by wāhine Māori, becomes more than a remedy; it becomes a vessel for cultural restoration, political resistance, and intergenerational renewal. This study affirms rongoā Māori as a vital site for the

[68] Anne Karen Haeata, "Secret Knowledge: The Management and Transformation of Traditional Healing Knowledge in the Marka Sámi Villages" (Master's thesis, University of Tromsø, 2010).

[69] Haeata, "Secret Knowledge."

[70] Dalisto Mvula, "An Investigation of the Acquisition, Transfer and Preservation of Indigenous Knowledge by Traditional Healers in Chibombo District Of Zambia" (Doctoral dissertation, University of Zambia, 2021).

[71] Mvula, "An Investigation of the Acquisition."

[72] Mark et al., "Acknowledging the Māori Cultural Values."

[73] Mark et al., *CERLS Issues of Rongoā Māori Research.*

assertion of mana wāhine, where Māori women reclaim identity, exercise body sovereignty, and transmit intergenerational knowledge through spiritual and embodied practice. Practices such as moko kauae, karakia, mirimiri, and plant medicine are more than therapeutic tools; they are acts of resistance against colonial erasure and biomedical dominance. Wāhine Māori are shown to be cultural pathfinders, healers, and knowledge holders who activate ancestral memory and embody Indigenous sovereignty in their everyday lives.

By grounding this study in mana wāhine and Kaupapa Māori frameworks, it centers epistemologies that honor the tapu, or sacred nature of the body, the sanctity of the body choice, and the continuity of whakapapa. It challenges Western paradigms that separate spirit from health, gender from cosmology, and knowledge from relationship. Future research and health and healing frameworks must reflect this reality by supporting cultural sovereignty, and lived transmission. We propose that rongoā is not just a system of healing. The powerful force of mana wāhine, enacted in rongoā through identity, sovereignty and knowledge transmission, becomes an entire epistemology in, and of, itself.

GLOSSARY

āhua: appearance

Aotearoa: New Zealand

atua wāhine: female deities

ā wairua: by spirit

hapū: sub-tribes

Hauraki: part of the Waikato region, Aotearoa | New Zealand

heke: rafters

He Wāhine, He Puna Mātauranga: Women as a spring of knowledge

hine: female essence

kauae: chin, short for moko kauae

Kaupapa Māori: Māori approach to research

kei te pai: good

kīnaki: the garnish

koha: literally gift, in this case in the form of a grocery voucher

kōrero: interview/focus group, also narrative

kuia: female elder

Kūmarahou: Pomaderris kumeraho or kūmarahou, also known as gumdigger's soap and golden Tainui. A plant endemic to the North Island of New Zealand. The name kūmarahou is a Māori word signifying a shrub

mana: power

manaakitanga: care

mana wāhine: a Māori concept that refers to the inherent power, authority, and strength of Māori women

Manawatū: region in lower half of North Island, Aotearoa | New Zealand

Māori: Indigenous peoples of Aotearoa | New Zealand

mareikura taonga: treasured nobly born females

mātauranga: knowledge

māuiui: sick

mauri: life force

miri: short for mirimiri

mirimiri: bodywork

moko kauae: chin tattoo

mokopuna: grandchildren

nāu te rourou, nāku te rourou, ka ora ai te iwi: with your basket of food, and my basket of food, the people will be fed

Pākehā: New Zealander of European descent

panipani: ointment

Papatūānuku: Mother Earth

pohiri: welcome

pūrākau: myths

ritenga: incantations

rongoā : short for Rongoā Māori, traditional Māori healing

rongoā Māori: traditional Māori healing

rongoā rākau: herbal medicines

rourou: literally basket but used to denote data analysis

tāhuhu: ridge pole of a house

taiao: environment

tā moko: tattooing: visual representation of a person's whakapapa/genealogy and identity through cultural designs

taonga: treasure

tapu: sanctity

te ao Māori: the Māori world

te Waipounamu: South Island, Aotearoa | New Zealand

tikanga: cultural customs

tinana: body

tino rangatiratanga: sovereignty

tīpuna: ancestors

toi Māori: Māori arts

tukutuku: ornamental lattice work

tūpākihi: Coriaria arborea. Also called tutu or tree tutu. A native shrub with mostly opposite leaves with three to five parallel veins, shiny and dark on top

wāhine: women

wāhine Māori: Māori women

wai: water

waiata: song

Waikato: region in upper North Island, Aotearoa | New Zealand

wairākau: herbal remedies

wairua: spirituality

wairua kaupapa: spiritual approach

wānanga: meeting

wātea: settling

whakapapa: genealogy

whakatau: conclusion

whakataukī: proverb

whānau: families

wharenui: meeting houses

whare tangata: womb or house of humanity

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ABOUT THE AUTHORS

Glenis Mark

Dr. Glenis Mark has dedicated the past 16 years to advancing Rongoā Māori research, providing critical support to Māori healers and their work in service of both people and land. Her research centers on the cultural meanings of rongoā, ethical research principles, and the perspectives of patients, healers, and health practitioners on collaborative models between rongoā and Western medicine. More recently, she has expanded her writing to encompass broader themes in Indigenous health and healing.

Amohia Boulton

Dr. Amohia Boulton is the Director of Whakauae Research Services Ltd, a tribally owned health research centre. As a health services researcher, Amohia's interests lie in understanding how the health system can better meet the needs of Māori, and how public policy can deliver equity of health outcome for the Indigenous people of Aotearoa | New Zealand.

Tanya Allport

Dr. Tanya Allport (Te Ati Awa) specializes in translational research and evaluation, Indigenous frameworks, and systems change. As a senior researcher at Whakauae Research, she applies kaupapa Māori approaches to housing, health, and policy transformation. Her areas of interest also include Rongoā Māori and mana wāhine, re&ecting a commitment to mātauranga Māori and the centrality of wāhine in Māori wellbeing. Her work focuses on bridging research and practice to create equitable, whānau-centred solutions. Passionate about systems change, she works to ensure that Māori knowledge informs policy and practice, strengthening wellbeing and outcomes for Māori communities.

Gill Potaka-Osborne

Gill Potaka-Osborne has felt a profound connection to Rongoā Māori since childhood. It was a natural and integral part of her upbringing—from use of Rongoā rakau, to witnessing her father communicate beyond the veil. Her understanding of rongoā was further shaped by influential figures in her life, including aunties who taught her the art of raranga, and esteemed practitioners such as Pa McGowan who acquired his knowledge of rongoā through the teachings of the river's kaumātua. Since 2012, Gill has contributed to a range of rongoā research projects in her role at Whakauae Research Services.

Yakama Women at the Longhouse

Huli-Carried Medicine and Traditional First Food Ceremonies, Part 2

By Hailey Allen

ABSTRACT

This paper examines Indigenous epistemologies grounded in relationality, lived knowledge, and spiritual connections to land within Yakama communities. Building on prior research, it explores Yakama women's traditional ecological knowledge through elder interviews and participation in Longhouse (Washat) and First Foods practices. These traditions reflect a worldview that honors natural elements as living forces and emphasizes women's roles in stewardship and knowledge transmission. Focusing on berry-picking practices and the Huckleberry Feast, this study highlights how women sustain and adapt cultural traditions. The findings underscore the resilience of Indigenous knowledge systems and their importance in maintaining reciprocal relationships with land and community.

Keywords: Indigenous epistemologies, Yakama, relationality, traditional ecological knowledge, Indigenous women

Introduction

Indigenous epistemologies center the spiritual bond to land and are rooted in relationality and lived knowledge, intimately linked to place-based ethics. This respect for and vantage point on the land and ecosystem are evident among the Yakama, who, like many Indigenous peoples, honor elements such as wind, rain, fire, and water as living forces. This paper is a continuation of my first project, in which I centered my approach on lived knowledge, anchored in relationality and situated within place-based ethical frameworks. My ethnographic exploration has followed Yakama women's traditional medicine through elder interviews and engagement with the Longhouse religion (Washat) and First Foods ceremonial practices, where women demonstrate their role in stewarding the land and carrying forward and adapting traditional knowledge. This resilience is embodied in practices such as berry-picking and root-digging. In this second paper, I continue this fieldwork, focusing on additional berry-picking practices and examining the dimensions of the Longhouse, including the role of women as expressed through the Huckleberry Feast.

It is from this foundation that I analyze *Hulí*—the wind—as a conceptual framework, viewing the principles as a living force that represents continuity, movement, resilience, nourishment,

and the relational transmission of embodied knowing. *Hulí* embodies knowledge as vitality, sustaining cultural resilience through intergenerational teachings and ecological stewardship. Through Yakama legends, ceremonies, and oral history, I show how *Hulí* propels the flow of knowledge and healing as a form of resistance to colonial disruption, highlighting Yakama women as critical bearers of resilience. I frame this theoretical framework within broader scholarship by engaging Indigenous and decolonial feminist theories that ground my analytical lens and inspire my work.

Drawing on Leanne Betasamosake Simpson's articulation of *Nibi* (water) as both relative and teacher, where the land guides us in living with one another and in the resurgence and reclamation of world-making in harmonious and generative ways, I extend her concept of land as pedagogy to inform my own engagement with *Hulí*.[1]

Using Water as a framework for understanding how our relations extend beyond our immediate or individual needs, compelling us to imagine beyond the present moment and to consider the larger systems that interact to sustain life on Earth. The living theory of water illustrates the circulating movement of exchange and renewal on a planetary scale, taking different forms and occupying space, revealing the profound interdependence and adaptive capacity of all beings and ecosystems. Through this lens, we can recognize ourselves as part of that global web of connection, offering a relational model of planetary intelligence, one understood not as a future possibility, but as an active and enduring reality.

Carried by Huli: Positionality, Methods, and Relational Ethics

Leanne Betasamosake Simpson's work provides a framework for my approach. She examines the theory of water, in her language, Anishinaabemowin, *Nibi*. Thinking within an Indigenous framework alongside water and its various forms, we uncover a paradigm for living, organizing, and world-building beyond colonialism and racial capitalism. The concept of Nibi conveys a global, cyclical, and permeable force that models rebirth, interdependence, decentralization, and resilience. It illuminates how water cycles link the spheres of the familial, local, and land with broader global scales of nations and movements, uncovering fractals—patterns that recur across dimensions.

This conceptual grounding brought me to a place of remembering, an urge to rekindle my relationship with wind, not as a metaphor borrowed from another element, but as a distinct force with its own teachings. In Sahaptin, the word for wind is *Hulí*, a concept that holds deep personal significance and guides my engagement with Indigenous knowledge, ceremony, and relational practices. Anchored in the metaphor of *Hulí*–the wind–I seek to reveal the cyclical

[1] Leanne Betasamosake Simpson, *Theory of Water: Nishnaabe Maps to the Times Ahead* (Chicago: Haymarket Books, 2025), 1.

and interrelated nature of Indigenous ways of knowing and the transmission of knowledge.

Wind signifies strength, freedom, but also change and uncertainty. Wild and uncontrollable, just as the colonial-settlers described the "haughty Yakama women."[2] One cannot contain forces intended to disrupt structures that uphold systems of oppression and hierarchy. Within the entrenched frameworks of capitalism in which we currently operate, I aim to challenge these systems—those that harm humanity, the caretakers of the Earth, and Mother Earth herself—through publication and written expression. *Hulí* carries the seeds of new ideas and theories, dispersed in patterns that may appear chaotic but ultimately follow a larger, coherent design.

Attunement to the wind requires stillness and openness of the heart; its messages are not transmitted acoustically but relationally. The wind teaches through the heart, not through the ears. The wind carries more than air; it carries pollen, seeds, moisture, heat—it carries language, stories, prayers, and messages. It propels change, provokes movement, and cannot be captured or controlled. In my own life, wind is medicine, especially when I run. Running connects me to the Creator, the land, my ancestors, and the earth herself. The wind restrains me, replenishes me, and reminds me that I am not separate from these cycles. I am in relationship with the wind, just as I am in relationship with land and water.

Before presenting my findings, I position myself and clarify the lens through which I explore women's traditional medicine. I am a mixed Indigenous woman, a descendant of the Yakama and Umatilla tribes, with Jewish and African American heritage. I am studying the role of women in the Longhouse within the Yakama community, a group to which I belong and where I have grown up participating and learning. I come to this research with both personal ties and some formal academic training, yet I recognize that the elders I have interviewed and followed during ceremony carry a depth of wisdom and embodied knowledge far exceeding what I could have learned in any academic setting. Their lived experience and teachings are rooted in generations of oral traditions and practices, guided by their own knowledgeable elders. What I offer here is only a glimpse of the knowledge entrusted to me. I am by no means an expert on Indigenous or Yakama culture. Additionally, practices and teachings vary across regions, bands, families, and generations. I humbly acknowledge that I am still learning and am deeply grateful for the opportunities to learn. This research incorporates personal narrative and fieldwork, including berry picking and attending a Longhouse First Foods Ceremony, the Huckleberry Feast. My methodological approach centers Indigenous frameworks that understand knowledge as generated through embodied practice and relational participation.[3,4] This

[2] Michelle M. Jacob, *Yakama Rising: Indigenous Cultural Revitalization, Activism, and Healing* (Tucson: University of Arizona Press, 2014), 90.

[3] Jacob, *Yakama Rising*, 114-118.

[4] Leanne Betasamosake Simpson, *As We Have Always Done* (Minneapolis: University of Minnesota Press, 2020), 70.

positioning draws on scholarship that recognizes women's traditional medicine as a land-based practice functioning as a site of epidemiological transmission, one that strengthens cultural resilience while supporting environmental, individual, and community health.[5,6] Indigenous theory reflects the multiplicity of generative knowledge and embodied knowing, which can be contradictory and formless yet guided by logics that illuminate the organization of our ways of being and knowing.

Wíwnu (Huckleberries) Gathering on Sawtooth Ridge

We spent the weekend in the mountains, renewing our ties with our animal, plant, and elemental relatives, bathing in Mount Lake Adams, feeling the *Hulí* breeze, and sharing meals and stories around the campfire. We traveled to Trout Lake to harvest huckleberries at Sawtooth Ridge. Before arriving at our picking spot, we convened with the Longhouse picking group in Glenwood, a small rural town nestled in the foothills of the Cascade mountains just beyond the Yakama reservation. Our group comprised six vehicles, carrying Yakama women and children en route to harvest huckleberries for the Longhouse.

Upon arrival, we engaged in a brief prayer and song before commencing the gathering. We had a group of new pickers this year, older women, the same age as me, and their children. I was given a jar of delicious wild salmon and a pack of crackers from one of the lead women for coming along and joining them. She described her partner as a fisherman and a river native, and herself as from the valley, both deeply immersed in their duties within the culture. Her daughter, a toddler, was present with us both days. She had spent the whole season planting and spending time outdoors with her mama. She was at ease in nature, and I commented on how in love she was with the land. It was incredibly sweet watching her run around and jump in the little puddles along the dirt path that we had come in on, giggling and prancing amongst the huckleberry bushes.

One of the women, who was also picking for the first time, brought enough lunch for everyone in a crockpot. At home, she had prepared chicken, rice, and vegetables. It was delicious, and my daughter unexpectedly got to have a hot lunch she absolutely loved. This thoughtful act of generosity highlighted how everyday sharing reinforces kinship ties and deepens the communal dimensions of seasonal food gathering, affirming responsibilities carried with care.

Tmáani (picking berries, harvesting fruit) embodies Yakama knowledge and culture as it flows across generations, sustained within the relational rhythms of the land, plants, and community.

Every small act of the process—whether holding the first berry, sharing a meal with the group, or singing in Ichishkiin—reflects the deep connection between all relatives: land, humans,

[5] Jacob, *Yakama Rising*, 118.

[6] Simpson, *As We Have Always Done*, 48.

and animals. Through these relationships, the generative force of *Hulí* travels through the landscape, carrying teachings and prayers with intention, linking humans, animals, land, and the elements within a dynamic network of ecological and cultural interdependence.

Figure 1
On the Left: Ava Lien Wíwnu picking at Trout Lake. Photo taken by Hailey Allen.
On the Right: Ava Lien and I at Mount Adams Lake. Photo taken by Farley Allen.

Figure 2
Wíwnu (Huckleberries) at Clear Creek. Photo taken by Hailey Allen.

Tmaanitnan Kq'uyt (Huckleberry Feast)

Women on the berry-picking line wear a special basket hat, the "patl'aapá," which symbolizes their role in this sacred part of the ceremony. My great-aunt lent me her beautiful, beaded patl'aapá for my first ceremony and brought another, decorated with horses, for my daughter to borrow.

My Alá is the lead of the women's line at the Longhouse. She oversees the women, keeping the line in order, and orchestrating the sequence of ceremonial protocols. We have a strict order for the entire process, and some Longhouses do not follow the traditional ways as strictly as we do, but I was told that, when my grandfather (great-uncle) ran the services, he wanted them to abide by the traditional ways as strictly as possible. This

Figure 3

Wearing our patl'aapá (basket hat). On the Left: Ava Lien. Photo taken by Farley Allen.
On the Right: My Alá (Paternal Grandma) and I at the Huckleberry Feast. Photo taken by Farley Allen.

desire for strict adherence is part of the traditions and the specific instructions given to the Yakama people to continue receiving blessings from the land and Creator and to live in harmony with all beings. Tasks must be executed with precision, as meticulousness is integral to the practice.

Figure 4
First Foods. Huckleberry Feast Wapato Longhouse, 2025. Photos taken by Hailey Allen.

Before we enter the Longhouse, go into ceremony, or perform a prayer or act of service—such as serving traditional foods—we start by raising our right hand and turning counterclockwise. My father explained that he learned this from my atwai, late great-uncle Russell; the turning ensures each person is recognized and counted. Each of our actions, such as entering or praying, has a specific song (prayer) assigned to it. For example, before we serve food, we sing a song in honor of the berries or the salmon, depending on the feast.

This year, my daughter and I had the privilege of serving on the serving line, with my Alá guiding the women with the sound of her bell. Each time we delivered food to the tule mats, Alá would ring her bell, signaling us to turn around and circle the wash before serving the dishes. The older women held one dish in each hand, and the young women at the end of the line held one, reflecting collaboration and the sharing of responsibilities. After circling the entire Longhouse, we delivered the traditional foods from the oldest woman to the youngest. We began on the far-right side of

Figure 4
Ka'uytmí tkwátat (First Foods Ceremony Foods). From Right to left Waykáanash (Salmon), Yáamash (deer), Piyaxí (bitterroot), Sicáwya (Root), Sawict (Indian Carrot), Chcháya (Juneberry), tmísh (chokecherries), wíwnu (huckleberry). White Swan Community Center Huckleberry Feast. Photo taken by Farley Allen.

the Longhouse, the men's side. Traditionally, only men sat there during the service, but now this is mostly observed just for the service; during the meal, women may sit on the men's side, and men may sit on the women's side.

Figure 5
Tmaanitnan Kq'uyt (Huckleberry Feast), White Swan Community Center Longhouse. Lucei, Allen, Pachpe, Lien, and Palmer family. Photo taken by Jared Swan.

It is customary to give away your first picking, along with the first kill, for young men when they get their first elk or deer. The Yakama way of gifting is to ensure that gratitude is not simply a feeling but a deliberate action that reflects respect, responsibility, and connection.

Gifts are a central element of Yakama ways.

A main teaching within traditional culture is that one must acknowledge that receiving a gift is an honor, and that one must be respectful of both the gifts received and the gift giver, who is honoring the one receiving the gift. Gifts serve an important function within Yakama culture. They bring relations together in a cycle of reciprocity.[7]

In Yakama tradition, the gifting of one's first berries is offered to an elder as an expression of gratitude, respect, and recognition of community interconnectedness. In our family, my daughter presented her first gathering to her Kathlah, my stepmother Martina, while I offered mine to my Alá, Carol. This first giveaway represents participation in the cycle of reciprocity that sustains Yakama cultural teachings. Ava approached the act with pride, reflecting a character in which generosity and intentional giving are deeply ingrained. Through drawing, writing personalized notes, or gathering wildflowers and fruit, she demonstrates the joy and meaning inherent in honoring others and nurturing relationships through mindful giving.

Echoes on the Huli: Literature Review

Through my immersion with the land, elders, and ceremonial participation, I have deepened my understanding of Hulí's living force through an embodied personal memory and collective resilience. To contextualize these experiences within scholarly discourse, I now review the literature exploring Indigenous epistemologies through the role of women in traditional healing, touching on the significance of the metaphorical symbolism of relationality and continuity in Hulí.

[7] Jacob, *Yakama Rising*, 27.

Theory of Water

In the theory of water, Simpson invites us to think alongside *Nibi* (water), moving beyond our immediate needs to engage with uncertainty, multiplicity, adaptation, and iteration as guiding principles for sustaining and nurturing a relational, co-created Indigenous existence. It demonstrates how relational practices generate continuity and abundance, and, through the embodied continuous renewal, inspires us to imagine futures that reject extractive logic and cultivate interdependence and abundance that uphold the vitality of all beings, extending beyond immediate human needs.

Inspired by *Nibi* as a theoretical framing, Hulí parallels water in its capacity to transmit knowledge. Like water that flows, adapts, and changes form with its surroundings, *Hulí* embodies the dynamic exchange of ideas and teachings across generations, anchoring our identities to one another while allowing them to move, shift, and respond to the world around us. This connection illuminates how knowledge is not merely shared but also transformed and carried forth, much like the constant movement of air. *Hulí* embodies the fluidity, interconnectedness, and relational understanding of Indigenous frameworks, emphasizing the importance of transmitting wisdom through relation.

By observing water and its cycles, we can learn from its strength and transformation. The biological process of sintering, in which ice or snow gradually bonds through repeated melting and refreezing at grain contact points, forms denser, more resilient structures over time.[8] Sintering demonstrates Indigenous co-resistance and provides a multidimensional perspective of how Indigenous ways of knowing and being endure, adapt, transform, and strengthen without requiring rigid conformity.

This relational resistance highlights the interconnected elements of teachings, ceremonies, and land-based practices that maintain cohesion across space and time while preserving their distinctiveness.[9] This model allows us to witness the interdependence and continuity that sustains Indigenous life and culture despite colonial pressures to assimilate. The practices are regenerated through adaptation, flow, and renewal in response to the changing contexts. It shows the strength that emerges from connection, flexibility, and persistence.*Hulí*, too, carries profound biological and ecological teachings. The generation and renewal of life across landscapes occur through *Hulí's* dispersal of seeds, pollen, and spores. It moves nutrients, shapes climates, and initiates and propels cycles of growth, decay, and regeneration. In this way, Hulí models a form of relational cohesion in motion that connects the plants, animals, water, and land.

Wind is how medicine travels and flows to the next generation, plant, or prayer. It is the carrier, the breath of the story, the song's pulse, the whisper of teachings passed between a

[8] Simpson, *Theory of Water*, 34.

[9] Simpson, *Theory of Water*, 34.

grandmother's hand and a child's fingers, digging up roots. In an interview, my stepmother, a Yakama elder, reflected on the role of wind as a messenger.

She explained, *"The wind can whisper things to you, and it is up to you whether you choose to listen. But you should always pay attention to what your surroundings are telling you—that is how I understand it."*

These two theories of wind and water demonstrate the motion and relationality of Indigenous epistemology: medicine is not held—instead, it is moved, carried, and shared. The body is not a container of knowledge but a vessel of movement, a participant in the dancing of water and wind. The longhouse, the land, and the child with dirt-covered fingers from gathering roots all become sites of transmission where medicine is received not only through teaching but through experience, feeling, living, and dreaming. And in these experiences, we enact and embody the transformative, nourishing, interrelational, entwined, enduring, and cyclical ways of being.[10] The relational understanding of knowledge as movement rather than possession is further theorized through Simpson's articulation of *Nibi*, where water functions as a living analytic that reorients scale, temporality, and responsibility:

> "The theory of Nibi [Water] asks us to think on a scale that is outside the present moment and our own immediate needs. I'm thinking about Nibi as a theory here because Nibi offers us an invitation to learn from its embodied practice, a practice of cycling that is global, permeable, and brings about a continuous rebirth on our planet."[11]

Storytelling and origin stories carry the foundational components of existence and history through a multiplicity of origins. They function as more than narratives and operate as theories in motion. The teachings that emerge from embodied and relational practice travel across time and space, spanning generations, communities, and lands.[12]

Storytelling in this context is not separate from life; rather, it is the way that we learn how to be in good relationship with one another. We don't just tell stories—we live them. And oral stories have the capacity to dynamically shift, existing and adapting in places such as the Longhouse, where women carry and transmit these teachings, these stories becoming the pedagogy and practice.

The transmission of Indigenous knowledge is grounded in experiences, observations, and practices that have been relayed through metaphorical teachings and intergenerational transmission. This way of knowing is intrinsically linked to modes of perception, cognition, and behavior that sustain life. Such knowledge is rooted in a deep understanding and reverence for the natural environment and "emerges from a lived, storied participation with the landscape

[10] Simpson, *Theory of Water*, 40.

[11] Simpson, *Theory of Water*, 17.

[12] Simpson, *Theory of Water*, 21.

that includes sensation, perception, imagination, logic, reason, emotion, symbols, spirit, and soul." This way of being recognizes the importance of life's spiritual, cultural, and social dimensions.

Yakama Rising

In her work, *Yakama Rising*, Dr. Michelle M. Jacob reinforces the thread integral to Yakama traditions, with women holding the incredibly important position of wisdom keepers and transmitters of knowledge—responsible for the historical practice of preservation and for embodied knowledge—emphasizing the deep connection between activism, place, and historical memory.

Yakama traditions place women at the center as wisdom keepers and transmitters of knowledge. They have long been responsible for preserving embodied knowledge and maintaining a strong connection between activism, place, and historical memory. Within this tradition, there is a deep respect for history and for those who document important events, memories, and the story of the people. Place-based activism is closely tied to cultural preservation and historical knowledge, rooted in Indigenous ways of knowing that honor storytelling, memory, and the land as vital sources of resistance and continuity.[14] These values are essential to how Yakama ways of being and knowing are carried forward.

This foundational framework continues to develop within Yakama activism through intergenerational knowledge transmission. Elders serve as the primary wisdom keepers, protecting place-based teachings vital to the community's cultural integrity. The younger generation has a responsibility to actively learn from elders, embodying teachings through reenactment and modeling the framework of relationality and reciprocity.[15] These practices empower the community by reaffirming bonds between members and protecting against social challenges. Studies reveal that these practices serve a protective role, showing a positive relationship between cultural identification and overall well-being.

The inherent knowledge and capacity of Yakama peoples to heal what Jacob terms "soul wounds" is rooted in immense strength and resilience enacted through activism and cultural revitalization via community-led healing processes.[16] Cultural practices protect and actively heal spiritual wounds, with engagement in traditional knowledge and ceremonies serving as pathways to reconnect with heritage and restore balance.[17] I've witnessed this type of healing through Yakama women's ceremonial leadership and seasonal harvesting practices, where the healing qualities of traditional ceremonies and practices become evident through the revitalization of community bonds and the fostering of empowerment. Yakama women

[13] Gregory A. Cajete, "Indigenous Science, Climate Change, and Indigenous Community Building: A Framework of Foundational Perspectives for Indigenous Community Resilience and Revitalization," *Sustainability* 12, no. 22 (2020): 9569, https://doi.org/10.3390/su12229569.

[14] Jacob, *Yakama Rising*, 114.

[15] Jacob, *Yakama Rising*, 24.

[16] Jacob, *Yakama Rising*, 60.

[17] Jacob, *Yakama Rising*, 60.

and elders reclaim and practice traditions that serve as a vital form of healing for individual and collective soul wounds.

Currents of Huli Medicine: Feminine Forces and Relational Healing

Building on the theoretical foundation of *Hulí* as a set of interconnected theories centered on relationality, reciprocity, resilience, and the cycling of embodied knowledge, I explore the specific currents shaping *Hulí* as medicine, particularly in relation to the feminine forces and relational healing that sustain cultural resilience. These concepts demonstrate how embodied practices and spiritual relationships can serve as healing and protective qualities that resist the destructive effects of colonialism.

Medicine encompasses a range of practices across Eastern, Western, and Indigenous traditions. Yet at its core, it returns to the mother—reflected in the Sanskrit roots: *maa*, meaning mother, and to measure, and *manya*, meaning to move back and forth, to align in the middle.[18] Ultimately, it all returns to the mother. In the Indigenous way of knowing—Mother Earth—it all connects back to relationality, not only in cyclic interaction but also in rhythmic entwinement, as if orchestrated by the Creator in divine movement. This cyclical rhythm is inherently feminine, as it's mirrored in the lives of women whose bodies and roles are interwoven and deeply connected to the earth's cycles of renewal, growth, and transformation.

The intrinsic femininity embedded in Indigenous cosmologies often conceptualizes Mother Earth as both life-giving and life-sustaining, and the treatment of land and the treatment of women are inextricably linked, with respect for one naturally reflecting and reinforcing respect for the other.[19] As articulated in Sahaptin teachings documented by Beavert, this relational ethic is perhaps nowhere more beautifully expressed than during sweat lodge ceremonies, where the Holy Man's teaching is described as "pure poetry": "Earth takes care of all living things. The Earth is our mother, and she represents womanhood; therefore, we must respect all women."[20]

Jacob offers a perspective embedded in Yakama legend–one that invites us to imagine a shift in the dynamics of our relationships with one another, particularly between men and women.[21] In many Yakama stories, we are encouraged to reconsider relational dynamics, particularly between men and women. In narratives featuring Spilyay (Coyote), he is depicted as a figure who consistently seeks guidance from his wise sisters in times of need, acknowledging the essential perspectives and knowledge that women contribute. These stories promote a vision in which men genuinely honor and value women's counsel. Such a vision challenges the hierarchies imposed by settler colonialism by highlighting

[18] Leslie E. Korn, *Rhythms of Recovery: Trauma, Nature and the Body*, 1st ed. (New York: Routledge, 2013), 6.

[19] Virginia R. Beavert, *The Gift of Knowledge / Ttnúwit Átawish Nch'inch'imamí: Reflections on Sahaptin Ways*, ed. Janne L. Underriner (Seattle: University of Washington Press, 2019), 40.

[20] Beavert, *The Gift of Knowledge*, 40.

[21] Michelle M. Jacob, *Huckleberries and Coyotes: Lessons from Our More than Human Relations* (Anahuy Mentoring, LLC, 2020), 85-87.

Yakama traditions that provide relational models of balance and respect, which both predate and resist colonial frameworks that reinforce patriarchal dominance. The character of Spilyay embodies complexity and contradiction, being both conceited and a trickster, yet serving as a role model in certain respects.[22]

This relational model is vividly illustrated in Jacob's reflection on Spilyay: "*I love that Spilyay helps us see how much folly can be avoided if women were truly respected and honored … . Spilyay demonstrates relational politics; feminism is a collective project, and Spilyay models this time and time again*."[23] This perspective shows how gender relations in Yakama culture require mutual respect and collective responsibility to sustain cultural and ceremonial life.

For Yakama feminism to continue thriving and for women to fulfill their ceremonial duties, men's active participation is essential. We see this demonstrated in Martina's interview when she remarks on how my aunt needed to hunt for a deer because the longhouse did not have one, or during Rene's interview when she explains that, in our culture, men must actively participate in land, ceremonial, and cultural responsibilities to uphold Indigenous feminism and ensure gender balance. The men are expected to protect and support the women by upholding their duties and, in doing so, create conditions in which women can flourish. The health and participation of men directly support the continuity and vitality of Yakama feminism and cultural life.

Concerns have emerged regarding the evolving roles and challenges experienced by Yakama men in contemporary society. A significant proportion face extended periods of unemployment and turn to drinking.[24] This shift emphasizes the need to confront patterns of disengagement among Native men and to reassert their responsibilities within relational systems of care, labor, and reciprocity that sustain community well-being, and calls for the intentional creation of Indigenous-led healing infrastructures that support men in reentering community life.

Expanding on concepts of Indigenous healing, methods from other cultures also emphasize the necessity of relational integrity and the interconnectedness of healing. A South African healing tradition practiced by Sangomas (Indigenous healers) illustrates that healing transcends mere curing of a disease by asserting that the restoration of health is conceived as "making life" (*kuphila*) and involves the revitalization of relational integrity within a web of interconnected influences.[25] They understand the individual not merely as a biological entity, but as an "exposed being" vulnerable to the relational forces of social, environmental, and spiritual networks.[26] Therefore, healing

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[22] Jacob, *Huckleberries and Coyotes*, 85-85.

[23] Jacob, *Huckleberries and Coyotes*, 87.

[24] Beavert, *The Gift of Knowledge*, 119.

[25] Robert J. Thornton, *Healing the Exposed Being: The Ngoma Healing Tradition in South Africa* (Johannesburg: Wits University Press, 2017), 1, chap. 1, Bungoma or 'philosophy of the drum' in the South African Lowveld.

[26] Thornton, *Healing the Exposed Being*, 1, chap. 1, Bungoma or 'philosophy of the drum' in the South African Lowveld.

is achieved by restoring these webs of relationships and fostering the generative processes that support life, rather than by treating isolated symptoms, as is common in individual-focused approaches.

Winds of Disruption: Policy, Violence, and the Struggle for Breath

Indigenous communities collectively continue to experience profound challenges rooted in policies, violence, and environmental degradation. The cold wind (North Wind, Atyayáaya) in the Yakama legend serves as a metaphor for the destructive chill of colonial disruption. Atyayáaya symbolizes the creation and enforcement of policies that strip away land and breath, violently fracturing families and destructively eroding ecological balance through extractive economies. To understand these tensions, I examine how such forces threaten the physical and spiritual aspects of breath that sustain Indigenous communities.

The duality of wind reveals not only its capacity to heal and generate life, but also its inherent potential for harm as a volatile and disruptive force. In the literature on Traditional Chinese Medicine (TCM), wind is portrayed as a destabilizing agent that can significantly disrupt the body's equilibrium. It disrupts internal balance and harmony, manifesting simultaneously as physical, psychological, and spiritual illness, each interacting in dynamic ways to contribute to the proliferation of disease across these interconnected domains.

Severed from the Land

Severance from land under colonialism and capitalism operates as an extractive and commodifying force that restructures Indigenous life at every level. The destruction of Celilo Falls, a historically central fishing site for the Yakama people and other Columbia River tribes, exemplifies this process.[27] This event constituted far more than material destruction; it functioned as a symbolic assertion of Western dominance as the prevailing force. The impacts of the capitalistic machinery that has encroached upon Indigenous peoples have been especially profound for women. The disruption of traditional roles has followed the loss of access to sacred foods, producing health disparities that manifest physically, emotionally, and spiritually.[28] Collectively, these effects have weakened the social fabric and cultural resilience of the Yakama community, with women positioned at the forefront of navigating and responding to these challenges.

Extraction functions as a systemic theft extending beyond physical resources to encompass Indigenous knowledge, people, and relationships. Biopiracy manifests as the violent dispossession of Indigenous communities, stripping them of cultural, spiritual, and material

[27] Kaden C. Milliren, "Resurrection Flowers and Indigenous Ecological Knowledge: Sacred Ecology, Colonial Capitalism, and Yakama Feminism as Preservation Ethic" (Master's thesis, Purdue University Graduate School, 2020), 33, https://doi.org/10.25394/PGS.12749612.v1.

[28] Milliren, "Resurrection Flowers," 35.

resources.[29] This mechanism is driven by capitalism, aiming to commodify and privatize natural resources for profit. The emphasis on profit always drives expansion and extraction of resources, leading to ongoing cycles of dispossession and environmental degradation faced by all Indigenous communities worldwide.

Extraction and assimilation are mutually reinforcing processes that underpin colonial and capitalist systems. Land, plants, animals, and Indigenous knowledge are treated as commodities to be taken, often without consent or regard for consequences. These acts are not neutral; they disrupt relationships, sever connections, and appropriate what sustains life. Over time, such systems have targeted Indigenous communities, disproportionately impacted women, and eroded the social and cultural foundations of Indigenous life.[30]

The recognition of the interconnectedness of all life forms and the imperative to respect those relationships is formally articulated in the proposed Universal Declaration of the Rights of Mother Earth:

- **Article 1: Mother Earth**
  Mother Earth is understood as a living, indivisible, self-regulating system in which all beings are interdependent. Each being exists as part of a web of relationships that sustains, contains, and reproduces life, and its identity is inseparable from these relational connections.
- **Article 2: Inherent Rights of Mother Earth**
  Mother Earth and all beings within her possess inherent rights, including the ability to regenerate biological capacity and maintain vital cycles and processes without human interference. This also encompasses access to clean air and water, recognized as essential for sustaining life.
- **Article 3: Human Obligations to Mother Earth**
  Human beings, along with states and all institutions, hold responsibility to respect, protect, and conserve the integrity of ecological cycles, processes, and balances, and to actively restore them when they have been disrupted.[31]

The Chill and Reach of Atyayáaya (North Wind)

The impacts of colonization manifest in the bodies and minds of Indigenous peoples, often appearing as poverty, addiction, and alcoholism. These struggles are not isolated personal failures; they are symptoms of a broader, intergenerational sickness carried and shaped by colonial violence and capitalist exploitation. The sickness that lives in the body doesn't just exist as addiction

[29] Vandana Shiva, *Reclaiming the Commons: Biodiversity, Traditional Knowledge, and the Rights of Mother Earth* (Berkeley: Synergetic Press, 2020), 242.

[30] Simpson, *As We Have Always Done*, 44-45.

[31] Shiva, *Reclaiming the Commons*, 285-288.

but emanates from the person and penetrates the *Hulí* that surrounds the valley. When we go up to our cemeteries to clean the graves of our loved ones, we see thieves take the sentimental gifts we leave behind, replacing them with alcohol containers. They treat our relatives' resting places like trash because they see themselves the same way—lost and without purpose, as if they too have forgotten the sacredness of life and now walk among the dead.

In *Yakama Rising*, Virginia Beavert reflects on the cultural and economic changes affecting men and their ability to uphold responsibilities that sustain gender balance:

> "I'm afraid the language is dying. And the culture is dying with it. What I see, I see people walking on the road, and men just lying around out there in the shade in town and not working. Not doing anything! They're not all that old, you know. They are middle-aged, maybe even younger… We need to put some self-esteem into our male people… Be more aware of it. It isn't all just per capita, you know, there's a lot more involved in this tribe than just per capita. And I see all these addictions; that isn't part of our culture… but you know we always had our cultural ways."[32]

This *Hulí* hangs over the valley, casting a heavy veil of pain and darkness. When we practice our traditions and participate in the ceremony of cleaning our ancestors' graves, we can feel that energy clinging stubbornly to our relatives—those who have been engaged in self-destructive behavior brought on by colonialism and capitalism and carried and kept alive by those same forces. It shapes intergenerational struggles as a familiar existence that circles continuously, keeping us torn apart from our spirit, from each other, and severing the interconnected, reciprocal, and relational healing of all our relatives, the land, animals, and each other.

This *Hulí* does not dissipate easily or bring healing; it is the type that consumes and destroys continuously. We see this form in a Yakama story: the legend of Southwind. Not all *Hulí* are healing, as it holds a multidimensional meaning and continues to shift, evolve, and reform. In the legend, it depicts Atyayáaya, the Cold Wind, who once froze the land and killed all kinds of life, inflicting severe suffering on the people and leaving the land harsh and uninhabitable. Atyayáaya, a chilling and destructive force, is a powerful metaphor for the corrosive, entrenched colonial trauma and systems of oppression that continue to entrap our community in cycles of disconnection and despair.

The Breath That Connects: Huli as Theoretical Framework

"It is not 'society' that suffers, but rather suffering that is propagated through people in relation to one another."[33] Thornton explains the relational conditions of illness by demonstrating that suffering is not isolated to the individual;

[32] Jacob, *Yakama Rising*, 111.

[33] Thornton, *Healing the Exposed Being*, 248-263.

rather, illness is a dynamic force that propagates through interpersonal, social, and spiritual webs of connection, kinship, and relational entanglement.[34]

Simpson makes this relational extension explicit, describing how energy moves beyond the human body.[35] This concept extends beyond just human energy exchange, emphasizing the capacity for our energy to move into and affect all beings: "...our energy and feelings were going into the boiling sap as we spent time with it, and that the syrup would carry that energy."[36]

Spending time with food or other elements of the natural world carries our intentions and feelings into them, so that what we create or prepare holds and transmits that energy. In this context, using harsh words or negative energy while working with food can disrupt its vitality, potentially affecting those who consume it. Attention to intention and energy is therefore central to the practice, ensuring that both the food and the relationships it supports are sustained.[37]

These teachings describe the spirit that is carried in the food and in the person who prepares, gathers, and interacts with it. They emphasize the inherent interconnectedness and the relational accountability we hold to one another through these practices, highlighting that the spirits of people and the foods they engage with are interconnected. These teachings are passed down to youth and hold profound lessons, showing that through them, youth come to understand that their spirits matter and that they participate in a relational responsibility that is reciprocal, as each spirit both gives and receives care; synergistic, where individual and collective well-being enhance one another; and mutually sustaining, supporting and renewing the bonds that uphold community and connection.[38] Elders have taught that everything is connected and that you can speak with them just as you would speak with a relative. That is—the fire, the rocks, the water, the land and *Hulí* is the constant between the sustenance for all.[39] From Mother Earth's breath to our very own, it is all one.

Building on the understanding of Mother Earth as life-giving and self-sustaining my father recounted a story from his childhood.[40] He was with my grandmother, his mother, and she explained that the wind is the breath of Mother Earth. He had expressed fear of the wind, and she reassured him that Mother Earth's breath is essential for life and that our very existence depends upon it. This reflection reinforces how Indigenous teachings are infused with teachings of environmental care and the life-sustaining forces of the feminine.

Hulí is the breath that moves through everything—the wind that carries memory and knowledge, and the breath that reinforces that we

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[34] Thornton, *Healing the Exposed Being*, 248-263.

[35] Simpson, *Theory of Water*, 36.

[36] Simpson, *Theory of Water*, 36.

[37] Jacob, *Yakama Rising*, 97-98.

[38] Jacob, *Yakama Rising*, 31.

[39] Beavert, *The Gift of Knowledge*, 97.

[40] Beavert, *The Gift of Knowledge*, 40.

are not separate from each other or from the land. *Hulí* connects us to all of our relatives: humans, plants, water, animals—nothing exists on its own. Thus, breath is not only a function of the body; rather, in its multiplicity, it embodies a living force that sustains, nourishes, remembers, and gives messages—if we slow down enough to listen.

Grounding Research in Hulí

Through my research, I have remained grounded in a participatory approach linked to *Hulí*—the wind as a living and dynamic force of transmission and continuity of cultural practices and traditions. Participating alongside the women's line in berry picking and root digging reinforced the idea that traditional knowledge is most powerfully transmitted through embodied practice rather than solely through oral lessons or textual accounts. As with the wind—dynamic and ever-changing, shifting from drastic movement to sometimes subtle or imperceptible—tradition moves in ways that are experienced through ongoing, transformative, flexible, relational participation, resisting static articulation.

The constraints of deadlines, given that the internship was for a specified period, created intense pressure to perform according to established benchmarks, even though the deadlines were flexible and accommodating through supervision. I was reminded that I am operating in the contradictory worlds of capitalism, which demands a rigid, timeline-focused approach and expects deliverables measured by rubrics assessing the ability to produce specific results, and the cyclical, unhurried rhythms of the seasons and the land, following Indigenous timelines. I had to be patient with the roots and berries and let them determine my timeline—a practice that was frustrating and anxiety-inducing, but one that reminded me to slow down and let the natural process of my work unfold when it was supposed to. Everything happened when it was time for my lessons to be put into practice.

Children and young adults need dedicated time to their elders, as teachings are passed down through storytelling, example, and repeated practice.[41] This resonates deeply with my own experience conducting research within my community, as the central epistemological principles were grounded in a slow, cumulative, repetitive, and generative process.

In contrast, traditional research methods are rooted in Western paradigms that favor objectivity and textual documentation, a process that risks diluting the richness of the holistic, intentionally slow, and performative qualities that underpin Indigenous epistemologies.

The vital epistemological acts consisted of embodied participation in picking berries, digging roots, dancing, and praying on the wash at the longhouse, and engaging with and moving with the land. Through these lived practices, I came to remember that my DNA recognized the vital transmission of knowledge through the fusion of body, land, and tradition, a transmission that words alone cannot capture.

[41] Jacob, *Yakama Rising*, 118.

In the approach of Western research, the act of dissection, or attempts to codify these practices, risks losing their immediacy and spiritual resonance, which are central to Indigenous ways of understanding and being. My experience demonstrates that research within Indigenous contexts requires a participatory, relational, and place-based approach, rooted in the lessons from the land.

Conclusion

The challenge of an Indigenous researcher, who concurrently interprets from different vantage points and integrates the self into the act of observation, positions us as both the perceiver and the perceived, the analyst and the analyzed. We remain ever-changing—from our positionality to our conceptuality—and require a variety of approaches and methods for analyzing and making meaning—for generating life and dreaming—to create a world where Indigenous theory is cultivated in the next generation, which is our privileged responsibility.

We are not confined by the temporal limitations imposed by colonized ways of learning; instead, we are invited into a profound shift—a kinship perspective that recognizes the interconnectedness of all beings. This opens a space for creating connections that only imagination and deep engagement with all life can offer.

We adapt to our teacher and simultaneously take responsibility for our role as a teacher, whether it be the land, an elder, or the *Hulí*. We have the opportunity and privilege to examine, and more importantly, to operate within the function of embodied learning. We learn because we are not separate from the teacher; instead, we are intertwined in existence, with boundaries dissolved, revealing that teaching and learning are not discrete acts but a continuous, shared becoming.

And just as *Hulí*—the wind in its many formless states—the concept of theory is both fluid and purposeful. It can function as a field map, revealing directions and patterns that help us navigate and respond to shifting conditions. It guides movement by indicating where to go or what to avoid. It can organize knowledge and orient action. It helps us dissect and illuminate a landscape of ideas, relationships, and contexts, and enables us to anticipate outcomes and plan accordingly.

Just as *Hulí* reveals how the natural world shifts and breathes, theory reveals the currents of meaning and consequence, guiding us through the complexity of social and cultural terrains. Hulí offers us a path toward continuity; it renews, revitalizes, and reinvigorates the enactment of cultural teachings, capturing the essence of life and resilience. *Hulí* carries stories, prayers, medicine, and, importantly, encompasses the spirit of resistance that sustains us across the generations. Land-based ceremonies like root gathering, sweat lodges, and berry picking allow us to reclaim and nourish sacred connections, resist the destructive disruptions of historical trauma, and reaffirm kinship with the land, our ancestors, and each other. The relational strength found in sintering reinforces the structure of our

communities, creating a flexible, durable, and unbreakable cycle of life that continues to nourish our identities and teachings. In listening to the messages from *Hulí*, we honor its teachings,[42] we affirm our role as stewards, honoring our duties and responsibilities, and embracing the wisdom from the land and our ancestors as the knowledge transmission flows onward toward the future generations, being guided by *Hulí's* silent but persistent call for renewal and hope.

[42] Simpson, *Theory of Water*, 29.

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ABOUT THE AUTHOR

Hailey Allen

Hailey Allen (Thx) is Yakama and Umatilla and recently graduated with a BS in Public Health, with minors in Political Science and American Indian Studies. A former CWIS summer intern, she now joins the organization as the Kiaux Russell Jim Public Health Research Fellow, where her work centers on women's traditional medicine.

Allen was inspired to pursue this work by her great-uncle, the late Yakama elder Russell Jim, a longhouse leader and environmental protector, whose dedication to community shaped her approach to research and public health. Grounded in an Indigenous feminist lens, her scholarship highlights women's roles within the Yakama Longhouse. In Women at the Longhouse: Part One, she explores how medicine, ceremony, and First Food teachings sustain cultural knowledge across generations.

Allen balances her professional, creative, and family life as a mother of two. She is a distance runner, co-founder of Huli Boardshop in Ferndale, Washington, and a professional visual artist on the ArtsWA Public Artist Roster, creating works that center Indigenous women through bold, layered, abstract portraiture.

“Our Foods Remember Us”

Indigenous Women’s Ancestral Diets, Nutritional Knowledge, and Cardiometabolic Health

By Vishal Patil, PhD, Mansi Patil, PhD, Shilpa Varma, PhD, and Datta Patel, PhD

ABSTRACT

Cardiometabolic non-communicable diseases (NCDs), including cardiovascular disease and type 2 diabetes, disproportionately affect Indigenous communities worldwide, with Indigenous women bearing distinct health and caregiving burdens. This review reframes Indigenous women’s ancestral diets as a form of traditional medicine and a coherent, place-based health system supporting cardiometabolic regulation. Drawing on interdisciplinary literature from India, North America, Oceania, and Latin America, the paper synthesizes evidence on traditional food systems, women’s knowledge practices, and metabolic health outcomes through Indigenous epistemologies and intersectional analysis. The findings demonstrate that ancestral diets—rooted in ecological stewardship, cultural continuity, and women’s leadership—support glucose balance, cardiovascular health, and the regulation of inflammation. Situating Indigenous nutritional knowledge in dialogue with public health and clinical nutrition, the paper argues for ethically grounded, women-led food sovereignty approaches as integral to equitable and sustainable cardiometabolic disease prevention and care.

Keywords: Indigenous women, ancestral diets, cardiometabolic health, traditional food systems, food sovereignty, Indigenous knowledge, non-communicable diseases, intersectionality, metabolic health

Introduction

Cardiometabolic non-communicable diseases (NCDs), including cardiovascular disease, type 2 diabetes, and metabolic syndrome, are a leading cause of morbidity and mortality globally. Among Indigenous populations, the prevalence of these conditions is disproportionately high, particularly for women, due to a complex interplay of historical, social, and environmental factors.[1,2] Indigenous women experience unique vulnerabilities arising from the intersection of gender, indigeneity, socioeconomic status,

[1] R. Devi et al., “Non-Communicable Diseases among Tribal Populations in India: Epidemiology, Social Determinants, and Tailored Public Health Approaches,” Cureus 17, no. 11 (2025): e96899, https://doi.org/10.7759/cureus.96899.

[2] Mark D. Huffman, “Cardiometabolic Health in Indigenous Populations: A Global Perspective,” *Circulation* 141, no. 8 (2020): 639–51.

and limited access to culturally relevant health services. Intersectionality, as a framework, enables an understanding of how overlapping social identities—being women, members of Indigenous communities, and often living in resource-constrained contexts—shape both exposure to cardiometabolic risks and access to effective prevention and care.[3,4]

While conventional biomedical approaches often frame nutrition as a set of individual behaviors or lifestyle choices, Indigenous epistemologies position food as medicine—an embodied, relational, and culturally grounded practice that sustains both physical and collective well-being.[5] For Indigenous women, ancestral dietary knowledge is not merely a set of recipes or nutrient counts but a comprehensive system of health maintenance that integrates ecological knowledge, seasonality, social networks, and ceremonial practices.[6] For example, traditional diets rich in plant-based proteins, wild-caught fish, whole grains, and medicinal plants have been linked to improved glucose regulation, cardiovascular function, and reduced inflammation, demonstrating both metabolic and cardioprotective benefits.[7,8]

This paper argues that Indigenous women's ancestral food knowledge constitutes a coherent, place-based health system that supports cardiometabolic regulation and offers clinically relevant insights for NCD prevention and management. Unlike reductionist biomedical models, which often treat food in isolation from social, spiritual, and ecological contexts, Indigenous nutritional knowledge situates eating practices within community, environment, and intergenerational continuity. By centering women as knowledge keepers and practitioners, this framework illuminates the critical role of Indigenous women in sustaining community health, mediating intergenerational knowledge transmission, and fostering resilience amid rising NCD prevalence.

A critical contribution of this study is its bridging of Indigenous medicine, nutrition science, and public health. While public health interventions for cardiometabolic NCDs often rely on standardized dietary guidelines or pharmaceutical strategies, integrating Indigenous food systems provides culturally relevant pathways that can enhance efficacy

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[3] Zoya Gomes et al., "Indigenous Women's Perspectives on Heart Health and Well-Being: A Scoping Review," CJC Open 5, no. 1 (2023): 43–53, https://doi.org/10.1016/j.cjco.2022.10.007.

[4] Sahr Wali et al., "Learning from Our Strengths: Exploring Strategies to Support Heart Health in Indigenous Communities," *CJC Open* 6, no. 7 (2024): 849–56, https://doi.org/10.1016/j.cjco.2023.06.005.

[5] Annalijn I. Conklin et al., "Improving Hospital Nutrition Care through 'Indigenous Cultural Safety' of Menu Options: Results of a Cross-Sectional Survey of Indigenous People in Western Canada," *Nutrition in Clinical Practice: Official Publication of the American Society for Parenteral and Enteral Nutrition* 41, no. 1 (2026): 266–77, https://doi.org/10.1002/ncp.11352.

[6] Nicole Redvers et al., "Indigenous Peoples: Traditional Knowledges, Climate Change, and Health," *PLOS Global Public Health* 3, no. 10 (2023): e0002474, https://doi.org/10.1371/journal.pgph.0002474.

Tendaiishe Berejena and Florence Malongane, "African Indigenous Foods That Fight Inflammation May Help People with Diabetes – Research," *The Conversation*, February 12, 2026, https://doi.org/10.64628/aaj.x9nyt4f7u.

Dipayan Sarkar et al., "Food Diversity and Indigenous Food Systems to Combat Diet-Linked Chronic Diseases," *Current Developments in Nutrition* 4, no. Suppl 1 (2020): 3–11, https://doi.org/10.1093/cdn/nzz099.

and acceptability. Furthermore, this work reframes food sovereignty not merely as a political or environmental movement but as a functional health system: women-led practices of cultivation, harvesting, preparation, and distribution of traditional foods directly influence metabolic health outcomes and reinforce community cohesion.[9,10]

To guide this analysis, the following research questions are proposed:

1. How do Indigenous women's ancestral dietary practices support cardiometabolic health?
2. In what ways does women-held nutritional knowledge function as preventive and therapeutic medicine?
3. How can these frameworks inform contemporary cardiometabolic care without epistemic extraction, ensuring that Indigenous knowledge is respected, contextualized, and ethically engaged?

By situating cardiometabolic NCD prevention within the broader context of women's traditional medicine and Indigenous epistemologies, this paper foregrounds a holistic understanding of health that intersects social identity, cultural continuity, and ecological knowledge. Intersectionality is employed not only as an analytical lens but also as a guiding principle for ethical research design, interpretation, and dissemination, acknowledging the multiplicity of factors that shape Indigenous women's health outcomes. Ultimately, this study contributes to a growing recognition that culturally grounded nutrition is both a preventive and therapeutic tool, and that Indigenous women's leadership in sustaining ancestral diets offers vital lessons for equitable, community-centered approaches to cardiometabolic health.

Within Indigenous epistemologies, cardiometabolic health is not understood solely as the regulation of glucose, lipids, or blood pressure, but as a dynamic state of balance among bodily processes, land-based relationships, food practices, and social roles. From this perspective, metabolic disruption is not only a physiological condition but also an ecological and relational imbalance. Framing cardiometabolic regulation through Indigenous knowledge systems therefore expands the concept beyond individual pathology, situating it within women's daily practices of food stewardship, care, and community continuity. This review advances Indigenous health scholarship by theorizing ancestral diets as a clinically relevant Indigenous health system, rather than as cultural adjuncts to biomedical care.

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[9] Gayathri Delanerolle et al., "Indigenous Farming and Women's Health: A Critical Discussion across Low- and Middle-Income Countries," *Preprints*, April 30, 2025, https://doi.org/10.20944/preprints202504.2564.v1.

Sustainability Directory, "What Role Do Women Play in Indigenous Food Systems?" *Sustainability Directory*, February 7, 2025, https://sustainability-directory.com/question/what-role-do-women-play-in-indigenous-food-systems/.

2. Literature Review: Cardiometabolic Health, Nutrition, and Indigenous Women

2.1 Cardiometabolic NCDs and Social Determinants in Indigenous Contexts

Cardiometabolic non-communicable diseases—principally cardiovascular disease, type 2 diabetes, and metabolic syndrome—are escalating globally and disproportionately affect Indigenous populations.[11] This elevated burden is shaped by intersecting social determinants of health, including limited access to quality health care, economic marginalization, disrupted food systems, and gendered labor roles within communities.[12] Nutrition behaviors, as documented, are profoundly influenced by socioeconomic status, education, built environment, and cultural context, leading in many Indigenous communities to a shift from nutritionally rich traditional diets to high-calorie, processed foods—a transition that correlates with rising cardiometabolic risks.

Patterns of cardiovascular disease and type 2 diabetes among Indigenous populations have been linked to what has been termed "*New World syndrome*," a cluster of metabolic diseases that emerges when traditional diets and physically active lifestyles are replaced by Western diets high in processed carbohydrates, sodium, and fats.[13,14] These shifts are not merely dietary but are deeply rooted in structural inequalities that intersect with gender, as women frequently serve as primary caregivers and food stewards, yet often have reduced access to economic and health resources.[15,16]

2.2 Traditional Diets as Medicine: Who Perspectives and Evidence

The World Health Organization (WHO) recognizes traditional medicine (including Indigenous knowledge and nutrition practices) as a widespread and vital component of health care, used by up to 99% of populations in some countries and encompassing systems that predate biomedicine. These knowledge systems emphasize natural, holistic, and personalized approaches to health that integrate diet, medicinal plants, and ecological relationships. WHO's Global Traditional Medicine Strategy 2025–2034 further supports evidence, respect for cultural diversity, and integration of traditional knowledges into health systems in ways that uphold rights and biodiversity.

Across many Indigenous contexts, food and medicine are inseparable: traditional diets are

[11] Huffman, "Cardiometabolic Health in Indigenous Populations."

[12] Huffman, "Cardiometabolic Health in Indigenous Populations."

[13] Courtney Claussen et al., "Prevalence of Type 2 Diabetes among Global Indigenous Adult Populations: A Systematic Review," *Diabetologia* 69, no. 3 (2026): 582–99, https://doi.org/10.1007/s00125-025-06624-y.

[14] Elena Sofía Lagranja et al., "Indigenous Populations in Transition: An Evaluation of Metabolic Syndrome and Its Associated Factors among the Toba of Northern Argentina," *Annals of Human Biology* 42, no. 1 (2015): 84–90, https://doi.org/10.3109/03014460.2014.932008.

[15] Gomes et al., "Indigenous Women's Perspectives on Heart Health and Well-Being."

[16] Wali et al., "Learning from Our Strengths."

inherently *functional*—not merely sustenance but active contributors to physiological balance and disease prevention. For example, in African contexts, heritage foods such as plantains, cassava, and fermented beverages have shown anti-inflammatory and metabolic benefits in early research, suggesting potential to reduce cardiometabolic markers compared with Western diets. Such findings underline the need for region-specific dietary research that embraces cultural foodways rather than imposing generic nutrition models.

2.3 Indigenous Nutritional Knowledge and Health in India

In India, Indigenous (Adivasi and tribal) food systems provide a powerful case study of ancestral diets as sources of nutrition and potential mediators of metabolic health. Comprehensive reviews show that Indigenous roots, tubers, fruits, and small fish consumed by communities across states like Tamil Nadu, Jharkhand, West Bengal, and the Northeast are rich in essential micronutrients—calcium, iron, zinc, protein, and vitamins C and A. These macronutrient and micronutrient profiles have direct implications for metabolic regulation, immune function, and overall cardiometabolic resilience.

Exploratory studies among tribal communities, such as the Oraon and Ho in Jharkhand, document extensive indigenous food knowledge, with over 100 distinct traditional foods identified, many of which serve both nutritive and medicinal purposes. These foods are embedded in seasonal cycles, ecological access, and community protocols that influence food choice, preparation, and meaning. For example, millets, wild tubers, and forest fruits are not only nutrient-dense but are also consumed in specific cultural contexts that correlate with lower glycemic responses than those of refined-grain diets typical of urban India. This Indigenous food diversity contrasts sharply with contemporary diet patterns marked by high carbohydrate intake—about 62% of calories in the average Indian diet—with rising obesity and diabetes rates linked to refinement and Western influence.

However, it is essential to note that not all traditional diets are uniformly protective, and historical and contemporary social inequities (including caste and gendered labor burdens) can produce nutritional gaps, such as protein deficiency among tribal women and children in some regions. Intersectional analysis reveals how gender, poverty, and marginalization intersect to shape access to nutritious traditional foods even within Indigenous communities.

2.4 Evidence from Global Indigenous Food Interventions

Empirical studies of interventions that promote traditional or native foods among Indigenous peoples provide evidence that these systems can improve nutritional intake and cultural identity—factors which are linked to health and potentially cardiometabolic outcomes. A scoping review found that community-led programs using native foods improved micronutrient intake (vitamin A, calcium, and iron), enhanced nutritional knowledge, and strengthened food security. These participatory approaches not only support metabolic health but

also reinforce cultural continuity and agency in food practices, illustrating how food sovereignty initiatives function as public health strategies.

Examples such as the work of the Oglala Lakota chef and food activist in the United States highlight how revitalizing Indigenous culinary traditions is part of community-driven efforts to address diabetes and other metabolic diseases through ancestral foodways. Elsewhere, Indigenous practices that emphasize low-sodium diets, such as those of the Yanomami, are associated with characteristically low blood pressure among community members, hinting at protective metabolic effects directly tied to traditional food systems.

2.5 Synthesis and Gaps in the Literature

The literature establishes that Indigenous diets are nutrient-rich, culturally embedded, and widely recognized as traditional medicine that can help prevent and mitigate cardiometabolic conditions. WHO documents and global summits reiterate the importance of systematically studying and responsibly integrating traditional medicine knowledge into health systems. Yet, major gaps remain in robust, longitudinal, and participatory research that quantifies cardiometabolic outcomes associated with Indigenous nutritional practices, particularly in ways that respect Indigenous epistemologies and avoid epistemic extraction.

While the literature highlights the nutritional and metabolic strengths of many Indigenous food systems, it also cautions against homogenizing or idealizing "traditional diets." Historical food scarcity, seasonal hunger, gendered labor inequities, and contemporary ecological disruptions mean that ancestral diets have always been adaptive rather than uniformly optimal. A critical review must therefore distinguish between culturally grounded food knowledge as a health resource and the structural conditions that may limit its protective potential.

Intersectional analyses—centrally gendered and culturally situated—are especially scarce, even though women are often the primary custodians of food knowledge and systems. A deeper engagement with the lived realities of Indigenous women, their ecological relationships, and their nutrition practices is therefore critical for both locally grounded and globally relevant public health frameworks.

3. Theoretical Framework

3.1 Indigenous Epistemologies of Nutrition

Indigenous knowledge systems conceptualize food not merely as a source of calories but as an embodied, relational, and ecological practice that sustains physical, spiritual, and social well-being Devi R et al., 2025.[17] From an epistemological perspective, Indigenous diets are deeply contextualized: they emerge from specific land-based ecosystems, seasonal availability, and intergenerational knowledge transmission. These diets are curated to maintain homeostasis and metabolic balance, incorporating foods with known medicinal properties—such as bitter gourd for blood glucose regulation in India's

[17] Devi et al., "Non-Communicable Diseases among Tribal Populations in India."

Adivasi communities or wild fish and plant proteins among North American First Nations communities that promote cardiovascular health.[18,19,20,21]

By framing nutrition as traditional medicine, this perspective challenges reductionist biomedical approaches that often isolate nutrients or focus exclusively on disease outcomes. Instead, Indigenous epistemologies emphasize holistic balance, relationality with land and community, and the co-production of health knowledge with women as primary knowledge holders. This approach foregrounds the intersection of ecological, cultural, and metabolic factors in health, underscoring the systemic role of ancestral diets in regulating cardiometabolic risk. Within Indigenous medical systems, food-based practices—selection, preparation, timing, and sharing—constitute therapeutic interventions equivalent in status to botanical or ceremonial medicine.

3.2 Feminist Indigenous Perspectives on Health and Care

Feminist Indigenous scholarship adds a critical intersectional lens, highlighting how gender, social roles, and colonial histories intersect to shape health outcomes.[22,23] Indigenous women are often the primary custodians of food knowledge, mediating the preparation, distribution, and medicinal use of traditional foods within households and communities. Their expertise is situated at the nexus of cultural continuity, ecological stewardship, and health governance.

Feminist analysis draws attention to the gendered labor embedded in food practices, which has both empowering and constraining dimensions. On the one hand, women's leadership in food systems fosters community well-being and metabolic resilience; on the other hand, it can reflect structural inequities in access to resources, decision-making power, and recognition within formal health and governance systems. Incorporating feminist perspectives ensures that the study not only centers women's knowledge but also interrogates power relations and systemic inequalities that shape access to nutritious traditional foods.

3.3 Intersectionality in Cardiometabolic Nutrition

Intersectionality provides a framework to examine overlapping social identities, including gender, indigeneity, socioeconomic status, and

[18] Sophie Brown, "Protective Effects of Bitter Gourd against Cardiovascular Diseases," *National Journal of Pharmaceutical Sciences* 4, no. 1 (2024): 97–101, https://www.pharmajournal.net/article/103/4-1-19-825.pdf.

[19] Marie Batal et al., "Traditional Foods and Chronic Disease Prevention in Indigenous Populations," *Canadian Journal of Public Health* 109, no. 2 (2018): 185–97.

[20] Lesya Marushka et al., "Seafood Consumption Patterns, Their Nutritional Benefits and Associated Sociodemographic and Lifestyle Factors among First Nations in British Columbia, Canada," *Public Health Nutrition* 21, no. 17 (2018): 3223–36, https://doi.org/10.1017/S136898001800215X.

[21] Sweta Vyas, "Role of Bitter Gourd (Karela) on Blood Sugar Level in Diabetic Patients," *International Journal of Home Science* 8, no. 3 (2022): 333–35, https://doi.org/10.22271/23957476.2022.v8.i3e.2077.

[22] Gomes et al., "Indigenous Women's Perspectives on Heart Health and Well-Being."

[23] Wali et al., "Learning from Our Strengths."

geographic marginalization, and how these intersect to influence exposure to NCD risk factors and access to health-promoting foods.[24,25] For instance, Indigenous women in rural India or remote Canadian First Nations communities may experience the dual burden of high NCD prevalence and limited access to markets, healthcare, or nutrient-rich foods, amplifying their vulnerability to cardiometabolic disorders. Intersectional analysis also reveals how cultural knowledge and ecological stewardship intersect with social identity to shape both resilience and risk, emphasizing the importance of preserving traditional food systems as a public health strategy.

3.4 Conceptual Model: Ancestral Diets and Cardiometabolic Regulation

This study proposes a conceptual model that situates Indigenous women's nutritional knowledge at the center of cardiometabolic health (Figure 1). The model integrates three key dimensions:

1. Traditional Food Systems: Locally sourced, seasonal, and culturally meaningful foods with nutritional and medicinal properties.
2. Community and Gender Roles: Women as custodians of knowledge, transmitters of practice, and leaders in food sovereignty initiatives.
3. Health Outcomes: Cardiometabolic regulation, including glucose homeostasis, lipid balance, blood pressure, and inflammation reduction, enhanced by holistic dietary practices.

[24] Kimberle Crenshaw, "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color," *Stanford Law Review* 43, no. 6 (1991): 1241–99, https://doi.org/10.2307/1229039.

[25] Olena Hankivsky, *Intersectionality 101* (The Institute for Intersectionality Research & Policy, SFU, 2014), https://womensstudies.colostate.edu/wp-content/uploads/sites/66/2021/06/Intersectionality-101.pdf

Figure 1
Conceptual Model – Indigenous Women's Nutritional Knowledge and Cardiometabolic Health.

The model emphasizes bidirectional influence: ancestral diets shape health outcomes, while health and ecological sustainability feed back into food practices and community knowledge transmission. This framework provides a lens to analyze empirical data in subsequent sections while grounding findings in Indigenous epistemologies, feminist theory, and intersectionality.

3.5 Contribution to Theory

This paper contributes theoretically by reframing Indigenous women's ancestral diets as a health system rather than a cultural determinant of health. By integrating Indigenous epistemologies, feminist theory, and intersectionality, the analysis advances a model in which nutrition functions as preventive and therapeutic medicine embedded within social relations, ecological stewardship, and gendered knowledge transmission. This reframing challenges dominant public health models that treat food as behavioral input and instead positions women-led food systems as sites of health governance, care, and epistemic authority.

4. Methodology

To examine Indigenous women's ancestral dietary knowledge as a coherent and functional health system, this paper adopts a review-based methodological approach grounded in Indigenous epistemologies and intersectional analysis. Rather than generating primary data, the methodology critically synthesizes existing empirical studies, global health reports, and Indigenous-led scholarship to assess how traditional food systems shape cardiometabolic outcomes. Emphasis is placed on ethical engagement with knowledge, avoiding epistemic extraction, and interpreting evidence through culturally situated, relational frameworks that reflect women's roles as knowledge holders and practitioners of food-based medicine.

4.1 Research Approach

This paper employs a systematic narrative review approach to examine the intersection of Indigenous women's nutritional knowledge, traditional food systems, and cardiometabolic health outcomes globally. Guided by Indigenous research methodologies, the review prioritizes relationality, respect for knowledge sovereignty, and the ethical representation of Indigenous knowledge.[26] Intersectionality is integrated as an analytical lens to explore how gender, indigeneity, socioeconomic status, and geographic location shape access to ancestral diets, knowledge transmission, and cardiometabolic health outcomes.[27,28]

Rather than relying solely on biomedical frameworks, this methodology situates literature within a culturally and ecologically grounded context, emphasizing the holistic, relational, and medicinal dimensions of traditional diets as practiced by Indigenous women.

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[26] Marie-Eve Lefebvre, "Notes de Lecture de Kovach, Margaret (2021). *Indigenous Methodologies: Characteristics, Conversations, and Contexts," Canadian Journal of Higher Education* 52, no. 1 (2022): 139–41, https://doi.org/10.47678/cjhe.v52i1.189541.

[27] Gomes et al., "Indigenous Women's Perspectives on Heart Health and Well-Being."

[28] Wali et al., "Learning from Our Strengths."

4.2 Literature Search Strategy

The review draws on peer-reviewed research, grey literature, and global health reports, including WHO documents on traditional medicine, Indigenous nutrition, and NCDs. Sources were identified using multiple databases, including PubMed, Scopus, Web of Science, and Google Scholar, supplemented by targeted searches of Indigenous-led publications and case studies. Search terms included combinations of:

- "Indigenous women"
- "Traditional diet" OR "ancestral food systems"
- "Cardiometabolic health" OR "diabetes" OR "cardiovascular disease"
- "Food sovereignty"
- "Traditional medicine"

Inclusion criteria were:

1. Focus on Indigenous or tribal populations globally.
2. Discussion of traditional food systems or ancestral diets.
3. Evidence related to cardiometabolic outcomes, including diabetes, cardiovascular disease, or metabolic syndrome.
4. Studies addressing women's roles in knowledge preservation or dietary practices.

Exclusion criteria were:

- Studies limited to non-Indigenous populations.
- Publications without substantive reference to dietary practices or cardiometabolic health.
- Sources lacking peer-reviewed or reputable documentation (except for key WHO or Indigenous-led reports).

4.3 Data Extraction and Synthesis

From the selected literature, information was extracted regarding:

- Population and context (geographic region, community type, gendered roles)
- Dietary practices and food types (plant-based, animal-based, medicinal foods, seasonal variation)
- Health outcomes (biomarkers, clinical indicators, or reported health impacts)
- Cultural and ecological context (rituals, land stewardship, intergenerational transmission)
- Gender and intersectional factors (women's leadership, age, social position, socioeconomic factors)

Synthesis involved a thematic and narrative approach, integrating quantitative findings (e.g., biomarker data from prior studies) with qualitative evidence on knowledge transmission, cultural practices, and food sovereignty initiatives. The review explicitly foregrounds Indigenous epistemologies as an analytical lens, evaluating the literature not only for health outcomes but also for relational, ecological, and cultural significance of diet.

4.4 Intersectionality and Analytical Framework

An intersectional framework guided analysis, highlighting how gender, indigeneity, socioeconomic status, and geographic isolation intersect to influence:

- Access to nutritious traditional foods
- Participation in food knowledge practices
- Cardiometabolic health outcomes

This framework ensures that findings recognize structural inequities, ecological constraints, and social determinants of health, emphasizing that the health benefits of ancestral diets are intertwined with women's roles, cultural continuity, and environmental stewardship. This review treats Indigenous women's nutritional knowledge as authoritative in its own right, not as data to be validated solely through biomedical paradigms.

4.5 Limitations of the Review

- Literature is unevenly distributed geographically, with limited studies from some Indigenous communities.
- Variation in study design and reporting may limit the direct comparability of cardiometabolic outcomes.
- Grey literature and Indigenous-led reports are sometimes less standardized, but they are critical for capturing culturally grounded knowledge.

4.6 Rationale

This methodology aligns with the review's central argument that Indigenous women's nutritional knowledge constitutes a functional health system that supports cardiometabolic health. By integrating Indigenous epistemologies, feminist perspectives, and intersectionality, the review critically evaluates existing evidence while respecting the relational and cultural dimensions of ancestral food systems. The approach allows for both global comparison and context-specific insights, informing future research, clinical practice, and policy frameworks.

4.7 Positionality and Ethical Orientation

This review adopts a reflexive stance that recognizes Indigenous knowledge as authoritative and self-determining, rather than as data to be validated through biomedical hierarchies. The analytical approach is guided by principles of respect, relational accountability, and non-extractive engagement. While drawing on peer-reviewed and institutional sources, the synthesis prioritizes Indigenous-authored scholarship and community-grounded perspectives wherever available, acknowledging ongoing power asymmetries in knowledge production.

5. Findings/Analysis

This section presents a thematic synthesis of the reviewed literature, drawing on evidence from Indigenous communities in India, North America, Oceania, and Latin America. The analysis integrates quantitative findings on cardiometabolic indicators with qualitative insights into women's food knowledge, ecological practices, and community leadership. Intersectionality operates not only as a contextual

factor in these findings but as a structuring force that shapes who benefits from ancestral diets, under what conditions, and with what health effects. Gendered labor, land access, economic marginalization, and ecological change intersect to produce uneven cardiometabolic outcomes—even within communities that retain strong food knowledge systems. An intersectional lens is applied throughout to illuminate how gender, indigeneity, socioeconomic conditions, and geography shape both access to ancestral diets and the observed health effects of those diets.

5.1 Overview: Traditional Diets and Cardiometabolic Health Patterns

The literature consistently shows that Indigenous traditional diets, shaped by long-standing ecological relationships and cultural practices, often contrast sharply with Westernized food patterns tied to elevated cardiometabolic risk. Across diverse regions—South Asia (especially India), North America, Oceania, and parts of Africa and Latin America—ancestral dietary systems are associated with lower incidence of type 2 diabetes, improved lipid profiles, balanced glycemic responses, and enhanced metabolic resilience compared with industrialized diets dominated by processed carbohydrates and fats.[29,30,31,32,33] These findings are important not only for their clinical implications but also for what they reveal about women's central role in maintaining health-giving food practices.

5.2 India: Tribal Diets, Nutritional Diversity, and Metabolic Balance

In India, the dietary practices of tribal (Adivasi) communities provide rich evidence of ancestral nutrition linked to metabolic health. Comprehensive ethnobotanical studies among communities such as the Oraon, Ho, Santhal, and Gond document diets featuring wild tubers, millets, forest fruits, leafy greens, minor millets (e.g., finger millet, kodo millet), legumes, and small indigenous fish. These traditional foods are nutrient-dense, often high in fiber, micronutrients (iron, calcium, zinc), and complex carbohydrates—all factors

[29] Batal et al., "Traditional Foods and Chronic Disease Prevention."

[30] Linda M. Koh, "Culturally Tailoring Plant-Based Nutrition Interventions for Hispanic/Latino Adults at Risk for or with Type 2 Diabetes: An Integrative Review," *Hispanic Health Care International: The Official Journal of the National Association of Hispanic Nurses* 21, no. 2 (2023): 89–103, https://doi.org/10.1177/15404153221085696.

[31] Lemyra DeBruyn et al., "Integrating Culture and History to Promote Health and Help Prevent Type 2 Diabetes in American Indian/Alaska Native Communities: Traditional Foods Have Become a Way to Talk about Health," *Preventing Chronic Disease* 17 (2020): E12, https://doi.org/10.5888/pcd17.190213.

[32] Abrania Marrero and Josiemer Mattei, "Reclaiming Traditional, Plant-Based, Climate-Resilient Food Systems in Small Islands," *The Lancet. Planetary Health* 6, no. 2 (2022): e171–79, https://doi.org/10.1016/S2542-5196(21)00322-3.

[33] Godfrey S. Temba et al., "Immune and Metabolic Effects of African Heritage Diets versus Western Diets in Men: A Randomized Controlled Trial," *Nature Medicine* 31, no. 5 (2025): 1698–1711, https://doi.org/10.1038/s41591-025-03602-0.

associated with improved glycemic control and cardiovascular function.[34,35,36,37,38]

For example, millets—integral to many tribal diets—have low glycemic indices and promote greater insulin sensitivity than refined rice and wheat.[39] Forest fruits such as aonla (Indian gooseberry) and jamun (Syzygium cumini) have been documented to have antioxidant and hypoglycemic properties.[40] In contrast, urban nutrition transitions in India are associated with increased consumption of refined grains, sugar, and processed foods—factors linked to rising diabetes prevalence.[41] This contrast underscores not only the nutritional composition but also the ecological and cultural continuity of food practices that support metabolic balance.

Intersectionally, Indian Adivasi women often hold primary responsibility for foraging, food preparation, and seed saving, shaping intergenerational transmission of dietary knowledge. However, these roles also intersect with gendered labor burdens and socioeconomic marginalization, which can restrict access to diverse traditional foods—especially where land rights are insecure or ecological shifts disrupt availability.

5.3 North America: First Nations, Inuit, and Metabolic Health

In North America, Indigenous food systems similarly show potential metabolic benefits, though histories of dispossession and forced dietary change have had profound health impacts. Pre-colonial diets among many First Nations and Inuit communities included abundant lean fish, wild game, berries, and plant roots—foods rich in omega-3 fatty acids, protein, and antioxidants that are associated with cardiovascular health and reduced inflammation.[42,43] Studies of Northern Canadian Indigenous populations have linked traditional marine-based diets to lower blood

[34] Gyaneswari Beshra and R. P. Singh Ratan, "Contribution of Millets to Food and Nutritional Security among Munda Tribe in Ranchi, Jharkhand," *International Journal of Agriculture Extension and Social Development* 8, no. 6 (2025): 196–202, https://doi.org/10.33545/26180723.2025.v8.i6c.2014.

[35] Kailash S. Lokhande, "Ethnobotanical Survey on Wild Edible Plants Used by Tribals & Rural People of Arjuni/Mor Taluka, Gondia District, Maharashtra State, India," *Advances in Zoology and Botany 8*, no. 3 (2020): 209–17, https://doi.org/10.13189/azb.2020.080317.

[36] Samiran Bisai et al., "Traditional Food Consumption Pattern and Nutritional Status of Oraons: An Asian Indian Indigenous Community," Frontiers in Sustainable Food Systems 7 (2023): 969264, https://doi.org/10.3389/fsufs.2023.969264.

[37] Suparna Ghosh-Jerath et al., "Contribution of Indigenous Foods towards Nutrient Intakes and Nutritional Status of Women in the Santhal Tribal Community of Jharkhand, India," *Public Health Nutrition* 19, no. 12 (2016): 2256–67, https://doi.org/10.1017/S1368980016000318.

[38] Anjana Roy and Shivakumar S. Harti, "A Review on Nutritional and Health Benefits of Major Millets," *Journal of Ayurveda and Integrated Medical Sciences (JAIMS)* 11, no. 1 (2026): 353–59, https://doi.org/10.21760/jaims.11.1.52.

[39] S. Anitha et al., "Millets for Nutrition and Health: A Review," *Journal of the Science of Food and Agriculture* 100, no. 2 (2020): 337–46.

[40] R. Gupta et al., "Antidiabetic and Antioxidant Activity of Syzygium cumini and Emblica officinalis," *Journal of Ethnopharmacology* 213 (2018): 1–10.

[41] Viswanathan Mohan et al., "Are Unhealthy Diets Contributing to the Rapid Rise of Type 2 Diabetes in India?" *The Journal of Nutrition* 153, no. 4 (2023): 940–48, https://doi.org/10.1016/j.tjnut.2023.02.028.

[42] Leigh Joseph and Nancy J. Turner, "'The Old Foods Are the New Foods!': Erosion and Revitalization of Indigenous Food Systems in Northwestern North America," *Frontiers in Sustainable Food Systems* 4 (2020), https://doi.org/10.3389/fsufs.2020.596237.

[43] Julia McCartan et al., "Traditional Food Energy Intake among Indigenous Populations in Select High-Income Settler-Colonized Countries: A Systematic Literature Review," *Current Developments in Nutrition* 4, no. 11 (2020): nzaa163, https://doi.org/10.1093/cdn/nzaa163.

pressure and better lipid profiles compared to Westernized diets.[44,45]

Programs such as the First Nations Food, Nutrition and Environment Study (FNFNES) offer comprehensive analyses showing that access to traditional foods correlates with improved dietary quality and may mediate cardiometabolic risk.[46] However, geographical isolation, climate change impacts on animal migration, and socioeconomic barriers can limit access, illustrating how ecological vulnerability and structural inequity intersect with health outcomes.

Women's leadership in food preservation, seed selection, and community food sharing is well documented.[47,48] Indigenous women in many North American contexts are central to food sovereignty movements that reconnect youth with traditional foods, ceremonies, and land-based harvesting practices—pathways that strengthen not only cultural continuity but metabolic resilience.

5.4 Oceania and Latin America: Food Sovereignty, Diabetes, and Cardiovascular Risk

In Oceania, particularly among Māori communities in Aotearoa (New Zealand) and Aboriginal Australians, there is growing evidence that revitalization of traditional kai (food) systems can support metabolic health goals. Research shows that engagement with traditional gathering, preparation, and consumption practices is associated with greater dietary diversity, increased intake of whole foods, and community-level well-being.[49] These patterns resonate with epidemiological data showing that traditional food access is associated with lower obesity and diabetes prevalence than in communities that rely heavily on processed imports.

Similarly, in parts of Latin America, Indigenous food systems based on maize, beans, squash, amaranth, and chia are being revisited within food sovereignty frameworks that explicitly connect nutrition, land rights, and cultural identity. Emerging research suggests

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[44] Matthew Little et al., "Drivers and Health Implications of the Dietary Transition among Inuit in the Canadian Arctic: A Scoping Review," *Public Health Nutrition* 24, no. 9 (2021): 2650–68, https://doi.org/10.1017/S1368980020002402.

[45] Marushka et al., "Seafood Consumption Patterns, Their Nutritional Benefits."

[46] Hing Man Chan et al., "The First Nations Food, Nutrition and Environment Study (2008–2018) – Rationale, Design, Methods and Lessons Learned," *Canadian Journal of Public Health. Revue Canadienne de Santé Publique* 112, Suppl. 1 (2021): 8–19, https://doi.org/10.17269/s41997-021-00480-0.

[47] Delanerolle et al., "Indigenous Farming and Women's Health."

[48] Sustainability Directory, "What Role Do Women Play in Indigenous Food Systems?"

[49] D. Hikuroa, "Mātauranga Māori—the Ūkaipō of Knowledge in New Zealand," *Journal of the Royal Society of New Zealand* 47, no. 1 (2017): 5–10, https://doi.org/10.1080/03036758.2016.1252407.

that these crops' nutrient profiles—rich in fiber, micronutrients, and phytonutrients—are compatible with cardiometabolic health promotion (FAO, 2019), though more longitudinal studies are needed.

Across these regions, women are frequently at the forefront of food sovereignty initiatives, weaving together cultural knowledge, ecological stewardship, and health advocacy. Intersectional analysis highlights how Indigenous women navigate gender norms, economic pressures, and land access issues in sustaining food systems that protect metabolic health.

5.5 Synthesis: Recurring Themes and Evidence Gaps

Across geographic contexts, several recurring themes emerge:

- Nutrient-Rich Traditional Foods: Indigenous diets often feature high fiber, antioxidants, balanced macronutrients, and compounds supportive of metabolic regulation.
- Holistic Food–Health Integration: Food practices are embedded within cultural, ecological, and social systems, rather than reductionist nutrition models.
- Women's Knowledge and Leadership: Indigenous women are central in maintaining, transmitting, and innovating food systems, linking cultural continuity with health outcomes.
- Intersectional Vulnerabilities: Access to traditional foods—and thus the potential for metabolic health—is shaped by intersecting factors, including gender, socioeconomic status, geography, and environmental change.

However, evidence gaps persist. There is limited longitudinal research quantifying metabolic outcomes directly tied to ancestral dietary patterns, and few studies fully integrate intersectional frameworks that contextualize nutrition within gendered social systems. Moreover, much of the existing research remains regionally focused, underscoring the need for comparative and collaborative studies that respect Indigenous epistemologies and data sovereignty.

5.6 Implications for Policy and Practice

The synthesis suggests that traditional food systems should be recognized not only as cultural heritage but also as functional health resources relevant to diabetes and cardiovascular disease prevention strategies. Integrating Indigenous nutritional frameworks into public health policy—through support for food sovereignty, land rights, and culturally grounded health programming—could strengthen community health outcomes while honoring Indigenous autonomy.

Figure 2
Indigenous women's dietary knowledge and interdependencies.

6. Dialogue with Clinical Nutrition and Public Health

Building on the synthesized evidence, this section situates Indigenous women's nutritional knowledge in dialogue with contemporary clinical nutrition and public health frameworks. Rather than positioning Indigenous food systems in opposition to biomedicine, the analysis examines both areas of convergence and points of tension, highlighting how ancestral diets can inform cardiometabolic disease prevention while also challenging reductionist paradigms. Central to this dialogue is the recognition that Indigenous women's food knowledge operates as a form of traditional medicine—relational, context-specific, and embedded within ecological and cultural systems. This section further emphasizes opportunities for ethically integrating Indigenous nutritional frameworks into public health practice in ways that respect knowledge sovereignty, intersectionality, and women's leadership.

6.1 Points of Convergence

Evidence from Indigenous communities worldwide demonstrates meaningful convergence between traditional dietary practices and biomedical nutrition principles, particularly in relation to cardiometabolic health. Many ancestral diets are characterized by high fiber content, complex carbohydrates, lean proteins, omega-3 fatty acids, and antioxidant-rich foods—nutrient profiles that align closely with contemporary dietary recommendations for preventing type 2 diabetes, dyslipidemia,

and cardiovascular disease.[50,51] For example, the consumption of millets in Indigenous communities in India provides low-glycemic, micronutrient-dense staples that support glucose regulation, while wild fish and marine foods consumed by Indigenous populations in North America supply polyunsaturated fats associated with cardiovascular protection.

Dietary diversity represents another point of alignment. Public health nutrition emphasizes varied diets to ensure micronutrient adequacy and metabolic balance, a principle inherently embedded within Indigenous food systems. Seasonal harvesting, foraging, and ecological responsiveness ensure diversity in plant, animal, and fermented foods, thereby supporting immune function and metabolic resilience.[52] Moreover, ancestral diets function fundamentally as preventive medicine, emphasizing long-term balance rather than disease-specific intervention. Regular consumption of traditional foods such as berries, leafy greens, tubers, and fermented grains has been associated with reduced risk factors for hypertension, hyperglycemia, and chronic inflammation, reinforcing their relevance to contemporary cardiometabolic health strategies.

6.2 Points of Tension

Despite these areas of convergence, significant tensions remain between biomedical nutrition models and Indigenous dietary frameworks. Clinical nutrition frequently adopts a reductionist approach, isolating individual nutrients or biochemical components. In contrast, Indigenous knowledge systems understand food within a broader relational context that includes preparation methods, cultural meaning, social roles, and ecological relationships. When evaluated solely through biomedical metrics, the therapeutic value of traditional foods may be incompletely captured or misunderstood, leading to partial interpretations of health outcomes.

Standardized dietary guidelines present an additional challenge. Public health recommendations are often generalized and may not account for local food ecologies, seasonal availability, or cultural practices. For instance, promoting dairy consumption in lactose-intolerant Indigenous populations or encouraging imported grains in regions where millets or tubers are culturally and ecologically embedded can undermine both adherence and effectiveness. Furthermore, biomedical frameworks may insufficiently address structural barriers to healthy eating. Indigenous perspectives foreground how women's labor in food production, climate change impacts, land dispossession, and economic marginalization directly shape access to nutritious foods and, consequently, cardiometabolic risk.

6.3 Integrative Opportunities

Despite these tensions, the literature points to substantial opportunities for ethical and effective integration. Culturally responsive nutrition

[50] Batal et al., "Traditional Foods and Chronic Disease Prevention."

[51] Paul Nestel, "Traditional Diets and Metabolic Health: Lessons from Indigenous Communities," *Nutrition Reviews* 70, no. 3 (2012): 182–93.

[52] Nancy J. Turner, "Traditional Plant Foods of Indigenous Peoples: Contributions to Health and Well-Being," *Canadian Journal of Dietetic Practice and Research* 74, no. 3 (2013): 136–45.

interventions that incorporate traditional foods are more likely to be community-accepted and sustained over time. Programs such as the First Nations Food, Nutrition and Environment Study (FNFNES) in Canada and women-led millet revival initiatives in India demonstrate how scientific monitoring can coexist with ancestral dietary practices to support metabolic health outcomes.[53,54]

Evidence generation through secondary analyses and observational studies can further strengthen public health guidance without displacing Indigenous epistemologies. Mixed-method approaches allow cardiometabolic biomarkers to be interpreted alongside cultural, ecological, and gendered dimensions of food practices, reinforcing ethical, context-sensitive evidence-based care. Importantly, Indigenous-led food sovereignty initiatives closely align with public health goals to reduce obesity and diabetes. Supporting women's leadership in traditional food systems enhances metabolic resilience while strengthening community cohesion and locally adapted, sustainable nutrition strategies.

6.4 Ethical Considerations in Integration

Ethical integration of Indigenous and biomedical knowledge requires explicit safeguards. Indigenous nutritional knowledge must not be appropriated, commodified, or reduced to isolated nutrients for clinical or commercial gain. Communities must retain authority over data, interpretation, and dissemination, consistent with principles of knowledge sovereignty. An intersectional perspective is essential to ensure that health interventions do not exacerbate existing inequities related to gender, age, or socioeconomic status. Ethical engagement requires recognizing that not all Indigenous nutritional knowledge is meant for clinical translation or biomedical abstraction. Some practices are relational, ceremonial, or context-specific and lose meaning when decontextualized. Integration, therefore, should be understood less as incorporation into dominant systems and more as respectful co-existence, where Indigenous food systems retain autonomy while informing broader health strategies. Public health initiatives should therefore be co-developed with Indigenous women as primary knowledge holders and decision-makers, recognizing their expertise in sustaining both health and cultural continuity.

6.5 Illustrative Examples

Illustrative cases further demonstrate these dynamics. In India, tribal women-led initiatives promoting minor millets and forest foods have improved glycemic control while reinforcing intergenerational transmission of food knowledge (Anitha et al., 2020).[55] In North America, Oglala Lakota traditional foods programs that reintroduce bison, wild rice, and native berries have supported cardiovascular health and diabetes management while reconnecting youth

[53] Anitha et al., "Millets for Nutrition and Health."

[54] Chan et al., "The First Nations Food, Nutrition and Environment Study."

[55] Anitha et al., "Millets for Nutrition and Health."

with cultural practices.[56] In Oceania, Māori kai restoration initiatives emphasizing seafood, kumara, and native greens have improved dietary diversity, metabolic indicators, and cultural engagement, highlighting holistic benefits beyond single-nutrient analyses.[57]

6.6 Implications

Taken together, these findings suggest that clinical nutrition and public health leaders can substantially strengthen initiatives by recognizing ancestral diets as evidence-based preventive medicine, centering Indigenous women's leadership in food systems, embedding intersectional perspectives in program design, and adopting co-ownership models that allow communities to guide how they apply and evaluate knowledge. By acknowledging both convergence and tension, health interventions can respect Indigenous epistemologies while advancing equitable, culturally grounded, and sustainable approaches to cardiometabolic disease prevention.

7. Discussion

This review underscores the critical intersection of Indigenous women's traditional dietary knowledge, food sovereignty, and cardiometabolic health, revealing both global patterns and context-specific dynamics. Across Indigenous communities in India, North America, Oceania, and Latin America, traditional diets—rich in fiber, antioxidants, lean proteins, and medicinal foods—are associated with metabolic regulation, cardiovascular protection, and overall well-being. Situating ancestral diets within women's traditional medicine frameworks underscores that food-based practices are not peripheral to Indigenous healing systems but foundational to them. Women's roles in cultivation, preparation, and distribution position nutrition as a primary site of healing—one that operates continuously rather than episodically and collectively rather than individually. Synthesizing quantitative and qualitative evidence demonstrates that ancestral diets function not merely as cultural practices but as holistic, place-based health systems in which women play central roles as knowledge holders, transmitters, and stewards.

7.1 Theoretical Contributions

The findings advance theoretical understanding across three intersecting domains. First, Indigenous epistemologies of nutrition conceptualize food as relational and ecological, linking land stewardship, preparation practices, and consumption to health outcomes. This perspective challenges dominant biomedical paradigms by situating cardiometabolic health within cultural, ecological, and spiritual frameworks, revealing pathways often overlooked in conventional clinical nutrition.

Second, applying an intersectional lens illuminates how gender, indigeneity, socioeconomic status, and geography jointly shape diet quality, knowledge transmission,

[56] DeBruyn et al., "Integrating Culture and History to Promote Health."

[57] Hikuroa, "Mātauranga Māori—the Ūkaipō of Knowledge in New Zealand."

and cardiometabolic risk. Indigenous women frequently carry the dual burden of sustaining food systems while navigating structural marginalization, indicating that effective health interventions must address social inequities alongside biological processes. Intersectional analysis thus deepens understanding of variability in health outcomes and the mechanisms through which traditional diets mitigate NCD risk.

Third, the review demonstrates the potential for ethical integration between Indigenous knowledge systems and clinical science. Recognizing the legitimacy of Indigenous nutritional knowledge enables conceptual models in which food sovereignty, cultural continuity, and health outcomes are mutually reinforcing. Such models offer a framework for integrating traditional practices into public health and clinical settings without subordinating Indigenous epistemologies solely to biomedical validation.

7.2 Policy Implications

The synthesis suggests several implications for policy and practice. Policies should explicitly recognize Indigenous women as central agents of health by supporting seed saving, traditional agriculture, foraging, and intergenerational knowledge transmission. Public health programs can incorporate locally sourced ancestral foods, ensuring interventions are culturally relevant, ecologically sustainable, and effective in reducing cardiometabolic disease risk. Intersectional health policies must also address structural barriers such as land insecurity, climate change, and food access inequities. Finally, ethical research and policy frameworks must uphold Indigenous knowledge sovereignty, ensuring communities retain control over how dietary and health knowledge is used, interpreted, and shared.

7.3 Directions for Future Research

Despite growing recognition of the health potential of traditional diets, important research gaps remain. Longitudinal studies are needed to examine cardiometabolic outcomes associated with ancestral diets over time, integrating ecological and clinical data. Comparative global analyses could identify both universal and context-specific dietary practices that support metabolic health. Future research should also incorporate intersectional metrics to capture better how gendered roles and resource access mediate health outcomes. Finally, mechanistic studies exploring pathways such as inflammation reduction or microbiome modulation could enhance clinical translation while remaining grounded in Indigenous epistemologies.

8. Conclusion

This review demonstrates that Indigenous women's ancestral dietary knowledge is both a cultural asset and a functional health system, capable of supporting cardiometabolic health across diverse global contexts. Traditional diets are inherently nutrient-rich, ecologically grounded, and relationally transmitted, offering preventive and therapeutic benefits for type 2 diabetes, cardiovascular disease, and metabolic syndrome. Women are central as knowledge keepers and food system stewards, making their leadership pivotal for sustaining health-promoting practices and cultural continuity.

Integrating Indigenous epistemologies into public health frameworks challenges reductionist models of nutrition, emphasizing holistic, culturally grounded, and ecologically aware approaches. Intersectional analysis highlights that gender, indigeneity, and socioeconomic factors shape both access to ancestral foods and cardiometabolic outcomes, reinforcing the need for equitable and inclusive policy design. Public health interventions that support women-led food sovereignty initiatives, respect knowledge sovereignty, and leverage culturally relevant dietary practices can enhance community well-being while preventing NCDs.

Policy and research implications are clear: co-designed interventions, community-driven nutrition programs, and ethical research practices are essential for translating Indigenous knowledge into sustainable health benefits. This synthesis underscores the importance of relational, place-based, and intersectional approaches to nutrition and NCD prevention, demonstrating that ancestral diets are not merely historical artifacts but living systems of health knowledge with contemporary relevance.

At a moment when global health systems face escalating burdens of cardiometabolic disease, climate instability, and widening inequities, Indigenous women's ancestral food systems offer not a return to the past but a forward-looking model of sustainable, relational, and preventive care. Recognizing these systems as living health infrastructures is not only an ethical imperative but a practical necessity for reimagining equitable and resilient approaches to non-communicable disease prevention. Ultimately, acknowledging Indigenous women's leadership in nutrition and food systems reframes global cardiometabolic health discourse, providing actionable insights for clinical practice, public health policy, and research. Preserving, revitalizing, and ethically integrating these knowledge systems can contribute to healthier communities, greater food sovereignty, and resilient, culturally grounded approaches to combating non-communicable diseases worldwide.

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ABOUT THE AUTHORS

Vishal Patil

Dr. Vishal Patil is a homoeopathic practitioner with over 20 years of professional experience spanning clinical care, public health, and Indigenous health systems. He has been an integral member of the Traditional, Complementary, and Integrative Health (TCIH) group since its inception and has actively contributed to its meetings, knowledge exchanges, and collaborative initiatives. His work bridges classical homoeopathic practice with community-based public health approaches, emphasizing culturally grounded healing traditions and Indigenous health perspectives. Dr. Patil has extensive experience working with diverse populations, focusing on accessible, holistic, and preventive healthcare models. His longstanding engagement with Indigenous and traditional medical systems reflects a commitment to integrating experiential wisdom with contemporary health frameworks, particularly in ways that support community resilience and sustainable health practices.

Mansi Patil

Dr. Mansi Patil is a public health and nutrition professional with over 18 years of experience working across diverse communities in India and internationally. She holds an M.Sc. in Nutrition, a Master's degree in Public Health, and a PhD in Environmental Sciences. Her interdisciplinary work integrates nutrition, environmental health, preventive cardiology, and community-based interventions. Dr. Patil currently serves as the Committee Chair for Diversity in Cardiovascular Diseases at the American Society of Preventive Cardiology. She is the Founder Director of IAPEN India (India Association for Parenteral and Enteral Nutrition), contributing significantly to clinical nutrition education and practice. Her work emphasizes equity, women's health, Indigenous knowledge systems, and culturally responsive public health strategies, bridging scientific research with lived community experience.

ABOUT THE AUTHORS

Shilpa Varma

Dr. Shilpa Varma is a senior nutrition scientist with over 30 years of experience in clinical nutrition, public health, and community-based work with women. She holds an M.Sc. in Nutrition and a PhD in Nutrition and is the Founder Director of IAPEN India (India Association for Parenteral and Enteral Nutrition). Dr. Varma has played a pivotal role in advancing nutrition education, policy engagement, and capacity building among healthcare professionals and community workers. Her work is deeply rooted in women's health, maternal nutrition, and the application of traditional and community knowledge to improve health outcomes. She brings a strong commitment to integrating scientific rigor with culturally grounded practices, particularly in empowering women through nutrition, health literacy, and community-led interventions.

Datta Patel

Dr. Datta Patel is a nutrition professional and academic leader with an M.Sc. in Nutrition and extensive experience in teaching, research, and institutional development. He currently serves as the Head of the Department of Nutrition and Dietetics at D. Y. Patil University, where he is actively involved in curriculum development, mentorship, and interdisciplinary research. Dr. Patel's work focuses on advancing nutrition science while maintaining strong connections to community health needs and applied practice. Through his academic leadership, he has contributed to training future professionals in nutrition, dietetics, and public health, emphasizing evidence-based practice alongside contextual and cultural relevance. His interests align with community nutrition, capacity building, and the integration of traditional knowledge within formal education systems.

Decolonizing Mental Health in Humanitarian Crises

A Mixed-Methods Synthesis of Cultural Resilience and Structural Equity in India and the Global South

By Supriya Krishnan, PhD

ABSTRACT

Humanitarian crises in the Global South, intensified by climate change and conflict, expose deep inequities in mental health and psychosocial support (MHPSS), rooted in colonial legacies that marginalize local epistemologies. This study advances a decolonial framework through a mixed-methods synthesis, integrating reflexive thematic analysis (RTA) with Structural Equation Modeling (SEM). Drawing on studies, anonymized X posts (2023–2025), and participatory action research from Bihar's floods and Kashmir's conflict, we identify six themes: historical neglect, cultural misalignment, co-creation, cultural innovations, worker trauma, and decolonizing systems. SEM examines pathways such as epistemic colonialism, driving distrust and community-led innovations improving service uptake. Sensitivity analyses ensure robustness across LMIC contexts. Findings advocate for NDMA-mandated MHPSS screenings, NHM-funded storytelling, and worker support, emphasizing data sovereignty and equity. This framework reimagines MHPSS as a conduit for epistemic justice, offering scalable strategies for resilience in crisis-affected communities.

Keywords: decolonial MHPSS, cultural resilience, structural equity, mixed-methods, participatory action research, humanitarian crises, epistemic justice

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ABOUT THE AUTHOR

Supriya Krishnan, PhD

Dr. Supriya Krishnan is an Assistant Professor in the Department of Personnel Management and Industrial Relations at Patna University, India. She brings 17 years of interdisciplinary experience in teaching, research, and social work. Her interdisciplinary research spans conflict management, workforce efficiency, generative AI in education, type 2 diabetes management, and herbal formulations.

Beyond Integration

Indigenous Health Sovereignty and Traditional Medicine Policy in the United States

Leslie Korn, PhD, MPH, Hailey Allen, Charlotte Berg

ABSTRACT

This policy paper examines Indigenous peoples' traditional medicine in the United States as a comprehensive, land-based system of health grounded in intergenerational knowledge, ecological relationships, and community governance. It analyzes tensions between Indigenous health self-determination and state-led health policy, with particular attention to federal frameworks and the evolving approach of the World Health Organization (WHO) toward traditional medicine—from the community-based recognition reflected in the 1978 Declaration of Alma-Ata to more recent approaches emphasizing integration through regulation, biomedical validation, and standardization. The paper argues that these frameworks often marginalize Indigenous epistemologies by removing healing practices from their cultural, spiritual, and ecological contexts while privileging external evidence systems and governance structures. Drawing on examples from Tribal Nations and urban Indigenous communities, including Indigenous-governed health systems and community-based interventions, the paper highlights documented contributions to physical health, behavioral health, and community well-being. It also identifies structural barriers, including funding inequities, restrictive reimbursement policies, and the exclusion of traditional healers from formal systems. Situating these dynamics within ongoing colonial policy structures, the paper advances policy recommendations that prioritize Indigenous health self-determination, Tribal sovereignty, epistemological pluralism, and support for autonomous land-based systems of care.

Keywords: Indigenous traditional medicine, Tribal sovereignty, health policy, land-based healing, Indigenous epistemologies, public health, United States

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Editor's Note: This policy analysis presents the central arguments of a forthcoming white paper examining Indigenous traditional medicine, sovereignty, and health governance in the United States. The full manuscript is available for download here centerfortraditionalmedicine.org/policy/

Introduction

Indigenous traditional medicine in the United States is a culturally grounded, land-based system of health rooted in Indigenous peoples' intergenerational knowledge, ecological relationships, and community governance. These systems of healing emerge from enduring relationships between Indigenous communities and their environments and are empirically grounded, adaptive, and place-based. Despite the steady practice of traditional medicine across Tribal Nations and Indigenous communities, including federally unrecognized and urban Indigenous communities, these practices remain inadequately recognized and supported within federal and state policy systems, where recognition is partial, inconsistent, and insufficient. Without dealing with these gaps and defining actionable, enforceable policies that support traditional medicine practice, the goals of "Healthy People 2030," the U.S. national program that sets measurable health goals to improve the health and well-being of people in the United States by 2030, will fail to yield meaningful health outcomes for Indigenous peoples.

This paper studies Indigenous traditional medicine across Tribal Nations, Indigenous communities, and urban Indigenous populations, identifying a central tension between Indigenous self-government in health and well-being and state-led systems of governance and economic control. Indigenous health systems represent comprehensive systems of knowledge, authority and care, rather than isolated practices. As culturally grounded, land-based, and place-based systems, they are rooted in relational worldviews in which health emerges from interconnected relationships between land, culture, spirituality, food systems, and community. Healing practices, including ceremony, plant medicine, body-based therapies, and community care, are inseparable from these contexts. Indigenous food systems also function as forms of medicine rather than simply sources of nutrition.

The evolution of attitudes and policies toward traditional medicine practice has been ongoing since global colonization, which most often resulted in the banning of traditional practices, including the use of ritual, medicinal, and sacred food substances. Not unique to the U.S. and Canada, many of those bans coincided with parallel colonial efforts of assimilation and cultural genocide, like the forced relocation of children to boarding schools, forced sterilization policies, the "Sixties Scoop," in which the Canadian government removed Indigenous children from their families and facilitated adoption by white families in the U.S and Canada. All of these remained in place, often until the 1960s in the United States and Canada. Some, though not all of this, was driven by the apparent incompatibility of the Catholic church with Indigenous medical practices.

Just prior to the 1978 Declaration of Alma-Ata, the World Health Organization had already begun advancing traditional medicine within global health policy. In 1977, WHO adopted Resolution WHA30.49, one of its first major resolutions specifically focused on the training, research, and appropriate integration of traditional medicine

into national health systems. That same year, WHO convened a major meeting in Geneva titled "The Promotion and Development of Traditional Medicine," which further emphasized the role of traditional healing systems and practitioners in expanding access to primary health care worldwide.

The 1978 Declaration of Alma-Ata recognized traditional medicine within community-based systems, and while granting some autonomy, it left them politically and institutionally marginalized. More recent World Health Organization approaches have shifted toward integration through evidence-based validation, standardization, and regulation. In practice, this often moves traditional medicine away from autonomy and toward incorporation into biomedical practice.

In the Western Hemisphere, although the Pan American Health Organization (PAHO)serves as the WHO Regional Office for the Americas and largely operates within the WHO's traditional medicine frameworks, regional consultations and intercultural health programs also help shape broader WHO policy conversations. In comparison with WHO's increasingly technocratic traditional, complementary, and integrative medicine frameworks, PAHO discourse has more explicitly emphasized intercultural health, Indigenous identity, Indigenous participation, ethnicity and health, and the relationship between culture, land, and community well-being. These regional initiatives have also influenced broader international discussions about epistemic justice, Indigenous participation, and the recognition of multiple medical knowledge systems within global health governance.

Although integrative models of care can play an important role, they often rely on secularization and the adaptation of traditional practices into forms legible to biomedical systems. Some intermediary models, such as naturopathic medicine, share structural similarities with Indigenous approaches—including whole-person care and non-pharmacological treatment—and may offer opportunities for collaboration when governed by tribal authority. However, they are not equivalent to traditional medicine systems.

In practice, integration frequently becomes assimilation. Indigenous and traditional knowledge systems are incorporated into biomedical institutions as supplementary techniques rather than engaged as distinct systems operating according to their own governance structures and epistemologies.

This transformation is not value-free. When traditional medicine is standardized, clinically abstracted, or institutionally integrated, it is separated from the land-based, cultural, and relational contexts that sustain its effectiveness and its meaning. This pattern appears in the medicalization of entheogenic healing and in the standardization of acupuncture, where awareness and training are reduced to protocols. These processes facilitate commodification, corporate expansion, and the homogenization of medicine. Traditional practices are stripped of cultural meaning while the risks of biopiracy, unauthorized appropriation, and intellectual property extraction remain.

Indigenous traditional medicine is supported by practice-based evidence developed through observation, application, and community validation over generations. These systems indicate positive outcomes in physical and mental health, substance abuse prevention, and community health. Evidence from tribal and urban Indigenous programs includes Indigenous-governed systems such as the Nuka System of Care of Southcentral Foundation, which has shown elevated patient satisfaction, reduced emergency utilization, and stronger chronic disease outcomes. Community-based interventions such as talking circles, traditional food programs, and ceremonial practices have also shown improvements in behavioral health, family functioning, and quality of life.

However, dominant evidence frameworks persist in marginalizing these systems by privileging standardized methods, which are poorly aligned with culturally grounded knowledge systems. Funding priorities reinforce this disproportion by favoring biomedical research over Indigenous evidence systems and by limiting the recognition of Indigenous epistemologies and evaluation approaches.

Structural disparities undermine Indigenous health systems. Specific federal policy constraints include limited Medicaid reimbursement for traditional healing services, "four walls" requirements that restrict coverage to clinical settings, and credentialing systems that exclude traditional healers from formal employment structures. These disparities are rooted in colonial policies that disrupted Indigenous health by severing relationships between people, land, ceremonies, and knowledge systems. Compulsory assimilation, land dispossession, boarding schools, and institutional restructuring weakened the intergenerational transmission of ecological knowledge and healing practices. The consequences remain visible in chronic disease disparities, intergenerational trauma, and disruptions of systems of knowledge transmission. Although later federal policies were pressured to introduce self-determination policies in response to tribal nations' demands for government-to-government relationships and expanded funding mechanisms, Indigenous healthcare remained largely embedded in biomedical systems rather than organized around restored land-based systems of care.

This is not to suggest that sovereign nations and Indigenous communities should depend on the United States fulfilling its federal trust responsibility. The federal trust responsibility has not provided equitable access or outcomes. Indigenous systems, including the Indian Health Service, continue to face chronic underfunding, limited specialty care, workforce shortages, deficient infrastructure, and culturally incongruent care. Federal recognition policies exclude many Indigenous peoples entirely from services, while urban Indigenous populations are disproportionately affected by fragmented systems and underfunded programs. Urban Indigenous populations, who represent most Indigenous peoples in the United States, rely heavily on urban Indian organizations that face additional barriers to funding, reimbursement, and culturally appropriate service delivery,

despite serving essential roles in community health infrastructure. The result is a fragmented health system that is structurally unaligned with the diverse needs of tribal nations.

Indeed, it is time for Indigenous nations and communities to assert full sovereignty over health care governance, delivery, and financing, free from dependence on inconsistent federal obligations. This includes the authority to design and sustain Indigenous-led systems of care grounded in community priorities, cultural knowledge, land-based healing practices, and self-determined models of funding and accountability. Rather than remaining constrained within colonial systems that have repeatedly failed to meet Indigenous health needs, Indigenous nations must be supported in reclaiming the power to define, govern, and deliver health care on their own terms.

The World Health Organization and Global Traditional Medicine Policy

The tensions shaping Indigenous traditional medicine policy in the United States also appear in larger global and institutional debates regarding traditional, complementary and integrative medicine.

For example, globally, WHO frameworks have increased recognition of traditional medicine through research, regulation, and inclusion into national systems. WHO has also increasingly recognized native knowledge systems, including traditional ecological knowledge and traditional medicine. Over time, however, WHO policy has progressively shifted toward privileging biomedical evaluation models, creating growing tensions with Indigenous and traditional systems of healing. Certain critics suggest that this shift reinforces epistemological bias, excludes traditional healers from governance processes, strips healing practices from their ceremonial and land-based contexts, and facilitates the commodification and extraction of intellectual property without meaningful community consent. Poorly designed integration efforts can subordinate local knowledge systems to dominant biomedical institutions, while reproducing colonial power structures within global health governance. These global frameworks provide important context, though the central focus here is U.S. federal policy, tribal sovereignty, and the structural conditions shaping Indigenous health systems domestically.

The World Health Organization's position on traditional medicine has undergone a major conceptual shift since the late twentieth century. In the period surrounding the Alma-Ata Declaration of 1978, WHO treated traditional medicine primarily as a socially embedded and culturally legitimate component of primary health care. Alma-Ata explicitly recognized the role of "traditional practitioners" within community-based health systems and framed primary care as relying on "health workers, including physicians, nurses, midwives, auxiliaries and community workers as applicable, as well as traditional practitioners as needed." This language reflected a pluralistic philosophy in which traditional medicine was valued for its ease of access, cultural tradition, and practical contribution to public health, especially in developing countries where

biomedical infrastructure was limited. Instead of requiring traditional systems to conform to biomedical scientific standards, WHO's early framework emphasized inclusion, participation, and local self-reliance.

By the early 2000s, however, WHO policy had begun to shift toward a more regulatory, evidence-based approach. The WHO Traditional Medicine Strategy 2002–2005 still affirmed the importance of traditional medicine and argued that it could "play a far greater role in reducing excessive mortality and morbidity." Yet the strategy simultaneously reframed traditional medicine within the language of "safety," "efficacy," "quality," and "rational use." One of the document's central strategic objectives was to "integrate TM/CAM with national health-care systems, as appropriate, by developing and implementing national TM/CAM policies and programmes" (World Health Organization 2002, 5).

Another objective was to establish evidence concerning safety and efficacy through research and evaluation. WHO regional discussions accompanying the strategy argued that traditional medicine "too has to be assessed in a similar manner" to conventional medicine, referring specifically to biomedical standards of evidence and evaluation. This marked an important transition in WHO thinking. Traditional medicine was no longer promoted mainly because of its cultural legitimacy or traditional persistence, but increasingly because it could be confirmed by scientific and biomedical assessment.

This trend became even more pronounced in the WHO Traditional Medicine Strategy 2014-2023, which adopted a more technocratic vocabulary centered on regulation, quality assurance, evidence generation, and inclusion into national health systems. The strategy repeatedly emphasized the need to promote the "safe and effective use of traditional medicine through the regulation, research and integration of traditional medicine products, practitioners and practice into health systems" (World Health Organization 2013, 7). Compared with the more community-oriented language of Alma-Ata, the 2014 strategy reflects a substantially different institutional orientation. Traditional medicine is no longer discussed chiefly as an autonomous body of Indigenous or culturally grounded knowledge, but rather as a category of health practices that require benchmarking, evidence databases, uniform terminology, and governmental supervision. Although WHO continued to endorse traditional medicine, legitimacy became increasingly conditional upon conformity with evidence-based biomedical models and state regulatory systems.

An example of this broader institutional shift appears in the report I*ntegration of Traditional, Complementary, and Integrative Medicine in the Institutionalization of Evidence-Informed Decision-Making: The World Health Organization Meeting Report* (2025). Although the report acknowledges that traditional and indigenous healing systems possess distinct epistemologies and articulates concerns regarding "epistemic justice" and different forms of medical

knowledge, its overall framework is based on the institutional language of evidence-based governance. The report repeatedly emphasizes "evidence-informed decision-making", research infrastructure, policy systems, guideline development, and inclusion in formal health systems. The contradiction is hard to ignore. Traditional medicine is rhetorically recognized as a distinct knowledge system, yet institutional legitimacy increasingly depends upon conformity with biomedical standards of evaluation, regulation, and evidence production. While the report formally endorses medical pluralism, it also demonstrates the ongoing biomedicalization of traditional medicine within global health governance.

Naturopathic and Integrative Medicine

The institutional shift identified in WHO policy has important parallels in the evolution of naturopathic medicine in the United States and Canada. Early naturopathic traditions emphasized vitalism, constitutional treatment, hydrotherapy, botanical medicine, fasting, lifestyle reform, and holistic theories of health that often stood outside dominant biomedical paradigms. However, as naturopathic medicine pursued licensure and professional legitimacy during the late twentieth and early twenty-first centuries, curricular standards progressively adopted biomedical curricula modeled on conventional medical training. Contemporary naturopathic programs now devote extensive attention to pharmacology, laboratory diagnosis, pathology, and evidence-based clinical sciences to secure regulatory recognition and integration within mainstream health systems. Some clinicians even prescribe antibiotics as a first-line approach for infections that are manageable by other means. While this process expanded professional acceptance and legal authority (and some insurance companies now pay for Naturopathic medical care, thus arguing for its increased accessibility), critics within the field argue that it also narrowed naturopathy's epistemological distinctiveness by subordinating traditional healing philosophies to biomedical norms and institutional expectations.

The rapid expansion of "integrative medicine" within conventional hospitals and academic medical centers shows a related phenomenon. Since the 1990s, major health institutions in North America have increasingly established integrative medicine clinics, wellness centers, and complementary therapies programs. Some of these projects genuinely incorporate non-biomedical modalities such as acupuncture, herbal medicine, mindfulness practices, psychedelic and entheogenic psychotherapy, or nutrition-based therapeutics. Critics, however, maintain that integrative medicine often functions primarily as a branding strategy within conventional biomedical systems. In many cases, the unification remains superficial. Minor supportive measures, such as meditation classes, aromatherapy, or herbal teas, are added alongside unchanged biomedical treatment protocols, allowing institutions to market themselves as "holistic" without substantially altering the underlying biomedical framework. The result is frequently an asymmetrical relationship in which traditional or complementary practices

are selectively incorporated only insofar as they remain subordinate to conventional clinical authority.

This pattern parallels the wider trajectory seen in WHO policy. Mainstream bodies increasingly accept traditional practices, but usually only after they have been translated into biomedical categories and placed under biomedical regulatory and professional control. Practices derived from traditional medicine may be accepted when they can be converted into accessible clinical interventions while their original philosophical frameworks are marginalized or removed. The contemporary language of "integration" can therefore obscure a more unequal process of assimilation in which biomedicine remains the dominant epistemological authority while traditional practices are selectively incorporated for institutional legitimacy, patient demand, or market differentiation. Several scholars have described this process as the "medicalization" or "biomedicalization" of complementary and traditional medicine. Rather than creating a genuinely pluralistic medical system, integration may involve the absorption of selected therapies into biomedical institutions on biomedical terms. The growth of hospital integrative medicine programs does not only reflect changing therapeutic philosophies, but also economic and institutional incentives within increasingly competitive medical systems, where "holistic" branding appeals to patient demand for individualized, human-centered care.

The central policy question is not whether Indigenous health systems should be integrated into biomedical institutions, but whether Indigenous nations retain the sovereign authority to define the terms of engagement, coexistence, or nonparticipation.

The exercise of Indigenous health sovereignty does not require a single institutional model. Indigenous nations and communities differ substantially in geography, legal status, infrastructure, political priorities, relations with federal systems, and continuity of indigenous healing practices. As a result, future Indigenous health systems may develop along a spectrum of approaches, ranging from selective collaboration within existing biomedical institutions to completely autonomous, tribally governed systems operating outside standard frameworks. Some communities may pursue transitional or hybrid arrangements as part of longer-term efforts to restore land-based healing systems, workforce capacity, community governance, and intergenerational knowledge transmission. The central issue is therefore not whether Indigenous communities participate in federal or biomedical systems at all, but whether they retain meaningful authority to determine the terms, limits, and conditions of that participation.

Policy Recommendations

Meaningful reform in Indigenous health requires a substantial transfer of authority, funding, and governance from external institutions to Tribal Nations and Indigenous communities. Integration alone is inadequate and

may further erode Indigenous health systems. Policy must instead organize around Tribal sovereignty and recognize Indigenous traditional medicine as an autonomous system rather than a supplemental set of therapies within biomedical institutions.

New policy tools, including Medicaid Section 1115 waivers, show promise for supporting Tribal governance, reimbursing traditional services, and enabling land-based care. These approaches are most effective when they preserve Indigenous authority and avoid standardizing care according to biomedical norms.

The following policy directions focus on governance, financing, epistemological integrity, data sovereignty, and long-term community knowledge transmission.

Tribal authority and governance:

- Tribal Nations must hold primary authority over the definition, practice, and governance of traditional medicine, including control over health system design and practitioner recognition.
- Federal and state policies involving Indigenous traditional medicine should require meaningful Tribal and Indigenous governance authority in the design, implementation, oversight, and evaluation of these policies.
- Integrative health programs involving Indigenous healing practices should operate according to protocols defined by Tribal Nations and should not subordinate Indigenous systems to biomedical authority structures.

Evidence frameworks and epistemological pluralism:

- Federal and state health policies should recognize Native knowledge systems as legitimate evidence systems that are not reducible to biomedical validation models alone.
- Research and appraisal frameworks should be Indigenous-led and grounded in community-defined indicators of well-being, cultural sustainability, and relational accountability.
- Federal funding structures should support Indigenous-led research methods and community-defined evaluation approaches, rather than require all evidence to conform to conventional biomedical research models.

Credentialing and workforce transformation:

- Biomedical licensure requirements should not regulate traditional healers. Authority to practice should instead be determined by Tribal communities through culturally grounded processes, with protections for existing practitioners.
- State licensure and credentialing systems should not impose standardized biomedical training requirements on traditional healers or ceremonial practitioners.

- Policies should protect traditional healing systems from institutional assimilation through externally imposed certification, standardization, or scope-of-practice frameworks.

Structural and financial reform:

- Funding for land-based and ceremonial care should be expanded through mechanisms such as Medicaid Section 1115 waivers. Restrictive policies such as "four walls" requirements should be eliminated, and dedicated funding streams should support Tribal governments, urban Indigenous communities, and urban Indian organizations. Control over funding must remain with Indigenous communities.
- Funding structures should support parallel Indigenous health systems functioning under Indigenous governance, cultural protocols, and land-based models of care, rather than require incorporation into existing biomedical institutions.
- Reimbursement mechanisms should recognize ceremonial, relational, land-based, and community healing practices as legitimate forms of care.

Data sovereignty and enforcement:

- Indigenous data sovereignty should be legally enforced by explicit protections against unauthorized use in research and artificial intelligence systems, including enforceable penalties and benefit-sharing requirements.
- Indigenous communities must retain authority over how traditional knowledge, ceremonial knowledge, and health-related data are collected, interpreted, stored, and used in research, commercial development, and artificial intelligence systems.

Protection of Indigenous knowledge and intellectual property:

- Legal protections should prevent biopiracy and unauthorized patenting of Indigenous knowledge and should include Tribal review authority and enforceable agreements.
- Policies should prohibit the unauthorized commercialization, extraction, secularization, or commodification of Indigenous ceremonial and healing knowledge.
- Legal protections should recognize that the effectiveness and integrity of traditional medicine are inseparable from cultural, spiritual, ecological, and land-based contexts.

Community knowledge transmission and land access:

- Investment in land-based education, traditional food systems, language revitalization, and access to ancestral lands

is necessary to sustain intergenerational knowledge transmission and long-term community well-being.

Conclusion

Improving Indigenous health outcomes requires more than expanding access to existing systems. The fundamental framework for governance matters. Health systems rooted in land, ceremony, community relations, and Indigenous knowledge cannot survive if authority remains external or if biomedical institutions persist in defining legitimacy on their own terms.

Current policy systems continue to marginalize Indigenous health systems through standardization, underfunding, epistemological bias, and administrative exclusion. Integration alone does not solve these problems and may reproduce them in different forms.

Achieving equity in Indigenous health outcomes requires a different approach: replacing integration with sovereignty, shifting from standardized biomedical incorporation to locally grounded, land-based systems of care, and recognizing that multiple medical knowledge systems may exist without being subordinated to a single institutional framework.

Long-term system change depends on accepting the authority of Tribal nations and Indigenous communities while supporting locally governed health systems rooted in land, knowledge transmission, ceremony, and community well-being. Distinct Indigenous knowledge frameworks may only survive when Indigenous communities retain control over governance, funding, and the conditions under which healing practices are sustained and transmitted.

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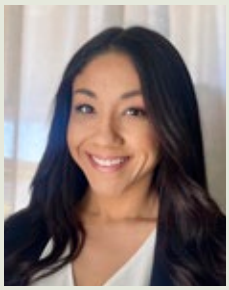
ABOUT THE AUTHORS

Leslie Korn

Leslie Korn, PhD, MPH, LMHC, is the director of the Center for Traditional Medicine at the Center for World Indigenous Studies, founded in rural Indigenous Mexico in 1977. She has a clinical practice in integrative medicine for mental health and traditional medicine. She received her Master's in cross-cultural psychology from Lesley University, her MPH from the Harvard School of Public Health, and was a Clinical Fellow in Psychology and Religion at Harvard Medical School. She served as clinical and supervising faculty at Bastyr University, National University of Natural Medicine, and the New England School of Acupuncture.

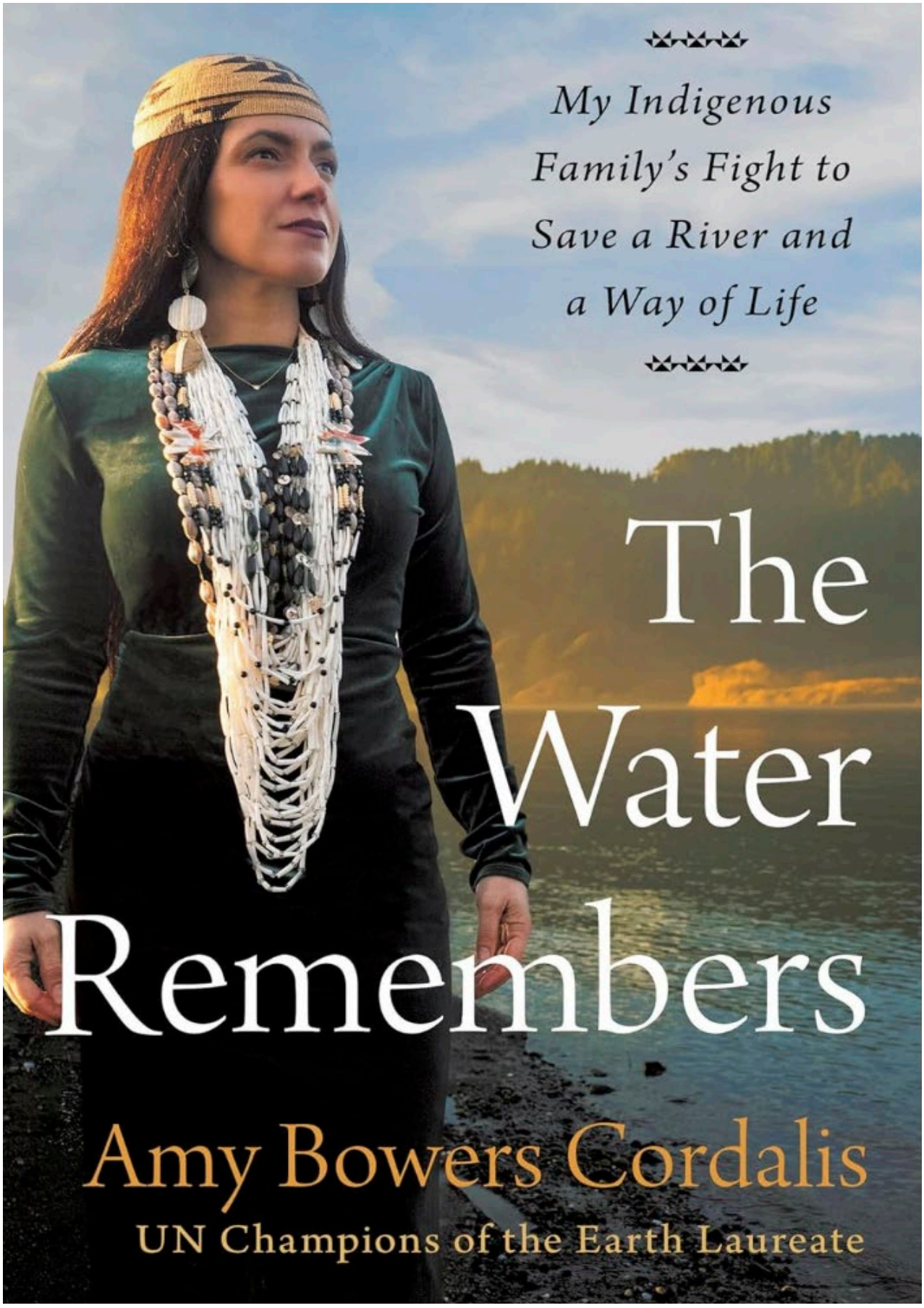


Hailey Allen

Hailey Allen (Thx) is Yakama and Umatilla whose path was shaped by her great-uncle, the late Yakama elder Russell Jim, a longhouse leader and environmental protector, whose commitment to community deeply influenced her approach to research and public health.

Charlotte Bryn Berg

Charlotte Berg is a B.A. candidate in Psychology and Anthropology at the University of North Carolina at Chapel Hill. She is currently an intern at CWIS, focusing on Indigenous health systems and cultural heritage. After graduating in 2027, she plans to pursue a PhD in cultural anthropology.


My Indigenous Family's Fight to Save a River and a Way of Life
The Water Remembers
Amy Bowers Cordalis
UN Champions of the Earth Laureate

BOOK REVIEW

The Water Remembers:
My Indigenous Family's Fight to Save a River and a Way of Life

By Amy Bowers Cordalis

Little, Brown, and Company, October, 2025, 288 pages

By Dina Gilio-Whitaker

Amy Bowers Cordalis's *The Water Remembers: My Indigenous Family's Fight to Save a River and a Way of Life* offers an important intervention into Indigenous environmental literature. On the surface, this is a story about generations of the author's family's struggle to reclaim a traditional Yurok lifeway that depends on salmon and a healthy Klamath River habitat, and the legal path that inevitably followed. But there is a subtext that tells a deeper story about how restoring that lifeway was an act of healing through Yurok medicine.

Cordalis frames the Klamath River not simply as a site of environmental conflict. Instead, she presents it as a living entity within a broader network of relationships. These include fish, plants, and human communities. This relational ontology aligns with what scholars in Indigenous studies have described as more-than-human kinship systems. In these systems, responsibility and reciprocity structure interactions with the natural world. Within this framework, the degradation of the river is not only an ecological harm. It is also a disruption of interdependent systems that sustain Yurok life, including the availability and vitality of plant medicines.

Although *The Water Remembers* foregrounds salmon as a central relative, the text also gestures toward the critical role of riparian and forest plant communities in Yurok subsistence and healing practices. Cordalis highlights this through her focus on the Yurok's World Renewal Ceremony. She connects the ceremony, seasonal cycles, and river health. The ceremony aims to keep humans in balance with the natural world. This highlights how altered water flows and destabilized ecosystems—such as the 2002 Klamath River fish kill—affect everything. The consequences of imbalance arguably extend beyond fisheries, impacting the growth, harvesting, and efficacy of medicinal plants. This interconnection underscores a key insight of the book: environmental damage operates across multiple registers simultaneously ecological, cultural, and physiological.

Cordalis's narrative reflects a Yurok understanding of medicine not as a discrete domain but as embedded within everyday relationships to place. Plants in this understanding of the world are not abstract resources but beings with whom one enters

reciprocal relations, governed by protocols of respect and responsibility. The disruption of these relationships through colonial interventions—such as damming, water diversion, and land dispossession—emerges as a central concern.

Cordalis implicitly critiques the reduction of rivers to units of resource management, showing how such frameworks erase Indigenous lifeways that depend on the integrity of entire ecosystems. In this sense, the book contributes to a growing body of scholarship that links environmental justice to Indigenous sovereignty, emphasizing that the restoration of ecological systems must include the restoration of Indigenous governance and knowledge practices.

Importantly, the book positions contemporary legal and political strategies as extensions of these relational responsibilities.

Cordalis's work as an attorney is not presented as separate from Yurok knowledge systems but as another mode of fulfilling obligations to the river and its associated life forms. The successful removal of dams on the Klamath River can therefore be read not only as an environmental victory but as a form of cultural restoration achieved through the upholding of responsibilities to the World Renewal Ceremony. Improved river health holds implications for the resurgence of plant communities and, by extension, the revitalization of Yurok healing practices.

A key element of the Yurok-led dam removal on the Klamath was planting native plants and trees. The tribe also removed invasive species across more than 2,000 acres of exposed reservoir bottom. Now, in place of dried-up, toxic mudflats, wildflowers, native grasses, shrubs, and trees bloom. This fosters biodiversity and restores the riparian ecosystem.

At the same time, Cordalis avoids romanticizing this restoration. She is clear that ecological recovery is uneven and ongoing. She also stresses that the impacts of colonialism cannot be fully undone. This realism is important for academic audiences, as it resists narratives of closure that often accompany environmental success stories. Instead, The Water Remembers emphasizes process—an ongoing commitment to care, stewardship, and adaptation.

From a methodological standpoint, the book's blending of memoir, legal analysis, and cultural narrative may challenge conventional academic expectations of genre. However, this hybridity can be understood as a strength, reflecting Indigenous storytelling practices that do not separate the personal from the political or the ecological from the spiritual. For readers of the *Fourth World Journal*, this approach offers a valuable example of how Indigenous-authored texts can expand the boundaries of scholarly discourse.

The Water Remembers is a major contribution to Indigenous environmental knowledge, illustrating a holistic Yurok approach to medicine. While centered on the Klamath River and salmon, it also highlights the revival of plant-based practices and the relations that support them.

Cordalis prompts scholars to see restoration as a deeply cultural endeavor rooted in Indigenous bonds with nature.

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ABOUT THE AUTHOR

Dina Gilio-Whitaker

Dina Gilio-Whitaker (Colville Confederated Tribes) is a Native American studies scholar and journalist, focusing on environmental justice, Indigenous knowledge, and identity. She is a lecturer in American Indian Studies at California State University San Marcos and co-founder of the Indigenous Climate and Environmental Collaborative at CSUSM, advising researchers, conservation, and other organizations on Indigenous engagement and policy-based protocols. Her book *As Long As Grass Grows: The Indigenous Fight for Environmental Justice, from Colonization to Standing Rock*, was released in 2019. Her most recent book is *Who Gets to be Indian: Ethnic Fraud and Other Difficult Conversations about Native American Identity*, published by Beacon Press in 2025.

Wayra and the Dream Snake

By Luna Contreras
Traducción Yesenia Cortés

I never believed in dreams or anything I couldn't touch, until I started working in the jungle. Things happen here that I can't understand, and science, which has always been my lens to see the world, cannot explain them either.

A few days ago, I had a dream:

> I was walking in the mountains, alone, with the sun shining over my head. I was running, as if fleeing from something; I tripped and fell and saw how a small snake, bright greenish-grey colored, entered my right hand and wound around my hand and wrist under the skin. My heart was beating fast, and I felt as if a knife had been stuck in my hand.

I woke up sweaty and with trembling hands. It was still night; I got up to drink some water, and my hand hurt. My arm was numb. At first, I laughed when I noticed that I had already woken up, but my hand and arm were still asleep. I lay down and I went back to sleep.

The song of toucans woke me up at dawn. When I got up, I realized that my arm was still numb and my hand was aching. Could it be that I had slept on my arm all night? Being the best nurse I know, I did my own checkup: everything seemed normal.

I tried giving myself a massage and putting ice on it, but the discomfort continued. So, I took a sedative and left for work.

At the hospital, while checking on patients, I asked a technician for help filling out the clinical histories and performing the procedures. I couldn't write, change the IV, put injections, or move patients. At lunch, my cutlery fell to the floor because I couldn't hold it. During my shift, I was useless.

When I finished, I made an appointment with the doctor.

—Wayra, did you make any unusual effort with your arm?

—Not that I remember.

—The X-rays show everything is fine. There are no physical injuries. It's probably just stress. Has it been difficult adjusting to life in Leticia?

—I've been here for two months. I'm having a bit of a hard time with food, but nothing stressful, doctor.

—Do you talk to your family frequently?

Why was he asking me that? What did he care if I called my family or not, if I had already adapted or not? I just wanted him to prescribe me medication for the pain and numbness.

—Not much; I don't have time.

—If the discomfort continues tomorrow despite the painkillers, you will have to visit psychiatry.

As I was leaving the office, my phone rang. It was my mom, and I decided not to answer because that day I was not in the mood for her worried mother questions.

When I got to my room, I took the painkillers and went to sleep.

> I was running in the woods as if fleeing from something, and when I saw my arm, I saw how the snake was bigger than the night before. The pain in my hand was increasing. I cursed the painkillers and the doctor, and I was afraid I wouldn't be able to work, but I kept running. I tripped again, fell, and hit my head. A slow female voice whispered:

—Medicine doesn't understand any of this. Because in dreams your arm has become sick, in dreams you have to heal it.

In the early morning, I wake up with my robe soaked with sweat. The pain is more intense and it has spread from my wrist to my elbow. I can't go back to sleep. Why is the pain still there? I have to work for three months to sign the contract with the hospital, but if I continue like this, I won't make it. What if I can't go back to work, like I felt in the dream?

I breathe and try to calm down. I stand up, move my neck, and massage my arm, hoping to feel some change. Nothing, nothing, nothing… Upon contact, I feel a burning sensation, unbearable, and the only way to cope with it is to keep my arm still. It gets repeated in my head the voice of my dream: "Medicine doesn't understand any of this." If medicine doesn't understand, what does?

I'm clumsy without my two arms: it's difficult to bathe, comb my hair, dress, and even turn on a match to light the stove. The pain won't let me concentrate. I don't know how long I can bear this.

I arrive at the hospital and go to the head nurse's office. I explain my situation, and she says to me:

—Are you sure you like this job?

—Boss, I want to keep working, but I don't understand what's happening to me.

—Take the day off, but you know that if you are absent for more than three days, I have to report it.

Her words hit my chest. I won't cry in front of her. The boss tries hard to make her face seem condescending, but she is inflexible, like all hospital bosses.

I lock myself in the bathroom and cry, more from the pain in my arm than from my helplessness. I always boasted of being the perfect student, with perfect grades, who was never wrong. Here I am now, useless and unable to understand what's going on.

Someone comes into the bathroom. I wipe my tears and go out to wash my face. It's María, the hospital cleaning lady, who asks me:

—Are you okay? Do you need anything?

—No, ma'am. Thank you.

A lump in my throat dissolves, and the tears come like a waterfall that I cannot stop.

—Cry in peace, girl. I'm outside if you want to talk.

—I'd like to remove my arm to stop this pain. You can't help me; neither could the doctor, but thank you.

—Girl, doctors can handle the pains of this world, but it could be that the illness of your arm is not from this world, and for that, you need other types of doctors…

—What doctors?

—Soul doctors, girl, who are wrongly called "warlocks" and "witches" around here, but I prefer to call them "curious ones."

—Doña María, I don't believe in that. That's for the people around here who don't know about science and believe in charlatans. I'm going to my appointment with the psychiatrist. Thanks anyway.

As I leave the bathroom, María says:

—If you change your mind, ask for Don Teodoro at the market. He is a "curious one", one of the good ones. All in all, you have nothing to lose by trying.

Before entering the psychiatrist's office, my phone rings, and it's my mother again, who has the ability to call me at the most inopportune moments. I don't answer.

The psychiatrist's name is Angela, just like my mother. The coincidence bothers me. I go in, explain what's happening to me, and she asks:

—Do you like being a nurse?

—Why does everyone assume I don't like my job? I'm not making this pain up. I can't even lift my arm!

—These are routine questions, Wayra. Don't worry. I'll give you an anxiolytic to calm you down. Please continue taking the painkillers the doctor prescribed, and try to rest. Rest is the key to recovering from any discomfort.

I walk toward the house where I rent my room, and all my worries crowd in: I'm about to lose my job, and they think I don't like nursing and that I'm making up my discomfort. Is my pain just a figment of my mind? Maybe the psychiatrist is right: I just need rest. What if the painkillers don't work?

I stop and breathe. The treatment is going to work, and I'll wake up feeling better tomorrow. I get home, take my medication, and lie down.

I run through the woods, but this time I stop. The snake is wrapped around my shoulder. My

arm is going to fall off. My heart races, and I fall to my knees on the ground. I want to give up. The same voice from the previous dream scolds me:

—Stubborn girl.

I search for the source of the voice. To my right, a few feet away, an elderly woman in her eighties, holding a cane, repeats to me:

—What gets sick in dreams must be healed in dreams.

—How do you heal in dreams?

—Ask Teodoro.

Do I know this woman? Her face looks familiar.

I open my eyes, and my arm is burning. It's still daylight. My mother calls again. This time I decide to answer.

—Daughter, how are you? I've been dreaming about you a lot.

—You with your dreams again.

—Dreams teach us and guide us sometimes. You have to know how to listen. Are you okay?

— Honestly, not much. I have a pain that nothing can relieve. I wish I could take my arm off.

My tears flow like a torrent, and I can't stop crying.

—Daughter, there are illnesses we don't understand. Consult a curandero. Sometimes, plants and prayers can do more than any medicine.

—Mom, you're and your things again. That's why I don't like telling you.

—If not, come back home. We'll seek help here.

—No, I don't want to lose my job. I'm staying here, and I don't want you to come here either. I'm sure I'll get better in a few days. I just need to change my medication; that's all. —I'm going to pray a lot for you, daughter. The dream was right. It told me that my daughter was lost. Also, I dreamed about a snake. It could be gossip or someone trying to do you harm, my dear. Take good care of yourself and know that you can come back whenever you want.

—Mom, I'm already living my life. Thanks again, but I'll figure it out. We'll talk later.

What if my mom is right? How is it possible that she also saw a snake in her dream? What if I have no choice but to go with a curandero? It's four in the afternoon. The market hasn't closed yet. I wash my face with my left hand and go out in search of Don Teodoro.

The curandero's place is one block from the market. I won't tell anyone I came to this site, not even my mom, because that would be like agreeing with her. Although I don't believe in these things, I don't know what else to do.

In his shop, he has a large display case with candles, jars with macerated plants, and perfumes for love, luck, and money.

An old man in his seventies enters through a curtain.

—I was waiting for you.

—What do you mean you were waiting for me, if I've never come here before?

—In my dreams, I was told that a desperate young woman would come with an "endreamed" arm.

—What do you mean by "endreamed"?

I instinctively grab my arm, as if protecting it.

—Look at you; you can't even hold it up. It looks like a hanging lump. That's what happens when your body gets "endreamed".

—Okay, let's say I believe that this is happening to my arm. What would I have to do to heal it?

—It depends on what has endreamed your arm. Tell me what you saw in your dreams.

I can't believe what I'm hearing. It's like he can guess what's happening to me, and that I can't understand.

I decide to tell him everything that has happened: all the dreams. When I finish, the elder remains silent, and his gaze on the horizon.

—If the "endreamment" is by a snake, it's more difficult. I can give you some plants to bathe with, but it is you who has to understand why your arm wants to turn into a snake.

—"It wants to become a snake?"

— The dream is clear: your arm wants to turn into a snake. I'm going to consult my teachers to tell me if I can cure you from this, because I've never treated the endreamment by snake. You take these plants.

Don Teodoro takes out three packages of plants and tells me how to prepare them for bathing with them before going to sleep. He insists:

—If you don't find out why your arm wants to turn into a snake, neither I nor any other "curious one" can help you.

It's already nighttime as I prepare the plants in my house. Although it's absurd, I have to try. Although I don't believe it, it won't hurt me.

I dip my arm into the bucket of plants prepared with water and perfume. I breathe for a few minutes there, letting myself be flooded with the relaxing smells of the bath. It relaxes me and gives me the impression that it calms the pain a little, although the numbness continues. I dry my arm slowly with the towel, and I remember the name the curandero gave to my illness: «endreamed arm». It's time to rest.

I'm running in the mountains in my dream, I stop to look at my arm and see it is less swollen. The snake is just as big, but the arm hurts less and is less numb. The old lady appears in the same place, with a smile on her face.

—My little girl is finally starting to understand.

I wake up, and the pain is less intense. The

plants really helped. What if they contain the key to my cure?

As soon as dawn breaks, I go back to the market. I tell Don Teodoro what happened. —I've already received messages, miss. I can't help you.

—But the pain went away!

—Yes, but the snake endreamment can only be cured by Ilvio, a powerful curious one who lives three hours deep in the mountains on the way to Puerto Nariño. If he can't help her, no one can. It is not up to me to cure your illness.

—Maybe if I continue with the baths and other things, you can help me.

—No, the snake endreamment isn't easy to heal. The snake will keep growing and it will endream other parts of your body, until you are no longer you.

—What?

—Ask your arm why it wants to be a snake, and take seriously the old lady who speaks to you in dreams. She sure is the guide who can help you find the answers.

As soon as I leave Don Teodoro's, a tingling sensation along the entire right side of my body throws me into a panic. Could it be that he meant that this illness could kill me? I take a motorcycle, get home, and pack my backpack. I call the hospital to let them know that I have to travel for a checkup. Of course, I'm not saying I'm going to Puerto Nariño, but I do understand if they have to report me.

Before heading to the port, my phone rings and it's my mom. If I don't answer, she'll keep insisting, but if I answer, she'll worry. I'm going alone to a place that I don't know. What if something happens to me? What if I die and she doesn't know where to find me? I don't answer her and decide to leave a note for her in my room with directions to where I'm going, just in case several days go by and I don't return.

At the port of Leticia, I have to wait for the boat to fill up the peque peque[1] that goes to Puerto Nariño, which will drop me off in Palmeras, from where I'll have to walk. I sit and wait, and the midday sun lulls me to sleep.

I run in the woods, stop, and see how the snake is already going down my ribs up to my hip. Is that what Don Teodoro meant? I get scared, and the voice of the old lady:

—The first test is coming.

I wake up to the scream of the driver of the peque peque, who announces that it is time to leave. I have trouble getting into the boat because my right leg isn't responding well. It's going numb.

The peque peque has been sailing smoothly for two hours. The green landscape on both sides of the Amazon River embraces us. Will I return from this trip? My stomach growls, and I get goosebumps.

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[1] NOTE OF THE TRANSLATOR: A "peque peque" is a small motorized boat, similar to a canoe, commonly used in rivers and lakes in the Amazon rainforest.

I tolerate the pain better. I wrap my arm in a scarf. I hug it and rock it as if it were a baby. The clouds are getting dark.

—How much more time, sir??

—If we don't have to stop, one more hour.

—Looks like it's going to rain soon, doesn't it?

—Yes. It's better not to sail upriver in the rain because the boat could capsize.

I check with my left hand that the life jacket is securely fastened. Dark clouds cover us, and it begins to drizzle.

If the peque peque capsizes, how would I swim with one arm? I shake my body again as if scaring away that thought.

The rain gets heavier, the driver tries to reach the shore, but a whirlpool pulls us in. The man makes a maneuver to evade it, but we hit a log, and I grasp the board I'm sitting on.

The boat flips over, we fall into the water, I cling to the board. Other people need help, but with only one arm, I can't help.

Without my volition, my right arm slips free from the scarf and zigzags through the water. I swim, in disbelief, to the shore.

As I come out of the water, my arm falls back like a hanging log. What just happened? Was this the "first test"?

Other passengers arrive at the shore. The boat driver gathers us under a large tree and checks that we are all okay.

—The engine propeller is broken. When it stops raining, I'll take it to Palmeras, which is a half-hour walk. They can lend me another boat there to come and pick you up.

—I'll walk with you. I'm heading there exactly.

It's almost 3 in the afternoon when the weather starts to clear. I carry my soaked backpack, which now weighs twice as much. Luckily, my cell phone and wallet are tightly wrapped and dry. My luggage is small and I haven't lost anything, but other people with large bags have lost them.

I wrap my right arm with the scarf, and we set off for Palmeras.

It's impossible to walk quickly. My left leg is numb, along with my hip. I walk slowly and carefully, but I still slip and fall. My left hand prevents me from falling on my face. The rest of my body is covered in mud. I'm tired and sweaty. My arm isn't responding. How could I have swum with it to shore, and now I can't even feel it? When I arrive at Palmeras, it's already sunset time. I ask for directions, and a lady from a hostel tells me:

—You'd better spend the night here. Tomorrow some young man can take you. It's deep in the mountains, and you can get lost if you go alone.

—I can't wait. Please, no matter what it takes. I need to get there today.

—Talk to him yourself. See what he says.

The lady calls a young man of about sixteen years old, to whom I tell where I need to go, and I beg him to take me. After a while, he agrees.

We walk for almost four hours because the young man goes at my pace. Walking at night in the dense forest with only the light of a flashlight to guide me and the deafening sound of the cicadas scare me, but I'm even more terrified by being unable to walk in a few hours.

We arrived at a clearing. A very old man was smoking tobacco next to a fire. He must be Don Ilvio.

The young man speaks to him in another language, and the elder man examines me with his eyes. The boy says goodbye and leaves.

—Help me, please. I can't feel my arm anymore, and my leg is getting more and more numb.

—Ummm, your body already wants to be a snake.

He blows on me with the tobacco smoke, and my arm starts to shake as if it's waking up without me moving it.

—Go inside and dry off. You have to start the diet today.

—Diet?

—Yes, the diet to cleanse before you take the dream plant tomorrow. Your right side is "endreamed". Tomorrow, the pain in your leg will surely make it impossible for you to walk.

I gasp, and I fall to my knees, crying.

—Why is this happening to me? Am I going to die?

—Do you want to die?

—I don't want to die.

He extends his hand and helps me to stand up. He points me toward the entrance of a cabin five meters from the campfire. I go slowly. I look for dry clothes in my backpack and change. I go out and sit by the fire.

The fire reminds me of what I have stopped doing. If I die from this, I will have lived a useless life. I think about my mom. I've always blamed her for my dad leaving, and because of that, I couldn't wait to leave too. But if I had never come to work here, this wouldn't have happened to me. I grumble. If I don't know what caused it, how do I know it wouldn't have happened to me?

The old man comes out of his cabin with a bottle, a bucket and a glass. He sits in front of the fire. He rolls another cigar and lights it.

—You have to pay attention to everything, because if you don't follow the instructions I give you, I won't be able to do anything for you.

—I'll do whatever you tell me.

—Then you have to believe, or at least have hope that the journey you are going to undertake will heal you.

—How can you believe in something you've never believed in?

—Look within yourself. Faith is always within. Entrust yourself to your grandparents

and grandmothers and ask for their guidance and protection.

He opens the bottle, blows smoke into it, and sings. He pours a thick and dark liquid into the glass. The smell makes me nauseous. I close my eyes, don't breathe, and drink it in. He pours me water from a jug that is near the fire, and I drink it too.

I vomit in the bucket.

He gives me more water, and I vomit again.

I vomit many times. My mouth has a bitter taste.

I fall exhausted.

He helps me get up and walk to the cabin.

—Rest and don't consume anything. Don't leave the room. I'll look for you tomorrow.

He leaves, closes the door, and I fall asleep immediately.

I'm in the cabin, and the elder woman from my dream visits me. She lulls me to sleep and tells me that everything is okay; she tells me to free myself from anger and disbelief.

My arm moves with the snake. The snake now zigzags freely from the arm to my leg. The pain and numbness continue, but it is not as intense. My body feels loose and heavy, and at the same time, relaxed.

My mother also visits me. I apologize. She hugs me and says:

—I lost my arm when I had you, and I couldn't continue studying.

The old lady nods immediately and adds:

—Yes, I lost my leg when I was married by force, and I could no longer move to the city, as I wanted.

Another old woman appears with bright eyes, she seems older, and says:

—I lost both my arms when they didn't let me study.

Suddenly, I am surrounded by many grandmothers who murmur that they lost parts of their body because they could not decide how many children to have, they couldn't buy land in their name to work, choose whether or not to care for younger siblings or parents, or inherit properties for being women.

Their voices overwhelm me, and I scream:

—It's true; I don't want to be a nurse.

I open my eyes and it's still night. I'm tired; my body aches. I can move the fingers of my right hand.

That was it, I really don't want to be a nurse. My arm refuses to keep doing what I don't want to anymore. But in their case, they lost parts of their bodies because they were limited in their abilities

or desires. What ability or desire am I denying? I fall asleep again.

I wake up and I can't move my right leg or my arm. My fingers move. The old man enters the cabin, helps me sit down, and tells me that my immobility is part of the process. He asks me to tell him everything I saw in the dream. He listens attentively and thoughtfully.

—It's time to take the dream plant; we don't have much time.

—The dream plant?

—Yes, it's the plant that will help you free yourself from the snake or die trying. You will take it right here. As soon as you take it, you will fall into a deep sleep that can last for hours or days. I will be tending the fire, watching over your process. You must ask your grandmothers what you need to free yourself from the snake. Only they know what to do. Do everything that they tell you. Be careful; the snake will appear at any moment, and you will have to confront it.

—I don't know how to do what you're telling me.

—Just listen; you'll know in your dreams.

He takes out of a leather bag he has on him, several large fresh leaves of an intense green color, and hands them to me.

—Swallow them, drink a glass of water, and don't be scared. Allow yourself to begin the journey. The old man sings a song that doesn't seem to be from any specific language. Listening to his song, I fall asleep.

I'm walking on the mountain. The snake walks over my two legs and my two arms; it's bigger. My skin is translucent. I walk awkwardly to get to a clearing where the grandmothers are waiting for me.

When I arrive, the grandmother who always appears greets me and helps me sit down. She hands me a cane with a snake carved into it.

—With this cane, you have my strength. If you feel that you lack it, lean on it. Another grandmother brings a crystal. She hangs it around my neck and says, —This crystal helps shed light on the darkness that haunts our souls. If you don't know what to do, take out this crystal and it will show you the way.

And the oldest of all comes up and offers me a bag.

—This is the ashes of our bones. We are all with you and, since your name has the strength of the wind, if you need us to be there, release a little of this powder and we will help you.

The three of them and other grandmothers form a circle around me and sing the same song that Don Ilvio sang to me before I fell asleep. And, in my dream, I sleep.

I wake up in an empty, white space. There we are, I and the snake that's already over my chest and heads towards my head.

—I'm not afraid of you.

The snake slides out from the side of my crown, laughing, saying with my same voice:

—Now I am you, and you are me.

—I don't want to be you. Give me my body back.

—Your body is already mine.

My legs sit up unwillingly, and I remember the cane. Just thinking about it, it appears at my side, giving me strength and preventing my legs from moving. The snake laughs.

—Your grandmothers help you, but this fight is yours. You chose a profession for the wrong reasons. That's why your arms don't want to do anything anymore.

The snake multiplies, and several snakes appear, and they all go straight for me. I remember the bag with the dust from my grandmothers' bones. It appears in my hand and I release it to the wind.

All the grandmothers appear. Each one confronts a snake. I confront the biggest one. I look it in the eye, and when it comes to attack me, I hit it, and I feel the punch myself. It happens two more times, and it's as if all the damage that I try to do to it, I do it to myself, and I stop there.

—If I kill you, I'll kill myself, right?

—You finally understand.

I remember the crystal that is around my neck, and from it comes out a ray of light with a voice that says:

—Remember.

I see myself as a child playing alone in the yard of my house, making preparations with plants and healing my wrists. The girl stands up, looks at me, and says:

—Your hands know what they want to be.

I look at my hands and I see snakes in them; really, they want to be snakes, they want to stop being and doing what I am.

I shout:

—I stop fighting. I want to be a snake.

Everything falls silent. Each of the grandmothers has a snake, and they help them do what they couldn't. In unison, they say:

—We are now. We can be now. With you, we can be.

Now I'm a snake, and I finally feel my body is mine again. I have no legs. no arms, just scales and skin. And I know what I have to do.

I open my eyes, and my mother is with me in the cabin. I rub my eyes, making sure I'm not dreaming anymore. It's clear she's been crying a lot. She tells me she arrived a couple of days ago. She was worried listening to me raving. I smile and thank her for being there. I'm reborn. There's no pain. My body is lighter than ever.

I hug my mother and ask for her forgiveness.

From that day on, my life changed. I'm learning about the dream plant with Don Ilvio. During the day, I go with him to collect plants and

process them. At night, while I dream, I turn into a snake again and visit others. You can't imagine how many people do things they don't like. Then, I enter their bodies, so their bodies can speak, and remind them of their vocations and find themselves through their dreams.

Are you doing what you love? If you are not sure, don't be surprised if one night I visit you in dreams.

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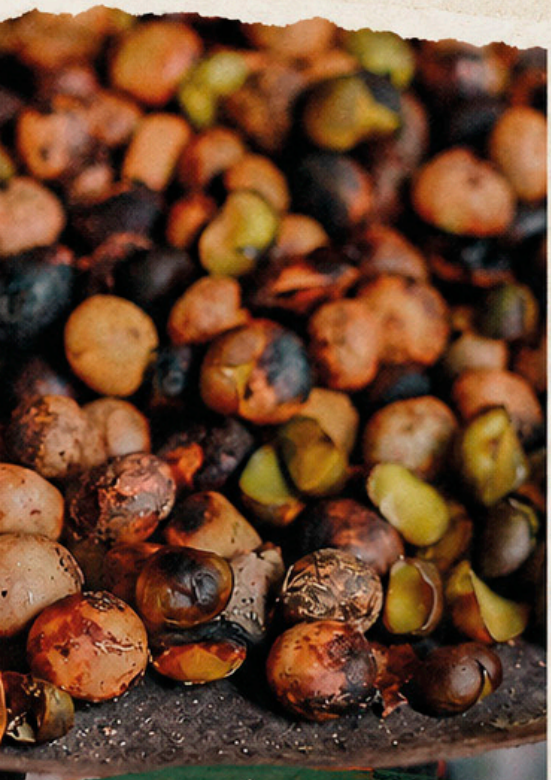

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