

## **Marginalization of the Heart:**

### **Canadian Native Women's Narratives of their Cardiovascular Disease**

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For more than a century, psychologists have struggled to conceptualize human illness experience, both in its physical or mental dimensions. While providing important knowledge about human functioning, biomedical, behavioral, cognitive, and psychoanalytical frameworks tend to neglect individuals' first-person accounts of their subjective experience. Often the subjective dimension, the way people make sense of what is considered to be their illness, is marginalized. This is particularly true in the medical domain where individuals are typically viewed as passive recipients of biological symptoms. Often the meanings that individuals attribute to their illness symptoms and the changes these symptoms lead to in their lives are neglected or marginalized. This has been true above all for Native Canadian women.

In contrast, focusing on first person narrative accounts foregrounds people's own interpretative voices, and in doing so, explores strategies of meaning-making. These strategies draw on narrative; in fact, it typically is a narrative account by which people try to come to terms with a momentous event such as sickness and localize it in the autobiographical and cultural context of their lives. Such narrative "unfolding" of Aboriginal women (from the First Nations of Manitoba) who suffer from cardiovascular disease will be in the center of my talk. I see here a key not only to understand the illness experience of these women, but also to empowering them.

In my study of the illness narratives of these women, I will highlight socially available – and that is: traditional modes of knowledge and beliefs, forms of communication and reflection, with particular emphasizes on intersubjectivity and forms of existential meaning making. More specifically, I look at relationality, forms of spirituality, and healing – of which the thinning and marginalization of these are a legacy of colonialism, sexism, and racism.

As it often has been pointed out, Native people attach very different meanings to their illnesses than Western people. In fact, aboriginal women mostly draw on narrative resources from both cultural contexts – a "mismatch" that, I believe, may limit the meaning-making capability of both cultural modes. Heart problems and diseases are a point in case: typically they are viewed as "white man's sickness," which implies the "white man's" logic according to which a disease only needs treatment when symptoms are manifest. From an aboriginal point of view, symptoms of illnesses are, however, considered to be rooted in collective life forms and experiences; they are thought to demonstrate imbalance(s) in and with the community. "Individual" treatment thus means to further dissociate the treated person from an ailing culture – a culture whose resource offerings are perceived as weakened – negating, in this way the possibility of healing at all.

My presentation will explore the narrative possibilities (and, perhaps, impossibilities) of stretching traditional and western resource modes to articulate narratives of active adaptation, agency, and action – and, in this sense, try to have the marginalized speak.