Chapter 12
Valuing Indigenous Health Promotion Knowledge and Practices: The Local Dialogue Workshop as a Method to Engage and Empower Matrons and Other Traditional Healers in Haiti

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12.1 Introduction

In Haiti, institutional resources and the welfare state are weak. Within rural communities, people have developed local knowledge, ways of thinking and action in order to address their ontological vulnerability[1] (Damus, 2016; Boublil, 2018) and their economic poverty. Much of the local and ancestral knowledge is associated with the conservation and sustainable use of biodiversity and ecosystems[2] and holds various benefits for communities, allowing them not only to survive in adverse conditions but also to maintain a certain balance with environmental considerations

[1] This expression refers to the faculty of being "affected", which characterizes each of us living creatures. It not only refers to the human condition but also to those of non-humans (animals and plants), especially at the physical level. The distinction is that unlike animals and plants, we, humans, experience vulnerability on all levels: physical, psychological and moral. Unfortunately, according to a common and false belief, pregnant women, the so-called disabled, children and the elderly are the only ones who are vulnerable.

[2] This term refers to the ecological unity or interdependence between humans and non-humans.

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through respect for biodiversity. Such knowledge that serves health promotion objectives, well-being and community survival allows rural dwellers, to a certain extent, to cope with the weakness of the modern medical sector and the virtual absence of industrial agricultural practices. Rural dwellers who are equipped with ancestral and local knowledge contribute – to a large extent – to the resilience of their communities.

The setting for the study was Jean-Rabel, a rural commune in northwest Haiti. Jean-Rabel was chosen as the focus not only for the richness of its biodiversity and its ecosystem value but also for its age as it was founded in 1743. The commune consists of a large town and seven villages. These are divided into hamlets, which are further subdivided into localities. The commune is located about 250 km from Port-au-Prince, the capital city of Haiti, and 95% of its population lives on agriculture and animal husbandry (Jean-Gilles, 2004). In the rural communes, dwellings and villages of Jean-Rabel where they live, there are no hospitals. The nearest town has only one hospital (Notre-Dame de la Paix Hospital), which is unable to meet the needs of local populations. In the absence of modern medical care, these local populations turn to the local and Indigenous knowledge of the matrons, leaf doctors, mambos, houngans, etc., regarding the management of health and illness.

These rural healers are consulted for cultural, social and economic reasons. Healers and the people who consult them share the same beliefs, the same visions of the world and the same lifestyles, and many traditional healers provide care almost free of charge. Their profession is accessible to all social classes, and the perception of personal and professional effectiveness of healers is linked to the number of years for which they have practised their profession. They are consulted not only by rural people but also by urban dwellers. Many women of rural origin living in urban areas prefer to travel to the countryside to give birth instead of suffering psychological, moral and obstetric challenges in a poorly equipped hospital centre. Moreover, local healers' knowledge saves lives. Contrary to what the medical community might think, the maternal mortality rate would be higher in Haiti – according to WHO (World Health Organization) estimates (2019), there were, in this country, 480 maternal deaths in 2017 – if the matrons did not attend to poor women, particularly those living in rural areas where health and road infrastructures are absent. In 2013, matrons performed 97.10% of home births, according to a report from the Haiti Ministry of Public Health and Population (2014).

When living in techno-medically and materially deprived environments, knowledge of health, spirituality, biodiversity and ecosystems is essential for human orientation. The specific health promotion practices studied in the research project concerned sustainable development actions and good eating and agricultural habits, which allow farmers to manage their health and the health of their relatives in those communities. Thus, the questions asked were as follows:

- What characterizes rural dwellers' knowledge relating to the management of both community health and sustainable development?
- To what extent do the local and Indigenous knowledge and the resulting practices of the participants in our intra-cultural dialogue on health promotion contribute to the management of community health, biodiversity and ecosystems?

Most of the data collected during the dialogue workshop concerned phytotherapy. Plants play a fundamental role in the treatment of natural (medicinal plants) and supernatural (magical plants) diseases. Holders of local and Indigenous knowledge use and protect plants for therapeutic, magical and symbolic purposes. In fact, the medical, the magical and the religious are inseparable, which adds complexity to health-promoting practices. The survival and quality of life of rural populations are intimately linked to the natural resources provided by biodiversity and ecosystems. Rural populations consume traditional herbal medicines, which they assert, according to the data collected, have no side effects. They do not use chemicals in their farming practices or for the storage of grains. They prefer food products obtained from their organic farming to those imported from other places in order to prevent diseases. Traditional zoo medicines (prepared with animal substances) play a secondary role in their lives; animal parts are rarely consumed for therapeutic purposes. Nature is a complete natural "pharmacy" to which they can turn in order to seek a remedy for their health problems.

The participants of the dialogue workshop explore and manage the ecosystems of the Jean-Rabel region to ensure their survival. Their health depends on the management and sustainable use of plants, animals (biotic elements) and water (abiotic element). They plant trees in the proximity of springs to prevent them from drying up. Therefore, they know that there is an insufficient local supply of fresh water and that one of the specific factors linked to their survival is water security. Animals, plants and humans need it. The holders of local and Indigenous knowledge use water to prepare their natural medicines (infusions and decoctions of leaves, roots and peels). Living in rural areas, where synthetic drugs and modern care are practically non-existent, they have no choice but to turn to traditional medicines by exploring the local flora and fauna.

We heard evidence of values of confidence and courage from the words gathered during the local dialogue workshop: the solidarity practices praised by participants during the workshop allowed us to deduce that they are driven by a sense of common destiny. Participants show this by taking care of their health and that of others (see Table 12.1).

Table 12.1 Defining the characteristics of different types of traditional healers (table constructed from data collected during local dialogue workshops)

	Traditional healer	Uses plants and loa (voodoo spirits) to heal	Only uses plants (and/or prayers) to heal
Mambo	+	+	–
Houngan	+	+	–
Leaf doctor	+	–	+
Matron	+	–	+
Matron–mambo	+	+	–

12.2 Research to Elicit Health Promotion Knowledge in Rural Dwellers in Haiti: Features of the Dialogue Workshop Method

This research was based on a community-based participatory research (CBPR) approach (Wallerstein & Duran, 2006). This approach has emerged in recent decades as an alternative paradigm for achieving health promotion research objectives and is particularly used for research aiming at reducing health inequities (Wallerstein & Duran, 2006). The CBPR approach is rooted in four central foundations, which are: (1) the establishment of academic and community co-learning partnerships alongside the research activities, (2) inclusion of capacity building in the research efforts, (3) the results must benefit all partners and (4) the participatory research must involve long-term commitments (Wallerstein & Duran, 2006). That said, CBPR aims not only at defining objectives based on the needs expressed by community members but also at generating knowledge *with* and *for* communities (e.g. Potvin et al., 2003). Although the field of health promotion has encountered difficulties relating to the sometimes challenging compatibility of a participatory approach with biomedical research guidelines (Koelen et al., 2001), a CBPR approach remains an essential tool and method for strengthening the connection between communities and the development of health-related knowledge.

In order to develop the objectives with local participants, and to answer the research questions, a 2-day workshop was organized in Jean-Rabel on November 26 and 27, 2016. The workshop participants came from a number of rural communities administratively attached to Jean-Rabel: Morne-Pasteur, Bois-Changé, Nan Ogé, Ruelle Rivière, Belle Dorée, Porrier, Lalande, Grande-Source, Galata, etc. The life history of the participants, as well as their socio-demographic and socio-economic descriptions of their communities, was the focus of interest. Prof. Damus first met some of the matrons in Jean-Rabel in 2012. When the researchers returned in 2016, these matrons acted as gatekeepers to bring other holders of knowledge to the local workshop. The research team asked community representatives to inform other rural actors of their arrival at Jean-Rabel, and these matrons were paid to circulate the topics for discussion to local families.

The objectives of the local dialogue workshop – examining both conscious and unconscious health promotion practices – were to: (1) identify strategies for health promotion as well as management and sustainable use of biodiversity and ecosystems; (2) describe the ways of thinking and actions of rural dwellers who promote an osmotic relationship between health promotion and management and sustainable use of biodiversity and ecosystems; (3) describe the capacity of male and female rural dwellers to explore the resources offered by nature to promote health and (4) describe the eating habits and agricultural actions that serve individual, family and community health. The two main values pursued by the project were solidarity, by sharing knowledge related to health promotion, and promoting sustainable development in rural communities. These objectives and values were defined collectively during the dialogue workshop.

The workshop was organized around the following themes: biodiversity and ecosystem management techniques; biodiversity, health and spirituality; food sovereignty (organic, family, peasant and food-producing farming) and biodiversity; breastfeeding and nature and methods of transmitting local and Indigenous knowledge. Examples of questions asked in the workshop, generated as the discussions took place and noted in situ to show the dynamism of the dialogue, can be found in the Appendix.

The workshop was held over 2 days, running from 7 a.m. to 4 p.m. each day. Breakfast and lunch were offered free of charge to participants. After having breakfast together on the first day, the researchers said to participants,

> You are our teachers. We came here to learn. You are all holders of knowledge. When a person speaks, she should not be corrected. You have to let her speak. Everyone has their own practices or experiences. All the experiences can be considered. You can add to what a participant has to say if the person has a memory lapse. As soon as she finishes her testimony, you can criticize her in order to energize the dialogue workshop. (English translation from the original Creole version.)

The objective was to have them reflect on their professional experiences. Each of the participants was asked to introduce themselves in Creole, first stating their name, profession and socio-geographic origin (including the name of the rural commune to which they belonged). Questions were asked about each of the workshop themes, which were also discussed over lunch. The researchers kept encouraging participants to respect the lived experience of their fellow human beings. The participants challenged and corrected each other while following the dialogue workshop facilitator's instructions.

The researchers avoided presenting a judgmental attitude towards the participants. For the first time in their lives, they were treated as holders of valuable knowledge and not as ignorant people who had to be taught about proper health promotion practices. In effect, researchers took on the role of ignorant people who went to *their* school. Eating the midday meal did not interrupt the flow of the dialogue workshop. A few participants used this convivial moment to share knowledge with the team; they asked questions, including whether the researchers might dedicate the second day of the dialogue workshop to a training seminar for them. The chosen approach – encouraging them to recognize their own health promotion knowledge – did not allow the team to do this. Instead, part of the afternoon of the second day was dedicated to the collective promotion of behaviours supporting not only the conservation and improvement of health but also environmental sustainability, through a presentation in Creole of a section of the results obtained through preliminary analysis of the data already collected.

The researchers carried out 40 individual and 4 group interviews during the dialogue workshop with the holders of local and ancestral knowledge: 23 matrons, 7 leaf doctors, 5 houngans and 5 mambos. They conducted structured, unstructured and semi-structured interviews, which were transcribed verbatim. The combination of individual and group interviews allowed the team to address the complexity of local and Indigenous knowledge about health promotion, biodiversity and ecosystem management. In addition to taking notes, they made audio and video

recordings. Quantitative data about biodiversity and ecosystem management strategies, and their sustainable use, were also collected during the dialogue workshop. These quantitative data included the number of medicinal plants used in order to treat health problems, the number of leaves used in the preparation of a decoction/infusion and the number of trees planted each year. As most of the knowledge generated related to plants and farming, nature walks were conducted with participants after the workshops each day to confront their knowledge and the researchers' own assumptions of reality.

Content analysis techniques (Bardin, 1993; L'Écuyer, 1987) were used for the interviews according to the classical inductive methods of comprehensive sociology (Glaser & Strauss, 1967) to elicit themes within local and Indigenous knowledge associated with health promotion, biodiversity and ecosystems. As there is no sociology without induction, the double phenotypic (manifest meaning, explicit meaning, *said*) and genotypic (implicit meaning, *unsaid*) dimensions of the empirical material were both taken into account. The data analysis process consisted of identifying themes and sub-themes in the data, through both the breakdown (identification and coding of the units of meaning) and the categorization (grouping semantic units within various categories) of this material. Since the subject–object and the researcher both participate in the construction of reality, its meaning results from the fruitful conjunction of *emic* constructs (descriptions and interpretation suggested by the holder of local and Indigenous knowledge) and *etic* constructs (descriptions and attempts at objectifying interpretation from the researcher).

Perfect mastery of Creole, the mother tongue of the participants, allowed researchers to grasp the hidden (implicit) meaning of their discourse and the deep meaning that they brought to their own experiences. This complex experiential teaching was based on the pedagogy of the oppressed (Freire, 1980). In order to describe in detail the local and ancestral knowledge and practices recorded during the dialogue workshop, researchers turned to the following disciplines, wishing to address the complexity of the factual elements collected: natural sciences, ethnomedicine, sociology, anthropology, etc. The objective was to "bring together unrelated knowledge into relevant knowledge" in a health promotion perspective, resulting in a "transparadigmatological"[3] (Damus, 2016) posture.

Given the inevitable influence of the context of enunciation on both the form and content of the speech of the people who participated in the local workshop, it is useful to make a distinction here between the words "text" and "speech". When an interview is transcribed, it should be considered as a text. However, a text is an "empirical object considered independently from its production conditions". Even if certain elements of empiricism can be analyzed independently from their context (universalist posture), our principle of analysis and interpretation is based on the fact that the meaning of empirical material is intimately linked to its context of production (contextualist posture). In this case, it thus seems more relevant to prefer the notion of "discourse", which is defined as an "empirical object with its production

[3] Used in this context, this concept refers to the process of transcending disciplinary frontiers.

conditions", rather than the word "text". The conscious knowing of the existence of a spatio-temporal bias inherent to the collection of empirical data allowed the team, during the analysis process, to benefit from this trilogy: discursive material, socio-anthropological questions and the empirical context.

Beyond qualitative analysis, the adoption of a transparadigmatic posture enabled the researchers to apply theoretical reasoning to their conceptualization of the rich data. The ways of thinking and acting of the holders of local knowledge, on the one hand, and the symbiosynergic[4] paradigm, on the other, characterize their profession and allow the conservation of the environment. There is no separation between their professional practices and the latter. Traditional childbirth, for example, is based on cultural factors (myths, taboos, symbols, values, cosmovisions,[5] etc.), which promote the conservation of biodiversity and ecosystems.

To cope with the complexity of life, matrons, leaf doctors, mambos and houngans have developed for centuries a way of thinking with multiple dimensions and at the service of ritual actions: magical, symbolic, mythological, empirical, technical and rational. This organic or holistic thinking is linked to global determinism or to the multi-determined nature of social and cultural facts. It generates cognitive categories, which are part of the fight against ontological vulnerability and which constitute an invaluable patrimonial (or matrimonial) wealth. These cognitive categories are based on the non-separation of body and mind, reality and imagination and culture and nature. *Volens nolens*[6] means that they are part of the intangible heritage of humanity.

Participants in the local dialogue workshop hold complex knowledge regarding the management and sustainable use of biodiversity and ecosystems. Most of their knowledge and beliefs are at the service of community, animal and plant health (human and environmental sustainability).

12.3 Critical Review of Methodological Successes and Challenges

The data collected during the workshop allowed us to make several major observations: (1) The participants hold knowledge expressed through multiple dimensions, which serve both human and ecological health. (2) The holders of local and Indigenous knowledge protect the sacred trees as well as the plants and animals they use. (3) These people are specialists in Creole medicine (this type of medicine is "ecocentric" as its practitioners must, within the framework of their healthcare

[4] The symbiosynergic paradigm (from the Greek sumbiôsis, communal life/from the Greek Sunergia, cooperation; from 'sun' = with and ergon = work) is defined by three interrelated elements: the person, the sociolinguistic–epistemic community and nature.

[5] Refers to visions of the world and the universe.

[6] Refers to a Latin expression meaning "whether we want it or not".

practices, explore and use the resources of nature in a sustainable way – it does not separate man from his environment). (4) Synergy was noted between the traditional medical knowledge of the participants, who are at the service of biodiversity and ecosystems, and their traditional agricultural knowledge.

One of the implicitly formulated objectives was to encourage rural actors to become aware of the role of their "unsuspected" knowledge in health management and to develop a certain "*libido sciendi*" (passion for knowledge, desire to learn) by allowing them to enrich their cognitive resources. We were hoping to develop, *with* them and not *for* them (Freire, 1975), knowledge related to health promotion by asking them to talk, without inhibition, about their social and cultural practices (using the logic of cognitive co-production). A climate of mutual trust had to be developed. The many questions that were asked during the local dialogue workshop made them aware of a certain amount of knowledge that they already possessed related to health promotion. The knowledge shared during the dialogue workshop helped strengthen their sense of empowerment. Each participant was able to benefit from the experiential knowledge of others. "We, the matrons, take care of the development of our communities", was said during the dialogue workshop. They were not considered as anonymous participants but as traditional health promoters.

During the dialogue workshop, the researchers tried to get the participants to articulate knowledge and beliefs that usually belong to a non-verbal approach of practice. As the participants knew each other, they were used to sharing knowledge in informal communication situations. There will remain, undoubtedly, experiential knowledge that they did not share. The dialogue workshop only allowed the team to access an emerging tip of the iceberg of knowledge related to the promotion of human and ecological health.

One of the challenges of the dialogue workshop was to strengthen the participants' self-confidence, self-esteem and sense of competence and personal efficacy (Bandura, 2003) in order to have them define themselves as subjects capable of exploring the thematic universe relating to the promotion of intra- and inter-community health. Given the fact that the holders of this traditional knowledge have always been treated as subordinates or ignorant by the holders of the so-called scientific and technical knowledge, they were hesitant to speak up to share their knowledge. Despite strategies to encourage knowledge sharing, some of them never spoke during the workshops. They convinced themselves that they were attending a training seminar. Indeed, they had asked for a training seminar during their first meeting. As most of the participants were used to participating in biomedically oriented didactic training on disease prevention and health promotion, it was difficult to convince them to share their experiential knowledge because it has never been valued among official health promotion practices. The relationship of subordination that they maintain with holders of universal knowledge about health nourishes their feeling of inferiority, which constitutes an obstacle to speaking in public and sharing what they know. They identified the team with holders of non-erroneous or correct knowledge. They were afraid of being criticized or of being considered ignorant.

12.4 Contribution to the Progress and Structuring of Health Promotion Research

How are these research objects distinctive of health promotion? The team chose not to burden themselves with predetermined objectives until they went into the field. In general, in the domain of health promotion, local populations do not participate in the development of cognitive research objectives (co-reflections on health practices; transmission of knowledge with complex dimensions) and discussion topics. The "dialogical" dimension (Freire, 1980) of this research is nonetheless intrinsically linked to the fact that the objectives and reflexive themes were developed jointly with the participants of the dialogue workshop.

The success of this local dialogue workshop around the role of the rural dwellers' knowledge in promoting health in communities shows that, unlike what we are used to thinking, the poverty of income is not linked to a poverty of thought and knowledge. The holders of local knowledge in Jean-Rabel are co-authors of the work that resulted from the dialogue workshop. After inducing their cognitive pregnancy, the team accompanied them in the delivery of sincere and authentic health-related interviews. Since the most vulnerable people should not be seen as blank pages to be printed on, there is a need to help them assess their experiences with health promotion before trying to force any knowledge on them or before asking them to participate in any health education programme.

This methodological approach differs from classical health promotion research mainly because it is primarily aimed at *strengthening behaviours* favourable to both human and ecological health among the holders of local and Indigenous knowledge – rather than teaching them, unilaterally, things that perhaps do not make sense to them. It allowed us to realize that health promotion is a complex phenomenon which grows outside the rules of linear causality and which is anchored in a multidimensional thought process (symbolic, magical, mythological, technical, rational, religious, etc.). Finally, unlike classical health promotion research, which is essentially based on the "rational paradigm or the Man as he should be" (Jourdan, 2010), this approach is not rooted in the dichotomy between *knowing* and *non-knowing* or between *savants* and *believers*. It is not characterized by socio-epistemic separation of professionals and lay people but rather by the epistemological mutual aid necessary for the survival of local populations abandoned by the state. Unsustainable dichotomies (man/nature; us/them; nature/culture; rational/irrational, etc.), on human and ecological levels, do not characterize this methodological approach.

We will see that cultural and social practices that seem irrational or residual are put at the service of health promotion in the broadest sense if we take a look at them from that angle. It should be noted that the mastery of Creole, which is the prism used by the participants to comprehend the world around them, allowed the researchers to understand the complexity of the data collected; the first interpretation of the data was suggested collectively by the participants.

> Nothing can be understood, we have to be convinced, that has not been reduced to language. As a result, language is necessarily the instrument suitable for discovering, conceptualizing

> and interpreting both nature and experience, therefore this compound of nature and experience which is called society. (English translation from the original version.) (Benveniste, 1974, p. 97)

When the participants and the facilitator do not speak the same language, or when the latter pretends not to be able to express himself/herself correctly (linguistic gibberish) in the local language, this constitutes an obstacle to real cultural immersion. The use of French or *Franci-Creole* (linguistic gibberish made up by people who can read and write) in health promotion research with unilingual Creole speakers reinforces the abyssal line that exists between those two groups. In this workshop, the cultural invasion, which characterizes classical research in health promotion (a heuristic and pragmatic perspective), gave way to the cognitive co-construction respectful of language, cosmovisions, culture and logics of action of traditional health promoters. This local dialogue workshop was a serendipitous process insofar as the knowledge gathered was not anticipated.

The collective assessment of local knowledge relating to health promotion increased the participants' desire to learn; they kept telling the team during the dialogue workshop: "We are passing on our knowledge to you. You have to give us yours in return." This statement indicates that health promotion research must be located at the crossroads of knowledge from the south and knowledge from the north (by calling ourselves doctors, we have been seen as northern holders of knowledge). Health promotion should be rooted in the Freirian principle (1998) that "No one knows it all; no one is ignorant of everything." Whatever the country in which one is located, it is necessary to consider the mother tongue, the level of education, the culture and the ways of thinking of the local populations in any implementation of action to promote health, including health promotion research. If the most vulnerable people should participate in the design and implementation of health promotion objectives, it is because they are able to think about and manage their own health.

The diversity of local knowledge collected during the dialogue workshop was nothing but proof that health promotion research practices should not be kept prisoners of a net belonging to a single discipline but should rather be approached from an interdisciplinary perspective. Holistic and participatory health promotion actions should not be confused with current prevention practices that are essentially focused on a risk management model with limited scope. The conscious and unconscious health promotion practices shared with us by the dialogue workshop participants are rooted in multidimensional thinking and in a paradigm of conjunction, whereby human and natural elements are mutually dependent.

Anchored in the humanist paradigm (Jourdan, 2010), the technique of the dialogue workshop – which we believe should be the keystone of the future of health promotion (employing a pragmatic perspective) across northern and southern countries – allows us to describe three processes concerning the destruction of local knowledge:

1. *Self-epistemicide*: This refers to local knowledge disappearing on its own due to a lack of valorization and utilization by actors, especially young people. This

process of destruction of knowledge can be explained by factors such as rural exodus, the pursuit of primary, secondary and university studies by young people in cities, climatic migrations, etc. The absence of young people, or the lack of interactions between them and their parents in rural communities, weakens the process of transmission of traditional knowledge involved in the management of health and biodiversity.

2. *Endo-epistemicide*: Custodians of ancestral knowledge, such as the matrons of Haiti, cease to use certain types of local knowledge, which were until then effective, because of the training seminars unilaterally led by holders of biomedical knowledge employed by the Ministry of Public Health and Population or by a local or Western non-governmental organization (NGO) specializing in the field of health.
3. *Exo-epistemicide*: This refers to Western-centred interventions encouraging the disappearance of much of the local knowledge and "know-how" that were considered effective until that intervention point. Western-centred interventions consciously and unconsciously remove local knowledge and skills that were previously effective at high speed. For example, Western-centred trainers have asked matrons to abandon steam baths and *lòk* (a centuries-old traditional remedy that allows the baby to get rid of meconium), administered to the mother and her baby, respectively. Moreover, it should be noted that, unlike that of voodoo, the Catholic/Protestant spirituality encourages many matrons and parents to give up an ecological practice, which consists of planting the baby's umbilical cord with a fruit tree.

The local dialogue workshop is a method used in this research to collect information related to conscious and unconscious health promotion practices in the rural communities of Jean-Rabel in Haiti. Unlike biomedically oriented and "rigid" data collection techniques, this method is not characterized by predetermined categories but mostly by an open epistemological posture and by the prominence given to serendipity (that is, the discovery of unforeseen facts). Indeed, the objectives and themes of the research were discussed during the first meeting with the holders of local and ancestral knowledge, at the beginning of the first workshop discussion. Many questions were suggested by the participants, both consciously and unconsciously. The dialogue workshop, as facilitated here, is a technique of knowledge sharing in which the anti-epistemological dichotomy of knowing/ignorance is brought under control. Owing to the reversal of the usual roles (the workshop leader, being a holder of scholarly knowledge, behaved like a curious student and the participants were encouraged to behave like teachers), the majority of participants in the dialogue workshop realized that they represented multidimensional knowledge guardians.

In line with the dual objectives to learn more about the practices of traditional healers in this rural setting, and in parallel to raise their consciousness of their role within their community, participants gave descriptions of their health- and sustainability-related practices overlaid by a greater understanding of their sense of self and their local mission. We believe that health promotion research should

explicitly explore these aspects of the work of actors in health in any community of the world. We have described the different types of interconnected knowledge realized through this project and propose them as learning points for the development of health promotion research in general. That is, to consider: information about the actors; information about their health promotion practices; connections between health promotion and the wider context and applying theoretical principles to extend the meaning of the research findings.

12.5 Conclusions

The use of the local dialogue workshop method in the field of health promotion research allowed the prevention of qualitative limitations of this field, the reinforcement of the participants' empowerment and the stimulation of practices of solidarity in communities isolated from official public health promotion policies. The implementation of this qualitative data collection technique requires us to adopt an unconditionally positive view about the participants with whom we must develop substantial cultural proximity. The local dialogue workshop allowed us to understand that the relationship between rural dwellers' knowledge and health promotion focuses on a cosmocentric orientation, which is characterized by the non-separation between man, the world below and the world above, or by complex sustainability (mutual dependence between humans, non-humans and natural and sacred forces). Alternative ways of thinking and acting in health promotion encourage us to question the one-dimensional anthropocentric thinking that essentially constitutes the phreatic zone of conventional research in health promotion. The ecology of the ways of thinking and acting should be the cornerstone of the future of health promotion. The contribution of our research to the advancement of health promotion knowledge also lies in our understanding that health promotion will not be useful if it is not based on beneficial solidarity, otherness, the feeling of common destiny, trust in others and the courage to act with and for others and if it does not try to strengthen the actors' own sense of empowerment.

Appendix: Examples of Questions Asked of the Participants During the Dialogue Workshop (99 in Total) (Original Creole Version, with Examples Translated into English)

(a) **Techniques of biodiversity use and management (49 questions)**

1. Ki plant ou itilize lè akouchman frèt? *(Which plants do you use to accelerate childbirth?)*

2. Kijan ou prepare remèd sa yo pou fanm ki ap akouche a? *(How do you prepare the plant remedies that you give to the woman who is giving birth?)*
3. Ki kote ou jwenn plant sa yo? *(Where do you collect these plants?)*

(b) **Use and management of animal biodiversity (22 questions)**

1. Kijan nou jere bèt ki nan dlo yo? Nan bwa yo? Kijan bèt sa yo rele? *(How do you manage animals living in the water and in the woods? What are their names?)*
2. Èske gen anpil bèt nan forè yo? Bay non yo. *(Are there many animals in the forests? Give me their names.)*
3. Ki zwazo ak lòt bèt nou konnen? *(What birds and other animals do you know?)*

(c) **Agrobiodiversity/food sovereignty (28 questions)**

1. Kisa nou kiltive pou nou manje? Kòman nou plante yo? Ki kote nou plante? *(What food plants do you cultivate? How do you cultivate them? Where do you grow them?)*
2. Kisa nou fè ak rekòlt yo? (*What do you do with the crops?)*
3. Èske nou koupye pyebwa avan nou plante? (*Do you cut down trees before seeding?)*

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