CONTINUITY AND CHANGE: 
THE INTERPRETATION OF ILLNESS 
IN AN ANISHINAABE (OJIBWAY) COMMUNITY

ABSTRACT. Rich descriptions of Anishinaabe medical knowledge and the cultural meanings associated with illness are available in the anthropological literature, especially in the writings of A.I. Hallowell. Most of this work is based on fieldwork carried out prior to 1940 and was often motivated by a desire to reconstruct the pre-contact situation. Since that time, there have been numerous changes affecting health status and health care. This paper examines lay medical knowledge in a contemporary Canadian Anishinaabeg community, with particular attention to change and continuity in the way people explain and respond to the occurrence of illness.

The people who call themselves the Anishinaabeg are more commonly known by the names Ojibway (or Ojibwa), Chippewa and Saulteaux (in this paper, Anishinaabeg, its singular form Anishinaabe, and Ojibway will be used). Most ethnographic descriptions of Ojibway medical knowledge and practice are based on fieldwork carried out during the years 1889 to 1940 (e.g., Densmore 1929, 1932; Hallowell 1936, 1939, 1942, 1955, 1960, 1963; Hilger 1951; Hoffman 1891; Jenness 1935; Landes 1937, 1968). Much of this work centered on describing curing practices and cultural understandings about illness, often with the intent of representing the pre-contact situation. Yet, by the time anthropologists started to carry out fieldwork, the health and culture of the Anishinaabeg had already been radically affected by diseases introduced by Europeans (Bishop 1974:88; Hodgson 1982; Martin 1978; Ritzenthaler 1953; see also Trigger 1985 for a broader perspective). Nevertheless, this aspect of Anishinaabe reality was not represented in the ethnographic writings. Hallowell (1963:266), for example, in a paper exploring the interpretation of illness in Ojibway culture, explicitly stated both his interest in what he referred to as the "aboriginal cognitive orientation" and his neglect of "changing aspects" of Ojibway culture. As a group, the ethnographic accounts of this period stress the importance of health and healing to the Anishinaabeg. Further, what emerges, particularly in the work of Hallowell, is a cultural framework which gives meaning to individual occurrences of illness and provides a rationale for actions taken in response to illness.

In contrast, research carried out in the past fifty years has devoted relatively little attention to Anishinaabe medical knowledge and practice. Exceptions are found in the writings of Dunning (1959), Ritzenthaler (1953, 1963), and Rogers (1962). All three expressed interest in the contemporary situation and worked in communities where both Anishinaabe healers and biomedical practitioners were present. Dunning (1959), who carried out fieldwork during the mid-1950s in one
of Hallowell’s Canadian sites, noted the diminished authority and importance of indigenous medical specialists. Although giving a few examples similar to those provided by Hallowell, in which disease or misfortune were described as retribution for inappropriate behavior, Dunning concluded that only a “generalized sense of good conduct reinforced by gossip remains of the old system of social sanctions” (Dunning 1959:186). Ritzenthaler (1953:176), in the course of doing fieldwork in Wisconsin during the early 1940s, noted an “inordinate amount of attention given to health and healing” and questioned whether “the hyper-consciousness of the Chippewa regarding health and curing” reflected a “change in traditional attitude resulting from modern health problems.” Ritzenthaler described a variety of “traditional” means for preventing and combating sickness and concluded that a high level of concern about health predated contact with the Europeans. He argued that this concern had substantially intensified since contact because of high rates of morbidity and mortality due to introduced diseases. Rogers (1962), who carried out fieldwork during the late 1950s in a community located in northwestern Ontario, embedded comments about illness in a chapter on religion. Religious concepts and practices were portrayed as an “amalgam of old and new” (Rogers 1962:D2), and illness, its causes and its treatment, were discussed within this framework. None of these researchers, with the exception of a few tantalizing comments, provide much information about how people responded to illness and made choices between alternative forms of treatment. A key theme was describing what was considered to have survived from the aboriginal past.

In general, much of the recent anthropological literature on the Anishinaabeg has centered on the “persistence” of various aspects of Ojibway culture and personality, and the importance of such “surviving remnants” (James 1970:443) in contemporary Indian communities (e.g., James 1970 and associated commentaries; Paredes 1973; Roufs 1973; but see also Friedl 1956; James 1961; Lurie 1962). A hotly contested issue is whether there is a distinctive modern Ojibway culture, with one side of the debate emphasizing change and the other continuity. On the side emphasizing change are anthropological articles that “read like coroner’s reports” (Danziger 1979:202) with characterizations of Ojibway culture, when compared with the aboriginal past, as being in “shambles” (Hickerson 1970a:17) or “for all practical purposes, dead” (James 1970:439). The most extreme spokesman for this perspective claims that what remains from the cultural past is “relatively unimportant” (James 1970:443) and further, that some social scientists have misconstrued “behavior as peculiarly Indian when it is general poor-rural or poor-small-town behavior” (James 1970:441).

Those emphasizing continuity assert the vitality of contemporary Ojibway culture, tempered by the recognition that it has been profoundly changed through interaction with the dominant non-Indian society. In support of this position are references to Ojibway medical beliefs, behaviors, and practices.