

Health as a Proxy for Living the Good Life: A critical approach to the problem of translation and praxis in language endangered Indigenous communities

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ABSTRACT

This paper explores and elaborates on concepts of health expressed in Passamaquoddy-Maliseet, an Indigenous language of the Wabanaki of Northeastern North America. I approach the translation of these ideas into English carefully, with strict attention to the indigenous frameworks within which they reside. Critically engaging the translation process to create dialogic space enables language community members to express ideas with the integrity of Passamaquoddy-Maliseet health ideologies remaining mostly intact.

In the praxis of translation by a community of speakers experiencing language endangerment, the complexity of indigenous language health ideologies emerges. Community members contemporaneously identify health problems and discuss healing, thus giving voice to the foundational process-orientation of indigenous ideologies. The critical approach to translation returns indigenous health beliefs and practices from the margins to the center. Explicit recognition of the active relational indigenous perspectives of health prompts critical reflection on the root causes of illness and injury.

Acknowledgment of the unique Passamaquoddy-Maliseet identity supports more conscious choices about the reclamation of definitional authority and collective community health.

Including language and translation as a means of power shifting in indigenous communities expands the critical applied linguistics discourse. Observations on the translation process and a full description of woli-bmousu, living the good life, are revealed.

Introduction

Indigenous language documentation and conservation has become a more urgent project, as indicators of indigenous language vitality decline at ever more precipitous rates. In North America, 90% of the estimated 154 remaining languages are in danger of extinction (Manatowa-Bailey, 2007). While language preservation remains an important concern of scholars and Native peoples alike, achieving active spoken language fluency is the more primary task among indigenous peoples for whom language represents cultural survival (Kipp, 2000). These languages are the expression of distinct, place-based knowledge and

belief systems essential to the survival of indigenous peoples inhabiting ancestral territories (McKinley, 2005; Meyer, 2001; Wilson, 2003.)

The translation of indigenous languages into English is routinely done, ostensibly with the goal of preservation and language revitalization. It is in the act of translation that a subtle and pervasive extension of the colonization process occurs. A critical perspective reveals the innocuous way in which indigenous-centered collective action is undermined and subverted through this process. Making space for indigenous voice through the translation process is essential to community transformation. The critical applied linguistics discourse

is thus expanded to include the translation process as means for power shifting in indigenous communities.

In this paper I explore and elaborate on concepts of health as expressed in Passamaquoddy-Maliseet, one of the indigenous languages of the Wabanaki of Northeastern North America. I approach the translation of these ideas into English carefully, with strict attention to the indigenous frameworks within which they reside. Critically engaging the translation process to create dialogic space enables speech community members to express ideas with the integrity of Passamaquoddy-Maliseet health ideologies remaining mostly intact. In the praxis of translation by a community of speakers experiencing language endangerment, the complexity of indigenous language health ideologies emerges.

Background

Critical applied linguistics

In defining the domains of critical applied linguistics, Pennycook (2001) discusses a critical approach to translation, concerned with “the politics of translation, the ways in which translating and interpreting are related to concerns such as class, gender, difference, ideology and social context”(pg. 13). Critical applied linguistics thus spans across both applied linguistics, defined as a researcher orientation concerned with the validation of theory; and the application of linguistics, concerned with practical solutions to language-related problems (Davies & Elder, 2004, pg. 13). The anti-hegemonic, critical applied, political stance, which practices an “ethic of difference” (Pennycook, 2001, pg. 14) can be used to interrogate all forms of linguistics.

The politics of translation begins to play out in language-endangered indigenous communities, when preservation efforts escalate. Scholars and practitioners focus on preservation in written, audio and video forms, engaging fluent speakers in these efforts. Preservation and revitalization are often distinct endeavors with spoken fluency the opportunity cost of preservation (Grounds, 2007). The scarce linguistic resources of indigenous communities are thus pressed into the service of translation for the purpose of preservation at the expense of active language teaching. More importantly, the way in which translation is accomplished preserves indigenous language in forms and formats inadequate to capture indigenous ideologies (Simpson, 2004).

The complexity of translation across language families from source languages into English demands attention to questions of reliability and accuracy. Specific cross-language translatability issues involve the verb-based syntactic constructions of many Indigenous languages of the Americas, which emphasize process over product (Bronson, 2002). The lack of translatability between indigenous languages and English, and the dominance of English, results in interpretations that favor the subject-verb-object construction of English, and its attendant predisposition toward individualistic cause-effect relationships. In marked contrast, Passamaquoddy-Maliseet and many other indigenous languages express dynamic interrelationships involving people and the larger cosmos within the construction of the language. When these languages are translated into English, indigenous epistemologies centered in the primacy of these interrelationships are compromised. Complex elegant verb forms are deconstructed and then reconstructed to create translations that more closely approximate categorical English forms. In this way, an

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inconspicuous, rather sophisticated colonization process is advanced (Simpson, 2004). To fail to disclose the artfulness of translation is to participate in the de-construction and re-making of indigenous languages. Since these languages are in the process of revitalization and are being learned anew, indigenous epistemologies can easily and surreptitiously undergo substantive change through translation. New language learners unknowingly encounter a language that has been transformed to reflect the Western ideologies that reside in English.

The critical applied linguistic stance demands a deep questioning of the assumptions under which language is analyzed and translated, and how these processes legitimize and strengthen existing power structures. We must ask whose interests are best served by language preservation and conservation, and how well the act of translation actually serves indigenous language revitalization. Ensuring that indigenous epistemologies are accurately communicated advances an indigenous agenda that seeks to maintain cultural integrity in intergenerational language transmission (Manatowa-Bailey, 2007; Simpson, 2004).

Critical applied linguistics assumes that language is inherently political. Phillipson (1992) characterizes English linguistic imperialism as “the dominance of English...asserted and maintained by the establishment and continuous reconstitution of structural inequalities between English and other languages” (pg. 47). For indigenous peoples, the decolonization project includes reclamation of land and language as central to self-determination (Grande, 2004, pg. 117). When we recognize the politics of indigenous language revitalization, we confront the prospect that indigenous people will reclaim their languages, in spite of

concerted and sustained efforts to eradicate them at the highest levels of government. The talk among tribal nations of self-determination and self-governance lacks substance without indigenous language reclamation. (Deloria & Lytle, 1984, pg. 251) Thus indigenous language revitalization is inherently a political process (Walsh, 2005), with power shifting at the core. This shift of power in the collective is essential to genuine transformation in indigenous communities.

Praxis and Transformation

Praxis, defined as “*reflection and action* directed at the structures to be transformed” (Freire, 1997, pg. 107), occurs in the translation process, when the objective of translation turns toward uncovering and articulating indigenous ideologies, and away from fitting indigenous language words and phrases into English constructs. The specification of indigenous beliefs and practices gives voice to language and ideologies that have been systematically and intentionally oppressed. Freire’s (1997) dialogic theory of action holds that “(the oppressed) meet to *name* the world in order to transform it” (pg. 148) cooperating and communicating through dialogue. Moreover, the essential narrative form and structure in which traditional indigenous teachings are embedded (Alfred, 1999) is privileged by qualitative inquiry methods that locate the interpretive project within an “emancipatory and transformative agenda” (Schwandt in Denzin 2000, pg. 202).

A critical perspective holds that language not only describes the world but also serves to construct and delimit it (Kincheloe & McLaren, 2000). A critical approach to translation requires the researcher to adopt a problem-

posing stance, routinely questioning the frameworks within which translation is negotiated. Critical evaluation of the forms and frameworks routinely applied in linguistic practice is essential to providing space for authentic representation of indigenous values and ideologies. Conventional linguistic constructs operative in the translation project are thereby challenged. Power shifts from the linguistic researcher to the indigenous communities struggling to restore indigenous languages, thus constructing a platform for collective action.

While collaborative fieldwork approaches acknowledge the importance of speaker insights in the analysis process (Yamada, 2007), the empowerment model is insufficient to shift definitional power to the speaker community. Training indigenous speakers in linguistics teaches deconstructive methods and devalues the contextual social construction of language in use. The linguistic fieldworker must critically evaluate the “Eurocentric grammatical traditions and theoretical assumptions” that underpin linguistic practice and engage in a process of unlearning (Gil, 2001). For Pennycook (2001) “the imperative to develop broader, more ethically accountable, and more transformative frameworks of knowledge in applied linguistics suggests the possibility not of peripheral critical work, but of pervasive critical work” (pg. 176).

Concepts of Health

While the meaning of health in English has been amply discussed in the literature, there appears to be scarce information on indigenous conceptions of health among North American Native Nations. The complexity of the health ideology, residing within the language of the Whapmagoostui Band of

Eastern Cree has been explored by Adelson (1991), who reports that no direct translation for health can be found. Rather, *miyupimaatisiun*, translated “being alive well,” (pg. 231) is the closest approximation given for health. A physiological aspect of this concept involves eating Cree food, which provides physical strength, and enables effective participation in cyclical activities required to keep warm and maintain self-sufficiency through sustenance hunting activities. A spiritual connection and relationship with the land and the larger environment is noted as essential to “being alive well.” Adelson (2000) proposes an integrative model of health, which takes into account individual, social, and environmental contextual factors grounding health beliefs and practices. An extended discussion of *miyupimaatisiun* explicitly connects physical wellness to land, identity, and social and political well being.

Wilson (2003) finds that for Anishinabek First Nations people, the therapeutic landscape and its relationship to health is rooted in the concept of *mno bmaadis* translated as “living the good life.” The relationship between the land and health is explored using the medicine wheel model of health as balance between the physical, mental, emotional, and spiritual elements of life. The land is characterized as part of Anishinabek identity, and the provider of all resources needed for survival. Spirituality and the use of native medicines are closely linked and spiritual practice is situated in the land. Wilson (2003) recognizes the importance of examining and appreciating the complex interrelationships involving identity and place and expressions of spirituality. This paper explores more fully the complexity of those relationships as articulated in Passamaquoddy-Maliseet through a research project I conducted in my home community.

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Setting

I conducted the research in one of the east coastal Passamaquoddy-Maliseet communities with a 2005 census of 647 tribal members living on the reservation and 259 more nearby. An additional 1003 registered tribal members live off the reservation. The relatively remote location of this community in ancestral territory is an important factor in the survival of the language. Although endangered, the language is still spoken fluently in conversation by most of those fifty-five and over. The language is part of the Algonquin language family, with meaning and structure in common with its many sister languages spoken throughout the northern tier of the United States and Canada. Many tribal members of any age, who live in the community, speak or understand some Passamaquoddy-Maliseet. Fluent first-language Passamaquoddy-Maliseet speakers are very competent English speakers as well, who still operate within the cultural framework of their first language.

I am a first English language speaker and my fluency in Passamaquoddy is limited. Translation from Passamaquoddy-Maliseet to English was facilitated by my base knowledge and limited my lack of knowledge. I actively participated in the process of translation by asking particular questions and directing the inquiry. While my lack of fluency left more room for misunderstanding and misinterpretation, it also compelled me to be conscientious in trying to discover the full meaning of terms and concepts engaging fully in an iterative process of learning the language and its deeper meaning. The exploration of the meaning of words and concepts and how they are related became a dialogic process in which speakers expressed heightened awareness of the rich-

ness of the language. I came to believe that I should ask not what I could learn, but what was the language trying to teach me.

Methods

Ethnographic methods were utilized to identify and explicate concepts of health and decision-making in Passamaquoddy-Maliseet¹, and examine underlying cultural frameworks. The rationale and procedure for selecting participants, the development of the interview protocol, and details of data collection and analysis procedures are specified below.

Selecting Participants

I chose participants from the pool of community members whose first language is Passamaquoddy-Maliseet. I could not identify anyone in the community under the age of 50, who met these criteria. I first invited individuals who have demonstrated a commitment to language revitalization, or who have publicly expressed an interest in becoming a part of these efforts in the community. I expected that these individuals would be inclined to participate in the research project, given its potential to contribute to language revitalization efforts. Also those who teach or translate cultivate a deeper knowledge of the language. Because the social organization of the community is traditionally defined along extended family lines, I specifically included members of different family groups to get broader representation of health ideas and practices that might vary by family. Finally some individuals and families in the community are acknowledged to be stronger traditional medicine practitioners. I intentionally invited some of these individuals and family members to participate. All interviewees were chosen for their depth of knowl-

edge of the Passamaquoddy-Maliseet language and tribal health beliefs and practices.

I made the invitation to participate in person. Many had become aware of the project through an earlier presentation I had made to the Tribal Council. As I encountered prospective participants in the community meeting the criteria outlined above, I invited them to participate. Once individuals indicated an interest in participating in the study, I arranged to meet with them to obtain their consent and conduct the interview process. I recruited some participants by calling to ask if I could come to see them about a project I was working on. I went to their homes to discuss the project with them and sometimes obtained consent at that time, while arranging for a later interview appointment. The recruitment process was facilitated when I attended our annual cultural celebration lasting several days.

I successfully recruited two individuals who are considered master language teachers, and one person well known for deep knowledge of traditional tribal medicine. Another participant comes from a family where the medicine tradition is quite strong. I invited two other master teachers. While both were willing, neither was able to participate due to family health issues. Two other individuals well versed in tribal health practices, were asked to participate. One of these agreed but became unavailable due to family commitments.

I asked two couples for an interview, expecting that having a partner in the household, who is a Native speaker, would provide a higher Native language use environment. At the same time, I wanted to provide an opportunity for speakers to dialogue about the

questions I asked in the interviews, as a means to support each other in developing responses. This strategy was also intended to widen the scope of participation to include most of the largest families in the community. One couple and one of the partners in the other couple participated.

In all, of the thirteen who were invited, eight gave interviews. Three other individuals, who are fluent Passamaquoddy speakers, provided some information within the context of another interview protocol for a related study, which focused primarily on tribal health decision-making processes.

All of the individuals who participated are considered elders at 55 years old or older. Passamaquoddy-Maliseet is their first language. No conversationally fluent speakers under the age of 50 could be identified. Although the community is small in number, individuals from several different families participated. Inclusion of different families is important in order to explore whether differences in health beliefs or practices can be identified by family group. All of the interviews took place in family homes. All of the participants are personally known to me.

Researching Within

My “insider” view as a tribal member, who has lived in the community and remains connected there can be considered a limitation as well as a strength of the study. The insider view provides a foundation and grounding in the community that significantly informs the research. Intimate community knowledge helps guide decision-making and can contribute greatly to the efficiency of the study. While my network of relationships facilitates quicker

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access to a number of knowledgeable informants, those same relationships have a history that may limit disclosure in unknown ways.

Similarly my level of fluency in Passamaquoddy-Maliseet is simultaneously an enhancing and a limiting factor in the conduct of the research. Participants were enthusiastic about helping me complete the work required to finish my graduate program and they wanted to help me learn the language. I've worked with several of them over the years to support language revitalization efforts in the community.

I have disclosed much more detail about the rewards and challenges of researching within my own community elsewhere.²

Data Collection and Analysis

Data were collected through in-depth interviews, group interviews and documentary review. Six individuals gave in depth interviews. The individual in-depth interview allowed space for participants to develop and articulate their perspectives in a private, confidential setting. This approach enabled individual narratives to come forth reflecting the individual's own history and particular concerns. One of these individuals, a master Passamaquoddy teacher, gave one individual interview early in the project and another toward the end, and remained available for consultation throughout. Having this individual available for consultation on words and meanings throughout the data analysis helped me obtain clarification at opportune moments in my process.

Two group interviews, one with a married couple and one with three individuals, were

completed. The couple interview was conducted to see if the dialogic process between long-time partners would produce synergy in response to the interview questions. I had already witnessed some individuals struggle with translation in the individual interview process and wanted to try to provide a more supportive environment for interviewees not accustomed to translating Passamaquoddy ideas and concepts into English. The second group interview of three individuals included a master teacher, an expert in traditional tribal health and contemporary health practices, and a community activist with a broad network of community connections. This interview was conducted after analysis of all the interview data, except the second interview given by one individual. The group interview was convened to further explore questions about relationships between words and concepts that arose from the initial data analysis. The dialogic process was important to the task of Passamaquoddy speakers exploring the language in more depth, and most challenging to me given my fluency level.

All of the interviews were given in both Passamaquoddy and English, with Passamaquoddy ranging from approximately 20-50% of each interview. The interviews were digitally recorded. Interviewees were offered a digital copy of their interview on CD upon request. I loaded the digital audio files onto my computer and my iPod so that I would have ready access to the data. I listened to each recording and referred back to them frequently while reviewing the transcripts and analyzing the data. All of the files were backed up on CDs and DVDs. The English passages were transcribed verbatim, with time markers recorded for the Passamaquoddy passages. I verified the accuracy of the English transcription making corrections as needed. I added

to the transcripts my phonetic rendering of all but the most lengthy (more than two or three sentences long) Passamaquoddy passages.

I employed a translator, a Passamaquoddy elder, to help translate the lengthy passages and words or phrases in the shorter passages that either were not fully translated by the interviewee or that I did not fully understand. Generally I understood the basic message, if not the nuances of all but the lengthiest Passamaquoddy passages. I asked clarifying questions, asked for direct translation in the moment, and/or utilized the translator after the fact. I listened to the recordings and noted the passages that I did not fully understand. I met with the translator and she listened to the passages I had identified, while I transcribed her translation in English. I then read back this translation and asked clarifying questions of the translator as I transcribed. I inserted the English translation of passages given in Passamaquoddy and differentiated them in the transcripts from the portions of the interviews given in English.

I listened to the individual interview recordings once again, while reading the transcripts, and highlighted words or concepts that needed further explanation or clarification, thus advancing the data analysis process. These words were discussed in the second interview with one of the key informants and in the final group interview, which was convened for the purpose of clarifying translations and exploring relationships between different concepts of health emerging from the analysis of the transcripts. I recorded reflective notes as well throughout the data collection and analysis processes.

Documentary sources, including dictionaries in electronic and print form (Francis,

Leavitt & Apt, n.d.; LeSourd, Leavitt, & Francis, 1986; Nicholas & Francis, 1988) were reviewed to identify Passamaquoddy-Maliseet concepts of health, wellness, illness and injury on individual, family, and tribal levels. These materials were referenced in advance of informant interviews and throughout the data analysis process.³ These sources were used to further explore relationships between words and concepts emerging from the interviews.

Transcribed records of interviews were evaluated, in concert with documentary evidence, to identify emerging themes. Analytical questions were noted throughout the data analysis process. Interview transcripts, field notes and memos were coded using NVivo7 software (QRS International, 2006). The initial coding scheme consisted mostly of free nodes intended to capture unique ideas and concepts.

Important ideas and relationships between concepts were explored through review of the coded passages of the transcripts. Dictionaries were reviewed extensively for related terms. Key informants were consulted throughout the process to enhance my understanding of terms and concepts. The second iteration of the coding scheme reflected the identification of important unifying themes and concepts within which the free nodes could more easily be grouped. The data was reviewed once again using the revised coding scheme to group passages. Passages were recoded as needed to account for proper placement in the revised coding scheme. The results of this analysis provided the framework for reporting and discussing the findings below.

Interview Protocol

The interview protocol addresses the ques-

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tion of how ideas about health are expressed in Passamaquoddy⁴. I routinely opened the inquiry with general questions about the language and its use in the community. Next I asked about individual, family and community health in Passamaquoddy. I asked about illness, injury and community health concerns. The interview protocol included a section on tribal health decisions, and finally one on Passamaquoddy traditions. The questions were open ended, such as “When you think of health in Passamaquoddy, what comes to mind?”. To prompt, I might ask, “Can you say something more about that?”. In every interview, informants were encouraged to speak in Passamaquoddy and given the option to translate for themselves as they spoke, or after speaking for some time. I often checked in to see that I had the correct pronunciation or interpretation of words, phrases and concepts, repeating words in Passamaquoddy and clarifying meaning. I often asked for responses in Passamaquoddy, if they were given in English, but did not interrupt the narrative to do so. I might say “If you talked about that (something just discussed in English) in Passamaquoddy, how would you say it?” The prompting required to elicit Passamaquoddy varied by individual and within each interview.

Findings

Speaking the Language

Certain essential characteristics of Passamaquoddy-Maliseet emerge through the discussion of health. These ideas are invariably expressed as motions and processes, rather than static or abstract entities. *Wolibmousu* or *wolibmousuwogn*, commonly used to express the idea of health or healthy, can be translated as “living well,” or “living the good

life,” with the first term referring to the action, and the second specifying the collective action. As one participant explains, “The health of the people would be *a way of life*⁵, you know, a way of life, how we survived, how we lived, how we communicated, you know, in community, in family, extended family...” A circular narrative style and repetition of words and phrases with slightly different inflections serve to emphasize and highlight messages. Native speakers recognize the complexity of the language as they explore conceptual frameworks related to health. The framework of the Passamaquoddy language allows for a great deal of creativity and improvisation as it is spoken. Through the translation process the elegance of the language is revealed. During the group interview while all struggle with translating from Passamaquoddy to English, one individual observes “...I’ve never heard the word sophistication with our language, but it’s really a smart language.”

Native speakers experience joy in speaking and hearing the language, “...no matter what he wanted to explain, they didn’t listen to him, they spoke Micmac⁶ to him, and eventually they started asking him where he was from, and then he started responding, *in Micmac!* And in ten minutes, they were all laughing, talking Micmac, the whole three of them, you know, and *having fun!*” One individual describes how the sound of the language invokes peace and heals the body. “With the language, there is a physiological response when the language is used, and you have a lot of those receptors, leaving the gut, in the gut area, where they used to think they were all in the brain. And when the language is being used, those are activated. So a person’s sense of wellness is enhanced. That joy is, you’re happier, *when wolidahasu.*”

Even in its most emphatic moments, the language with its relational and inclusive structures has gentleness, an obliqueness that creates an intimate and welcoming environment. Native speakers observe that discussions in English are sometimes more difficult or more disrespectful. “(I think when you speak in Passamaquoddy, you’re more kind. You really are more kind. We have to talk to each other. When you speak in English you don’t really talk.)”⁷ Most Native speakers have never learned to write in Passamaquoddy and have only ever experienced it as a spoken language between people who are known to each other. Because individuals cannot be mentioned in Passamaquoddy without reference to their relationship with the speaker, the language provides for more intimacy in its structure, prompting the observation that “. . . in Indian I think it sounds more personal when you say *gil-un* (you and I), it has more meaning. . . I love you in Indian, it’s much deeper.” The depth of connection with others in the community, expressed through the language has important implications for the value placed on community cohesion.

Some insisted that in order to be healthy, we all have to speak the language, because instructions for healthy living are contained there, and cannot be divorced from how we conduct ourselves on a daily basis. “It’s learning your language- having your language and trying to live your language based on its teachings; that’s good health, to me, because it has all the teachings of what we’re supposed to be.” Native speakers refer to the positive physiological response generated by using the language: “When they speak Passamaquoddy (they’re all laughing), the Passamaquoddy *mjellmulteenye* is free-er, more free. And if a person is free-er, they don’t have to be sick. That’s another reason (to speak the language),

that sense of freedom. So there’s a connection there.”

Relationships

Taking care of each other and ourselves are essential elements of health. A concern with well-being in each personal encounter is indicated by the customary greeting, *Dun-gok*, (How are you doing?) and the customary parting remark, *Lunk-ay-us-in*, (Take good care.) Individual health is expressed as an active process. *When wl-ok-ay-us-id*, refers to someone who is taking good care of themselves. Intimate and satisfying relationships with each other and a sense of collective interdependence are viewed as foundational for health. Difficulties in close personal relationships are characterized as injury. Lack of attention to people who are in need is one result of old injuries to interpersonal relationships. One individual decries “not getting the attention from community, **and** family, due to an injury that already exists. People staying away. . . people not, you know, **not loving each other** in the moment.” Physical illness is thus exacerbated by emotional distance.

Relationships with people who have passed on and intimate connections with the surrounding environment are described in the present as integral aspects of maintaining health. “When I take him in the woods, *enji-nu-ji-al-kul-dee-eg-chee-koog*, I think, he remembers the good feelings about being in the woods, *lee-da-hus mee-kwee-da-has-in wetchqwi-mdjee-gul-tee-eg edgi-week-wa-jay-ig when aloosed chee-koog*, and I think. . . that it heals him. . . cause it feels good to be in the woods. *Kee-ka-hoo-goon enji-nu-ji-al-kul-dee-eg-chee-koog*. One interviewee describes an active dialogue with a community member, who had recently passed on refer-

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ring to connections between the land and the health of the people: “That’s what I’ve been doing, to um, to... try to stay healthy, (talk to the people that are passed away) and um, every once in a while *ndlee bus-ken-eg-ee-kok* (I go to the place they are buried - graveyard) but every day I make it, no matter what, no matter what the weather, I force myself to go down to the shore, and have a conversation, (people that have died) to beg them, practically beg ‘em to bring like a intercession for us, so that we can be healthy again.”

Survival

The ability to survive well, to have all that you need, plenty of food, a warm house, and freedom from scarcity are all aspects of the good life. Observed personal characteristics indicate a better chance of surviving well. In individuals, *sugalumptu* is translated as healthy or strong, a physical characteristic which includes resiliency. *Sugalutpud* refers to someone stubborn or hardheaded and *sugalayu* to a difficult process. *Sugalugwastusid* can be translated to mean sturdy looking, rugged or wholesome looking. It implies a physical strength and capability for hard work. Having enough food to eat individually, as families and in the community are important elements of survival. *Woli-bmousu* recalls an earlier time when families relied on indigenous fish and game and natural foods harvested in season or grown in gardens: “And the (these) men catch a lot of fish and give it to the people. We eat well in the wintertime, we have rabbit, muskrat, deer meat, moose meat. We eat well. When I started going to high school, and when I started really *unsa-de when gloos-keep-in, gloos-kee-nug-wood mij-wogn*, eating not well or junk food. When we were going to school here, we ate well.” *Gloos-kee-nug-wood mij-wogn* refers to fake food,

not appetizing and having no nutritional value, food that is trying to trick you. Sustenance as it relates to *woli-bmousu* includes eating well, and eating more traditional indigenous foods, as well as being cared for in community, self-sufficiency, physical activity, spending time outside, and access to the natural landscape as a healing place.

Self-reliance on an individual, family and community level is viewed as healthy and beneficial in contrast to dependency on services provided by the tribe, the state or the federal government. “I think it helps us, to ruin ourselves of who we are, by having so much dependence, it’s really crippling.” In contrast, “...our language gave us independence. *Jewi-when-wdjew-kem-soo*, and it encompasses health, emotional health, physical health, and um... like some communities, my father would say *towi-wdjew-kem-sool-too-wg-nik*, they know how to survive, they know how to help themselves survive... they used to say that about us, *gil-wow-neet-owi-wdjew-kem sool-tee-bn* we’d say that about our family, said we knew how to help ourselves...”

Natural Cycle

Respondents often made reference to the cyclical nature of health and illness as a natural part of living. One individual acknowledged how the community is changing in this regard: “When people back then died, everybody just understood that they died because that’s how our Creator intended it to be, and um, you deal with it appropriately, the way it was dealt with for generations, is that you try as much as you can to help those that are affected, family members, and um, and then after the funeral you move on. And now today, it’s handled differently because of our health and

the way we look at health today, we look at health today like mainstream society looks at health.” This comment refers to the displacement of traditional self-healing practices by medical interventions that favor over-reliance on others to handle the natural processes of grieving and healing.

Illnesses are recognized in Passamaquoddy-Maliseet as processes rather than conditions. As such, the illness does not define the person, but is a process occurring within the person. One person explains, “It’s like, the person isn’t the disease, you know? It’s like, if I have a heart condition, it doesn’t mean that I’m a heart attack walking around.” The word *sugalene*, derived from the English “sugar” refers to diabetes, more specifically to the process of sugar troubling the body.⁸ It’s a state of being, not static, but rather a dynamic process. Illness is not attributed to physical causes alone. Individuals can make themselves vulnerable to ill health by failing to tend to distressed relationships. A person can never be well, if they have “unfinished business” with other people. The discussion of illness naturally moves to what a person must do to restore health. Peace and wellness are closely associated with health. One participant reiterates, “You can’t be at peace or healthy until you take care of your relationships.” Relationships must be put in good order before health can be fully restored.

Illness and injury are intertwined. The concept of injury is expansive, including physical as well as emotional injury. Physical injury is always described within the context of movement, never abstractly and always in relation to other people or objects. The structure of the language does not allow for the separation of the cause of injury from the site of the injury.

The concept of injury also includes not having physical needs met, like not having enough to eat, or not having political favor sufficient to receive a fair share of community resources. Ill health is rooted in the lack of sufficient basic resources, which is also characterized as injury as described by one participant: “They didn’t have enough *-mij-wogon* (food) growing up back then. That was a big injury to the body. So you bring on illnesses. *Ma debi-e-mij-wogon*. Not enough food to go around. *Muluks*...milk. People, you know went hungry, a lot. And that will cause injury. And bring on illnesses.” One of the highest forms of injury is estrangement from relatives and other community members. “There’s a lot of that now, a lot of injury, and when you get sick, a lot of people are sick because we are separated, families separated.”

Medicine and Healing

General knowledge of healing practices and plant medicine still resides in families, but mostly in the elderly. One of the elders recounts, “[O]ur community people in every family had remedies I think that were passed on, by our ancestors, from one generation to the next, and I assume that they’ve been around for thousands of years.” This knowledge has routinely been used for healing others as well as for self-healing. Many specialized applications, known only by certain individuals have been lost in their passing, although it is possible to recover some of that information through dreams “Anyway, there’s a certain plant that she has to find. She saw the description of it in her dream, and she went and got it, found it in the woods, and she prepared it the same way, on the stove and drank it, and she got well...” The prospect of self-healing seems to have become more remote as this

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knowledge is lost or forgotten, although many still believe strongly in the power of these medicines and resist making this information too available for fear of exploitation. A recent proposal to the Tribal Council to conduct a research project documenting traditional medicine practices by videotaping elicited strident objections by concerned community members, and raised important questions about collective tribal intellectual property.

Substance abuse was identified by several people as a primary health concern. One individual referred to abusing drugs as *tlyekoon pisun* “playing with medicine” or experimenting. Another term *twublawakon pisun*, is translated “misusing medicine or using it the wrong way.” It’s the overuse or incorrect use of medicinal substances that’s harmful. These medicines are intended for healing purposes. Abusing them is harmful to individuals and to the community. Alcohol abuse is similarly acknowledged for its damaging effect. One of the participants associates alcohol use with stepping outside the community for the first time. “When we walked into the white man’s world, we tried everything, we tried liquor, too. We started drinking when we very young; we started ruining ourselves.”

Living the good life encompasses concerns with survival, sustenance broadly defined, living peacefully and taking care of ourselves, and each other. An abiding concern with separation from each other and its effect on the collective was often discussed. One participant observed that “(Wherever you go you have to keep a watch, you have to watch other people because you don’t know them. In other places there’s a lot of people that live together you don’t know everybody and that’s the way (this community) is starting to be. You don’t

know the person who lives across the street from you, you think you know them, but you don’t.)” Participants consistently expressed a collective concern with living well, often discussing pathways to healing in conjunction with the topics of illness and injury. These individuals recall a time, not so long ago, when the community relied much more on themselves and each other for healing. They called for language reclamation and the revitalization of community as healing processes that could lead again to the good life.

Discussion

English Literacy and Power

It’s hard to ignore the Anglo-centric view that English is indeed the language of choice, more complex, more difficult to learn, the language of commerce, hierarchical, abstract and politically positioned to ensure hegemony (Phillipson, 1992). Indigenous languages, many of which were never written, are thought to be inferior in every way. To be sure, “illiterate” has negative connotations. In fact, writing the language down can obscure the fine inflections and intonations that are critical to fluency and a deep understanding of Passamaquoddy-Maliseet.

From a critical perspective, the question is not what do we gain when the language is written down, but rather what do we lose in the process. The writing system commonly used for Passamaquoddy–Maliseet was first developed in the 1970s as a precursor to the dictionary project still underway today. The richness of meaning, the subtle inflection, the creativity and the precision of the language cannot be captured in dictionary form. Nor can we expect to understand the fullness of

health ideologies in English translations pulled out of context. In this study, we aim to understand how Passamaquoddy-Maliseet conceptualizes health through a process that engages community members in the inquiry, thus expanding language community awareness of the unique power and authority that resides in the language.

I concentrate here on how the politics of translation privileges Western ideologies expressed in English, over indigenous ideologies of good living, undermining the social construction of health and marginalizing indigenous health concepts.

Structural Considerations

One of the important observations of the research involves the complexity, the sophistication, and the elegance of the Passamaquoddy-Maliseet language. The precision of the language enables speakers to express ideas and feelings succinctly. Passamaquoddy-Maliseet expresses vibrancy and interdependence in its speaking. As Leavitt (1996), a linguist who has worked for years on Passamaquoddy-Maliseet projects, observes, "...space and time are continually reconstructed according to the speaker's location, so that personal identity is integrally tied to the space and time – both physical and social – in which the speaker moves. A language like English allows the construction of space and time without reference to a human presence. In Passamaquoddy an impersonal point of view is difficult to adopt" (p.13).

In Passamaquoddy-Maliseet the world is active and relational, visually defined and situated in the present. Processes have individual, family and collective impact. Accountability

can be determined, but not blame. Generally, the language is less hierarchical, and less judgmental than English in keeping with the natural order of the world. In this study, careful attention to the scope of inquiry in a study of the meaning of health in Passamaquoddy-Maliseet creates space for the emergence of a complex ideology of good living. Living well encompasses ideas of survival, sustenance, collectivity, relationships and accountability. Good health then is the proxy for living well.

Ecology and Process in Health and Healing

Passamaquoddy-Maliseet draws attention to the centrality of dynamic processes in health and healing. The natural processes of death and regeneration are acknowledged as equally important and expected parts of the life cycle. The health of personal relationships is considered essential to collective good living, consistent with the interdependencies evidenced in the natural order of the universe. The loss of health and good living is attributed to the loss of community. The intimacy of a small close-knit indigenous community has eroded over time with changes in the population and erosion of the strength of the Passamaquoddy-Maliseet language, affecting how relationships are viewed and negotiated. The active process of translation in community facilitates the recovery of knowledge about healing, and supports the restoration of individual and collective efficacy in this arena.

Community members contemporaneously identify health problems and discuss healing, thus giving voice to the foundational process-orientation of indigenous ideologies. The critical approach to translation returns indigenous health beliefs and practices from the margins to the center. Explicit recognition of the active

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relational indigenous perspectives of health prompts critical reflection on the root causes of illness and injury. Acknowledgment of the unique Passamaquoddy-Maliseet identity supports more conscious choices about the reclamation of definitional authority and collective community health.

Investigating these ideas uncovers the unique cultural identity of this indigenous community and enables more conscious choices about how to act to reclaim tribal definitional authority and support collective community health. The Cree and the Anishinabek are relatives of the Passamaquoddy-Maliseet, who are the subjects of this research. It should not be surprising, then, that the broad translation of the idea of health as “living well” in Passamaquoddy-Maliseet, usually expressed in the concept of *woli-bmousu* aligns closely with the *miyupimaatisiium* and *mno bmaadis* ideologies expressed in these related languages.

Careful translation of health-related concepts residing in other indigenous language frameworks similarly provides ecologically situated-instruction for living well (Adelson 2000; Wilson 2003). Aspects of living the good life are consistent among three Algonquin-speaking communities, the Anishinabeak, the Cree, and the Passamaquoddy-Maliseet. These indigenous communities share the richness of a collective interdependent concept of health, which can transform approaches to health decision-making. Relationships between the conceptual frameworks expressed in these three languages and other indigenous languages globally should be more fully explored. The rich diversity of indigenous languages has common threads, which can be instructive for larger audiences, if articulated more broadly.

Limitations

This study provides a glimpse into the conceptual frameworks, particularly surrounding health issues, residing in the Passamaquoddy-Maliseet language and speech community. The study is limited by the experiences and the fluencies of the participants and does not fully represent the richness of the language. The dialogic process in which the researcher and the study participants explore the language together happens within the context of intimate community connections that cannot be replicated. The accuracy of the translation cannot be precisely measured. At the same time, the limits of our collective knowledge are pressed and expanded, as we grapple together with the challenge of how to bring forward indigenous knowledge and translate it into forms that will ensure its future.

Implications for Praxis

Health interventions that fail to consider the integrity of indigenous contexts for good living surreptitiously extend the colonization process in these communities and thereby subvert healthy living. The shift in definitional power to indigenous languages provides a foundation upon which indigenous-centered solutions can be developed and practiced. Individuals who work in indigenous communities are invited take a critical perspective on translation, to engage in reflexive research practice, and to help remove obstacles to self-definition of foundational concepts such as health in language-endangered indigenous communities. Doing so will pave the way for truly transformative dialogic health practice.

This research has global implications for making the wisdom embedded in indigenous

languages available to inform the healing of those communities and others interested in a more integrated approach to health.

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Endnotes

1. The research project included the exploration of decision-making concepts in Passamaquoddy-Maliseet, which will not be reported here. The larger project

investigated health and decision-making as expressed in Passamaquoddy-Maliseet and how these ideas might currently be applied to tribal health decision-making.

2. See Dana-Sacco (2010) The Indigenous Researcher as Individual and Collective: Building a Research Practice Ethic Within the Context of Indigenous Languages, *American Indian Quarterly*, 34(1) 61-82
3. These textual materials employ a writing system developed by linguists that substitutes certain letters of the English alphabet for Passamaquoddy-Maliseet sounds that are different from English sounds. Although the texts were used for reference, the writing system was not used in the transcriptions.
4. Passamaquoddy and Maliseet are similar enough that the dictionaries currently in development all refer to one Passamaquoddy-Maliseet language. The languages are clearly differentiated in their speaking, with each having a different cadence and inflections. Each has place-based distinctions as well. The terms are used interchangeably.
5. Boldface indicates emphasis by the speaker of particular words or phrases.
6. Micmac, another of the Wabanaki languages, is very closely related and can be understood by fluent Passamaquoddy-Maliseet speakers.
7. 7 (English translation of spoken Passamaquoddy in parens)
8. Leavitt (1989) makes reference to Passamaquoddy names for health problems, recognizing the dynamic nature of the words, but translating sugalene as sugar suffering.

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