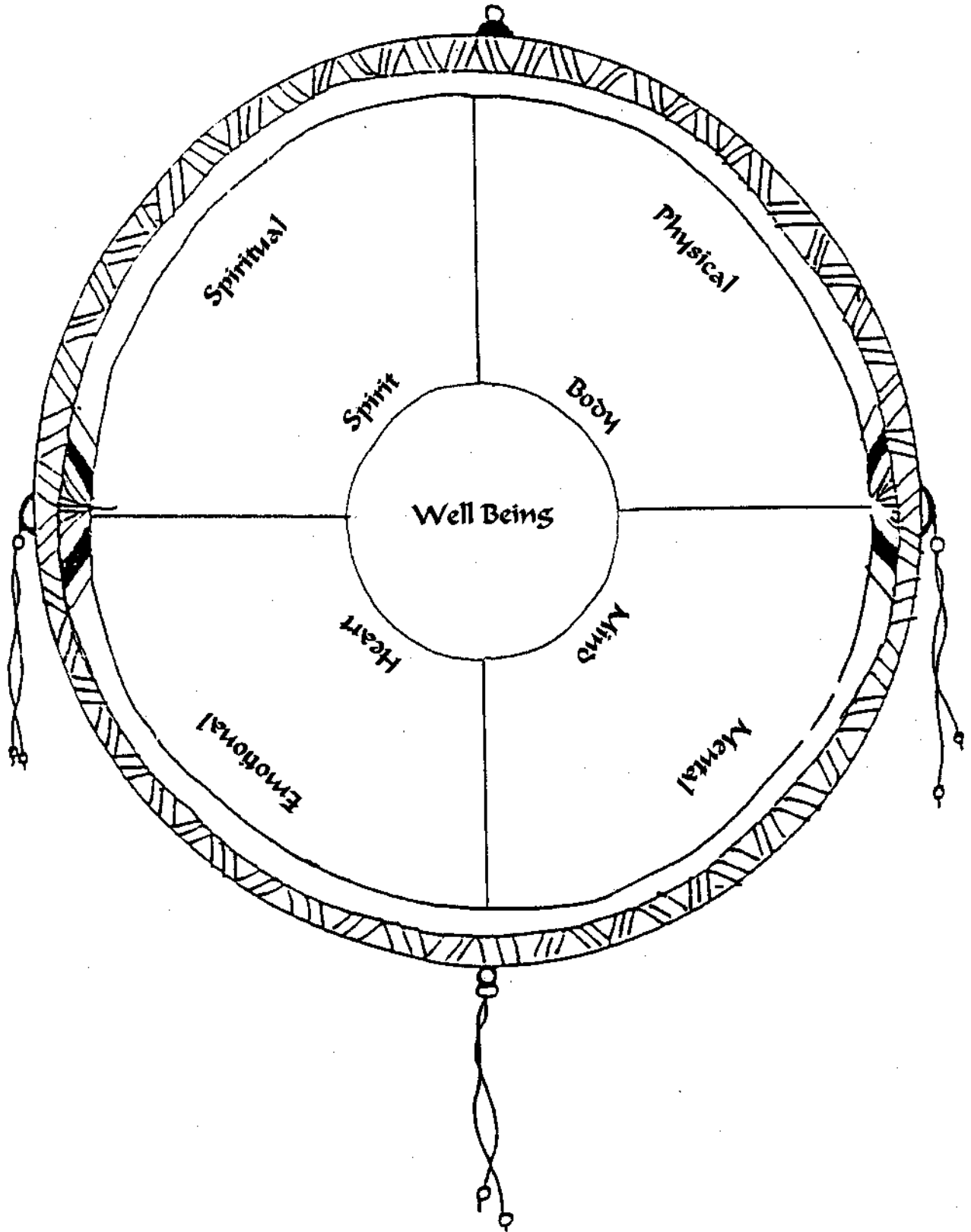


# WELLNESS



### **The Role of Older Aboriginal Adults in the Past**

Aboriginal communities in Canada have traditionally held their aging members in highest esteem, turning to Grandmothers and Grandfathers for advice, teaching and guidance in the raising of children and the maintenance of traditional cultural practices. Throughout history, the senior members of Aboriginal communities were responsible for the transmission of ancestral wisdom and played active roles in the everyday life of the community. Often, it was through the active involvement of the senior family members that children learned the ways of their people; that parents learned the process of parenting; and that communities felt the presence of ancestral values. Productivity was a way of life for senior community members. Their contributions were valued and provided more than a link to the past, but also a bridge to the future.<sup>1</sup>

Activity meant more than physical exertion. The day-to-day survival of the members of the community was predicated on the capacity of all members to contribute important elements for each family's well being. Seniors worked side-by-side with children, youth and adult community members to ensure that food, shelter, clothing and recreation were readily available. In particular, they taught language usage, traditional hunting practices, medicinal treatment and all other crucial knowledge by their active participation in the life of the group. The social structure of Aboriginal communities was defined to a great extent by the presence and active contributions of its elderly members. Physical stamina was a necessity for Aboriginal seniors.<sup>2</sup>

### **Effects of Modernization**

However, the transition to modern ways of life at the end of this millennium has brought with it the kind of dramatic social changes that have resulted in large numbers of Aboriginal seniors who are no longer considered as productive members of their society. Through the advent of modern conveniences, electronic gadgetry, improved medical treatment and changing family structures, many Aboriginal seniors now find themselves with little opportunity to contribute to their own community. The important roles they once

played have been replaced or eliminated completely. Daycare centers, household appliances, agricultural technologies, and other trappings of modern life have all but destroyed the primary place of honor they once held. Instead of being valued for their active contributions, Aboriginal seniors are now for the most part living in a state of isolation in the midst of their own communities. Physical strength, no longer the necessity it once was, has given way to infirmity, diminished physical capacity, and general decline in health.<sup>3</sup>

Allocations of community resources toward misdirected youth, recreational services, childcare, early childhood education, and other worthwhile initiatives have focused attention away from senior citizens at a time when more and more older people remain isolated in their homes and institutions. This social phenomenon is not unique to Aboriginal communities, but has particularly significant implications for a society that once relied heavily on its senior members to maintain traditional cultural mores, values and customs. This critical role played by Aboriginal seniors was key to the survival of many First Nations. By their active involvement in the life of the community, seniors maintained their health, their mental capacity, their productivity and their social position as leaders and guides in the areas of spirituality, ethics and traditional wisdom.

### **The Residential School Experience**

At the same time that modernization began to alter the lifestyle of Native peoples, another significant influence on the culture was the government policy to assimilate Native people into the dominant society. This policy was carried out by the establishment of mission schools in the 1830's, followed by industrial schools in the 1860's and residential schools in the early 1900's. Many of these schools operated right into the 1960's. To achieve the maximum effect, this policy was aimed at the young who were separated culturally and geographically from their families, sometimes hundreds of miles away, and sent to these schools. They saw their families only once or twice a year throughout their entire childhood while being taught the values and skills of the dominant society. Many of today's

seniors are those children who were taught that their culture was inferior, uncivilized and even "savage."<sup>4</sup>

Today, it has been acknowledged by the Canadian government that abuses of countless numbers of Native children occurred while they attended residential schools. Physical, sexual and emotional abuse took place at the hands of the authorities charged with caring for these children, leading to long-term negative effects. Such abuse has led to trauma that has not been resolved in one generation, but has carried over into what should rightfully be their "golden years."

On a more positive note, the "Aboriginal Healing Foundation" was set up in 1998 with funding from the Federal government to address the healing needs of Aboriginal people affected by such experiences in residential schools.<sup>5</sup>

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### **Health and Physical Activity of Aboriginal Seniors Today**

"The health of Aboriginal people has been compromised by modernization. The drastic change in diet and physical activity and the loss of cultural support has resulted in high rates of disability and chronic illness." (Cyr and McFarlane, 1999). In spite of the fact that "Recent studies linking activity and

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health show that moderate physical activity improves chronic conditions" (Cyr and McFarlane, 1999), the needs of Aboriginal seniors in this area are wanting, resulting in a large population of seniors who are not active.<sup>6</sup>

Clear evidence exists that "the prevalence of chronic diseases in Aboriginal communities appears to be increasing...the prevalence of five conditions: diabetes, cancer, heart disease, hypertension and arthritis/rheumatism among First Nations exceeds that of all Canadians in all major age-sex groups...of particular interest is diabetes, which is extremely prevalent. Above the age of forty-five, a quarter of the First Nation population reports having diabetes." (First Nations and Inuit Regional Health Survey).<sup>7</sup>

"Such chronic diseases limit activity and in the cases of cardiovascular disease, hypertension, diabetes, and arthritis/rheumatism, prevention and/or control call for the patient to undertake some form of physical activity reaping physiological benefits that include more efficient blood circulation and breathing, more energy, improved muscle functioning, improved digestion, stronger bones, more supple joints, improved mobility and less chance of falls and accidents."<sup>8</sup>

In addition to physical limitations associated with chronic diseases, seniors who live in isolation with extended periods of solitude are prone to depression, loneliness and inactivity of the mind and body which can cause them to withdraw into themselves.<sup>9</sup>

### **Aging Population**

The aging Native population is increasing. Since 1970, life expectancy of Aboriginal men and women has increased by a factor of ten years.<sup>10</sup> It is expected that the "number of Aboriginal seniors who identify with their Aboriginal heritage is expected to more than triple from 23,000 in 1991 to almost 74,000 by 2016, with the largest increases being expected among registered Indians and Métis living in urban areas while the smallest increase is anticipated among registered Indians in rural areas."<sup>11</sup>

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Statistics Canada projects that the population of male and female registered Indians in Canada over the age of fifty-five, on and off-reserve, will more than triple from 45,438 in 1991 to 138,435 by the year 2015.<sup>12</sup> The growth of the population of adults over the age of fifty-five with its attending difficulties in terms of chronic health problems, will create dramatic increases in the demand for resources at the community level. If more senior citizens were motivated to adopt active living, the benefits to both individuals and communities would be significant.

### **Reduced Hospitalization**

There is a trend in Canadian society towards shorter hospital stays (these estimates exclude hospitalization in psychiatric institutions) as a result of early release policies due to shrinking budgets. In an aging population, this decline in length of stay in hospital is significant and it has been suggested that the burden of early release from hospital has been shifted to family members and community services. Further research is needed to assess these factors.<sup>13</sup> While community health and support services now make it possible for seniors to remain in their homes for longer periods and reduce the costs associated with extended hospital stays, this situation has also resulted in higher levels of isolation, inactivity and loneliness among recuperating seniors. Early release from hospital following surgery or illness also produces increased levels of anxiety and fear among seniors who are reluctantly placed in a position where they must care for themselves. While the aging patient may wish to maintain their autonomy by remaining at home, these wishes may easily be overcome by competing feelings of isolation and fears of falling down, becoming weakened or incapacitated.

If active living initiatives were targeted at those seniors who are released early from hospital, the potential benefits would include reduced levels of anxiety, increased physical stamina, and a better overall sense of well being.

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### Changing Family Structure

Throughout the centuries, Native American family life has been characterized by the extended family system composed of a man and woman, their children and more distant relations such as grandparents, aunts, uncles, etc. living together in a mutually supportive environment. This unique feature of Aboriginal family life is gradually being replaced by the nuclear family unit due to social and geographical demands of an industrial society.<sup>14</sup> As a result, the cultural tradition of seniors playing an important role in the guidance and upbringing of children has been lost. At the same time, the mutually supportive environment where the younger generation looks after the needs of seniors in the same household has also been degraded.<sup>15</sup>

The move toward formal education and more recently, the trend toward very early childhood education has created a situation where the traditional role of grandparents as caregivers and teachers of very young children has been diminishing. Where seniors once played the vital roles of disciplinarian, teacher, advisor and confidante for their grandchildren, these same people are today relegated to infrequent visitors and part-time influencers on an entire generation of children. The school, daycare center and community recreation center have displaced the senior to the extent that they must now fend for themselves while children no longer benefit from their wisdom and guidance. Traditional customs and practices, once part of the extended family routine are now foreign concepts to many young people who now learn the ways of their own people from textbooks, picture books and videos played for them within the confines of a classroom, cultural center or museum.

The ironic situation of transferring the responsibility from seniors to community education centers or local television studios for the education of young Aboriginal people has left a void in the lives of Aboriginal seniors as well as the community in general. The shift from the traditional extended family structure has also hindered transference of the Native language from grandparents to their children and grandchildren.

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### Lifestyle Changes

Modernization has made an enormous impact on the lifestyle of Aboriginal people. The introduction of electricity, running water and vehicles for transportation has resulted for the most part in a sedentary lifestyle where the touch of a dial, turn of a faucet or ignition key provides instantaneous power, water and transportation. These modern conveniences have eliminated the need to chop and haul wood for heat and cooking, to carry water or to walk to one's destination.

While modern conveniences have in many ways improved health and well being, they have also contributed to loss of exercise, vitality and physical conditioning. The physical demands of traditional lifestyle activities required the expenditure of energy that resulted in a sense of accomplishment at the end of a day. By remaining actively involved in the daily routine of family and community, senior members of the society were productive, contributory and respected by the community as a whole. Their role as partners in the work of the society required them to remain active, to teach the younger members, and fundamentally, to fulfill a demanding, essential service to the community.

The existence of modern medications and equipment has meant that seniors can be prescribed treatments for their illnesses or conditions, and as such, can remain independent in their own homes. But insofar as wheelchairs, oxygen tanks, glucose monitors and nitroglycerin patches now keep people alive, these same items place boundaries on a senior's life by limiting mobility, freedom and opportunity for social exchange. By having the treatment options available today, Aboriginal seniors must be careful to respect dosage levels, administer schedules and generally keep track of many detailed lists that would prove complicated to highly trained medical personnel. Modernization and medical technology were meant to enhance people's lives, but for many unsuspecting seniors it has instead compromised the quality of their lives and enslaved them to pills, patches and syringes.



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The problem, therefore, of significant lifestyle change often means that Aboriginal people are completely unprepared to deal with the realities of aging and the associated requirements brought about by ill health. Where seniors once interacted with other aging members of the society, dramatic changes in lifestyle have all but eliminated any opportunity to socialize with their peers.

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