

The Loss of Indigenous Language Practices

Implications for Native Health, Healing, and Cultural Wellbeing

Melissa R. Thomas (she/her)

Note on Audience: The primary audience of this article are health rhetoricians, primarily non-Native (as many Natives are considerably aware of this issue), focused on scholarly research. My secondary audience is aimed towards Native Americans, as a way to communicate rhetorical scholarship to the public and their tribes.

The Ojibwe people often share a traditional story of the roots of the Skywoman, who birthed their people and granted animals seed for food and medicine after they created earth for her to land on (Marya & Patel, 2021). These seeds perforated into the 13,000 unique medicinal plants used in Native medicine, of which three-quarters are linguistically unique to the 300 living Native languages (Cámara-Leret & Bascompte, 2021). However, approximately 7% of these languages are projected to still be spoken in 2050; Native languages are being lost at a rate higher than the world's biodiversity (Cámara-Leret & Bascompte, 2021). As these languages erode, the medicinal benefits behind Native medicine erode with them. Western medicine is often not compatible with the epistemology behind Native healing, and this harmfully affects Native language and cultural

practices as a whole. This commentary aims to engage in a conversation to supplement the field of rhetoric of health and medicine (RHM) through the exploration of Indigenous language and culture and their profound effects on health.

As the loss of Indigenous languages has accelerated over the past 50 years (Whalen et al., 2016), cultural continuity—which is so critical to Indigenous identity—is also flailing. According to Indigenous scholars Rupa Marya and Raj Patel (2021), the erosion of Native medicinal knowledge is an intentional outcome of colonization, where European imperial forces waged “a second war” on Indigenous healers, as well as the foods and medicines of tribes. Today, Indigenous communities are cited to have some of the worst health outcomes of any other group in the United States (Whalen et al., 2016). Disempowered through the continuity of colonialism and extensive injustices in their land, American Indians face economic hardships, historical traumas, forced acculturation, and healthcare inequities that form a thick network of lowered health status. With higher rates of chronic diseases and shorter life expectancies, the health of Native Americans today is dwindling, and evidence supports the lasting effects of a “war” on Native healing in disconnecting Native Americans from their traditions and culture. When young Natives are reconnected to their cultural practices, health thrives. In North America, for example, suicide rates are cut in half among young Natives who connect back to their ancestral lands (Marya & Patel, 2021). Likewise, studies of Indigenous Australians found that poor health status and risky health behaviors were drastically reduced in members who speak their heritage language (Whalen et al., 2016), and that an emphasis on spirituality in medicine improves treatment adherence among Native patients (Berry et al., 2012; Gone & Calf Looking, 2015).

Cultural practices are themselves a social determinant of health (SDOH)—an ecological factor of the environment that predetermines one’s health status. Among Indigenous populations, language, through the process of storytelling and sharing knowledge, is a key aspect of their cultural practices, identity, and health. Indigenous identity and culture are reflected in native legends, such as the Skywoman and the Three Sisters (an Ojibwe tale of squash, corn, and beans), which are shared through the primary mode of oral storytelling in Indigenous languages. For many Native peoples growing up, stories are shared to teach them of their histories, and many of these stories are being forgotten across tribes through the same mechanism responsible for the loss of ancestral or oral

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language learning. As young Natives become more distanced from their heritage languages, they are denied the opportunity to understand oral knowledge and storytelling from their elders, including that of their traditional healing practices. As the elders pass on, this knowledge is then lost forever, never having the chance to be passed linguistically from one to another. The majority of Indigenous tribes transmit their knowledge orally (Cámara-Leret & Bascompte, 2021), which is a critical aspect of Native culture and medicinal practices. As Indigenous languages continue to be pushed to the periphery of society, the knowledge of Native medicine is lost along with that extinction of spoken language.

Further, medical scholars concede that colonialism has policed the meaning of what can be considered ‘medicine’ (Marya & Patel, 2021), thereby influencing which critical stories of healing are allowed to be told across Indigenous cultures. In many Indigenous cultures, there are orally told stories; they impart knowledges that are sacred to the tribe and may only be told by those who are trained, tested, and given permission (Wilson, 2008). Among apprenticeship training in Native medicine, rituals of ceremony are a critical aspect of weaving a future of healing within a Native body (Marya & Patel, 2021). Native medicine not only covers medicinally effective plants and botanical treatments that are linguistically unique (Cámara-Leret & Bascompte, 2021), but they also encompass a holistic, ceremonial view towards the equilibrium of spiritual, mental, emotional, and physical well-being (Whalen et al., 2016). In contrast to dominant Western medicine, spirituality is sacred in Native medicine and valued as an integral part of health (Wilson, 2008). Concepts such as historical trauma for Native American communities are translated to “spiritual injuries” or “soul wounds” in Indigenous language and medicine, and often Native medicine persons are working to “heal” the spirit of their patient (Whalen et al., 2016). A key part of these healing practices is the use of Indigenous language.

The cultural storytelling practices within Indigenous communities emphasize the truly devastating impact of Indigenous language extinction for the health of the Native people. Like many other languages, most terminology in Indigenous languages often does not have a direct English translation, not because the English word may not exist, but because there are different cultural connotations between the languages. In a study of medical interpreters published in this journal, one translator stated: “Interpretation and translation is more than just words. You have to deal with

the culture and with the person and be able to put yourself in another person's shoes" (Gonzales & Bloom-Pojar, 2018).

For Cherokee speakers, the difference between their heritage language and English is an entire worldview, and an equally integral part of Indigenous identity is their distinct relationship to the land (Wilson, 2008). The Native rhetorical framework of medicine blurs lines in the dominant discourse of Western medicine, reflected in their language practices. Meaning-making is the primary process of sharing language, and, in views of Native healing, medicine has a meaning separate from the worlds of Western care systems. For example, relationality is tightly woven in Indigenous culture and ways of being; as such, concepts of multiple realities or sanctity in physical space also do not translate in Western ideas of medicine and well-being (Wilson, 2008). Specifically, Itazipcho and Oohenunpa Lakhota elders cite the many chronic diseases that American Indians today face as diseases of colonization and industrialization (Marya & Patel, 2021). Prior to colonization, Native American healing was rooted in their relationship to the land, and today these traditional methods have been reorganized as making Natives sick (Marya & Patel, 2021; Riley-Mukavetz, 2020).

In order to reclaim rhetorical sovereignty in Western medicine (King, 2015), it is necessary to explore a concept in RHM known as translation spaces. Translation spaces as a term operationalizes the meaning-making process of language, where Indigenous knowledge is understood as central to their culture and identity (Gonzales & Bloom-Pojar, 2018). Translation spaces and moments—known as instances where an interpreter must make a conscious choice to translate one culturally and linguistically untranslatable word into another language—are already enacted in medical spaces through the formal roles of translators and medical interpreters (Gonzales & Bloom-Pojar, 2018). Acknowledging the integration of language translation and meaning-making for health outcomes aligns with the diversity and inclusion efforts pursued across medical institutions today and would allow for specific implementations of integrating Native language, and thereby Native health views, within formal care appointments.

Applications of complementary medicine- alternative therapy use in conjunction with conventional treatments- across cultures suggests that cultural continuity in medicine improves treatment outcomes of diverse patient populations (Koithan & Farrell, 2010; Fadiman, 2012). Marya and Patel (2021) sought to decolonize medicine through their book

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Inflamed, and ultimately found that Native epistemologies and rhetorics may provide pathways to heal the failing, institutionalized medicine of America (Gawande, 2014). Such healing might include reimagining health collectively and in connection with the life of the land—to what they term as “deep medicine” (Marya & Patel, 2021). It may be true that the continual advancements of Western-focused care, often not centered on the patient themselves, are harming the health of not just Indigenous patients, but also many other diverse patient populations who have encountered the Western medical system. Medicinal discovery, pharmaceutical innovation, and empirical evidence-based clinical trials are highly valued in Western medicine, yet the care of patients has become less and less tied to their humanness (Marya & Patel, 2021; Rich et al., 2000). The lack of emphasis on Native healing practices in conventional medicine, such as ceremony, meaning-making, and relational epistemology, inadvertently distances cultural identity from formal medical care, and precipitates adverse health outcomes for diverse patient populations, as well as burnout among medical professionals themselves (Elbanna et al., 2023).

As language learning falters across Native communities, their use of medicine similarly dwindles, leading to a chasmic shift in the cultural landscape of their heritage practices. Survivance rhetoric may be described as the simultaneous process of writing within the dominant culture while authenticating one’s native culture and language (Powell, 2002). This opportunity is a process of empowerment that has allowed current Native figures to create mixed, multiplicitous identities (Powell, 2002). By weaponizing the very discourse and perspective that were forced onto Native American culture, survival rhetoric presents Native figures through Indigenous lenses as “people not victims” (Powell, 2002). According to Malea Powell (2002), this configuration is an empowering and authentic expression of the Native American experience. Survival rhetoric, for example, can be used as an empowering force in a medical context by conducting more biomedical research within the research frameworks and epistemologies of Native communities themselves. A research framework within Native communities may incorporate aspects of translation spaces, deep medicine, relationality, connection to the land, and rhetorics of survivance in order to reimagine Native cultural rhetorics and embed them within structured medical systems.

The multilateral effects of colonialism on Native American knowledge sharing and language learning catches a glimpse into the overarching

power structures that influence the health of these communities themselves. What is most appalling is that the gradual disintegration of Indigenous knowledge through thwarting their language has led to abysmal health predictions for Native American communities in the 21st century. Cherokee, a language that is required to be used for certain tribes' practices of medicine, is expected to go extinct in 25 years (Cámara-Leret & Bascompte, 2021). A surviving Cherokee speaker, whose grandfather was a medicine man, stated in *This Land*: "The medicine man, when he goes out to gather medicines, he'll pray in Cherokee, and when he ministers the medicine, he's got a song in Cherokee that he sings . . . If you can't speak Cherokee, you can't practice Cherokee medicine." When language is lost, the knowledge that is represented in language disappears as well.

Deeply spiritual ceremonies and rituals- such as the sweat lodge (Inipi), the Vision Quest (Hanblecheyapi), the Ghost Dance (Nanissáanah), and the Sun Dance (Wiwanyag Wacipi)- require prayer and song in the Native tongue, while the use of specific treatments- such as the Four Thieves vinegar or the black drink (asi)- diminishes with the loss of their oral recipes. In some cases, sharing Native ceremonies through storytelling and linguistic heritage has been historically outlawed (Gage, 2020). In finding that sweetgrass- a traditional Native plant used for a variety of spiritual healing- is most abundant in the geographic clusters of Native communities (and wither when underharvested), writer Hall Kimmerer supports the 'suffering' of the land as Native traditions and relationships are lost— both of which are founded on language and the oral sharing of history (2013). Where the reciprocity of medicinal knowledge in Native communities involves complex spiritual and healing tradition, represented in groups like the Midewiwin society, the inability to *share* this knowledge, at its core, exemplifies a loss of core cultural practices. Already, the effects of loneliness and isolation from each other through this loss of heritage language is reflected across both elders and young adults (Lewis et al., 2022).

When faced with such dismal outcomes across the spectrum of health - from the highest rates of preventable diseases, such as diabetes and obesity, to the lowest rates of recipients for solid organ transplantation (Lentine et al., 2023)- the injustices of colonialism continue to take more and more from the Indigenous people, their culture, and their experiences of health. Concepts such as survival rhetoric, translation spaces, and deep medicine bring the metaphorical power back to Native communities.

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Through a focused lens of health and rhetoric, we may begin to identify the linkages between dominant language, medicine, and culture that can be broken down to further the health of current Native Americans. There are consistent gaps in the participation of Native Americans among empirical research (Wilson, 2008), and now is the time to redress rhetorical concepts of medicine to improve these health equities. Further conversations across rhetoricians, Native American scholars, and the tribes themselves are needed to stitch a health-promoting, and culturally appropriate, future for Native Health. First, we as rhetoricians must commit ourselves to the understanding of the complex relationship between Indigenous identity, language, and health.

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MELISSA R. THOMAS graduated with degrees in English and public health from Indiana University-Purdue University Indianapolis in 2023. She works as a research assistant at the Center for Health Services Research for the Regenstrief Institute.

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