

## ENCOUNTERS

## This is a healing place now

**I**n the disorienting darkness and suffocating heat, his voice resonated through silence: “This is a healing place now.”

I took a deep breath through the towel that I held tightly to my face to filter out the humidity. My eyes were wide open but unseeing, searching for the man behind the gentle, magnetic voice. “Bless yourselves,” he added, and a wave of cool air struck my body as the door of the sweat lodge opened. I dropped the towel. With the firelight outside now dissolving the darkness, I could make out the other figures in the cramped space around me. “Bless yourselves,” he said again.

People started to climb out of the lodge, but I stayed behind. The man’s story had been honest and raw, and I wanted to let his words settle. As a medical student working in the small and isolated northern Ontario community of Moose Factory, I had entered the sweat lodge as a quiet observer, curious about the historic traditions of the First Nations people who had so warmly welcomed me into their community. Until then, I had only known their stories through the lens of modern medicine: the staggering rates of hypertension and heart disease, the

evasive and ever-climbing hemoglobin A<sub>1c</sub> levels, the familiar “HBD” (“has been drinking”) on emergency department charts that gave context to the traumas and injuries that we treated. Coming to work in this community, I had been acutely aware of the diverse ways in which social determinants influence health outcomes and propagate health disparities, but to witness them manifest in the individuals, families and community around me was something much more profound.

I was eager to learn more about the culture of the people I had come to work with, but my excitement was tinged with a lingering wariness. In the era of evidence-based medicine, where meta-analyses and randomized controlled trials dominate clinical decision-making, the role of traditional healing has been difficult to define. Without scientific rigour and unknown harm, could these customs be detrimental to health? Would they dissuade or interfere with patients’ access or adherence to the treatments that we — the physicians, nurses, pharmacists and dietitians — were working so hard to provide? Most important, would they leave participants feeling compelled to reject mod-



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ern, possibly life-saving, therapy in favour of traditional and spiritual practices? These questions drifted through my mind as I entered the sweat lodge.

The man leading the ceremony was a local healer. He had fashioned the sweat lodge out of tree boughs and animal hides in the backyard of his family home; it stood as a gathering place for those in search of physical remedy, spiritual nourishment and peace. A nearby bonfire burned brightly, heating the “grandfather rocks.” These large rocks were brought into the lodge one by one and served as a central podium onto which

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the healer poured water and placed traditional herbs. Infused with the scents of tobacco, cedar and sage, the steam rising from the grandfathers overwhelmed the senses and, in the immersive darkness that fell upon us, drew the mind to the shared experience of the lodge. A harmony of voices chanted as the healer led the circle in prayer, delivering blessings to those who sought guidance and evoking tears in those who had come to cry. The intensity of heat and emotion climbed higher and higher, drowning out the world outside, before coming to a silent end.

In the final stillness, my pounding heartbeat replaced the rhythm of the beating drum. “Breathe deeply and listen,” the healer said. “There is something that I want to share with you.” Having been the steadfast guide through others’ suffering and pain, the healer now began

to recount his own journey through trauma and healing. The house that today serves as a community gathering place had once been a painful and fragmented home, within which the man’s memories of sexual abuse and physical violence still resonated. He described the alcohol and drug abuse that had consumed his adolescence and early adulthood, a tradition that had been passed down from his parents and older siblings. He spoke with great openness about the stab wounds he had suffered and those he had inflicted in turn. Finally, he recounted the moment he decided to make a definitive change: the moment when a drug overdose took

the life of a friend.

Although his path to recovery had been difficult, he said it has brought him hope for the next generation and inspired him to help others in their own search for meaning. “This is a healing place now,” he said, a gentle pride in his voice.

As I left the sweat lodge that evening, bright flashes of colour danced in the sky above. I was doubly awe-struck by the Northern Lights and by my experience, which left me hum-

bled by the complex and deeply personal nature of health and well-being. The intergenerational trauma that had been discussed at such length in classrooms now lay before me in the living words of this man, this leader. In the meeting place he had shaped, a powerful sense of unity transformed the vulnerabilities and struggles of its individuals into strength and hope. While policies and initiatives were being debated in institutional offices, the community was working to support, teach and heal one another through its past and its hope for the future.

Far from opposing the principles that guide modern clinical practice, the sweat lodge healing ceremony was a testament to the spiritual, emotional and mental dimensions of health that complemented the medical treatments provided in the neighbouring hospital and clinics. It held the potential for a remarkable partnership in healing.

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This article has been peer reviewed.

The healer has given consent for this story to be told.

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**Encounters articles** give patients and health care practitioners room to reflect on their experience of illness or medicine. Encounters are memoirs that become narratives through a turn of the poetic possibility and a nod to literature, as well as imagination, storytelling and a creative exploration of metaphoric spaces. Together, these allow a sliver of understanding about life. Patient and colleague confidentiality must be respected, therefore, signed releases are required from anyone who may self-identify. Narratives should be limited to 1400 words; all submissions are peer-reviewed. Contact Barbara Sibbald, Editor, News and Humanities (barbara.sibbald@cmaj.ca), to discuss ideas.