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UNDERSTANDING INDIGENOUS CANADIAN  
TRADITIONAL HEALTH AND HEALING

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MSW (Wilfrid Laurier University, 2001)  
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DISSERTATION  
Submitted to the Faculty of Social Work  
In partial fulfilment of the requirements  
for the Doctor of Philosophy degree  
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## Abstract

This qualitative research study is situated within an Indigenous research methodology. The goal of the research was to develop an in-depth understanding of traditional healing from the perspectives of practitioners of traditional healing. It was important to explore the experiences of practitioners of traditional healing because there continues to be a lack of literature on this subject, as well as a significant lack of understanding and awareness about traditional healing and Indigenous Canadian people in mainstream society. The theoretical underpinnings of this research are holism and the four aspects of the self, visually represented in the Anishnaabe medicine wheel.

In-depth audio-recorded interviews were conducted with 16 Indigenous people who self-identified as traditional people who use the ceremonies, medicines, teachings and Elders from their cultures in their healing work. Each participant was approached in a traditional Anishnaabe way, with tobacco in red cloth. The research questions explored their experiences as practitioners and recipients of traditional healing methods.

The themes that emerged from the research articulate an in-depth understanding of traditional healing. The themes are grouped under eight categories: defining health and healing, the source of problems, the qualities of healers, guidelines for effective helping, the process of healing, integrating traditional and western methods, self-government, and the strengths/limitations of traditional healing. The process of healing was the largest category of themes and it included groups of themes related to focusing on the self, giving back, using traditions, and sustaining wellness. The themes are

discussed in light of the literature review on traditional healing and implications for social work research and practice are identified.

## Dedication

This dissertation is dedicated to my participants who generously shared their stories about their experiences with Traditional Healing and who are “In the trenches doing the healing work in our communities.”

I would also like to dedicate this dissertation to the Elders who keep our knowledge sacred and who guide our lives with their wisdom.

## Acknowledgments

I want to thank the many people who have supported me along the way.

To Heather, my wife, my best friend and my partner in life: Thank you for your love, patience, support, for believing in me; for Gibson and for sharing everyday with me. Thank you for the nagging and telling me to “Just get it done!” I couldn’t have done any of it without you by my side. I appreciate you more and more each day. I love you.

To Daniel and Gibson, my boys: Thank you for being the inspiration to do better and be the best person I can be, for reminding me that family is the most important thing, that my first responsibility is to be a good father. I have done this for you; to show you that there are no limits to what you can do. I love you with all my heart.

To my parents, Martha & Blackie, Garry & Jackie: Thank you for believing in me and supporting my vision for a better life. Thank you for all of your teachings and guidance. I know this hasn’t been easy for you. Thank you for being proud of me and forcing me to be someone to be proud of. To answer your question: “When are you going to be done?”, the answer is I’m finally finished! I love you all.

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To Mac: Gchi-miigwetch for teaching me about me, about how to be Indigenous



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To my Creator and Spirit Guides: Gchi-miigwetch.

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SECTION I  
INTRODUCTION AND LITERATURE REVIEW



## CHAPTER 1: INTRODUCTION

Aboriginal people in Canada have survived some of the worst treatment of any cultural group in the history of the world (Erasmus & Sanders, 2002). Aboriginal peoples have lived dispossessed lives for over 100 years under the Indian Act of 1876 (Erasmus & Sanders, 2002), after being forced onto small tracts of land called reservations to live in the poorest conditions in the western world. From that time on, Aboriginal life and culture were subject to the control of non-Aboriginal government officials called Indian Agents, who among other oppressive duties, issued passes to Aboriginal people if they wished to leave the reservation, provided that they established just cause (Erasmus & Sanders, 2002). These agents reported to their highest government official: the Minister of Indian Affairs. Indian Agents became obsolete with the creation of Band government systems, but the position of Minister of Indian Affairs and Northern Development still exists, and still controls the lives of Aboriginal people. The rights of Aboriginal people were all but extinguished during the historic period under an enforced policy of assimilation, from 1876-1960, imposed by the Canadian government. The remaining policy, The Indian Act, embedded within the Canadian Constitution is still upheld by the Canadian government.

The ongoing conflict between Aboriginal people and the Canadian government continues today. This was evident in Bill C-7 (Anishinabek, 2004), commonly called the First Nations Governance Act, that was under debate in the House of Commons in 2002. Had it passed, this bill would have allowed the government to remove decision-making authority and responsibility from First Nation Band Governments. Fortunately, this bill

was dissolved with the change in the federal political party leader: Jean Chretien.

Aboriginal leaders across Canada called this Act the new Indian Act and the 1969 White Paper part two, adding that Jean Chretien's agenda for assimilation of Aboriginal people and the abolishment of treaty rights and the department of Indian Affairs has never died (Anishinabek, 20004; Indian Country News, 2002).

The process of European colonization created an inter-generational illness that continues to affect every Aboriginal person in Canada. The Aboriginal Healing Movement, which has developed out of the reclamation of traditional knowledge, has had positive effects in the healing of Aboriginal people and Aboriginal communities. However, the current social climate of Aboriginal people continues to be fraught with worry and illness due to the ongoing maltreatment of Aboriginal people. Aboriginal people need healing now more than ever before.

It is reasonable to believe that Aboriginal people who believe in the traditions and teachings of their people heal best through traditional healing methods (Hill & Coady, 2003). This work can be done by non-Aboriginal people who have good hearts and good minds; who possess a high level of respect, humility, love, honesty, bravery, truth, and wisdom (Benton-Banai, 1988); and who work to truly understand Aboriginal people (Saulis, Personal communication on February 16, 2004). However, this type of work is better done by Aboriginal people who have been instilled with the traditions and teachings, and practice them in a good way.

There has been a recent surge of discussion in the literature about colonialism and the decolonization movement by scholars such as Dei and Asgharzadeh (2000), Battiste

and Henderson (2000), Tuhiwai-Smith (1999), Alfred (1999), and Waterfall (2002) who have focused on - and have called upon other indigenous scholars to take up - indigenous research in the spirit of decolonization. However, little has become of this urging at this point. There is at this time a group of Indigenous people in Canada practicing traditional healing work with Indigenous people. Further, there is a growing number of Indigenous scholars across the country who are encouraging tradition-based healing and Indigenous research methodologies (Absolon & Willett, 2005; Kovach, 2005; Meyer, 2001; Weber-Pillwax, 1999, 2001; Wilson, 2001, 2003, 2007; Wilson & Wilson, 1998)

#### Problem Identification

There is a paucity of literature on Aboriginal approaches to healing. It is clear to anyone working with Aboriginal people that there is a great deal of innovative work going on in Aboriginal communities related to individual and societal healing. There is, however, little documentation and discussion of Aboriginal healing methods. Ranford (1998) wrote this statement upon completion of her literature review nearly ten years ago: “The academic and Native literature currently available on Native healing traditions in Canada tends to fall under the rubric of Native health or Native self-government.” This review of literature demonstrates that little has changed in the last ten years. Most of the literature identified came from community reports and non-academic sources. Ranford (1998) argues that “because Native healers do not tend to write about their experiences and healing knowledge. Few works are available which detail specific healing practices and the life experiences of healers or Elders.” This may be due in part to the young age and small numbers of the “Aboriginal Intelligentsia” (Tuhiwai-Smith, 1999), or it may be

due to a perceived fear, on the part of Indigenous people, of putting sacred healing practices into the public eye. Further potential reasons for a lack of academic literature may be the respect for the oral tradition that Aboriginal cultures are rooted in, as well as the lack of trust in sharing with non-Aboriginal people. Such fear may come partially from the Euro-western “construction of the healer as a quack” and the ceremonies of the people as a “barbaric waste of time” (Lux, 2001, p. 84). Whatever the reason, traditional healing exists and needs to be shared with an open-minded and receptive academic audience.

Much of the discourse on traditional healing comes from the criminal justice system. Much of the healing work of this kind has been done with inmates in federal correctional institutions (Martin-Hill, 2003). Other literature on traditional healing comes out of the Aboriginal Healing Movement in the form of community reports and non-academic sources. Another reason for the lack of Aboriginal-authored literature could be that Aboriginal people in North America have only been permitted to practice traditions such as the sweatlodge, sundance, and other ceremonies since the 1970s. Previous to this, there was a legal ban, in accordance with the Indian Act, on such practices (Schouls, 2002), though many ceremonies were practiced anyway. Further, Indian people were forced to relinquish their treaty rights and status as Indians if they wished to pursue higher education. It is only recently that there has been a significant growth in the number of educated Aboriginal people. It is logical, then, that the act of writing down such practices will require a substantial amount of time to develop a greater sense of education and trust that traditional knowledge will not be abused.

## Theoretical Context For Traditional Healing and Definition of Key Terms

This section of the chapter offers a general understanding of some of the underlying concepts and assumptions of traditional healing. The following definitions and descriptions are provided as context for discussion of traditional healing throughout the dissertation. They also serve as the epistemology for this Indigenous research process.

### *Aboriginal People*

For the purposes of my study, the term Aboriginal shall encompass Métis people, Status Indians, non-Indians of Indian descent, Inuit people, and anyone else with ancestors who were original people of North America (RCAP, 1996). There is cause to be as inclusive as possible in this definition so that readers can develop a clear understanding of how far reaching the problems are as an illustration of the need for healing. Problems affecting Aboriginal people cut across all of these designations because there are so many mixed heritage people in Canada, and illness does not discriminate.

### *Indigenous*

The term indigenous means “belonging naturally to a place” (Thompson, 1995, p. 692). It also encompasses the idea that the original inhabitants of Canada are born from within the land. “The identity of Indigenous peoples’ . . . concept of self is rooted in the context of community and place” (Wilson, 2001, p. 91). Furthermore, being indigenous implies a way of life that serves the teachings, values, ceremonial practices, medicines, Earth Mother, Creator and spirits of the ancestors. This way of life differs from the concept of

Aboriginal which could mean the same, but can also denote ancestral lineage without the adherence to the indigenous practices of one's culture. Indigenous is used in this document to denote the conscious shift away from the imposed label (Aboriginal) of dominant society, via the Indian Act, toward a title of pride and honour.

### *Traditional Knowledge*

The term traditional knowledge refers to the time-honoured cultural practices of Indigenous people; whether spiritual, physical, emotional or mental. It includes ceremonies (sweatlodge, sundance, condolence, thanksgiving address, uwipi, hatowi, circle, vision quest, sunrise, fasting, feasting, etc.); teachings (seven grandfathers, seven stages of life, dark versus light, the Anishnaabe medicine wheel as a contemporary representation of worldviews [White, 1988]); values, beliefs, and ecological knowledge (Simpson, 2001); foods, diet, and movements (Maracle, 1999); and spiritual journeying through dreams and visions (Dumont, 1988). Today communities are divided into two factions: those who adhere to western doctrines of religion and medicine and those who believe in traditional values and methods of healing (Ranford, 1998).

Indigenous Canadian cultures are based on holistic (physical, spiritual, mental and emotional) observations of the world; however, due to the cultural practices of oral tradition, this type of knowledge has never been written down. Medicine people carry cures for the diseases of humankind and this knowledge is passed down through lengthy and rigorous apprenticeship-type relationships. The knowledge of healing, as well as of connection with the Creator, cultural knowledge and personal responsibility, is inseparably enmeshed with the language of the people, and therefore becomes threatened

when indigenous languages die. Further, the herbs and plants that, when mixed, provide the remedies to illness are being destroyed with the development of habitable space. This knowledge is guided by spiritual forces and the power of the mind. True believers in the cultural healing practices are healed by the power of the medicine, ceremonies and healers. The cultural knowledge that underpins traditional healing is “derived from multiple sources, including traditional teachings, empirical observations” (Castellano, 2000, p. 25) and spiritual guidance.

### *Illness*

Illness is the physical manifestation of spiritual, mental, emotional and physical dis-ease (Antone & Hill, 1990). It is the sum of indicators that the self has left life’s path of truth and light (Antone & Hill, 1990). It signifies that parts of our lives are missing and out of balance; and it gets in the way of self-awareness and self-knowledge that is required for healing (Antone & Hill, 1990; Linklater, 2004). Illness emanates from a neglected or oppressed spirit and that true healing is evoked from fortifying or nurturing one’s own spirit” (Relland, 1998, p. 99).

### *Traditional Healing*

Healing is the pursuit of holistic health and wellness through the prevention and treatment of illness. It is the lifelong journey toward bimaadiziwin or the good life (Gross, 2001; Hart, 2002, 1999). Antone and Hill (1990) write that healing is the journey toward self-awareness, self-knowledge, spiritual attunement and oneness with Creation. It is also the lifelong process of understanding one’s gifts from the Creator and the embodiment of life’s teachings that the individual has received. When Indigenous

peoples in Canada talk about traditional healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counselling, and the accumulated wisdom of elders (RCAP, 1996). “Native people’s special knowledge of healing, [is] gained through visions and experience and passed on through the transfer of bundles at ceremonial dance camps . . .” (Lux, 2001: 84).

Traditional medicine (Martin-Hill, 2003) and, therefore, traditional healing, are at the core of Indigenous cultures. Traditional healing can be defined as the use of cultural knowledge, skills and practices based on the theories, beliefs, and experiences that are indigenous to different cultures, used in the maintenance of health as well as in the prevention, diagnosis, improvement and treatment of holistic illness (World Health Organization, 2001). Healing of such social conditions (see description in Historical Context of Traditional Healing), with little variability, requires participation in traditional healing practices by Aboriginal people (Bopp & Lane Jr., 2000). Traditional healing provides a reason for living and meaning in suffering (de Vries-Buchanan, 2007). “Traditional healing is increasingly becoming a way in which Native individuals can recalibrate their lives, taking control and responsibility over their health and well-being” (Ranford, 1998, p. 1). “It is the unseen or spiritual realm that is at the core of Aboriginal conceptions of healing” (Relland, 1998, p. 99). According to Elder Danny Musqua, “Healing is a matter of faith and believing in the healing power of prayer and prayer’s ability to enact the power of the spiritual dimension by eliciting the Grandfathers’ and the Creator’s intervention in the healing process” (Relland, 1998, p. 109). Traditional



healing is a complex and ever-evolving, dynamic process. It is intricately tied to philosophy, religion and spirituality, none of which can be separated from the understanding of traditional healing.

### *Bimaadiziiwin*

Bimaadiziiwin is the process of healing that is directed at finding and living the good life. It is not a cure or magical entity. It is a process of healing; walking and talking in a good way with a good heart and a good mind. It is about walking the Red Road, which is the daily journey of sobriety so named for the traditional beliefs and teachings of the red man: indigenous North Americans, and the process of struggling to stay on the road in a balanced way. It is hard work that is paramount in a person's every day. It is the hardest job we have as Aboriginal people but its rewards are unparalleled (Gross, 2002; Hart, 1999). It operates on the principle that you need to take responsibility for bad choices; and need to make good choices such as the choice to be a good person.

### *Healer*

A healer is a person who offers help and guidance to individuals in their pursuit of holistic health (Antone & Hill, 1990; Martin-Hill, 2003). The classification covers a wide range of expertise; each contributing to the whole: spiritualist (faithkeeper, holy person or priest), herbalist, diagnosis specialist (seer, referral source), medicine man/woman (bundle keepers, song keepers, pipe carriers, lodge keepers, etc). Other healers carry the gifts of touch, doctoring, energy work, midwifery, and use mixed methods (Antone & Hill, 1990; Martin-Hill, 2003).

To understand the role of the shaman, and to know anything of his genius in using

plants, one must be prepared to accept the possibility that when he tells of moving into realms of the spirit, he is not speaking in metaphor (Martin-Hill, 2003, p. 11).

Healers have the “freedom to choose the extent to which they will participate in the healing process but the force which drives the healing process is beyond the control of the healer” (Relland, 1998, p. 109). The control rests with the Creator “because healing emanates, not from the healer, but directly from the Creator” (Relland, 1998, p. 109). According to Elder Danny Musqua, “The healer is actually not responsible . . . when healing occurs. The healer acts as a conduit or instrument through which the spiritual realm can impact the physical universe” (Relland, 1998, p. 109).

### *Holism*

Holism relates to the inherent interconnection with the earth and all the spirits of the Creation. “The centred and quartered circle is a sign of wholeness, of inclusiveness of all reality, of life, of balance and harmony between man and nature” (Traditional saying in Couture, 2000, p. 31). Holism also refers to the delicate interconnectedness, and balance and harmony, between the spiritual, emotional, physical and mental aspects of the self (Nabigon & Mawhiney, 1996). A lack of balance and harmony is one source of illness in people. Over-reliance on one aspect of the self creates imbalance and disharmony amongst the other aspects of the self which, in turn, creates illness. Holism addresses each aspect of the individual (self: spiritual, emotional, physical, mental) (Bopp, Bopp, Brown & Lane Jr., 1984; Morrisseau, 1998; Nabigon & Mawhiney, 1996) as it functions within the family (family: children, parents, aunts/uncles, grandparents/elders) that functions within the community and ultimately the nation. At

the centre of all of this is Creation and the intersection, interconnection and interdependence of spirits within Creation; each with its set of responsibilities toward the whole (Morrisseau, 1998).

### *Medicine Wheel*

The medicine wheel is a contemporary holistic paradigm that represents the Anishnaabe Indigenous worldview that is based in holism and creation. It includes “cardinal directions,” “the four races of man,” “medicines,” values, teachings, the interrelationship between different aspects of creation, and cycle of life, as well as everything else that comprises the worldviews of Indigenous Canadian people (Bopp, Bopp, Brown & Lane Jr., 1984; Nabigon & Mawhiney, 1996). Each of these things is located around a quadrated circle with the self situated at the centre. The implication of the self at the centre is that the self must work around the medicine wheel in order to achieve and maintain balance and harmony. It is an ever-continuing process of development of self-awareness and self-knowledge. The east holds the point of vision; the south, the time for development of relationships; the west, the acquisition of knowledge; and the north, of movement and doing.

### *Natural Law*

The first principle of the Creation that indigenous people of North America were given was teachings on how to live with each other in the circle of Creation. Natural law is the naturalness of relations between all living and non-living spirits. It is beyond the control of man. It states that we are all inherently interconnected and interdependent with one another. This includes the water, land, trees, winged animals, water animals, ground

animals and any other spiritual entity, including rocks (called grandfathers for their ancient wisdom and healing power). Human spirits are responsible for the care of Earth Mother because we have been given the gift of reason; we are responsible for the maintenance of the wellness of the earth in our generation with a vision toward the sustenance of the seventh generation in the future (Oren Lyons, cited in Long & Dickason, 2000). We, as humans, must exercise respect, love and humility as we walk softly on this earth because we are the only part of the ecosystem that does not fit. Natural Law states that we must live this teaching everyday. This law supercedes manmade law; there are no fines for the destruction of the earth. Penalty comes from the Earth Mother in the form of tornadoes, hurricanes, floods, landslides, volcanic eruptions, poor crop yield and avalanches). These punishments are occurring with greater frequency as we commit greater crimes against our Earth Mother.

#### *Non-interference*

Non-interference involves respect for the individual independence of each person and voluntary cooperation by each person of the group or tribe. It means that there is no coercion, unsolicited instructing, or attempts to persuade another person (Brant, 1990). This ensures consensus in decision-making, and continued empowerment of each person. If a person interferes, he or she may be avoided in social situations in future encounters. It is seen as disrespectful to offer unsolicited advice or counsel to another person. A person should never tell another person, unsolicited, that he or she needs to heal from personal problems or trauma. According to the Anishnaabe teaching I received from my Mishomis, you should tell a story that tells of a person with a similar problem who went

for healing and how the healing had positive effects on him and his community, while never making the person receiving the story feel embarrassed. The Anishnaabe teaching of time and patience are pivotal in non-interference because it is understood that each situation has a spirit, that everything happens when it is supposed to happen and that individuals do not have the power or permission from the Creator to interfere with another individual's process.

### *Forgiveness*

Aboriginal people consider forgiveness to be a means of “going forward in healing” (de Vries-Buchanan, 2007). There are three types of forgiveness with corresponding degrees of healing (de Vries-Buchanan, 2007). In the first type, called the prepersonal stage, one wishes to be forgiven “to decrease discomfort to the ego” and it is therefore unhealthy for the person offering forgiveness to do so at this stage as there is a boundary distortion in this premature type of forgiveness (de Vries-Buchanan, 2007; Lamb, 2002; Lewis, 2005). The second type of forgiveness, called the personal stage, involves the degree of authenticity of the apology in what de Vries-Buchanan (2007) calls “the conflict between authenticity vs. conformity” which simply means that social norms often dictate social behaviour when it comes to apologizing. The person offering forgiveness is at risk of being “revictimized” (de Vries-Buchanan, 2007; Lamb, 2002; Lewis, 2005). The last stage is proposed by de Vries-Buchanan (2007) as the only healthy type of forgiveness and calls it “transpersonal forgiveness.” It involves seeing the issue in a larger context than the self. The two previous types of forgiveness force the forgiver to sacrifice the self for the sake of the other, whereas the transpersonal

forgiveness acknowledges the present context and expands the issue into the larger context (de Vries-Buchanan, 2007; Lamb, 2002; Lewis, 2005).

### Overview of the Dissertation

This research project stemmed from a recognition of the lack of understanding of traditional healing and Indigenous Canadian people in mainstream Canadian culture. Its intention is to share traditional healing knowledge in a good way with an academic audience as a beginning effort to bridge the large cultural divide between Indigenous Canadians and non-Indigenous Canadians. The principal researcher is indigenous to North America and conducted culturally congruent research toward better understanding a cultural phenomenon. This cultural phenomenon is traditional healing. While this research has also been about personal growth and understanding the self, it began and remains about the growth and development of indigenous literature. It is because of the work of notable indigenous scholars mentioned above that space and support to initiate an indigenous research project rooted in a holistic approach to health and wellness has come about (Martin-Hill, 2003). The theoretical underpinnings for this research are the concepts of holism: spiritual, emotional, physical and mental well-being; and the worldview represented by the Indigenous Anishnaabe medicine wheel.

This qualitative study sought to better understand traditional healing by and for Indigenous Canadian people. The research design involved in-depth interviews with 16 Indigenous Canadian practitioners of traditional healing. The interview questions (Appendix C) unveiled a rich understanding of what practices are involved, the rationale for these practices, important characteristics and strategies of the healer, and how these

healers believe traditional healing works. The dissertation is organized into seven chapters: introduction, literature review, methodology, three results chapters and, finally, discussion and conclusions.

## CHAPTER 2: LITERATURE REVIEW

### Introduction

This review of the literature related to traditional healing is divided into nine sections. First, the historical reality of colonization is discussed as context for understanding the current Indigenous Canadian Healing Movement. Second, the Indigenous Canadian understanding of healing is reviewed. Third, a brief review of the history of the Aboriginal Healing Movement, and its overview of Indigenous Canadian healing programs in North America is provided. Fourth, the current movement of decolonization related to Indigenous Canadian people is reviewed in the context of healing. Fifth, two traditional healing ceremonies are discussed. Sixth, the current healing programs in North America are reviewed. Seventh, the integration of traditional healing and western healing methods is explored. Eighth, in order to provide a broader context for understanding traditional healing, the holistic Indigenous Canadian worldview is reviewed in some detail. Finally, with reference to cumulative research findings on western psychotherapy, an argument for the probable effectiveness of Indigenous Canadian healing, particularly for Indigenous Canadian people, is advanced.

### Historical Context for Traditional Healing

It is necessary to understand the historical context for current traditional healing, which is deeply rooted in colonization and the brutal settling of North America by European imperialists. Aboriginal People experience some of the worst social conditions in Canada. Despite the increasing rates of economic participation by Aboriginal Canadians in the mainstream society, this group of original Canadians continue to



experience the most difficult life stresses, both on and off reservation, as documented in government statistics on social conditions (RCAP, 1996).

Looking for the effects of illnesses on a reservation or in any tribal community is like 'shooting fish in a barrel'. Illness is widespread and touches everybody on a reservation. As Wilson and Wilson (1999) articulate:

The devastating effects of attempts at forced assimilation have left their mark on many First Nations communities. All too many are in a state of complete dependence with no belief or hope in their own collective will or ability to make substantial change. Other communities struggle on by depending on short-term funding for programs initiated outside their own environment. A deep-rooted psychology of poverty permeates and is evidenced in squalor, apathy, internal squabbling, substance abuse, teen pregnancies, dysfunctional parenting, political power struggling, poor social skills, and perpetual grieving. In fact the effects of colonization run so deep that they have in many cases produced complete communities of dysfunction (pp. 137-38).

Aboriginal people are facing the highest rates of unemployment, incarceration, infant mortality, suicide and substance dependency, as well as the lowest achievement levels in education in Canada (RCAP, 1996; Schouls, 2002). Such longstanding social problems have resulted in a phenomenon of a people mourning the hardships and trauma of their ancestors that has been referred to as "unresolved historical grief" (Minister of Public Works and Government Services Canada, 1997). This can also be called intergenerational trauma as it is somehow perpetuated throughout successive generations

of people (Abadian, 1999).

There is a sense of profound and continued suffering among Aboriginal people that is complex and interconnected with a loss of spirit. “Communities often turned inward and let their suffering give way to a desire to be dead. Violence and family abuse became entrenched in communities which had no hope . . . white society did not see and did not care” (Tuhiwai-Smith, 1999, p. 146). The breadth of the problem affecting Aboriginal people needs to be clearly understood, as Warry (1998) describes:

Culture, identity, tradition, values, spirituality, healing, transformation, revitalization, self-determination, self-government: a spiral of ideas and actions constitute community healing. At the most basic level, when Aboriginal people speak of community healing they suggest that there are many individuals within their communities who must heal themselves before they will be capable of contributing to the many tasks that lie ahead. They talk of finding ways to help support individuals who must heal deep wounds. This can only be accomplished if people are provided with opportunities for spiritual growth and cultural awareness (p. 240).

The policies of forced assimilation have left a legacy of turmoil and illness within generations of Aboriginal people. Policies such as the Indian Act and the Gradual Civilization of Indian Children Act (Schouls, 2002) have stripped the Aboriginal cultures of Canada of their identity, language, traditional lifestyle, and knowledge systems. Aboriginal cultures have, in many ways, transcended the historical traumas perpetrated by the colonizing societies. Sadly though, in many more ways, Aboriginal cultures are still

struggling to heal the damaging effects of colonization: residential schools, exploitation and commodification of traditional knowledge, and the exploitation of physical resources. These issues continue to illustrate the context of social problems affecting Aboriginal people, and demonstrate the ever-increasing need for holistic healing. The ripple effects of residential schools and the sixties child welfare scoop of Aboriginal children have left a legacy that includes alcohol and drug abuse, substance abuse, sexual abuse, violence, harsh and ineffectual parenting, chronic rage or depression, and grave mistrust (Bopp & Lane Jr., 2000).

Indigenous Canadian people have been using culture-specific traditional healing practices for thousands of years; however, these methods of healing have become less attractive to Indigenous Canadian people since colonization and the introduction of the scientific practice of medicine. While medicine has contributed to the physical (biological) health of the human species, it relates to solely biological (physical) illness, thereby excluding spiritual, mental and emotional aspects of life.

Over the past four decades, more and more Aboriginal people are reclaiming their cultural identities and traditional healing often serves as the beginning of the journey into cultural re-education, as well as holistic wellness; however, very little is known about this process. Many Indigenous Canadian scholars believe that the only way for Aboriginal people to truly heal the intergenerational trauma that has been cast upon them is through traditional healing that attends to the spiritual, emotional, physical and mental aspects of the self (Abadian, 1999; Lane, Bopp, Bopp & Norris, 2002; Connors, 1995; Duran & Duran, 1995; Hill & Coady, 2003; Pierce & Rhine, 1995; Tuhiwai-Smith, 1999). This

type of healing comes from rich cultural ceremonial practices such as the sweatlodge (Benton-Banai, 1988; Hill & Coady, 2003), healing lodges and circles (Antone & Hill, 1990; Connors, 1995; Dessertine & Metallic, 1990; Hill & Coady, 2003; Hollow Water First Nation, 1984; Meawasige, 1995), and the continuous journey toward bimaadiziiwin or “the good life” (Gross, 2002; Hart, 1999). The Indigenous Canadian people who currently provide these types of services possess a great deal of wisdom and considerable amounts of cultural teachings. They also carry an enormous responsibility to maintain their personal health and to facilitate the journeys of other people toward personal health and spiritual growth. The Indigenous Canadian healing movement has arisen from the belief that traditional healing practices are the best ways to help Indigenous Canadian people heal from the effects of the traumas of colonization.

Traditional healers work in a very different way than mainstream social workers or even Aboriginal social workers. The methods are different, the work is more involved, and it is not time-limited. Holistic healing calls for a developed level of self-knowledge, self-awareness and self-reflexivity. It calls for full participation by the healer along a guided journey of healing for both recipients and healers. This may include activities such as walking, grocery shopping for appropriate foods, breathing lessons, praying, and ceremonies that heal the emotional and spiritual hurts of Aboriginal people.

Traditional healing practices have been a large part of the Indigenous Canadian Healing Movement that has sought to help reconnect Aboriginal people with their cultural values and practices and to help them heal from the various traumas of colonization. Within the Indigenous Canadian Healing Movement, it is widely believed that traditional

healing should be the primary approach to helping Indigenous Canadian people and that it should be done by Indigenous Canadian healers. Still, there is very little known about the traditional healing and it is often viewed skeptically by non-Aboriginal people, and sometimes by Aboriginal people.

### History of the Aboriginal Healing Movement

Many Aboriginal healing initiatives got their beginnings in the American Indian sobriety movement. This movement started in the 1970s with a few American Indians attending Alcoholic's Anonymous (AA) meetings. Community members witnessed their sobriety, became curious about AA, and began confronting their own struggles with alcoholism. These people developed into a small community of American Indians who had a vision of healthy Aboriginal communities free from the grip of alcohol and drugs. As it grew in membership, this group, called the Red Road Healing Initiative, began holding annual gatherings, called the Red Road Gathering, where they joined together in sweatlodge purification ceremonies, talking Circles, healing Circles, and several other healing ceremonies, including an emotional purification process called 'letting go' that will be outlined later in this paper.

This American Indian healing movement stretched from the southern U.S. into the provinces of Canada. In Canada, during the early 1980s, this movement took the form of healing workshops that were conducted by individuals who were on their healing journeys. One organization that presented these healing workshops was the Four Worlds Development Project. This organization, headed by (Hereditary Chief) Phil Lane Jr., became synonymous with health and wellness in Canada. The Four Worlds Development

Project was so well respected within the healing community during the 1980s and 1990s that the federal government commissioned several research studies by them, and published the findings for dissemination around the world. The Four Worlds Development Project underwent several changes throughout two decades of work on healing and wellness, however, one factor has remained constant within the organization: the desire to create holistically healthy Aboriginal communities.

Currently, the Red Road Healing Initiative offers similar workshops to those conducted by the Four Worlds Development Project, as well as training for healers. The Red Road Healing Initiative is headed by Dr. Eduardo Duran and Gene Thin Elk. Dr. Duran and Mr. Thin Elk are founding members of the Red Road Gathering; an annual meeting of individuals committed to the healing journey of the Red Road. It is the work of committed Aboriginal leaders like Phil Lane Jr., Gene Thin Elk and Dr. Duran who inspire the North American healing community to persevere despite seemingly insurmountable obstacles of substance dependency, abuse and violence.

#### Understanding the Indigenous Canadian View of Healing

Traditional healing relates to all methods grounded in traditional knowledge that are used by healers to help Aboriginal people suffering from illness (both individual and collective). It is sometimes difficult to understand what exactly constitutes healing, but the following represents how it has been described in the literature. Healing involves all the physical, mental, spiritual, and emotional aspects of the self. It involves having fundamental needs met within the context of family and community (Bopp & Lane Jr., 2000; Morrissette, 1998). Genuine healing is a journey that an individual takes,

facilitated by a healer, into a broken and hurt self, the purpose of which is to get well.

The individual must work on issues that interfere in personal growth, and must encounter a depth of humanity deeper than the tragedy of illness (Lane Jr., Bopp, Bopp & Norris, 2002; Stevenson, 1999).

Indigenous Canadian healing is holistic in that there is attention toward the spiritual, emotional, physical, and mental aspects of the self. It is also holistic in that there is a healing relationship between humans and the rest of Creation, such as rocks, water, plants, animals, the Creator, and spirits (Bopp, Bopp, Brown & Lane Jr., 1984; Nabigon & Mawhiney, 1996). It is the delicate balance of these aspects of the self: spiritual, emotional, physical and mental, as well as the natural balance of spirit between humans, spirits, and the natural environment, that is one of the hallmarks of Indigenous Canadian healing (McCormick, 2005; Nabigon & Mawhiney, 1996). Further, holistic healing requires balance and harmony between all humans, without war and other hateful acts (McCormick, 2005).

Healing, in Aboriginal terms, refers to the personal and societal recovery from the lasting effects of oppression and systematic racism experienced over generations (RCAP, 1996). "Healing means moving beyond hurt, pain, disease and dysfunction to establishing new patterns of living that produce sustainable well-being." (Lane, Bopp, Bopp, & Norris, 2002, pp. 8). Aboriginal healing work needs to be intimately linked to relationships with elders and other cultural leaders, involving ceremonies and protocols designed for personal development and for the restoration of healthy relationships within families and communities (Morrisseau, 1998). Healing work certainly involves

overcoming the legacy of past oppression and abuse, and what that means in practice is the transformation of inner lives, family and community relationships and the social and environmental conditions within which people live (Bopp and Lane Jr., 2000; Morrisseau, 1998).

There is a general consensus among Aboriginal people (Bopp and Lane Jr., 2000; (Lane, Bopp, Bopp, & Norris, 2002; Morrisseau, 1998) that healing comes from deep within. The healing at the individual, family and community levels must go hand-in-hand. It cannot occur on one level without serious consideration of the real effects on all of the other levels. Individuals heal themselves, which affects the family, community, and ultimately the nation. There is some disagreement about healing occurring as a by-product of larger social movements like self-government. One Elder shared:

Our perspective. . .especially from women and youth, is that all this talk and movement on self-government and politics is putting the cart before the horse. They say that a lot of Native communities are really sick, socially, physically, [spiritually], and psychologically, and that we need to deal with that sickness before we can progress on politics (Alfred, 1999, pp. 108).

You have to have strong families before you can have strong communities, and thus a strong nation (Alfred, 1999). The teaching is that not only is each generation responsible for its own healing but also the healing of the past seven generations and the seven to come (Johnston, 1982).

Healing happens in a wide variety of ways. Hill and Coady (2003) distinguish between healing and psychotherapy. They argue that Euro-western models of practice are



ineffective in helping diverse client groups, while praising the inherent goodness of Aboriginal systems of healing for Aboriginal people. Healing can sometimes be a formal, professional, and therapy-like process; however, there is a great deal more informal healing or helping going on in Aboriginal communities (Nelson, Kelley & McPherson, 1985). As Cameron and Vanderwoerd (1997) have pointed out, much healing in mainstream society also occurs at the informal social level between friends and family members every day (Cameron & Vanderwoerd, 1997). In Aboriginal contexts, this type of informal social support may occur at the kitchen table or in public places such as arenas and bingo halls (Hill & Coady, 2003). It doesn't matter to the person seeking help that the person sought is not a professionally trained helper, only that the person has life experience, is familiar, accessible, genuine, and has some vested interest in the outcome (Frank & Frank, 1991). Letting go of painful, repressed emotions and memories is not a task to be taken lightly. Therefore, individuals tend to seek out "natural helpers who have earned reputations within their social networks as caring, competent problem solvers" (Waller & Patterson, 2002, pp. 75).

This process of healing is directed at finding, and living, 'the good life', also know as 'bimaadiziiwin' (Gross, 2002; Hart, 1999). 'Bimaadiziiwin' is not a cure or a magical entity. It is the end goal of the process of healing; walking and talking in a good way; with a good heart and a good mind. It is the hardest job we have as Aboriginal people but its rewards are unparalleled. Hart (1999) says that Aboriginal people need to get back to the "good life" as a way to resist colonialism. Jllek (1982) writes about bimaadiziiwin:

Ingrained into the nature of an Indian person is the idea that living is for giving. We always took only what was needed. We preserved food for winter together. Everyone was his brother's keeper . . . an Indian house is never too small to take in another person, or even another family . . . the wealthy man was the man who could give most. In white society, the wealthy man is the one who can keep the most for himself. This is where our cultures conflict (Jllek, 1982, p. 111).

### Decolonization and Healing

The Indigenous Canadian Healing Movement is currently focussed on the principles of decolonization; the process of returning to Indigenous Canadian culture by recognizing and removing non-aboriginally imposed social constructs. It came to this objective through several intermediate routes and goals. It moved through AA, to Adult Children of Alcoholics, to Co-dependency workshops, toward reclaiming the traditional methods of healing for Indigenous Canadian people, such as the sweatlodge, sundance, hatowi, uwipi, healing circle, and finally, toward the ideals of decolonization. Decolonization has recently become the focus for several indigenous scholars, including many Aboriginal Canadians (Alfred, 1999; Battiste & Henderson, 2000; Bruyere, 1999; Graveline, 1998; Tuhiwai-Smith, 1999; Waterfall, 2002). A critical part of the decolonization movement is that any healing for Indigenous Canadian people needs to be grounded in Indigenous Canadian culture (Alfred, 1999; Frank & Frank, 1991; Tuhiwai-Smith, 1999). Further, any such healing must begin with a consideration of traditional values, principles, and processes (Alfred, 1999; Dumont, 1988; Gross, 2002; Hart, 1999; Morrissette et al., 1993; Stevenson, 1999).

Indigenous people must learn, embrace, and begin writing our own histories so that they are truly ours, and not tainted misrepresentations of our teachings, practices, and principles. These teachings, practices and principles are our histories, and they inform our healing practices. Waterfall (2002) and Tuhiwai-Smith (1999) argue that we need to understand our history as colonized indigenous people in order to navigate the waters in the colonial world. Indigenous Canadian people need to define what constitutes healing. That definition needs to be fluid and in a state of constant evolution, driven by context, values, beliefs and client need. It also needs to come from a place of cultural knowledge (Alfred, 1999).

Decolonization can take many forms, from the simple to complex, but in the end it is a very personal process (Tuhiwai-Smith, 1999). The process of decolonization must be personal as well as public. At the more personal level, it means thinking and behaving in ways that reject colonial premises in favor of a "self-conscious traditionalism" (Tuhiwai-Smith, 1999). Colonialism is a familiar reality that provides a certain security for most people. The final steps to decolonization can be truly frightening as Native people are awakened from that familiar reality (Alfred, 1999).

During this process of decolonization, Alfred (1999) says that we should not throw out the baby with the bath water: "the notion of traditionalism I am promoting demands cultural give-and-take with non-indigenous people [and] respect for what both sides have to contribute and share" (Alfred, 1999, p. xviii). It is not a matter of red versus white, but of right versus wrong, considered within the broad framework of values we all share: freedom, justice, and peace (Alfred, 1999).

“It is all about reconciling what is important about the past with what is important about the present” (Battiste & Henderson, 2000, p. 14). This reconciliation is partially about, and should include, looking at western academic knowledge because there have been great contributions toward the understanding of culture and healing through ethnographies and medical science, respectively. For example, Indigenous Canadian groups need to examine the fields of social work and psychotherapy and critically use that knowledge in ways that are meaningful to help shape the present and determine the path into the future for indigenous people. A close examination of these knowledge systems can strengthen the healing practices through parallel understandings of healing techniques, and lend direction toward legitimization of Indigenous Canadian healing practices. These ideas can be used in the efforts towards decolonization, which itself is a process of dealing with fear and anger and reclaiming inherent Indigenous Canadian rights. “If you don’t go through the process of acknowledging what you’ve lost, you don’t have a way to come back and get it--get it back again” (Alfred, 1999, p. 13).

“Reclaiming and revitalizing Indigenous heritage and knowledge is a vital part of any process of decolonization, as is reclaiming land, language, and nationhood” (Battiste & Henderson, 2000, p. 13). Elders teach us that we need to rely on our holistic worldviews in this process, and that they cannot be compartmentalized or separated from the people who hold them. All things must be done by using the heart and head together in a good way (Battiste & Henderson, 2000).

### Traditional Healing Ceremonies

Traditional healing ceremonies play a vital role in the healing of individuals,

families and communities (McCormick, 2005). Ceremonies provide a set of rituals that lead to the spiritual connection with the Creator and the creation. While it is beyond the scope of this literature review to discuss all ceremonies, the sweatlodge ceremony and the healing circle will be shared for their unique therapeutic contributions to traditional healing. Ceremonies such as the sweatlodge (Benton-Banai, 1988; McCormick, 2005; Smith, 2005) and healing circle (Dessertine & Metallic, 1990; Antone & Hill, 1990; McCormick, 2005) provide a range of intensity as well as different degrees of participation from individual to collective community healing.

### *The Sweatlodge Ceremony*

One of the most important, intense and widely used methods of healing for Indigenous Canadian people is the sweatlodge ceremony. The physical aspect of the self is deprived of food and water for up to four days before the ceremony begins [fasting]. This purifies the body and the mind, which makes a person receptive to messages coming from the spirit world (Benton-Banai, 1988). It also weakens the physical aspect of the self, which is required because the physical self is so powerful that it could hold on for longer than the ceremony allows. These messages, also known as visions or truths, give the individual her or his purpose and direction.

It is said that a young Ojibway boy (Aanishinaabe), who ventured on his vision quest (a guided fasting journey into the woods that marks the rite of passage into manhood for adolescent boys), traveled to the spirit world to sit with the seven grandfathers who gave him a special gift to carry back to the Ojibway people. This gift was the instruction of a purifying ceremony for the whole self, as well as the necessary

instructions on constructing a lodge in which the ceremony is to be performed, which is outlined below<sup>1</sup> (Benton-Banai, 1988).

The sweatlodge must be constructed out of willow saplings. These saplings are to be lashed together with the inner bark of the basswood tree. There are to be four directions in the sweatlodge, and the eastern direction will house the doorway for humans to enter. The remaining three directions are to be used only by spirits. There need to be four rings around the outside of the frame of the sweatlodge to represent the four levels of knowledge above the earth. Inside the lodge, a shallow pit must be dug into the ground to represent the womb of our earth mother. The frame of the lodge is then covered with the hides of deer, moose or buffalo, or with elm bark. Outside of the lodge, a path shall lead from the eastern doorway to the fireplace. This is where the grandfathers (rocks) shall be heated until they glow red, and from whence they shall be carried into the lodge for the healing ceremony. On the eastern side of the fireplace, there shall be a mantle or altar. This shall be where the offerings of tobacco are made to the spirits of the fire and of the lodge.

Each of the participants shall crawl with humility along a path of cedar balms that joins the fireplace and the opening to the lodge. Each participant shall state her or his name and clan upon entering the lodge, and find her or his position in the lodge. Once the participants have entered the lodge, the firekeeper shall carry in four grandfathers

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<sup>1</sup>The teachings of the sweatlodge ceremony are given to each person before she or he participates in her or his first ceremony. I received these teachings as a young man and continue to carry them with me. I have consulted Edward Benton-Banai's "The Mishomis Book" here, however, it is not cited throughout the description of the sweatlodge ceremony section of this paper because I received an identical teaching that I honour. All my relations.

(heated rocks) and place them in the pit in the four directions of the lodge. After each grandfather has been greeted and sprinkled with medicines (cedar, sage, sweetgrass and tobacco), the firekeeper carries in three more grandfathers to represent our seven grandfathers. These three are also greeted and sprinkled with medicines. The medicines shall burn and create smoke, on which the prayers of the participants shall be carried up to the Creator and the spirits of the lodge. The door is then closed by the firekeeper, and the sweatlodge ceremony begins when the drum is sounded four times. The grandfathers are then sprinkled with cedar water, which creates the necessary steam for the healing ceremony (Chapko, 2002). When the door is closed by the firekeeper, the first round of prayer begins, moving from the eastern doorway to the southern doorway. Usually, there are four rounds in the sweatlodge to honour the four directions: east to south, south to west, west to north and north to east. That means a total of 28 grandfathers are used in each sweatlodge ceremony. Participants are not usually permitted to leave the sweatlodge between rounds, however, drinking water is often shared with the participants between rounds. Each round of the sweatlodge ceremony ends when the facilitator/conductor [elder] sounds the drum four times and all participants join in a very emotional celebratory yell. There is hugging, thanking and sometimes crying at the end of the ceremony. Sweatlodge ceremonies are sometimes followed by a feast for the participants.

During the sweatlodge ceremony, the participants often become very uncomfortable because the heat inside the lodge is hotter than anything they have ever experienced before. This is because the heat is not able to exit the sweatlodge, nor does the smoke from the burning of the medicines. The physical aspect of the self is pushed to

its absolute limit, and the participants discover exactly where their threshold for pain and discomfort resides. At this point, the physical self becomes suspended from the consciousness of the self. The ceremony causes the emotional aspect of the self to be pushed to its limit as well. Participants often laugh, cry, and share intense feelings during the ceremony. Prayers are emotionally laden, and the individual feels the safety she or he needs to express the often very painful emotions that are kept inside. This freedom of expression is afforded by the darkness and the support of the other participants in the lodge. This is created through drumming, singing, rattling, chanting and other forms of encouragement unique to the sweatlodge ceremony. The prayers of each individual are carried away by the spirits of the lodge allowing the individuals to feel the safety and confidentiality of the lodge. The mental aspect of the self constantly attempts to rationalize the experience while fighting to remain conscious and alert; however, the mental self soon forfeits consciousness, and becomes suspended, similar to the Euro-western understanding of dissociation. The spiritual aspect of the self becomes able to receive the messages coming from the spirit world, and from the Creator, which give the individual her or his purpose and direction.

### *The Healing Circle*

The Circle is a sacred symbol for Indigenous Canadian people of North America, and for many other indigenous people around the world. The Circle, as referred to here, means a gathering of people who sit in a closed Circle. This allows for open communication because each person in the Circle can see and hear every other person. A male and female Circle Keeper open the Circle with a ceremony called Smudging, which



involves the burning of a traditional medicine, namely sweetgrass or sage. Participants take turns smudging themselves: using the hands to bring the smoke to one's eyes so that one can see in a good way, to one's mouth so that one can speak in a good way, to one's ears so that one can hear in a good way, to one's heart so that one can receive and give love, over one's head to cleanse the mind of negative thoughts so that one can think in a good way, and over the rest of one's body in order to cleanse oneself completely of negativity. Individuals say a personal prayer while smudging and their prayers are carried on the smoke of the medicine to the Creator, who hears the prayers. A group prayer is then spoken by the facilitator, followed by an explanation of the protocol of the Circle and brief introductions.

In the Circle, an object (e.g., Eagle Feather, talking stick, grandfather) is passed around the Circle in turn, and when one is holding the object, one may talk about anything he or she wants with no time limit. Others respect this with silent listening, which encourages the individual to feel safe and to share (Graveline, 1998; Metallic & Dessertine, 1990; Stevenson, 1999). The emphasis in the Circle is on talking about painful events or issues and letting go of emotions, which can be done through talking, crying, laughing, yelling or singing (Bopp & Lane Jr., 2000; Hill & Coady, 2003). Expressing one's emotions in a supportive environment leads to understanding and acceptance of those emotions. The Circle closes with a prayer and hugs or hand shakes (Pierce & Rhine, 1995; Stevenson, 1999).

Antone and Hill (1990) distinguish between the different types of Circles as unique methods of healing for Indigenous Canadian people. They list four types of Circles, each of which becomes more involved and intense. Talking Circles, which are

very common in Indigenous Canadian communities and gatherings, are forms of support wherein people begin to trust in the process and other people (Antone & Hill, 1990). Sharing Circles become a little more involved due to the release of painful emotions, self-disclosure, and 'inner child' work (Antone & Hill, 1990). These Circles require a facilitator who understands cultural practices and protocol. Healing Circles propel the level of healing in the participants toward connecting with the body for the purpose of fully releasing painful emotions (Antone & Hill, 1990; Meawasige, 1995). Lastly, Spiritual Circles, which include all of the previous three types, add body work to remove negative blocks to spiritual energy. They allow the participant to reclaim or strengthen their spiritual gifts that may have been previously suppressed. The participant can reach 'forgiveness' in his or her healing journey through the Spiritual Circle (Meawasige, 1995), and cultural teachings and practices become fully integrated as aspects of her or his life (Antone & Hill, 1990; Meawasige, 1995). This process requires the participant to fully trust the process and the intuitive (spiritual) messages he or she receives.

### Healing Approaches In North America

There are several approaches that provide healing opportunities for Indigenous Canadian people across North America. Some utilize only traditional teachings, ceremonies, and practices. Others utilize a combination of traditional teachings and practices out of the Euro-western healing world, such as psychotherapy techniques.

#### *Traditional Healing Approaches*

The Red Road Approach by Gene Thin Elk uses the medicine wheel as a holistic, traditional therapeutic method of healing from abuses, alcoholism, historical grief and trauma (Pierce & Rhine, 1995). The Red Road Approach utilizes the Healing Circle

process described earlier to evoke emotional discharge which allows participants to let go of trauma (Pierce & Rhine, 1995).

Antone and Hill (1990) propose a model that is based on the traditional values of love, truth, bravery, respect, humility, honesty and wisdom (Benton-Banai, 1988), and the healing methods that they propose as part of their model, such as the four types of Circles, come out of traditional knowledge and practices. Stevenson (1999) also writes about a healing model that is based on the Circle, traditional practices, knowledge, and wisdom. She writes that the “Circle provides support and encouragement, which is given through listening and not by offering advice” (Stevenson, 1999, p. 15). Mutual support and encouragement come through reciprocity and non-judgmental interaction. It is in this way that the Circle is a powerful tool for the healing of Indigenous Canadian people. In sharing the process of the Circle, Stevenson (1999) shares the teaching of the Eagle Feather:

The significance of the Eagle Feather is that there are two sides to an Eagle Feather, symbolizing life, which has a duality about it; for example, good and bad or love and hate. The balance between the two sides is the stem of the Feather, which represents the path of life or what Native people refer to as the “Red Road” (p. 14).

#### *Healing Approaches that Combine Traditional and Euro-western Approaches*

Other models such as the one proposed by Connors (1995) integrate Euro-western psychotherapy and traditional Indigenous Canadian practices and knowledge. Though it is primarily a medical model of healing, Connors’ model is flexible enough to allow for treatment of Indigenous Canadian people along the continua of “traditional Indian” to “non-traditional Indian” described by Morrissette et al. (1993), and similarly by

McKenzie and Morrisette (2003). The proposed model by Connors (1995) states that each mode of healing should not be imposed on those Indigenous Canadian people who do not subscribe to a traditional worldview. For example, a non-traditional Indigenous Canadian person may not subscribe to traditional methods of healing, therefore a less traditional route should be taken; likewise, a traditional person should not be forced to heal through non-traditional methods.

Like Connors, Gross (2002) gives credence to non-Euro-western methods of helping. Gross describes his theory of postapocalypse stress syndrome (PASS) which is defined as “post traumatic stress disorder raised to the level of a cultural whole” (Gross, 2002, p. 23). The treatment of this syndrome is rooted in “bimaadiziiwin”, and it must come from the community. Gross (2002), like Alfred (1999), writes about cultural reclamation and re-traditionalization of the entire community as a form of healing. This includes use of traditional medicines, ceremonial practice, reconnecting of interrelationships, walking the Red Road and working toward bimaadiziiwin.

Gross (2002) argues that, above all else, bimaadiziiwin is the most important aspect of healing PASS. Children learn best by example (modeled behavior), so that means that to be effective models, adults must walk their talk; if they say to a child that she or he must treat elders with respect, but then they do not treat elders with respect themselves, the child learns hypocrisy and will model the negative behavior. Adults must think far ahead to when they leave this physical world, and act in a good way that will make people want to celebrate their lives because they were good people who led lives filled with integrity and character. This, also, is bimaadiziiwin (Hart, 1999). It should be noted here that it is extremely hard work to live the good life; being ever-mindful of

thoughts, actions and values exhibited in daily life: bravery, honesty, humility, love, respect, truth and wisdom (Benton-Banai, 1988). "Bimaadiziiwin remains vital for those who choose to live the good life" (Gross, 2002, p. 16). Health and healing are directly related to the morality found in bimaadiziiwin (Gross, 2002).

The backbone of the Indigenous Canadian healing movement now includes numerous notable healing programs: Hollow Water's Community Holistic Circle Healing (1984), Alkali Lake's Wellspring total immersion model of healing, Nuxalk Nation Community Based Treatment Program, Choices: Nuxalk Total Immersion Healing and Personal Growth Training Program, Montreal Friendship Centre's Healing Circle and Rediscovery International, Gano-kwa-sra Family Violence Program, Native Horizons Treatment Centre, Universal Energy and Kii-kee-waan-nii-kaan (Southwest) Healing Lodge are but a few of the Indigenous Canadian healing programs in Canada. Each of these programs exhibits aspects of holistic health and wellness, but also employ Euro-western helping approaches.

There are a number of programs that focus specifically on Indigenous Canadian youth. Rediscovery International aims to empower Indigenous Canadian youth to discover and celebrate the natural world, while engaging in healthy peer relationships and building trust and self-esteem. The Chilanko Lodge Treatment Centre in Chilanko, British Columbia, treats youth with diverse problems in a wilderness setting. Weechi'it'te'win Training & Learning Centre, in Couchiching, Ontario, also incorporates Indigenous Canadian traditions, languages, rituals, and ceremonies to treat youth in a holistic manner. The Healing Lodge of the Seven Nations, located in Spokane, Washington, is a youth treatment centre for alcohol and drug dependency. It has a unique

vision to treat youth in a holistic way which incorporates nature and the environment. Project Phoenix, in Kyle, South Dakota; Pine Ridge Academy, in Washington, Utah; and the Anasazi Foundation, in Mesa, Arizona all came out of the early American Sobriety Movement, which has since developed into the Indigenous Canadian Healing Movement.

The numerous programs within North America illustrate the severity of the problems affecting Indigenous Canadian people, but also some of the resources available to help them on the healing road. Many programs focus on youth, with the goal of treating problems as early as possible. There are some different ideas of traditional health, wellness, and healing represented in the literature resulting from the healing work done at these centres; however, one of the common themes throughout the literature on Indigenous Canadian healing is that ceremonial life has always been essential to Indigenous Canadian people, and is in fact inseparable from daily life (Antone & Hill, 1990; Connors, 1995; Hart, 1999; McKenzie et al., 2003; Morriveau, 1998).

Ceremonies, such as the sweatlodge and healing circle, express gratitude for the miracle of existence, healing for the sick, and prayers for the renewal of life. Ceremonies help us to heal the spiritual, emotional, physical, and mental aspects of our selves. Healers must caution people who are new to sobriety that they must work on their selves and start to work through the illness that has caused the alcoholism or substance abuse before they turn to traditional ways, because the Creator will not hear them if they are not walking in a good way (Benton-Banai, 1988; Lane Jr., et al., 2002).

#### Integration of Traditional Healing and Western Healing Methods

Cross-cultural and multi-cultural helping is becoming the norm in Canada. This sometimes includes parallel healing modalities working in the best interest of one client.

When it comes to Indigenous Canadian clients, it is

Contingent upon counsellors, psychologists, [doctors], or psychiatrists . . . to obtain culturally significant information about the history, culture, lived experience and worldview of the First Nation group they are working with. This . . . specific information is best obtained from community members, Elders and healers from within [the] given community group. Through this healing there is a possibility of restorative dialogue between worldviews (de Vries-Buchanan, 2007).

In her research, Ranford (1998) found that in some Native Healing Programs “Western medicine and traditional healing operate within a collaborative, yet independent, framework.” She also noted that these programs “advocate Native *control* over biomedical and traditional health care services by allowing clients to *choose* which form of health care they desire.”

#### The Holistic Indigenous Canadian Worldview

The following is a description of Indigenous Canadian healing culled from the literature. It draws on teachings from several different Indigenous Canadian people and provides a framework for healing of the self within a traditional Indigenous Canadian worldview. This model draws on literature that examines the spiritual, emotional, physical and mental aspects of the individual self, then moves toward an examination of family and community, and finally to nation-building.

One of the main representations of Indigenous Canadian holism is the circle, also referred to as the medicine wheel (Longclaws, 1994; Nabigon & Mawhiney, 1996). The circle is comprised of the four cardinal directions; east (red), south (yellow), west (black),

north (white). These four colors represent the four races of man. In those four directions the four aspects of the self are located, with the balance and harmony located at the center; spiritual (east), emotional (south), physical (west) and mental (north) (please refer to Figure 1). In Aanishinaabe culture, the medicine wheel journey begins in the east and moves clockwise in never ending cycles of healing (Bopp et al., 1984; Morrisseau, 1998; Nabigon & Mawhiney, 1996).

Traditional healing requires an understanding of the self. Each aspect of the self requires careful and specific attention in order to maintain balance and harmony (Bopp et al., 1984; Morrisseau, 1998; Nabigon & Mawhiney, 1996). Each aspect of self is intricately interconnected to the others and they are inseparable. The concept of holism is an intricate part of Indigenous Canadian culture (Bopp et al., 1984; Morrisseau, 1998; Nabigon & Mawhiney, 1996). Healing, therefore, must address issues of the spiritual, emotional, physical, and mental aspects of the self (Lane Jr. et al., 2002).

#### *The Eastern Direction*

The eastern direction represents spiritual healing. It must be noted here that the author distinguishes spirituality/spiritual healing from religion/religious healing. Spirituality shall be defined as the inherently personal, deep, inner connection with the Creator and all of Creation (Carroll, 1998). This connection can never be severed, cannot be given, nor taken away, and does not require a specific place, time, or group of others to practice or nurture. Therefore, the individual can practice it anywhere. Religion, while commonly understood as a means of expressing or practicing spirituality, is inherently social, is constructed by a group of people around a belief, and requires a specific location and time (Carroll, 1998). The spiritual aspect of the self is that aspect that relates



to Creation, the seven grandfathers, and the Creator on a transcendental level. Indigenous Canadian people believe that we are spirits in a physical world that relate to the spirits of other sacred parts of Creation such as animals, plants, rocks, water and each other. Our spirits are sacred and must be protected, honored, and shared. The spiritual aspect of the self requires constant nurturing, connection, and re-connection with the spiritual aspects of the Creation around the self (Lane Jr. et al., 1984). Indigenous Canadian people have long practiced spiritual connection in the form of ceremonies (both personal and collective), prayers, rituals and celebrations. The spirit of the self journeys while the physical aspect of the self is at rest (i.e., sleeping), and returns at the moment of conscious awakening (Dumont, 1988). Similarly, when a person drinks alcohol or uses substances, the spirit leaves the individual; only to return when the individual puts down the substance and picks up the pipe. Picking up the pipe means that the individual has committed to Walking the Red Road free of substances.

In the medicine wheel model, it is in the east where the individual needs to connect or reconnect with Creation and the Creator. This encompasses all aspects of Creation surrounding the individual, including animate objects such as people, animals, and guiding or protective spirits, as well as inanimate objects such as grandfathers (rocks), trees, the earth under foot and the water that provides life for all beings. The east is where the individual needs to use prayer, ceremonies and rituals to transcend the physical and mental worlds to communicate with the spiritual world. In the east, it is crucial for the individual to begin to learn how to honor her or his spirit. This means fasting for her or his spirit, feasting for her/his spirit, fasting and feasting her or his namesake, and nurturing her or his spirit at ceremonies such as the sweatlodge, sundance,

full moon ceremonies, pow wows, naming ceremonies of relatives, and giveaways, to name only some of the ceremonies of Indigenous Canadian people.

### *The Southern Direction*

The next direction is the south. The south is the direction of emotional healing. This is the time for the individual to acknowledge, accept, embrace, and nurture her or his emotional self. People often neglect their emotional selves by utilizing what Anna Freud outlined as defense mechanisms: denying, repressing, rationalizing, displacing, sublimating or innately defending themselves in some other way (Monte, 1991). The emotional aspect of healing the self is particularly important in contemporary society because it is the aspect of the self that is neglected (personally) and avoided (professionally) the most by practitioners who utilize Euro-western psychotherapy.

One method of emotional healing is a process called “discharging”, herein referred to as “letting go”. This process is used by several healing programs and allows individuals to "acknowledge the harm they have experienced and discharge their feelings of grief, anger and despair" (Bopp & Lane Jr., 2000, pp. 32). Individuals seeking emotional healing need to tell their stories in safe and trusting environments in order to move past the intense emotions toward a new understanding of their selves and their purpose (Bopp & Lane Jr., 2000). While talking is one method of emotional healing (Graveline, 1998; Said, 1993), it is generally insufficient to heal the pains and traumas of Indigenous Canadian people because the mental aspect of the self keeps the emotional aspect in check, thereby inhibiting expression.

There are seven natural ways of healing (Native Studies at Laurentian, 1995) in Indigenous Canadian cultures; shaking, crying, laughing, sweating, voicing (talking,

singing, hollering, yelling, screaming, etc.), kicking and hitting (in a constructive manner so as to not harm another spirit). These seven natural ways of healing generally occur in conjunction with one another, and the process of letting go calls all seven ways into service. The process of letting go is a challenging one and not to be taken lightly. This process requires the company of a deeply trusted person to facilitate, and is best done immersed in nature, near water, because of the powerful spiritual and healing forces of the water. The process requires the individual to voice at the top of her or his lungs until she or he has no more breath. The individual is allowed to yell, scream or holler nameless sounds or words if the healing needs to be directed toward a specific person, process, or place. For example, survivors of residential school have yelled “no more” repeatedly which symbolized their objection to the repeated abuses they suffered (Pierce & Rhine, 1995). This “throat-level voicing” will begin the process, and is marked by light tearing and mucous production. The individual immediately repeats this again, only exerts more energy into the yell, scream or holler. This is still a throat-level voicing but is usually marked by light sweating, mild shaking, increased tearing and greater mucous production.

This throat-level voicing requires several attempts but will eventually move from a superficial voicing toward a deeper voicing that is called chest-level voicing. This level of voicing requires even greater exertion, and is marked by increased tearing, headache, greater mucous production, profuse sweating, increased shaking, and possible vomiting. The vomiting, headache, and excretion of bodily fluids is the self’s way of purging all of the toxins that have been stored by the individual.

The individual will now feel an intense desire to quit or give up. This is where the

facilitator becomes increasingly important to the process. It is the job of the facilitator to push the individual to go deeper by exerting more and more energy, and to encourage the individual to find the bravery to face the foe: the emotions that have been brought forth. The individual can become stuck at this point but needs to dig deep to push beyond the emotional blockage that has been packed tightly inside for several years. As the individual breaks through this blockage, she or he will begin to lose her or his voice. This does not mark the end of the process. The individual will need to exert more than ever before to find her or his voice because it has gotten lost in the depth of blocked emotions. The individual will continue to yell, scream or holler with all of her or his self in order to move from chest-level voicing toward the deepest level of gut-level voicing.

Once the individual has reached gut-level voicing, she or he is at the point where an inanimate object may be constructively employed for the individual to hit or kick. The anger and hurt are often exhibited as rage and need to be expressed in an uninhibited manner. As the individual enters this level of voicing, she or he may appear to be possessed by some force or spirit. The reason is that she or he is freeing her or his own spirit from the shackles of emotion that have been gripping the self for a long time. As the voice comes back, it is deeper, and does not sound like the individual's voice. This is the individual's inner voice. The individual has now reached her or his soul. The soul is where all of the good and bad emotions are stored, and the individual has tapped the source of emotional pain. The individual needs to continue voicing in order to free all of the emotions, thereby letting go.

The individual will be at her or his worst at this point, and may collapse. However, the individual has effectively let go of the emotions that inhibited the

individual's inner voice from speaking or singing. The facilitator is now completely responsible for taking care of the individual; securing the individual in a sleeping bag or bed and watching over her or him throughout the night. The individual will awake feeling renewed, but also depleted. She or he will also be extremely emotionally vulnerable and fragile. However, she or he is now ready to talk about the trauma, abuse, or burden that has caused the imbalance and disharmony of the self.

The process of letting go is particularly useful when the individual suffered trauma in the early part of her or his life, and each time she or he tries to talk, she or he gets a lump in her or his throat. That lump is simply an emotional blockage that needs to be removed or worked through. I often use an analogy to help people synthesize this process of letting go: a glass that is placed under a dripping faucet. The drips are emotions that the self has experienced, and they accumulate from day to day, filling the glass. The glass is the soul, or the place where all of the self's emotions are stored, repressed, or bottled up. Eventually, the glass will get filled and overflow, but it only loses a little bit of water at a time. These little bits of water that flow over the edges represent the moments in the self's life when she or he involuntarily cries at such things as a sad film, familiar sound, taste, smell or other sensory perception that may trigger a memory. People often apologize for crying. Often this is not crying because of the events at hand, it is merely an overflowing glass that has filled to capacity and can no longer handle any further emotions. So, what the individual needs to do is completely empty the glass. The drips will continue forever, but with increased emotional awareness, the glass no longer needs to fill to capacity. Letting go, therefore, is a continuous process of emptying the glass.

The emotional aspect of the self is the feeling or affective aspect of the self that allows us to relate to other parts of Creation. Indigenous Canadian people believe that our emotions make us human. The capacity for emotional relating is common across other parts of Creation as well, but to a lesser extent. Bearing that in mind, traditional teachings tell us that we are the last element in Creation; the guardians of all Creation. All other parts of Creation give up their lives to sustain the two-legged creatures (humans). In the end, we are also the only part of Creation that does not balance with other parts so we must be careful to maintain that balance within ourselves, and to honour all other aspects of Creation. The emotional aspect of the self is fragile, and requires careful attention, constant nurturing, and regular expression and release.

#### *The Western Direction*

The next direction is the west. The west direction represents physical healing, and requires the balance and harmony between four things: water (hydration), air (breathing), food (diet), and movement (exercise).

It has been well researched, advertised, and promoted as a part of optimal health that people need to drink more water (Kirschmann & Kirschmann, 1996). While this is true, the caution is that there is a fine balance between hypohydration and hyperhydration. Each is equally dangerous. If an individual doesn't drink enough water, or dehydrates, the body cannot properly digest food and absorb nutrients, vitamins, minerals, and so forth. However, if the individual drinks too much water, or hyperhydrates, the body is flushed of those same elements that are required for good health. The ideal situation, euhydration, is to drink slightly more than you expend each day; a range of 8-10 cups or 2-2.5 litres (Kirschmann & Kirschmann, 1996). It is wise to drink more when exercising,

but it should be consumed beforehand so that you don't dehydrate during exercise (Kirschmann & Kirschmann, 1996). If you drink while exercising, your performance decreases because your body needs to digest the water, which requires energy.

The next aspect of physical health and healing is air or breathing. Most people are guilty of not breathing properly. Most people, healthy or unhealthy, breath shallowly and in short breaths (Kirschmann & Kirschmann, 1996). The proper way to breath is to take full deep breaths, while allowing your abdomen to expand, and then exhale at an even rate, allowing the abdomen to contract. This strengthens the abdomen, strengthens the lungs, and by filling the bottom portion of the lungs, increases oxygenation to the extremities of the body such as the arms, legs and the brain. Breathing exercises used in yoga, dance, singing, and meditation are but a few ways to develop healthy breathing techniques (Kirschmann & Kirschmann, 1996).

The next aspect of physical health is diet. There are two ways of eating in this world. The first is called biospherical eating, which simply means eating according to geography (Maracle, 1999). This type of eating is best summed up by the cliché, "when in Rome, do as the Romans do." It entails eating the foods of the culture indigenous to the area you are visiting. So if you were in Italy, you would eat traditional Italian foods. The other way of eating is called biospecific eating, which simply means eating foods of your own indigenous culture no matter where you are in the world (Maracle, 1999). The following is the diet that is a part of this worldview.

For Indigenous Canadian people, biospecific diets mean eating foods that are indigenous to the Americas. These include foods that are high in fibre such as beans, blueberries, strawberries, raspberries, blackberries and red mulberries, which are also rich

in healthy oils, vitamins and nutrients. It also means eating meats such as buffalo, deer, moose, caribou, salt and fresh water fish, goose, duck, turkey and other game fowl, which are low in fats. Other foods such as maple syrup, wild rice, sweet potatoes, peppers, corn, squash, and dark green roughage such as chard, broccoli, dandelions, and lettuces that are indigenous to North America are a part of this type of diet. A good rule of thumb is to eat the way the world is: 75% water, and 90% green (Maracle, 1999). There is a notable lack of items such as alcohol, refined sugars, white potatoes, refined wheat products, fried foods, pork, chocolate, coffee, tea, dairy, and to a lesser extent beef and chicken, in this diet because they are toxic to Indigenous Canadian people of North America (Maracle, 1999).

The last aspect of physical healing and health is movement or exercise. This can take the form, in contemporary society, of weightlifting, aerobics, yoga, pilates, expressive dance, hiking, swimming, walking, running and a myriad of other activities. The idea is to keep moving. The human species is not a static one, rather, we are dynamic and evolving. If we stop moving, we tend to die, or at least shorten our lifespans. Lack of exercise and absence of a healthy diet are the leading causes of heart attacks and a host of other ailments in contemporary society (Kirschmann & Kirschmann, 1996). "By taking yourself from a sedentary state, you can, in effect, reduce your biological age by 10 or 20 years" (Kirschmann & Kirschmann, 1996, p. 7).

A good example to illustrate the idea of movement is the pow wow trail. Thousands of people begin dancing in the early summer and by following the pow wow trail, dance all summer long until fall comes. This idea of movement, much like the process of letting go, requires commitment and continued exertion for it to be effective.



Physical stamina and strength have always been celebrated and honored by Indigenous Canadian cultures. Pow wow dancers, sundancers, and the great horseback riders of the plains demonstrate the importance and power of movement. Today, movement takes the form of exercise and physical fitness.

The physical aspect of the self is that aspect of the self that relates to the body; the vessel for the spirit. Indigenous Canadian people believe that our bodies die long before our spirits do. Our bodies are our greatest indicators of illness. Much of what we experience as illness in a spiritual, emotional, or mental way, manifests itself physically. These are somatic gifts that we have been given by the Creator. Our bodies are sacred: if we disrespect our bodies, our spirits will leave our bodies. When we stop disrespecting our bodies, our spirits will return.

The physical aspect of the self requires four things for survival: water, air, balanced earth-based nutrition, and movement (exercise). A deficiency in any of these four things can create imbalance and disharmony in the physical aspect of the person, and illness will arise. The physical aspect of the self has inherent protective strategies like the other aspects of the self; the physical aspect will shut down when it has been pushed to its limit. The physical self, being the indicator of imbalance and disharmony, requires special attention and constant monitoring.

#### *The Northern Direction*

The next direction is the north. The north represents mental healing. It is in the north that the individual needs to think, reason, articulate ideas, and to reflect on, and make sense of, the environment around her or him. It is important that the mental aspect of the self is given sufficient stimulation and proper rest. Most individuals have a

difficult time shutting out their thoughts and properly relaxing the mind so that it can rest. True mental healing would more resemble memory work than psychotherapy, as well as some educational goal setting (Assembly of First Nations, 1994). Memory work helps individuals to remember past trauma in order to work through the cognitive processes associated with the traumatic event (AFN, 1994). The distinction from psychotherapy is that psychotherapy ambitiously attempts to deal with both the cognitions as well as the emotions associated with the traumatic event and often fails on the emotional front (Frank & Frank, 1991).

There is a great deal of healing work to be done in the mind because society tends to think about things too much, often reaching the points of overstimulation and saturation. Individuals need to continuously challenge what they know, learn new things, change thought patterns (so that the mind maintains a dynamic place in the self), and positively stimulate the mental part of the self. This means that the individual needs to guard against negativity and negative media inputs. The news is one example, whether it is on radio, in newspapers, or on television. It is important to examine information critically: all news can be interpreted so that there is less bias in the actual story, especially if received through trusted sources.

The last aspect of healing in the mental part of the self is the ultimate goal of acquiring wisdom. This comes through life experiences of the self and the shared experiences of others. These allow individuals to learn about the environment around them; it is about sharing knowledge and connecting with other mentally stimulating parts of Creation.

The mental aspect of the self is that aspect of the self that attempts to make

meaning out of sensory inputs. Indigenous Canadian people believe that our ability to reason and use logic makes humans responsible for Creation and all its aspects. We are gifted with the responsibilities of understanding balance and harmony, as well as of guarding Creation and protecting mother earth. The mental aspect of the self is blessed with the gift of memory and knowledge. We are able to pass on this knowledge and have our wisdom survive forever because we are able to hold onto imprinted sensory inputs.

According to Mi'kmaq oral tradition, there are five physical senses: sight, hearing, taste, touch, and smell; as well as “six non-physical senses: thinking, memory, imagination, dreaming, visioning, and spirit-traveling” (Graveline, 1998, pp. 77) which make up the mental self. The mental aspect of the self needs constant stimulation; however, it also requires a balanced amount of rest. The capacity of these non-physical senses is “only released by quieting the rational mind, relaxing and moving into another state of consciousness” (Graveline, 1998, pp. 77). The mind shuts down when it can no longer function, whether we are ready for it to shut down or not. Euro-western science and study of the psyche have taught us that the mind can do amazing things to ensure its protection and survival.

Each aspect of the self is important; no one is greater than the others. There is an inherent balance between the four aspects of the self, as well as a complex, perpetual interplay. Sleep, rest and relaxation are necessary in all four aspects of the self in order to achieve and maintain balance and harmony. Indigenous Canadian people believe that illness arises when there is imbalance and/or disharmony between the aspects of the self, and that the self must work to restore balance and harmony between the four aspects in order to restore holistic health. This model is aimed at healing what Bopp, Bopp, and

Lane Jr. (2003) call “root causes.” The root cause of much illness in Indigenous Canadian communities is, as described earlier, intergenerational trauma (Bopp et al., 2003).

### *Four Focal Levels of Healing*

Figure 1: Medicine Wheel of Four Focal Levels of the Social Order



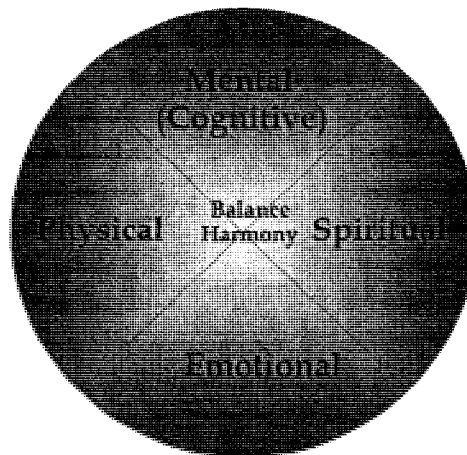
The worldview described above is a process of decolonization, involving the reclamation of indigenous knowledge, and the reliance on traditional ceremonies, rituals, lifestyle and teachings to heal indigenous people. This worldview begins at the individual level. However, the holistic consideration of the individual needs to occur within her or his context, including the family. Similarly, the family survives and thrives within the context of the community, and communities do so within the context of nationhood (Morrisseau, 1998). Thus, holism by its very nature is inclusive of these four focal levels: individual, family, community and nation (see Figure 1).

These four levels work in balance and harmony toward the survival of the human species, their cultures, and identities. Though the focus is on healing the individual self,

it is important to outline the functions and responsibilities of each of the four levels. It requires healthy individuals to create healthy families, which are required in the formation of healthy communities, which, in turn create healthy nations. Further, this all happens within an intricate interconnection of the cosmos or universe, which includes, the earth mother, all of Creation, the spirit world, the moon and sun.

*Individual Level*

Figure 2: Medicine Wheel of Four Aspects of the Individual

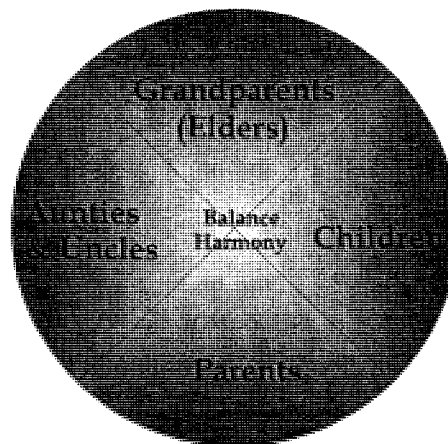


The individual is responsible for taking care of the whole self; spiritual, emotional, physical, and mental (see Figure 2). The individual is also responsible to her or his family, community, and nation. There are negative attributes of the self such as greed and selfishness that must be set aside for the sake of the family, community, and nation. The individual must sacrifice personal gain in order to achieve a greater sense of self, an indelible sense of belonging, and a stronger identity. These are some of the obligations and responsibilities bestowed upon the individual who is born into an

Indigenous Canadian family. The individual must also accept responsibility for her or his actions, feelings, thoughts, and bravely face the consequences of them. The individual cannot blame others or dwell in the shame of the self. It is the responsibility of the individual to continuously connect with mother earth and Creation, giving all she or he can and taking only what she or he needs.

*Family Level*

Figure 3: Medicine Wheel of Indigenous Canadian Family Structure



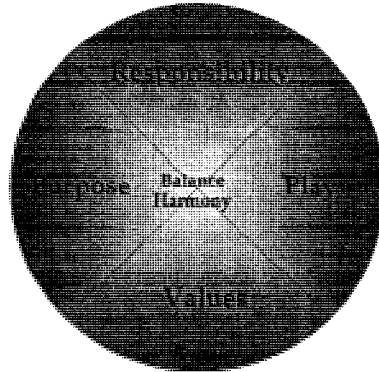
The family also holds great power, responsibility, and obligations. The family teaches the balance between the dualities in life; fire and water, men and women, and the dark and light sides, to name a few (Morrisseau, 1998). It is made up of children, parents, aunties/uncles, elders/grandparents, and anyone who marries into or is adopted by these individuals (see Figure 3). The notion of extended family does not exist in Indigenous Canadian families in the same way that it does in Euro-western, Canadian families. The idea of family encompasses everybody because in Indigenous Canadian

communities it takes the whole family to raise children, create healthy leaders in adulthood, and nurture elders. The extended family in Indigenous Canadian families includes clans, which are intricate networks of relations that connect Indigenous Canadian people in the physical, animal and spiritual worlds, and over great distances and territories. This system ensures peaceful and harmonious relations between tribes, as well as safe travel accompanied by hospitality and the viability of life when far from home.

The family is the source of fundamental teachings that guide individuals through life stages. Each of the seven stages of life: spirit life, fast life, wandering/wondering life, truth life, planting life, doing life and elder life (Densmore, 1970), is marked by its own challenges, relates to different teachings of the dark side and light side, and involves tests of character, all aimed at preparation for the next stage of life. The family is responsible for guidance of each individual through these stages of life. The family teaches pride, honour, respect, truth, love, loyalty, intimacy, trust, safety, sexuality, support, communication, belonging, and the value of food, to name a few (Morrisseau, 1998). The family is charged with the duty to always accept its members for their individuality, and always welcome its members home with open arms. There are no stronger relations in Creation than that of family.

### *Community Level*

Figure 4: Medicine Wheel of Indigenous Canadian Community Responsibilities



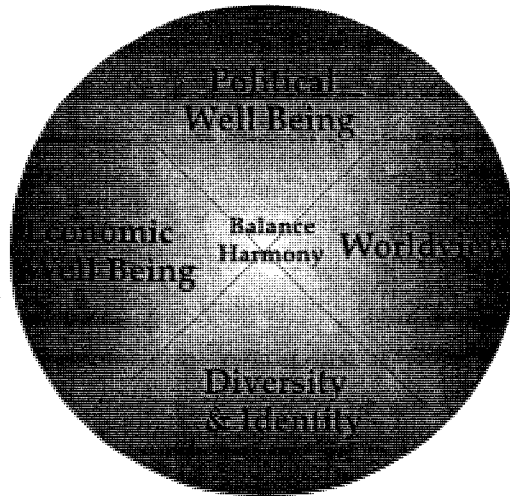
The community, likewise, holds a great sense of responsibility and power. The community is composed of members who have reciprocal responsibilities to each other, family, and the community as a whole, as described above. Each person is the community and the community is each person (Morrisseau, 1998). Further, the community is responsible for maintaining the cultural identity, values, ceremonies, rituals, and teachings of the group. Morrisseau (1998) states that the community is responsible for four things: play, values, purpose, and responsibility (see Figure 4). The community must love and support one another through hard times, particularly when faced with perpetual social problems like alcoholism and violence. The community is responsible for facilitating and supporting healing of alcoholism, addictions, unemployment, family violence, racism, poor housing conditions, poverty, and general health of its members. The identity of the individual is inherently fused with the sense of belonging to her or his community. Likewise, each person is a sacred part of the whole; and the whole is community. The whole is incomplete and weakened with each



unnecessary death in the community, be it suicide, murder, or premature health complications (Maracle, 1999).

*Nation Level*

Figure 5: Medicine Wheel of Healthy Indigenous Canadian Nations



Nations are comprised of intricately interconnected and interdependent communities who support one another (Bopp & Lane Jr., 2000). Nations can be likened to large communities where their members are smaller communities. Therefore, the responsibilities and obligations are similar, and equally important. However, the chief difference between communities and nations is that nations hold immense political power on domestic and international levels (Morrisseau, 1998). The Indigenous Canadian nation can be likened to the United Nations; a collaboration of many interdependent nations or communities, each with its own culture, language, and identity (Lane Jr.,

Bopp, Bopp & Norris, 2002; Morrissette, 1998). It is the responsibility of these nations, comprised of healthy leaders from communities, to advocate for the health and wellness, fair treatment, sovereignty, and economic stability of the nation with other individual nations such as Canada, and on a world-wide level. In the end, the Indigenous Canadian nation is responsible to four things: worldview, diversity and identity, economic well being, and political well being (Morrissette, 1998) (see Figure 5).

### Effectiveness of Indigenous Canadian Approaches to Healing

This final section of the literature review presents the literature on the effectiveness of Indigenous Canadian approaches to healing, particularly for Indigenous Canadian people. Little research on the effectiveness of Indigenous Canadian methods of healing exists. For this reason, the findings from several decades of research on Western psychotherapy are reviewed and the related theory about the importance of “common factors” (Frank & Frank, 1991; Rosenzweig, 1936) is outlined. The argument is made that Indigenous Canadian methods of healing encompass many of the therapeutic factors that research has established as important to psychotherapy outcome, and that they are therefore likely to be proven effective methods of healing.

### *Cumulative Research Findings on Psychotherapy*

There are three major findings that have been distilled from several decades of research on psychotherapy that when considered together have significant implications for the theory and practice of healing; both Indigenous Canadian and non-Indigenous Canadian. First, there is general consensus that psychological treatments have, overall and in general, positive impact. In their comprehensive review of research on the effectiveness of psychotherapy, Lambert and Ogles (2004) concluded that “not only are

psychological interventions statistically superior to control conditions, but many also produce outcomes that are clinically meaningful” (p. 150).

Second, research on psychotherapy has failed to show significant differences in therapeutic outcome across the wide variety of therapeutic approaches (Lambert & Bergin, 2004; Wampold, 2001; Wampold, Mondin, Moody, Stich, Benson, & Ahn, 1997). Decades of research that investigated which of the “competing schools” of psychotherapy was most effective has resulted in what is commonly referred to as the “equal outcomes” or “Dodo bird” (from Alice in Wonderland) effect; namely, that “Everybody has won and all must have prizes” (Carroll, cited in Wampold et al., 1997). This striking research finding suggests that the so-called “specific factors” of theory and technique (factors that are specific to each school of psychotherapy), are not as important as has been assumed (Wampold, 2001). It should be noted that some researchers (e.g., Lambert & Ogles, 1994) suggest that cognitive-behavioural approaches have been found to be more effective with severe anxiety-related diagnoses.

Third, cumulative research on the relational conditions of mutual-liking, empathy, trust, warmth, acceptance, kindness, genuineness, and the more general concept of the therapeutic alliance, has established that relationship factors are the best predictors of client outcome (Horvath & Symonds, 1991; Hubble, Duncan & Miller, 1999; Lambert & Ogles, 2004; Wampold, 2001). Binder and Strupp (1997) have noted that “a strong association between therapeutic alliance and outcome has been found with clinical problems that range from substance abuse, to depression, to anxiety disorders, and interpersonal problems” (p.121).

### *Common Factors Theory*

Together, the latter two major cumulative findings from psychotherapy research, namely, equal outcomes and the importance of relationship factors, have provided critical support to the longstanding theory about the importance of “common factors” (Frank, 1961; Rosenzweig, 1936). This theory contends that factors specific to the various therapies (i.e., distinctive theory and techniques) have less impact on outcomes than factors that are common across therapies. In their review of psychotherapy research, Lambert and Ogles (2004) assert that “factors common across treatments are accounting for a substantial amount of improvement . . . (and) common factors may even account for most of the gains that result from psychological intervention” (p. 172). Similarly, from his thorough review of meta-analytic and exemplary studies of psychotherapy, Wampold (2001) concluded that the research evidence provides overwhelming support for the importance of common versus specific factors. He found that “at least 70% of the psychotherapeutic effects are general effects (i.e., due to common factors)” (p. 207), whereas therapy techniques (or “specific ingredients”) account for only about 8% of therapy effects.

A range of common factors have been conceptualized and have received empirical support, such as instilling hope and expectation for improvement, facing fears and anxieties, efforts at mastery, and emotional discharge/catharsis (Lambert & Ogles, 2004). The therapeutic relationship or alliance, however, “is the most frequently mentioned common factor in the psychotherapy literature” (Grencavage & Norcross, 1990) and it has been called the “quintessential integrative variable” (Wolfe & Goldfried, cited in Wampold, 2001, p. 150) in counselling. From his review, Wampold (2001) concluded

that the therapeutic relationship “accounts for dramatically more of the variability in outcome than does the totality of specific ingredients” (p. 158).

As mentioned earlier, the theory of common factors originated with Rosenzweig (1936) and Frank (1961). In a more recent consideration of the theory of common factors, Frank and Frank (1991) reviewed theoretical and empirical support for the original contention of the theory that all forms of healing, from modern psychotherapies to traditional healing in nonindustrialized societies, function similarly and owe their effectiveness to common factors. In general, Frank and Frank (1991) argue that all forms of healing combat “demoralization” by instilling hope. The common factors hypothesized to be important in combating demoralization and instilling hope are (1) a supportive, confiding, emotionally charged relationship with a helping person (therapeutic relationship); (2) a healing setting that provides safety and the expectation of help; (3) a plausible rationale for a person’s problems that prescribes procedures for healing; and (4) engagement in a set of rituals or procedures that are believed to have healing properties (Frank & Frank, 1991).

As previously discussed, there is extensive empirical support for the importance of the first of Frank & Frank’s (1991) common factors, the therapeutic relationship. There is also solid empirical support for the common therapeutic procedures that Frank and Frank contend are related to effective healing. These common therapeutic procedures are: (1) provision of new learning experiences for clients (these enhance morale by helping clients to develop more positive views of themselves and their problems); (2) arousal of clients’ emotions (this helps clients to tolerate and accept their emotions and allows them to confront and cope more successfully with feared issues and situations--thus

strengthening self-confidence, sense of mastery, and morale); and (3) provision of opportunities for clients to practice what they have learned both within therapy and in their everyday lives (thus reinforcing therapeutic gains, a sense of mastery, and morale). Lambert and Ogles (2004) and Wampold (2001) have concurred with Frank and Frank (1991) that there is substantial empirical support for these therapeutic procedures that are common across therapies.

Although there is extensive empirical support for the first (therapeutic relationship) and fourth (common therapeutic procedures) of Frank and Frank's (1991) common factors, there is little research on the healing setting or on the theoretical rationale. There is indirect support, however, for the latter factor. Frank's hypothesis about the importance of a theoretical rationale that provides a believable explanation to clients of their problems is linked to "goal consensus and collaboration," which is one of the aspects of the therapeutic alliance for which there is strong empirical support (Ackerman et al., 2001). Clearly, in order to establish goal consensus and collaboration, clients must believe in workers' explanation for their difficulties and strategies for ameliorating problems. Frank and Frank (1991) maintained that in order to maximize the sense and quality of an alliance with clients, "therapists should select for each patient the therapy that accords, or can be brought to accord, with the patient's personal characteristics and view of the problem" (p. xv). They point out that:

In the Middle Ages, therapeutic symbols drew their power from their association with Christian belief. Indigenous healing rituals in non-Western societies inevitably draw upon the cosmology of their particular group . . . . In the contemporary United States, faith in science still seems to provide the

predominant source of symbolic healing power (p. 42).

Following this line of argument, and based on his review of research, Wampold (2001) has suggested that therapists should choose an approach to counseling that accords with the client's worldview: "the therapist needs to realize that the client's belief in the explanation for their (sic) disorder, problem, or complaint is paramount" (p. 218).

### *Indigenous Canadian Healing and Common Factors*

The argument for the likely effectiveness of Indigenous Canadian healing is based on the theory of, and empirical support for common factors. The empirical support for the importance of common factors in psychotherapy outcomes, together with the cumulative research findings about the overall effectiveness of psychotherapy and the "equal outcomes" of conceptually different therapies, leads to the idea that any approach to healing that incorporates important common factors is likely to be effective (Frank & Frank, 1991; Hill & Coady, 2003).

Without going into a detailed consideration of each factor, the review of the literature on Indigenous Canadian healing in this chapter has established that traditional healing contains the four common factors in Frank and Frank's (1991) theory, namely: (1) a supportive, confiding, emotionally charged helping relationship; (2) a safe healing setting that stimulates the expectation of help; (3) a plausible explanation for personal problems, along with procedures for healing; and (4) a set of rituals or procedures that are believed to have healing properties.

With regard to the first common factor, the type of helping relationship that is valued in traditional healing has strong similarities to descriptions of the ideal therapeutic alliance in psychotherapy, which has received strong empirical support. With regard to

the fourth common factor, Indigenous Canadian healing incorporates an emphasis on the types of common therapeutic procedures that have also received empirical support. In particular, it could be argued that Indigenous Canadian healing places more emphasis on the arousal and discharge of emotion than most Western psychotherapies. Frank and Frank (1991) are critical of the tendency of Western psychotherapies to shy away from arousing intense emotions and cite research to suggest that an increased focus on emotional discharge “could enhance the overall effectiveness of psychotherapy” (p. 69). On a related issue, they are similarly critical of the mind-body split that is prevalent in Euro-Western thinking and cite evidence to suggest that body manipulations and exercises, which are part of the Indigenous Canadian focus on the physical aspect of self, can help to “release bottled-up emotions” and “induce healing states of consciousness” (p. 130). With regard to a safe healing setting that provides safety and the expectation of help (the second common factor), it is clear that traditional healing ceremonies such as the sweatlodge and the healing circle make such provisions.

Finally, and perhaps most importantly, is the consideration of the third common factor of a plausible rationale for the client’s difficulties. As both Frank and Frank (1991) and Wampold (2001) have argued, in order to maximize the likelihood of effectiveness, the tenets of the approach to helping should be consistent with the client’s culture and worldview. Thus, for Indigenous Canadian clients who ascribe to an Indigenous Canadian belief system or worldview, traditional healing makes sense.

The theory of and empirical support for common factors suggests that traditional healing will prove effective for Indigenous Canadian people, particularly for those who ascribe to an Indigenous Canadian worldview. Also, on a more general note, the holistic



aspect of traditional healing intuitively suggests its probable effectiveness. Given the scope of human problems and the range of individual preferences for attention to one aspect of experience over another, it makes sense that a more holistic focus that incorporates attention to physical and spiritual, as well as emotional and mental aspects, will prove to be at least as effective as other treatment approaches. One additional aspect of holism in Indigenous Canadian approaches to helping that heightens the likelihood of their success is the frequent integration of personal and community healing. “Aboriginal communities and the ‘Aboriginal Healing Movement’ have long argued that healing and community development are inseparable” (Lane et al., 2002, p. 29). Simultaneous focus on both the individual and the community, as well as a recognition of the inherent interconnectedness among mind, body, spirit, and emotion, just makes good sense. Despite all of these arguments, it is still acknowledged that research is needed to determine the effectiveness of traditional healing.

#### *Summary*

This chapter has examined a broad range of literature that is relevant to traditional healing. First, the examination of the historical context for traditional healing outlined some of the well-documented effects of colonization that continue to plague Indigenous Canadian people and First Nation communities with various types of illness. This examination also included a look at the reclamation of traditional Indigenous Canadian ceremonies, teachings, medicines and roles toward widespread healing for Indigenous Canadian people.

Second, the chapter provided a review of literature on the Indigenous Canadian view of healing. This review looked at holism (spiritual, emotional, physical and mental)

in the context of the individual, family, community and nation; each with its own set of roles and responsibilities. It included consideration of informal social support, informal community locations and the teaching of bimaadiziwin (the good life) as the goal of healing.

Third, a review of the history of the Indigenous Canadian Healing Movement established the sobriety and AA movement as the beginning of the new traditional healing era and considered some of the important figures in the renaissance of Indigenous Canadian healing. Fourth, a consideration of the concept of decolonization included recognizing Euro-western imposed social structures, reclaiming indigenous systems of healing and revitalizing dormant knowledge systems and ways of being, such as bimaadiziwin. Fifth, a discussion of two traditional healing ceremonies (the sweatlodge and the healing circle) provided concrete examples to ground the understanding of traditional healing ceremonies.

Sixth, the various types of healing programs in North America, from traditional healing programs to programs that combine traditional healing and Euro-western approaches, were reviewed. Seventh, the integration of traditional healing and western healing methods was considered. Eighth, an in-depth review of the holistic Indigenous Canadian worldview was presented. Finally, an argument for the effectiveness of Indigenous Canadian approaches to healing was put forth.

The literature review has provided a general understanding of a range of issues related to traditional health and healing, and it sets the stage for this study's in-depth exploration of traditional healing from the perspective of those who do the work.

Following a review of the methodology for the study, the conceptualization of the results

of the research are presented over three chapters. A final chapter presents further discussion of the results, as well as implications for research and practice.

SECTION II  
METHODOLOGY

## CHAPTER 3: METHODOLOGY

This chapter begins with an articulation of an emerging Indigenous Canadian Research Methodology (ICRM) framework that guided the study of the traditional healing methods from the perspective of Indigenous Canadian people who use them. Next, the goal of the research study and the rationale for using a qualitative research methodology are discussed, including the specific qualitative methodology that was used. Then, I locate myself as the researcher in order to make transparent any potential biases in the research. This is followed by a discussion of the design of the study. This includes sampling procedures and recruitment of participants; a description of the sample; the location, structure and process of the interviews; the researcher's personal journal; and ethical issues. Lastly, I discuss the process of data analysis, as well as the triangulation procedures used to guard against researcher bias and to strengthen the credibility of the results.

### Emerging Indigenous Canadian Research Methodology Framework

The broad framework for this study's research methodology can be described as an emerging Indigenous Canadian Research Methodology (ICRM) framework. The ICRM framework includes epistemology, theory, methods and ethical protocols (Kovach, 2007). These are the guiding principles and related practices that are meant to ensure the research is consistent with and respectful of Indigenous cultural beliefs and practices and serves the interests of Indigenous people (Kovach, 2007; Weber-Pillwax, 1999; Wilson, 2003). Although the more specific qualitative methodology used in this study is drawn largely from mainstream Western qualitative research literature (primarily Taylor &

Bogdan [1998], but also Charmaz [2006], Patton [2002], Rubin & Babbie [2001], and Strauss & Corbin [1998]), it is important that the specific methodology is situated within the broad ICRM framework.

The ICRM framework has been derived largely from the writing of Indigenous scholars in Canada and Australia (Absolon & Willett, 2005; Bishop, 2005; Kovach, 2005; Meyer, 2001; Weber-Pillwax, 1999, 2001; Wilson, 2001, 2003, 2007; Wilson & Wilson, 1998). I borrow here the principle of relational accountability and the importance of the collective community. This principle states that the relationship between the research and the participants, as well as the researcher and the community, are the most important aspects of Indigenous research (Kovach, 2005; Weber-Pillwax, 1999; Wilson, 2007; Wilson & Wilson, 1998). Additionally, the inherent value of experiential knowledge (Weber-Pillwax, 1999), the conduct of the researcher (Wilson, 2007), the rationale for doing the research (Wilson, 2007), and the grounding of the research in the integrity of the community (Wilson, 2007) have informed this research methodology. The seven grandfathers' teachings, four aspects of holism, four truths and Indigenous worldview discussed in the previous sections are the epistemological, theoretical and ethical guides in this research methodology.

For the remainder of the description of the specific protocols that I engaged in to ensure that I was conducting this Indigenous research in a good way, I borrow from Bishop (2005), who articulates a framework for research methodology that is rooted in the principles of the indigenous cultural practices of the Maori people, Kaupapa Maori. Bishop writes about five principles related to the "locus of power" (p. 112) over issues of research: initiation, benefits, representation, legitimacy and accountability. These

principles have been adopted in this emerging Indigenous Canadian Research Methodology (ICRM) and two other principles have been added: the necessity for indigenous supervision of the researcher and the research process, and the inherent capacity of the researcher to conduct the research in a way that is respectful of Indigenous culture. Thus, ICRM uses seven principles to ensure that the research is conducted in “a good way” for Indigenous Canadian people: initiation, benefits, representation, legitimacy, accountability, indigenous supervision of the research and inherent capacity. More specifically, ICRM attempts to avoid what Bishop calls misrepresentation, simplification, conglomeration and commodification of indigenous knowledge by adhering to the seven principles outlined below.

Bishop articulates that initiation is: "how the research process begins and whose concerns, interests, and methods of approach determine/define the outcomes" (p. 112). The ICRM of this study gave power to the Elders and Healers who act as gatekeepers and guardians of the knowledge related to traditional healing to ensure that the research was initiated in a good way. For instance, Elders acted as key informants in the development of the interview guide (Appendix C) and revisions to the interview guide were made based on the Elders' feedback. Elders also assessed the researcher with regard to “inherent capacity,” which is discussed below as one of the additional principles of the ICRM.

Benefits, as Bishop (2005) writes, "concerns who will directly gain from the research and whether anyone actually will be disadvantaged" (p. 112). Bishop states that "Traditional research has established an approach to research in which the benefits of the research serve to advance the interests, concerns, and methods of the researcher" (p. 112).

The ICRM of this study sought to ensure that the benefits of the research serve the participants and the communities in which they reside. The intent of this study is to give the knowledge derived back to the participants and their communities through the process of dissemination of the findings. The dissemination will come in the form of community oral presentations of the findings, congruent with Canadian Indigenous oral tradition. It will also include written reports of the research findings being distributed to participants and their communities. With regard to publication, permission was obtained by the researcher from the participants to publish the findings, with the view to co-author articles and book chapters with the participants.

With regard to the principle of representation, Bishop (2005) poses the question: "Whose research constitutes an adequate depiction of social reality?" ICRM contends that indigenous research performed by indigenous people of the culture being researched "constitutes an adequate depiction of social reality" (p. 112). Thus, it was important for this study that a person who lives by, and practices, Indigenous Canadian Traditional Healing conducted the research.

Bishop says the principle of legitimacy relates to "what authority we claim for our texts". He notes that traditional western research "has developed a social pathology research approach that has focused on the inability of Maori [indigenous] cultures to cope with human problems" (G. Smith, cited in Bishop, 2005, p. 112). ICRM focuses on the inherent ability of, in this case, a traditional Indigenous person to conduct research in an orientation in which Indigenous knowledge is accepted in its own right so that the resulting text and theories have an inherent Indigenous authority without validation from the western academic institution. Clearly, this study is based on a strengths versus a



pathology perspective of Indigenous Canadian knowledge systems and Indigenous Canadian traditional healing.

Lastly, Bishop (2005) discusses accountability of the researcher by posing the question: "Who has control over the initiation, procedures, evaluations, text constructions, and distribution of newly defined knowledge?" (p. 112). ICRM concurs with Bishop's perspective, which calls for full accountability to the research participants, the communities, the spirit of the relationship between researcher and researched and the knowledge that has been shared.

One additional principle adhered to in this study was the necessity for the Indigenous supervision of the researcher and the research process. Thus, in addition to the supervision by an academic advisor, this research was supervised by Elders and Healers who are the gatekeepers/guardians of the traditional healing practice and knowledge system. For instance, I made a commitment to the Elders and Healers who helped in the initiation of the research process to regularly attend ceremonies. At these ceremonies, the Elders and Healers engaged me in discussions about the process of and the progress in the research. Furthermore, I regularly visited with two of the Elders who were instrumental in the initiation of the research and the participant recruitment and kept them updated on the research. My capacity as a researcher to continue to walk in a good way was regularly assessed during these ceremonies and regular visits with Elders and Healers.

The second additional principle that guided this study was the necessity for the inherent capacity of the researcher to carry himself or herself in an honourable, respectful, and humble way. It also necessitates the ability to carry and honour participants' stories and means that a traditional indigenous protocol is followed. Elders assessed the

researcher by paying careful attention to the way the researcher approached them for their help. Elders commented on the respectful way in which they were approached and encouraged the researcher to use the same process with each participant. This was a process of initiation that took several months and resulted in a research process that reflected the interests and concerns of the traditional healing community.

Another aspect of inherent capacity is that for the research to be esteemed and effective, certain protocols must precede the research process. With regard to such protocols, first the researcher sat with an Elder, with no intention of conducting an interview, in a ceremony, such as the sweatlodge, so that the Elder could assess whether the researcher was worthy of conducting research on anyone, Indigenous Canadian or non-Indigenous Canadian (Mac Saulis, personal communication, February 16, 2004). Second, the researcher presented himself to another community Elder, with no intention of conducting an interview, so that the Elder could judge the character, nature and inherent capacity of the researcher to assess whether the researcher was worthy of carrying the stories of the people, and to ensure no harm would come to the community (Mac Saulis, personal communication, February 16, 2004). Third, the researcher conformed to specific community protocols throughout the entire research process (e.g., Seeking permission of community Elders prior to entering the community and announcing each visit to the community for the business of conducting research) (Mac Saulis, personal communication, February 16, 2004). Last, the researcher made a lifelong commitment to those people whom assisted in his research process; an ongoing give and take relationship has become part of the researcher's developing network of good relationships. By engaging in this elaborate process, the research was conducted in a

“good way.”

### Goal of Research

The goal of this study was to develop an in-depth understanding of traditional healing from the perspectives of practitioners of traditional healing. It was important to explore the experiences of practitioners of traditional healing because there continues to be a paucity of literature on this subject, as well as a significant lack of understanding and awareness about traditional healing and Indigenous Canadian people in mainstream society. Further, traditional healing seems to be coming into the spotlight in order to both heal centuries-old wounds of colonization that continue to manifest as serious social problems, and to help reclaim and rejuvenate Indigenous Canadian identity and cultural practices. This research focuses on a small part of a larger system of indigenous knowledge. The entire indigenous knowledge system needs to be studied in order to help indigenous people heal indigenous people, as well as to preserve the knowledge for future generations. On a personal level, I am involved in some ceremonies that are a part of the traditional healing community and wanted to use the research opportunity of a doctoral thesis to learn more about traditional healers and to better understand the world of traditional healing.

The following research questions were identified in the proposal for this dissertation research:

- a) What is the nature and meaning of the traditional healing relationship?
- b) What are the important characteristics or qualities of the healer?
- c) What is the importance of the setting where the traditional healing occurs?
- d) What are the particular methods (strategies) used during the traditional healing

process?

- e) What are healers' understandings of the cause of human problems?
- f) What practices are involved in traditional healing?
- g) What do healers believe about how traditional healing works?
- h) What are healers' beliefs about and faith in traditional healing?

#### Rationale For Qualitative Method

Qualitative research seeks to understand the participants' frames of reference and allows for an inductive understanding and awareness to emerge from the data (Taylor & Bogdan, 1998). A researcher must be flexible and self-aware so as to allow the themes from the data to emerge and to speak for themselves. Such a methodology allows for the consideration of participants as holistic individuals, with mental, emotional, physical and spiritual aspects, which is consistent with a holistic healing perspective.

Traditional healing is under-researched. This is both a curse and a blessing for traditional Indigenous Canadian people. The problem with a lack of research on cultural healing traditions is that the knowledge stands a good chance of dying out or being lost, as participants articulate in the "limitations" section of chapter six. The blessing, of course, is that the knowledge remains sacred and is easier to protect from those who might seek to exploit the ceremonial practices, medicines and relationships for profit.

Exploring the views and experiences of traditional healers requires an intimate, respectful and reflexive methodology that does not reduce the participants to variables to be studied. Deeply intimate and personal interviews are required that capture the richness and complexity of the reality of these individuals. For these reasons, a qualitative methodology was employed in an effort to produce richly descriptive data about

traditional healing.

Taylor and Bogdan's (1998) approach to qualitative inquiry is concerned with developing in-depth understandings of phenomenon from the participant's point of view. The researcher is interested in understanding the meaning that people give to their experiences, rather than assigning his or her meaning to those experiences.

The development of understanding in Taylor and Bogdan's (1998) approach is similar to the grounded theory approach of Strauss and Corbin (1998) in the method of data analysis. Particularly, the emergence of codes that are reduced to themes and ultimately to categories. The chief difference between Taylor and Bogdan's (1998) approach and Strauss and Corbin's (1998) approach is that the latter emphasizes theory generation, whereas the former seeks to understand the setting and people on their own terms (Taylor & Bogdan, 1998). Taylor and Bogdan's approach stops short of theory generation. Taylor and Bogdan's approach better fit the goal of the present study, which was to understand traditional healing methods from the perspectives of those who use such methods. Furthermore, the fact that there is such a paucity of literature and a general lack of understanding of traditional healing, suggested that the emphasis of this study should be on description rather than theory generation.

It should be acknowledged that the differences between a thematic analysis approach such as Taylor and Bogdan's and some grounded theory approaches are more fuzzy than clear. Charmaz (2006), for example, notes that:

Grounded theory methods can complement other approaches to qualitative data analysis, rather than stand in opposition to them. I occasionally draw on excellent examples from qualitative studies whose authors do not claim grounded

theory allegiance or whose writing only acknowledges specific aspects of the approach. These authors bring an imaginative eye and an incisive voice to their studies—and inspire good work.

Furthermore, it should also be acknowledged that, consistent with the flexible nature of qualitative research, the researcher used his own judgment and intuition in the data analysis process.

### Locating Myself as the Investigator in the Research

I identify myself as an Indigenous Canadian person of Ojibway (Aanishinaabe) descent. I was born and raised near my reservation, named Obadjiwan (Batchawana Bay), a small fishing community on Lake Superior in northern Ontario. I have lived on my reservation and experienced the pervasive social problems that still plague my people.

I learned traditional hunting, fishing, and trapping techniques by watching my Grandfather and following my older male relatives (Aanishinaabe). I learned cooking, mending, and relational skills by watching my Grandmother, mother and older female relatives (Aanishinaabe-kwe). I left home as an adult to pursue post-secondary education at a university that was friendly to my people and our ways, as demonstrated by the rich academic programming offered within that institution: BSW-Native Human Services. I held onto my traditions and my beliefs throughout my journey, though I did not have the language to articulate my knowledge or understanding of my traditions until I entered an Indigenous Canadian-specific program of study.

I have witnessed the power of traditional healing in my home community, in urban centres where I have lived, and in most places I have visited across Canada

throughout my journey. I believe that there are no superior methods of healing than those practiced by Indigenous people. For example, the holistic healing of the Indigenous Canadian sweatlodge is unparalleled in mainstream culture. I have used Indigenous Canadian healing techniques in my own healing journey and in the work I do with others when asked for my help in healing themselves. My writing comes from the spirit and traditions of my culture, the Ojibway people of northern Ontario. It is guided by the teachings of the Seven Grandfathers: humility, love, respect, honesty, bravery, truth, and wisdom (Benton-Banai, 1988) toward a holistically good life of integrity with the Anishnaabe teaching of the four truths: kindness, straightness, sharing and strength.

It is important to identify how my own experiences and worldview could have influenced the interviewing and data analysis processes, as well as how such biases were kept in check. There was the potential that I might lead participants along a path of inquiry that would have served to validate my own beliefs and experiences. In response to this concern, I developed an interview guide (Appendix C) to keep my questioning consistent, while allowing each participant to explore his or her own experience. I addressed my biases during the analysis by member checking the themes, writing and reflecting in my research journal, and triangulating the analysis with my thesis advisor (Patton, 2002).

The holistic Indigenous Canadian worldview was a theoretical perspective brought to the study to sensitize the analysis. This perspective could not be totally “bracketed” and as Taylor and Bogdan (1998) note, this is not a problem and is largely inescapable:

What you see and report as findings depends on who you are and how you see the world. Findings do not exist independently of the consciousness of the observer. All observations are filtered through the researcher's selective lens . . . Within the researcher's theoretical perspective, stock of cultural knowledge, and particular vantage point, findings can more or less accurately reflect the nature of the world (p. 160).

## Design of the Study

### *Sampling Procedures and Recruitment*

The participants in this study were respected Indigenous Canadian people who used primarily traditional healing methods (e.g., sweatlodge, healing circles, smudging) in their personal healing, as well as in their helping work with Indigenous Canadian people. This sample of 16 individuals was contacted by the researcher using traditional Indigenous Canadian protocol in order to ensure that the interviews were conducted in a good way. Each participant was approached with "tobacco in cloth," which was traditionally used by recipients to pray on a request, and asked to share their knowledge with the researcher. Each individual was given an information package consisting of the information letter (Appendix A), consent form (Appendix B) and interview guide (Appendix C) at the time of the initial meeting. A follow-up meeting was usually scheduled at that time. However, some of the interviews were conducted at the time of the initial meeting.

A purposeful sampling procedure began by accessing Indigenous Canadian people doing healing work who were familiar to the researcher (Patton, 2002). This yielded four



individuals who met the inclusion criteria: Indigenous Canadian men and women who use traditional healing methods in their healing work with Indigenous Canadian people. Two of the participants and one additional Elder acted as key informants who then facilitated a fruitful process of snowball sampling as they became aware of the basic characteristics of people who I wanted to participate in the research study (Patton, 2002).

During sample recruitment, there was consistent testing of the researcher by participants because a relationship of trust between participants and the researcher is critical to foster sharing of traditional knowledge. In one case, the researcher was asked to talk at length (for two hours) about himself to foster a relationship with a sharing foundation. Furthermore, to build trust and understanding within an Indigenous Canadian healing community the researcher helped one Elder over the period of nine day-long visits. While the Elder was not a study participant in the end, he answered all of the interview questions by demonstrating the healing traditions he uses to help people. He helped the research project with several introductions to interviewees and greatly informed the researcher's understanding of the traditional healing world.

Each participant assessed the character, integrity and capacity of the researcher in his or her own way. At times, the testing felt much like indoctrination into a healing society. Different types of commitment were required of the researcher such as being present at regular sweatlodge ceremonies, pipe ceremonies and feasts. Furthermore, the researcher was asked to smudge, pray, fast and sweat for his self and others in order to ensure a clear mind and good heart were maintained throughout the research. The researcher was also requested to make introductions between worlds, academic and

traditional. The most common request was to commit to a lifelong friendship with the participants and to answer their calls whenever they might need help. Frequently, the participants said to the researcher, "I read the letter you gave me, but what's this all about?" though this was not a question of clarification. This process illuminated the lack of trust for traditional western academic research in that the participants were more trusting of oral tradition (my conversation about the research study) than the written western tradition (the information letter outlining research study procedures). "To write is often still suspect in our tribal communities ... yet to speak well in our communities in whatever form is still respected" (Harjo & Bird, 1997, p. 20). At the same time, it illustrated the trust in the good character and integrity of the researcher and the research study.

#### *Description of the Sample*

The sample consisted of 16 participants, 11 women and 5 men. There were Anishnaabe, Cree, Haudonosaunee, Innu, Inuit, and Payute people in the study. The diversity of the sample illustrates the widespread need for healing across the Indigenous Healing Community. The sample demonstrates the fact that no nation is untouched by the ill effects of colonization. None of the participants wished to be referred to as a Traditional Healer, Elder or Seer. Some of the titles that were preferred by participants were Helper, Conduit, Counsellor and Guide. All participants viewed themselves as traditional people who live by the ancient teachings and traditions of their cultures, and who use traditional healing methods. The researcher received seven refusals to participate due to lack of availability of time or perception of fit with the inclusion criteria on the

part of the potential interviewees.

### *Location, Structure and Process of Interviews*

Data collection consisted of open-ended, in-depth qualitative interviews (Patton, 2002). The focus was on exploration of participants' beliefs about, and experiences with, traditional healing methods. The interviews were conducted in locations that were convenient to participants, sometimes in their homes, but mostly in places of business, and on one occasion, in the researcher's office. Each interview was expected to be about 2-4 hours in length; however, the shortest interview lasted nearly three hours and the longest interview lasted seven-and-a-half hours.

The geographical distance travelled was as far as 700 kilometres from Wilfrid Laurier University. Several interviews required multiple visits and were conducted in as many as three parts due to length. Some interviews were conducted on First Nation land while others were conducted in urban centres across Southern Ontario and Quebec.

Indigenous Canadian healers use natural settings such as the forest or bush to build trust with people who they help, and also because much of the work that they do involves ceremonies that are set in sacred places. These natural settings demonstrate the pedagogy of the helper and the helper's understanding of and connection to nature, especially for sweatlodge facilitators, firekeepers, and Circle facilitators. The researcher urged participants to conduct their interviews in natural settings as a sign of respect. To the surprise of the researcher, most participants were unable to dedicate the amount of time needed to travel to the bush or natural setting. The researcher offered to conduct the interviews in the communities of the participants or at comfortable locations as

designated by the participants. In fact, participants preferred the bush, so that the co-construction of knowledge and sharing might be grounded in holism and creation. This is consistent with the teaching of Traditional Ecological Knowledge (TEK), the concept that humans are rooted in the environment and ecology. Thus, research, education and practice should come from Creation (Simpson, 2001). Due to the nature of the interviews and the rarity of the sample, the interviewing stage of research lasted approximately 10.5 months from late January 2005 until early November 2005.

A flexible, semi-structured interview guide (see Appendix C) was utilized for data collection (Patton, 2002), that also allowed for additional lines of questioning for participants regarding their unique roles in the traditional healing community. These interviews were digitally recorded and downloaded onto the researcher's personal computer. The transcription, and translation where necessary, was conducted by the researcher. This ensured confidentiality and helped the researcher to familiarize himself with the data.

#### *Researcher's Personal Journal*

I kept a journal with the initial purpose of tracking biases through recording of my reactions, thoughts and feelings during the research process. My journal turned into a personal development tool wherein I was able to track my own growth as a traditional Indigenous Canadian person. There were moments when I felt that I wanted to terminate my PhD program and devote my life to traditional healing for my people because I was so attracted to the positive impact that the healing process had on recipients and it all seemed like a simpler life. I was discouraged from quitting by the participants with

whom I shared these feelings. They insisted that the work that I was doing was going to provide great healing for Indigenous Canadian people and that it was my responsibility to complete what I had started because they perceived me as a role model for Indigenous Canadian youth.

### Ethical Issues

The research was approved by the Wilfrid Laurier University Research Ethics Board.

### *Informed Consent*

Informed consent was obtained from participants prior to each interview. Each participant was presented with an information letter (Appendix A) and a consent form (Appendix B) that respectively outlined the purpose of the study and described his or her rights as a participant in the study. Participants were given these forms prior to their agreement to participate, and these forms were reviewed and signed prior to the interview. Further, each participant was provided with contact information if they felt that they had experienced any ill effects from participating in the research project (see Appendix B). Most participants read over the consent form, signed it on the spot, and requested to proceed with the interview immediately because they were enthusiastic about the potential healing that the dissertation could provide.

### *Confidentiality*

Participants were assured in writing (see Appendix B) and orally that all information they shared during the process of the research study would be held in confidence. The researcher conducted all of the interviews and transcribed all of the

audio recordings. All identifying information was removed and identities were carefully protected through the use of pseudonyms in the writing of the results chapters. All digital recording files and transcripts were stored in a locked filing cabinet in the researcher's office and password protected on the researcher's laptop computer. There was information sharing with the researcher's doctoral thesis advisor during the analysis portion of the study only. Pseudonyms were chosen by the researcher and used to protect the identity of participants during discussions with the thesis advisor, and in the writing of the findings.

#### *Risks to Participants*

There was a very low risk that participants might experience emotional discomfort during the interview process, due to the nature of the deep sharing while discussing their personal experiences of healing. The principal researcher ensured that each participant had access to his or her own support people in case of emotional upset by asking initial questions about elders or healers that the participants had access to at the times of the interviews. The principal researcher, being a member of the target group, followed Indigenous Canadian protocol for research in the Indigenous Canadian community. This minimized risk to participants. The research was done in a "good way."

#### *Data Analysis*

##### *Process of Analysis*

Throughout the data analysis process, the researcher attended ceremonies on a regular basis, used medicines on a daily basis, sat in circle several times each week and consulted Elders regularly. The adherence to traditional healing practices ensured that the

spirit of the research was carried forward in a good way. Regular practice of traditions also helped the researcher grasp the true meaning of what participants were sharing.

In this study, data analysis developed from open coding to development of themes and sub-themes (Taylor & Bogdan, 1998). Themes and sub-themes were organized under major categories, most of which were self-evident from the focus of the study and the research questions. For instance, categories such as the “process of healing,” “qualities of healers,” and “defining health and healing” were clearly identified in the research questions. Thus, these high-level “coding categories” (Taylor & Bogdan, 1998) were “based on the researcher’s own classification scheme” (Taylor & Bogdan, 1998, p. 144). The themes and sub-themes that are subsumed under these categories in the conceptualization of the results emerged from the data (see Figure 6).

Analysis began after the first interview, using different colored markers, pens, and other writing devices in a manual micro-analysis procedure, and continued through the remainder of the data collection process using a constant comparative method to ensure reflexive questioning. The data was then organized, using pen and paper and computer-generated diagrams and lists, into the main categories, themes and sub-themes that are presented in Figure 6: Indigenous Canadian Traditional Health and Healing.

To gain an intimate understanding of the data, each transcript was read twice, with some being reviewed three or four times due to the depth and richness of participants’ experiences with traditional healing. Throughout the reading process, memo notes were made about the themes that emerged from the transcripts, as well as personal notes in a research journal. The researcher made these initial notes in an attempt to be cognizant of

personal biases toward traditional healing. As stated earlier, the researcher has a preference for traditional healing methods. Data that contradicted this preference could have been omitted in a less reflexive research process.

Transcripts were divided into meaning units and concepts were developed to capture the essence of the meaning of these units. These initial concepts were either “concrete concepts” (i.e., using the language of the participants; Taylor & Bogdan, 1998) or low level abstractions (using the researcher’s language to capture the essence of the meaning). Each concept or idea was considered first without reference to the research questions that elicited the data. These concrete concepts and low level abstractions were then grouped according to the research questions.

The process of data analysis may be illustrated with respect to the “defining health and healing” category of results. The questions related to defining health and healing were situated in the middle of the interview; however, the discussion of health and healing mean pervaded the entire data set from start to finish in each transcript. Thus, concepts related to defining health and healing needed to be gathered from all parts of the transcript and then sorted and organized into like groupings. The groupings of concepts were sorted and resorted and then assigned higher level conceptual names to capture their meaning, eventually resulting in the conceptualization of health and healing presented in Figure 6. This particular category of results seemed to function as a springboard for the understandings of traditional healing that participants were sharing, and so it became the first category in an arrangement of the results that follows the chronology of participants stories. Once this category of results was situated as the base from which all other



categories would flow, the data were more easily organized.

Similarly, the “process of healing,” was another category of results that was self-evident from the focus of the study and was likely to become the largest category of results, which it did. The higher level concepts in this category of results, namely focussing on self, giving back, using traditions and sustaining wellness, emerged after material related to the more specific themes listed under each of these headings in the results (see Figure 6) had been gathered from all parts of the transcript and sorted and re-conceptualized until the current themes emerged.

There was a lot of shifting of concepts and themes before the process of healing and other categories of results solidified into their current states related here. It required the researcher, and his thesis advisor, to step away from the analysis and discuss the goal of the research, the research questions, the interview questions and to then step back into the analysis with fresh eyes. The thesis advisor also challenged the researcher to examine where the researcher’s voice might be dominating the data and forcing it in ways that did not fit with the meanings conveyed by participants. Therefore, the final organization of the findings is the end result of a long process of reflexive analysis. The organization of the results was then compared back to the data through another review of six of the sixteen transcripts to ensure that they reflected the ideas shared by the participants.

#### *Trustworthiness/Triangulation*

Trustworthiness and triangulation are critical aspects of qualitative research because the researcher is the instrument of data collection and analysis. As accounted in the section where I locate myself as the researcher, there is a risk that the researcher’s

own ideas, beliefs, opinions, and general biases could influence the analysis without the researcher's awareness. The researcher experienced a bout of humility when his advisor illustrated apparent biases in the analysis of the data: immersion in the data, ideas, and concepts had caused the researcher's perceptions to blend too easily with those of the participants. This was doubly hard to detect because the researcher's values and beliefs matched very closely with those of the participants', and he was a part of the traditional healing community through his active participation in ceremonies.

Participants were asked if they would be willing to review the transcripts from their respective interviews with the researcher. All participants but two declined the opportunity to check the accuracy of the information, citing lack of time to review the document, complete trust in the researcher, and faith in the research study to help our people, as reasons. Those who requested the opportunity to review their words wanted to make sure they were representing themselves, their cultures, teachings and Elders in a good way. The analysis was triangulated by checking the accuracy of emergent themes in the data with the participants (Patton, 2002) after the coding framework was completed. This framework was hand-delivered in written form to each participant as part of the ongoing relationship. There was minimal feedback from participants. However, the feedback that was provided by three participants was carefully considered and included where appropriate. One example of participant feedback was a suggestion to use actual names rather than pseudonyms; however, the researcher chose to comply with the Research Ethics Board requirement that participant identities be concealed. Another example of participant feedback was that the researcher should trust the his intuition and

write the words that come to him because the Creator is guiding this research, again stating that this research is medicine for our people.

Additionally, an audit trail was maintained in order to ensure that the researcher kept biases in check. This was done by keeping a journal, memos and field notes to document each decision made along the way (Rubin & Babbie, 2001). Lastly, the researcher's thesis advisor performed some independent data analysis of three partial transcripts to ensure that the researcher was accurately detecting themes that emerged from the data (Patton, 2002). All participants requested and were given hard copy summaries of the research findings. These were delivered in person when convenient to the participants; otherwise, hard copies were mailed.

Throughout the following chapters that report the findings from this research, I use qualitative terms to indicate roughly how many participants' views are reflected by each theme. The terms I use are "some," "several," "many," "most," and "all." These terms reflect a qualitative reporting style. The term "some" refers to 3-5 participants, the term "several" refers to 6-8 participants, the term "many" refers to 9-11 participants and the term "most" refers to 12 or more participants. If a theme reflects the views of fewer than 3 participants, this is noted.

SECTION III  
RESULTS AND DISCUSSION

CHAPTER 4:  
THE FOUNDATION OF TRADITIONAL HEALING

Introduction to Section III

The understanding of traditional healing/helping that emerged from the data is organized under eight categories, each of which has a number of themes. The eight categories are: defining health and healing, source of problems, qualities of healers, guidelines for effective helping, process of healing, integrating traditional and western methods, self-government and strengths/limitations. An overview of the categories and themes of the results is presented in Figure 6. The results are presented over three chapters. Chapter 4 provides the findings related to defining health and healing, source of problems and qualities of healers. Chapter 5 summarizes the understandings of the healing process offered by participants and their guidelines for effective practice. Chapter 6 reports the thinking of participants about how traditional and western methods can be integrated, their relationship to self-government, and the strengths and limitations of traditional practices.

Introduction to Chapter 4

In this first chapter of the results, the foundational understanding of traditional healing and helping will be developed through discussion of themes and categories that emerged from the data with regard to the following questions: defining health and healing, source of problems and qualities of healers. Each of these categories of results provides a piece of the puzzle toward understanding traditional healing and helping.

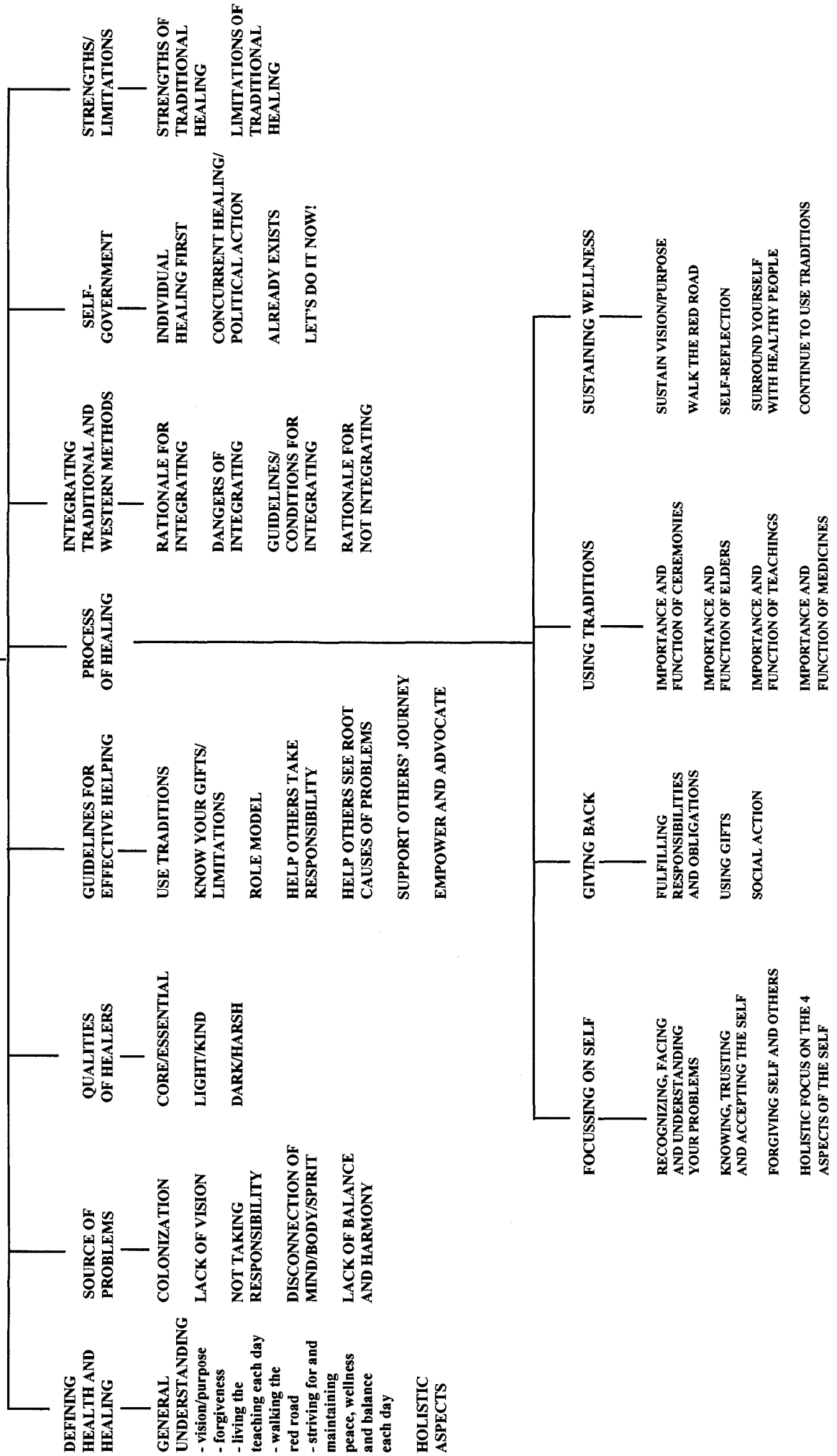
## Defining Health and Healing

When asked the question, “What does healing mean for you?”, most participants immediately engaged in a discussion about the four aspects of holism (spiritual, emotional, physical and mental) and of the self. Although the participants talked about the four aspects of holism in different sequences and with different emphases, they all conveyed similar understandings of holism in traditional healing. There were few musings about physical illness such as heart disease, diabetes and high blood pressure, even though these are common conditions for many Indigenous Canadian people. One explanation for this absence that was offered was that these physical illnesses are the symptoms of greater illnesses of a holistic nature. In addition to speaking in general about the concept of health and healing, participants spoke at length about what it takes to engage in this kind of work, including the vigilance and sacrifice that is involved. As participants described the meaning health and healing had for them, they asserted that they engage in these activities for themselves before they can help others. They are then able to help with integrity because as Rebecca said: “I never ask my clients to do anything that I haven’t tried first. So, that means that I try everything that will help with healing and I use myself as a guinea pig.” Similarly, Sally shared that

I use my experiences in healing as a resource to help others. I think: “Well? Did this work for me?” And if the answer is “Yes,” then maybe it will work for this person sitting in front of me. But on the other hand, if it didn’t work for me, that doesn’t mean that it won’t work for them.

The findings about defining health and healing are positioned at the beginning of

FIGURE 6: INDIGENOUS CANADIAN TRADITIONAL HEALTH AND HEALING



the section because they provide a fundamental understanding of traditional healing . Furthermore, they develop the philosophical underpinnings of traditional healing, herein named general principles of traditional healing and holistic aspects of traditional healing, before intricacies, nuances and related issues are explored. For the purposes of understanding the results of this line of questioning, findings have been arranged into two broad categories: (a) General Principles of Traditional Health and Healing and (b) Holistic Aspects of Traditional Health and Healing, as displayed in figure 6. The first category heading of general principles of traditional health and healing has the sub-categories of vision/purpose, forgiveness, living the teachings each day, walking the Red Road and striving for and maintaining peace, wellness and balance each day. Under the second category heading of holistic aspects of traditional health and healing there are four sub-categories that organize what participants shared: emotional, spiritual, physical and mental. These, of course, are the four aspects of the self that have been referred to, and they are the foundational aspects that are situated within the various medicine wheel teachings.

### *General Principles of Traditional Health and Healing*

The general understanding of traditional health and healing encompasses a wide variety of principles, as well as some very specific ones. What follows is the discussion of five central principles that emerged from the data: vision/purpose, forgiveness, living the teachings each day, walking the Red Road and striving for, and maintaining peace, wellness and balance each day. Participants spoke of a great array of more specific principals that have been grouped together into these general understandings.



### *Vision/Purpose*

Vision/Purpose is a sub-theme that was pervasive throughout the data related to defining health and healing. In the Anishnaabe tradition, young men and women go through their rites of passage into adulthood. This often involves ceremonies that include vision quests where each individual's Creator-given purpose is revealed to them. This traditional understanding of vision and purpose are common across Indigenous Canadian cultures and provide the starting point for each person's life journey. Participants spoke of the importance of having some vision and purpose in life for their own healing work, as well as that which they facilitate with others.

While much of the focus in the discussion of vision/purpose was specifically on Indigenous Canadian youth, participants spoke quite strongly about how the issue of a lack of vision/purpose affects all ages of Indigenous Canadian people. Shawn shared with passion:

The work that I do is with children, some are forty year old children and others are sixty year old children. I do a lot of counselling with men who never grew up. They have no vision for their life and they wander around, you know, some of them are homeless and they just need to find the purpose in their life. I can't do that work for them, but if they come to me then I can help them reconnect with the Creator and their original teachings, and they usually find out for the first time what their vision is and who they're supposed to be. It's truly the very beginning of healing; having that vision and purpose in life.

Several participants spoke of the state of Indigenous Canadian youth and their

particular struggles in this era of human existence. Albert shared his experience of this aspect of healing:

When we were young we had rites of passage like the vision quest and the first hunt with our fathers and uncles and maybe even our grandfathers. You know even if we weren't meant to live in the traditional way, we still had purpose in our lives. With my kids, it has always been to go to school and do well and balance that with our traditional teachings at home and carry out your vision that was given to you by the Creator. That's a lot of the work I do with people; honouring that sacred vision.

Participants seemed to blame the lure of alcohol and drugs for the blindness toward vision and purpose. In this line of thinking regarding youth Rebecca shared pointedly about her experience:

I just came from a funeral a couple of days ago for a young girl killed in a drunk driving accident. She just lost sight of her path, you know. She was so bright and her vision was strong at one time. And she isn't the only funeral I've attended like this. I keep them all in my heart and in my mind when I do healing work. That is what my community needs from me is that healing vision and all I can do really is to fulfill my purpose, you know, but it just doesn't feel like enough when I'm standing over a coffin of a young child.

### *Forgiveness*

If facilitating vision/purpose is the beginning to a general principles of traditional healing and health, then it is forgiveness that acts as a bookend to this first theme.

Teaching forgiveness forms part of the Anishnaabe teachings and is taught throughout the lifespan. It is important, in the participants' understandings of the teaching, because it demands a level of self-reflection that is built upon a foundation of love, respect, humility, truth, honesty, bravery and wisdom- the seven grandfathers' teachings.

Participants included the power of forgiveness when defining healing. Gillian shared: "Forgiveness is such a healing force. It really frees you from that dark, angry force. Telling somebody who has hurt you, 'I forgive you' with deep sincerity is just so powerful." Sally shared her wisdom regarding forgiveness and the healing power of forgiveness:

Asking for forgiveness from somebody who has really hurt you because of all those feelings of hatred and all that anger you have harboured for them for so long and the awful thoughts toward them or words you've said about them. That is truly healing.

Some participants suffered severe physical, sexual, emotional, spiritual and mental abuse at the hands of the administrators and staff of residential and boarding schools. William shared his wisdom from his experience of such abuse:

You know what I've learned? Only I had the power to set both of us free from that sick relationship of abuse. By offering my abuser my forgiveness, I felt balance and peace return to my spirit that wasn't there for a long time, probably since before I was abused. It just came back and a huge weight was lifted off me.

This has become an important part of the work I do with others.

*Living the Teachings Each Day*

Participants spoke of the importance of not only knowing one's teachings but of living those teachings in their everyday life. For example, Alice asserted: "You can't just use the teachings in your life when it is convenient for you. It is a way of life and you need to honour them each day. I'm not a traditional person one day and then a different person the next just because it is hard to live the teachings." Another participant shared that

Our teachings are meant to guide our lives so that we carry out our visions and stay true to our purpose. So, it just makes sense to me that you would live in that way, you know. That sounds a little preachy, doesn't it? Oh well!

Margaret also spoke of the importance of living the teachings, particularly as a healer:

I am always conscious of the fact that everyone is watching me all the time. If I want anyone to respect me as a healing person, I know that I have to live the teachings every minute of everyday. I actually tried to walk away from them and it only took about a month of drinking and partying for my life to turn to shit. That was all the proof I needed that this stuff is for real. I just questioned it because it feels so constraining sometimes and I needed to do that for me to find out, you know.

Elizabeth spoke of her experience with living the teachings that is similar to Margaret's experience with regard to the felt constraint and weighty responsibility of living a clean and pure lifestyle:

I used to be a teacher and I had a pretty good life travelling all over and partying with my friends on weekends and carrying on and then these teachings kept

coming to me in my dreams and they got so powerful that I couldn't function at work and so I just started listening to them more and more and they led me to this way of life and I know now that I have to be true to these teachings and what they mean in my life. But I find that it is really hard because my friends tell me all the time that I'm boring and I'm no fun anymore. So now I walk with my gift everyday and I trust the Creator's plan for me.

All participants shared some of the struggles they have in living the teachings each day. They also declared that it is all worthwhile. Living the teachings each day seemed part of the very fibre of traditional healing and health. William articulated this in regard to living the teachings each day:

It is the work that we all have to do; returning to our original instructions and living life according to the Creator's plan. The people I work with resist it at first but quickly start to feel the positive healing effects of living in this way. It has little to do with me. I'm just honest with them and tell them what I see standing before me. How do I do that? Well, I encourage them everyday and remind them about what they ought to be doing in that moment. It's all real simple.

#### *Walking The Red Road (Sobriety)*

Walking the Red Road is generally understood by participants to mean that a person abstains from using alcohol and drugs; however, it has grown to include other addictions such as gambling and sex. Participants, with few exceptions, shared that walking the Red Road is fundamental to traditional health and healing.

Several participants spoke of their experiences of drinking and drugging and the

importance of finding the Red Road. Cynthia shared that

I went through all that stuff with booze and dope and whatnot. I think we all did, but that was a different time and we had our traditions and teachers and elders around us to remind us, just by their presence, that we were being bad. Now, it's a different story. Drugs are killing our children and booze is killing them with all the drunk driving accidents in our communities and then our traditional people aren't quite the same presence they were, you know, and so we have to be that healthy presence. That's what's been given to us to do. We have to help the next generation find the Red Road.

Shawn spoke of his struggle and the need for helpers to do the work with the young people around addictions:

I run into people all the time who have no idea what they are doing to themselves or even where they are most of the time. It is absolutely critical that people live sober lives. Being drunk or stoned just isn't our way as indigenous people. We have to do that work with our own people, you and me have to do that work. We really need an addictions treatment program for our people and it has to be traditional. There are just so many of our people living in the cities who are addicted to something or other whether its booze or drugs or sex or what have you.

Two participants had somewhat different opinions on sobriety as a part of traditional healing and health. Though both participants lead sober lifestyles, they did not profess to know what the right way is. Margaret expressed her cynicism about the Red

Road in the following quote:

Some people need drugs or booze to be able to deal with the intensity of their visions... and besides I've seen so-called traditional people who preach about the Red Road partying when they think no one is looking and the men sniffing every skirt that walks by and the women are just as bad, so what does it all mean. You have to live your life and keep your nose out of other people's lives. I choose to live a life of sobriety but mostly because I just don't have the time to be stupid about it. I know I'm not effective as a helper if I was out partying the night before. I've been there.

Although he lives a life of sobriety and has since he was a young man, Jonathan expressed that he doesn't judge people who have addictions and that in his view his work doesn't necessarily require sobriety of his clients:

I don't pretend to know the right way. I'm not the Creator. People are always shocked to hear my take on sobriety...If they don't have a problem with alcohol or drugs and by that I mean that it isn't having negative effects on their relationships or jobs or life in general, then they don't need to heal from that, but I don't encourage that behaviour.

*Striving For and Maintaining Peace, Wellness and Balance Each Day*

Cynthia spoke about the understanding of life in the Anishnaabe tradition: "We all struggle to walk a straight path each day and that it is the constant daily struggle that is the good way of living." Other participants spoke generally about this struggle to achieve, and then maintain, peace, wellness and balance in their everyday lives and how peace,

wellness and balance is an important goal of the people they work with. Alice shared her wisdom about the understanding of balance and peace as a part of traditional health and healing:

You know, this whole belief about being perfectly balanced or totally at peace is an illusion. Seriously, it's impossible. To be perfectly honest with you, I used to think that way but I always felt bad that I was never at peace or balanced no matter what I did. Everyone struggles with it but that doesn't mean you shouldn't try. It's still important to fight that healing fight within yourself and with others but we are so hard on ourselves, especially the young ones.

Anishnaabe people use the Eagle Feather teaching to demonstrate the duality of life and the balance that it embodies. This teaching was articulated by Cynthia in the following passage:

We have the eagle feather to teach us about this idea of balance and harmony. It goes like this: there are two sides to the eagle feather, dark and light, man and woman, good and evil and a bunch of other dualities. Now, we all have these dualities within us and the path is up the middle and there is that hollow stem in the middle of the eagle feather that symbolizes the path that is laid out before us. So it's really a beautiful teaching and that little bit really doesn't do it justice.

Rebecca shared her perspective on peace and balance: "I don't know if I've ever been 'balanced' or perfectly at peace but I sure know when I'm out of balance or not at peace. I know I have to do something to straighten me out." Sally also spoke of the idea of striving for balance and harmony or peace by using the medicine wheel:



What I was told by the Ojibwe man who taught me was that we stand at the centre of that wheel and we work real hard to make sure the four parts: the mental and physical and emotional and spiritual parts are equal and in balance with each other. And I don't know about you but I find it really hard. Its like one of those parts is always out of whack. But I keep on trying.

Most of the participants understood that being perfectly balanced or totally at peace is an ideal that we teach about but the reality is that it is the ongoing struggle that matters and we must strive for inner peace, wellness and balance each day. Regardless of their views about the attainability of such a state, all participants spoke about peace, wellness and balance as foundational to their understanding of traditional healing and health.

### *Holistic Aspects of Traditional Health and Healing*

The theme of holistic aspects of traditional health and healing contains four specific sub-themes that participants shared in relation to defining traditional health and healing: emotional, spiritual, physical and mental. The presentation of the holistic aspects will begin with the emotional aspect, followed by the spiritual aspect, then the physical aspect and lastly, the mental aspect.

#### *Emotional*

Participants largely identified the emotional aspect of holism as work on the self toward healthy social functioning. William spoke of the experiences of childhood that “hold back a lot of people from living in a good way. We are taught not to feel. You know the three rules, eh? Don't feel, don't cry and don't speak.” In terms of healthy

functioning, dysfunctional early life instructions, which are common among Indigenous Canadian people, seem to leave individuals, families, communities and whole nations confused about the pain and suffering that is all around them. Shawn spoke about how this happens in our families, whether Indigenous Canadian or not: “People, and I mean everybody, learns negative teachings from their parents and sometimes they can really damage your emotions and that sets you up for difficulties later in life. You just don’t know what they’ve taught you until you are being told later in life that you need to do some healing work, and that’s a shock to hear.”

Participants talked of how most Indigenous Canadian people find themselves at some point throughout their lives in need of emotional exploration and self-discovery to heal those hurts that they have inherited. Elizabeth summed up the need for continued self discovery and emotional health:

One of the most important lessons that we have to learn as traditional helpers is that we have to continue to look under every stone and look at our selves and dig up all that stuff and deal with it. I’m no better than any of the people I help. I know that we all have to do that work because we’ve all been traumatized by colonization.

The principal of self-discovery is one that participants impart to their clients in the helping work they do. It is about self-care as a helper, as well as a process of role modelling and advocating with clients.

Several participants shared their teachings about emotions and their importance in the context of traditional healing. William, Elizabeth, Helen, Rebecca, Shawn and Alice

each spoke of the intensive emotional healing work they do with others and articulated the same teaching on emotions as a gift from the Creator. Alice seemed to sum up the teaching of emotions:

The Creator gave us emotions so that we are affected by, and can relate to other aspects of Creation. The greatest gift is being able to feel those emotions. We need to learn how to attend to our emotions and feel them at the very moment they are happening. Oh, what a gift, you know!

One indicator of emotional health with Indigenous Canadian people is the ability to laugh and joke and use humour. William shared an important teaching of his people about humour:

It is important that we laugh and joke. So much healing comes from humour and what I learned is that when you make fun of somebody and joke with them, it means you like them. People can get so offended and angry about kidding around. Now I know that the people who get offended and hurt by joking are usually the ones who need the most work. It's almost like an assessment tool for me. If I'm kidding around with them and they're not taking it so good, I know what kind of work I need to get them doing.

Shannon, Rebecca, Helen, Gillian and Alice spoke of love as the universal teaching across cultures. They commented that although this is a fundamental teaching. So many people cannot feel the emotion of love. Shannon offered: "In traditional healing, love is the basis of it all. Without love, what's the point? And, you know, sometimes I need to remind myself that the reason I do this work is because of the love I

feel from the Creator and the love I feel for my people.” Building on this idea, Gillian conveyed:

We need to feel love, both giving and receiving, to not only keep up the healing work we do but to feel alive. I see a lot of people in my community walking around like zombies and I know it’s because they don’t feel that love inside them. I can’t tell you how much that hurts me but it is a big motivator too.

### *Spiritual*

Most participants identified the spiritual aspect of traditional healing as the critical piece to identity and resilience in life. They explained that this is also about building resources that are based in the Creation, such as traditions, teachings, medicines, relationships, sacred items and connections with the spirit world and the Creator. Participants’ understandings of spirituality and the spiritual aspect of holism were rooted in their traditional teachings as well as personal experience with spirits and the use of prayer and medicines to heal or help others.

Rebecca spoke of the connection with Creation as an essential part of the work she does: “There’s just this powerful sense of belonging in nature so I make a point to walk with people by the river. Maybe they’ll hear or see or feel something that they’ve never experienced before. That is holistic healing to me.” Helen built upon this understanding in her own holistic self care: “I run. I go into the bush and run to connect with the trees and the animals and my own spirit. I guess that is the important part is the spirit.”

Several participants spoke about the need for balance between the four aspects of holism, and moreover they all spoke about the spiritual aspect as being the principal

aspect. Albert shared his thoughts on the spirit: “The connection with the Creator and the Creation all around you has to come first before all those other things. That’s that spiritual part of the balance that we’re all searching for.” Rebecca shared the teaching about spiritual connection that grounds her each day: “ Seeing the sunshine, feeling the sunshine, hearing the birds, tasting the air, feeling the Creator inside of you. Wow. It’s not magic when you finally feel it. That is the spiritual connection that everyone needs; it’s what I need and it’s what my clients need.”

Several participants spoke about the need for faith and the ongoing belief in the Creator and the healing or guiding spirits in the healing work they do. Gillian spoke about her faith in people and the future:

I hold onto that something. I don’t know, I guess you’d call it faith. I just believe in people and I believe that the Creator will take care of us all. I draw on that something when I work with people and I try to help them understand what it is and to believe in it too.

Another common spiritual understanding was the communication with spirits and the spirit world. Jonathan spoke about the importance of this communication:

My people have always drawn on the power of the spirit to guide their lives, heal their people and maintain a healthy balance in all things. We do that everyday you know. We know that that is there for us when we need it. As a healing professional, I have to maintain that relationship with the spirit world and the spirits around me because I can channel that for my clients and it actually restores the balance in their lives. Most of them just don’t know because they were never taught about it, but when they come to me, it’s

the first thing I go to is their spirit.

James spoke about the communication that he has with the medicines and the plants that he works with:

I have to be ever mindful of the spirit of the plants and how those spirits work together in whatever remedy I'm making. It has nothing to do with me. I'm just the Creator's helper. It is the spirit in those medicines that do the healing work. So, yeah, I need to keep myself open to what they are saying and what the spirits around me are telling me, otherwise I'm flying blind really.

Elizabeth shared that her work is that of the spirit and that she communicates with spirits of her ancestors on a daily basis:

I used to get scared and all freaked out but I don't anymore. I do that work. I used to have a carefree life and travel all over and make decent money as a teacher but that wasn't what the Creator put me here to do. What I do is spirit work. I look at people and I can see what is going on with them and where their particular illness is. It's because their spirits tell me when their physical beings are unable to. So, I use my spirit to help their spirits. It's totally awesome work to do but it is not easy either.

### *Physical*

The physical aspect of holism relates to how traditional healers value physical health and how they help their clients to heal in physical ways. Participants shared about the "importance of a strong body" and about, "building endurance to run the helping marathon." William spoke about how vital diet and taking care of the physical self are in

the traditional healing world: “We need to learn how to cook. We need to take care to eat properly because we’re dying from diabetes and stuff; move away from the grease, flour and preservatives.”

Several participants spoke about the importance of walking in a good way and Shawn spoke specifically about walking in a good way as the physical actions that represent the spiritual, emotional and mental intentions: “Walking in a good way to me means that you have integrity as a person. Integrity is walking your talk, and only talking about what you know...which is really the way you walk, and that is important.”

Although most of the participants shared the understanding of health as a process of getting physically well and maintaining that level of physical wellness, one participant shared a different meaning from the rest of the participants. Alice expressed this rare understanding of healing and health: “You know, healing isn’t the absence of illness. To me, it’s actually the ability to cope from day to day with whatever disease or illness you may have so that you can continue to help others.”

When referring to the physical aspect of traditional healing, most participants talked about sobriety and how important it is to Indigenous Canadian people “to win the war against the evil spirit of alcohol and drugs.” The majority of participants spoke strongly about sobriety and walking the Red Road as components of health and healing. However, as discussed earlier under the sub-theme “Walking the Red Road,” two participants (Margaret and Jonathan) were less absolute about the need for abstinence, especially where there are powerful spiritual gifts that are difficult to cope with.

*Mental*

Overall, participants expressed the view that the mental aspect of holism in traditional healing is the generation of wisdom. According to William: “We have the ability to reflect on what we’ve done and make changes for the future. That is wisdom, and it is more than just survival instinct.” Building upon what William had to share about wisdom, Sally expressed the importance of ongoing education:

Our people are so disadvantaged because they stop learning and they give up. It makes me angry sometimes but I know what I have to do to help. We need to keep searching for knowledge and teachings. I can’t say how important higher education is to our communities so that we can do for ourselves.

Wanda expressed the importance of “harnessing the true power of the mind to control your own life.” Similarly, Shawn spoke about the importance of a positive mind in the healing of the self:

It doesn’t matter how many ceremonies you go to or how much you smudge. If you don’t have a positive outlook and that positive mind, your whole self is affected, so you need to heal the mental aspect to the point where it is in a good positive way.

Participants spoke about the healing power of the mind. James, a medicine man, shared that “There is no illness that can’t be overcome when you use the power of your mind.” Furthermore, the mental aspect of the self was regarded as a critical aspect of healing, but equal to the spiritual, emotional and physical. Rebecca spoke about the mental aspect in this way: “I need to have a clear, strong mind every minute of every day in the work I do with people. If my mind is weak, then what do I have to offer others?”



The mind is such a powerful force and it has to be in balance with those other aspects in order to be effective in traditional healing.” Further still, participants shared that the mind affects all the other aspects of the self and needs to be assessed constantly. Margaret spoke about doing what needs to be done in order to stay mentally strong:

Sometimes my mind can weaken and that affects my spirit and then everything goes to hell. So, I go to my helpers and ask them to help me so that I can keep up the healing work that I do. You know, it was a hard lesson to learn that I can't do this work alone. I need help from other healers. Sometimes they are sounding boards for my problems and sometimes they point me in the right direction but they never give me the answers because it is the belief that we all have that power in our minds to find the answers for ourselves.

Participants conveyed the need for consistent stimulation of the mind as one element of holistic healing, but also warned against overstimulation of the mind. Helen shared her awareness of stimulation and overstimulation of the mental aspect:

You know people don't seem to understand that continuous learning throughout your life makes you healthy. I encourage people to challenge themselves with puzzles and to read and to talk about issues in the news and just think outside of the box. That's what keeps the mind healthy. I know too that there are some people I work with who never shut off their brains. It's like they don't know how and they are so stimulated that they get sick all the time. When I work with them, I have to get them to shut off the tv and put down the paper because they actually start to sound like conspiracy theorists and that's a sure sign of an unhealthy mind.

So I think it's about finding a balance that allows you to be stimulated but healthy at the same time.

All of the participants expressed that there are four aspects to holistic health and healing: emotional, spiritual, physical and mental. Furthermore, participants asserted that each aspect needs specific and careful attention. They stated that their traditional healing work attends to each aspect in turn, toward balance and harmony.

#### *Source of Problems*

A significant component of understanding traditional healing and helping is the comprehensive understanding of the 'source of problems' that people experience in their lives. Participants were asked "How do you understand the source of problems in people's lives?" in order to elicit this understanding. Participants placed primary emphasis on colonization (e.g. residential schools and child welfare scoops of the 1960s) and its lasting traumatic effects (e.g. poverty, unemployment, unresolved grief and alcoholism) as a source of problems for Indigenous Canadian people.

Additionally, participants spoke about some other explanations for problems that stemmed from traditional teachings and culture-specific knowledge. These explanations included lack of vision, not taking responsibility, disconnection of mind, body and spirit and lack of balance and harmony.

#### *Colonization*

In the discussion of colonization, participants acknowledged the need to help people who they work with to understand the history of European contact with North America and the legacy of grief and trauma that each Indigenous Canadian person has

inherited. Participants spoke generally about the social conditions of poverty, unemployment, alcoholism and intergenerational trauma among Indigenous Canadian people whether urban-based or on First Nations communities; however, they mostly focussed on colonization as the underlying or root cause of current problems. This discussion occurred in the context of the participants describing the people with whom they work and how they help them get past life stresses and personal problems.

William shared his experience of people affected by residential school trauma in the following statement:

It's all in the mind. You know, mentally, hate, fear, anger and all those emotions associated with the residential school trauma. That's what we're seeing now. Old people who didn't attend residential school are old and well while people half their age are dying. This generation is experiencing diabetes, cancers, arthritis and all these other sicknesses like never before and its all linked back to residential school.

Sally spoke so passionately about her family's entanglement with residential school and the ongoing impact that she lives with each day that she was moved to tears in sharing this:

Residential school took everything from us. I mean it stripped us of our language, our culture, our understanding of traditional ways. You know it took away our identity as a people. We lost whole generations of children to that system and it was done to us on purpose. I still don't understand how white people could do this to us because make no mistake, this was done *to* us. So I spend everyday

educating people about what was done to us and it makes them angry. But when they get angry about it I have something to work with. I can work with the anger and help them work through it. Someone told me that knowledge is power but I think its more than that. To me, knowledge is freedom and yet I don't feel free yet.

Building on this foundational understanding on the impact of residential schooling, Shawn shared his experiences of working with the more general effects of colonization such as addictions, poverty, unemployment, homelessness, hopelessness and lack of education:

So the real bad stuff began with the residential school. I know that. Great. What does that mean? That's just a catch phrase now and it wraps up all our problems with a nice pretty bow. And now that its all neatly packaged, the government can put it on a shelf and forget about it. But I can't. Every day I sit with people who are down and out and they can't read, they can't write, they're dependent on drugs or booze or both, and they are living on the street some of them, or they're living in piss-poor conditions with, you know, half a dozen of their friends who are in the same boat and they will never get jobs living that way. You think they give a shit about residential school? They didn't even go to residential school but they're suffering the legacy of residential school. That legacy is everywhere for Aboriginal people.

Beyond the specific impact of residential schools, participants discussed the impact of the broader aspects of colonization. Participants spoke of unresolved grief and

intergenerational trauma as two main lasting effects of colonization that they face in the work that they do. Rebecca shared that

These people come here and they want a quick fix, you know. I tell them every single time that I can't work with symptoms because that hasn't been given to me to do. Nope. I work with the root causes like their grief and early childhood trauma. I work with those little boys and girls who never grew up because they got blocked way back when. It always amazes me that they don't even know that they walk around like pouting children throwing tantrums all the time in their adult lives. So I take them back and I tell them that it is going to hurt but the hurts will all make sense when they see what happened to them with their adult eyes. It's a beautiful thing when it unfolds and you know in the end, its all okay for them.

This understanding that today's problems are really manifestations of yesterday's hurts, particularly with respect to colonization and its effects, was commonly articulated by the participants. Helen spoke of this phenomenon that is gripping Indigenous Canadian communities:

Most problems, all I've experienced, come from the past . . . trauma in family of origin. It's from back there somewhere. It's intergenerational trauma that needs to be healed. I take people on a journey back in time to the exact moment they got traumatized. Then I encourage them to take the hand of that little boy or girl that they were back then, comfort that little one and begin a nurturing relationship as they start to walk into the present where their paths become one and they are the

same person.

### *Lack of Vision*

The theme of 'lack of vision' was pervasive and reflected participants' views that suggested that the groups of Indigenous Canadian people that they help, by and large, have lost their way. There was reference also to the teachings of the sacred societies and the traditions that guide the lives of communities that have been 'put down' and 'walked away from'. Jonathan shared that

Generations of our people have become complacent and we aren't passing on our traditional teachings or our languages. We are just giving our children whatever they want whether it is the latest technology or fast food or letting them run wild. How do we expect them to get that vision and carry on that torch for our people. It's our fault. Who else is there to blame? It's a sickness if you ask me.

Helen spoke about how she talks with Indigenous Canadian youth about how they should not allow media and consumer culture to "cloud your vision of your path."

William spoke about reclaiming his own vision for his life that was given to him as a young man and went on to describe the way he helps other people do that for themselves:

I ask them about their dreams and what they're good at. Some of them have amazing gifts but they don't much think about them. So I help them to understand that the Creator gave them those gifts for a reason and that reason is likely to be their vision or their purpose in life, especially if they're dreaming about it all the time.

This understanding of visioning for purpose in life is a very traditional guide to

living. Some participants shared that the way that they work on this lack of vision is to ask direct questions about vision. Albert stated that he doesn't have a lot of time to work with people and so he has to ask blunt questions such as: "Do you have a vision for your life or are you just wandering around lost?" Albert shared further that "Most people don't have a vision for their lives and so I ask them if they want to work on one. Usually they jump at the chance to do that for themselves. No one likes feeling lost. It's a scary place to be." Discovering or developing a vision for one's life forces individuals to take responsibility for their lives.

#### *Not Taking Responsibility*

Several participants spoke of 'not taking responsibility' as a major source of problems for Indigenous Canadian people. Alice spoke strongly about the roles and responsibilities that people have in perpetuating this unresolved grief and intergenerational trauma in the following:

I always take people to the place where they are able to see what happened to their parents to make them the way they are and then to take it one step further to see how I have contributed, or you, or themselves to the legacy by harbouring all those demons inside of them for so long and every time they open their mouths, it's what comes out. In the form of anger or hatred or sadness or sorrow or hopelessness or whatever. It's very rewarding to take young people to that place.

Shannon spoke further of these roles and responsibilities that people have in determining the course of their lives. Shannon shared:

I let people get angry in session. That doesn't bother me. It's important that I

show them that their anger doesn't affect me. They've been trapped in this cycle of abuse where they use their anger to intimidate and bully and the language they use all comes back to blaming someone else for their problems. So I let that go on for just a short time until it gets to that critical point when they have no one left to blame. Then I start into them about their self. It gets real messy but it needs to, you know. I've been there too and I know that the blame game will never let you take responsibility for your life and it is a trap; an absolute trap. We all get stuck there. Most of the people in this community are stuck there.

In much of the work that these participants do, they are forced to push people to go places where they do not want to journey. In this vein, Elizabeth shared her unwavering strength on the matter of taking responsibility: "Healing is being responsible and accountable for yourself and being willing and open to look at yourself hard core. I mean it's being honest with yourself and to get real and say okay this is what I need to do." Margaret spoke of her observations of people who are forced to take responsibility for themselves:

Helping people take responsibility is hard work. Not for me, but for them. I push and pull and a lot of the time it feels like I'm making them relive the trauma, but it's necessary for them to be able to take responsibility. The source of their problems lies in the past and not taking responsibility for themselves is like a prison sentence because someone or something else is always telling them what to do and controlling their lives.

Taking the understanding of roles and responsibility even further, Gillian spoke about the responsibilities that go beyond our selves:



Every one of us has a responsibility to take care of our Elders, our healers, our medicine people and we don't do that much anymore. You know that if you take care of the Creation and all those creatures in it, then it will take care of you.

### *Disconnection Of Mind, Body and Spirit*

Several participants spoke about a disconnection between the mind, body and spirit as one of the causes or sources of problems with their clients. There is a teaching about the braid of sweetgrass that tells of each of three bunches of blades representing one of the mind, body or spirit. This teaching goes on to provide a physical representation of strength. Each of the blades is weak on its own, however, when the three are braided together there is unbreakable strength in the braid. This teaching uses the braid of sweetgrass as a symbol of the connection between mind, body and spirit and teaches that the three need to be one in order to be strong but if any one of those three aspects is disconnected, then the self is weakened. Participants spoke in both positive and negative terms about the connection or disconnection, respectively, between the mind, body and spirit.

*Mind.* Some participants spoke of the mind's infinite power to heal the self. This understanding of the mind or mental aspect of the self was a part of participants' traditional helping work as well. James shared from his experience working with people as a medicine man:

What you believe in your mind affects your whole self; mind, body, spirit. If you believe you have arthritis, you will exhibit signs of arthritis but it is often psychosomatic. So I do some of that work with people, you know, helping them

realize that the power of the mind is infinite and they have that power to change their lives. Our minds have become so disconnected with the rest of us, with the Creator, with reason and logic that we are basically mindless creatures.

Some participants spoke of a remedy for this disconnection with the mind, as well as the disconnection between the mind and the other two parts. Shawn encourages his clients to “Say no to the media. Say no to the government. Say no to the church. Say no to that voice in their heads that tells them they are no good dirty Indians. They took that power from us. We need to take it back.”

*Body.* Participants spoke about the disconnection with the body that people are suffering in terms of self-abuse. Wanda spoke about her struggle to help people who disrespect themselves: “Drugs, alcohol, promiscuity, kids cutting themselves, piercing and all that stuff is hard on the body and yet people don’t care. They just don’t care. I don’t understand it.”

Another part of taking care of the body discussed by participants was personal fitness. There were a number of participants (William, Helen, Elizabeth, Jonathan and James) who advocated strongly for physical fitness with their clients. Jonathan shared his views on the connection with the body: “The body is the vessel for the spirit’s journey in this physical world on earth and it is our responsibility to take good care of it so our spirits can do their good work.” James spoke of food and the Creation around us as being critical to wellness and connection of the body:

Listening to your body is crucial because everything manifests in your body. It is your greatest health indicator. People just eat whatever and that isn't our way.

Processed food has no life energy; it is dead food. The food we eat, the pollution in the environment, toxin in construction materials like that new car smell is killing us. These toxins just place too much stress on the body. I watched that movie *Supersize Me* and it was disgusting that this guy nearly died from eating McDonald's food. I am very aware of the body and the work I do is primarily physical with a spiritual element to it. I always encourage my clients to lift weights to help get those toxins out and to use body tonics that our medicine people mix up.

*Spirit.* The third and last part of the disconnection that participants spoke about is the spirit. Participants spoke of how spirit has the power to heal others across great distances through prayer based on belief and faith in the Creator and how a disconnection from the spirit has several negative implications for individuals' lives. As stated by Rebecca, "The spirit is that inner fire that you sense from a person and you know if they are connected or not." The connection to one's spirit is critical for wellness and is a large part of the healing practice that participants spoke about. Elizabeth spoke about her experience of reconnecting with her spirit:

I was in the spirit world and I could feel the pain of the earth. The Creator told me that now that you can feel that pain and that sin and that hurt of the earth, that you have the choice to go to earth and help people understand that. So I am committed to that work.

The prevalence of this disconnection necessitates some traditional helpers to focus their practice on reconnecting. Gillian shared that "People who we work with don't

realize how far, far away their spirit is from them, so the work we do reconnects them with their spirits.” Another participant, Cynthia, spoke of her work with the spirit of individuals and alluded to the seeming desperation of her clients: “Some of the people we see are so disconnected that they can’t cry but they want to so badly. We help them release and reclaim their spirits.”

To bring together this understanding of the connection and strength of a mind, body and spirit that are one, Margaret shared that her work has to reflect the reality of Indigenous Canadian people: “I call it holistic counselling. I’ve learned that people need to go beyond talk therapy. It’s more about addressing the mind, body and spirit and helping them connect with themselves and the loving world around them.”

#### *Lack of Balance and Harmony*

The understanding of a ‘lack of balance and harmony’ as a source of problems that people face in their daily lives is something that some participants spoke about with great insight. Various traditions speak about the medicine wheel and the eagle feather as reference points for balance and harmony. Several participants, regardless of ancestry, referred to the medicine wheel and the four aspects of self: spiritual, emotional, physical and mental. Sally spoke of the balance that she strives to maintain in her life that then gets modelled for her clients:

I know that a lot of our people’s problems are because they are out of balance in those four aspects. I am always trying to find that balance between my spiritual, physical, emotional and mental parts. It’s hard to do but I try everyday. That’s important for my clients to see because they look at me as a role model. If I’m

weak then they see that and then they say “Oh well look at her. If she doesn’t have to do the work, then why should I?”

Participants were sympathetic to the difficulty of achieving balance and harmony considering all of the stressors that impact Indigenous Canadian people. Sally noted that: “With all that you have to worry about with living day-to-day and hand-to-mouth, its no wonder that there isn’t balance and harmony in their lives, especially the single moms.” The eagle feather teaching is another tradition based symbol that provides understanding of balance and harmony in life. Cynthia articulated the teaching of the eagle feather by taking her feather out and using it to demonstrate this idea of balance and harmony:

The eagle feather teaching is about duality. We all have these two sides to us: dark and light, masculine and feminine, good and evil and so on. Carrying the teaching means that we have to constantly remind ourselves of the balance between those dualities.

### *Qualities of Healers*

The qualities of healers that participants described as helpful, admirable, and necessary are described in this section of the results. This exploration of qualities of healers that are helpful was elicited by asking two questions: “What qualities do you find helpful in the people you seek out for helping services?”, and “What qualities do you possess that others find helpful?” The description of desirable qualities was quite diverse, and analysis led to three categories of qualities: core/essential qualities, light/kind qualities, and dark/harsh qualities. The following statement by Alice helps to illustrate the range of qualities that helpers need to possess and draw on: “You have to know the

positive and negative and love both - the dark helps us understand the light. You need to be true to your spirit regardless of whether it is dark or light or in between.” There is some temptation to delineate the light and dark qualities as feminine and masculine, respectively; however, there was no indication from the data that participants viewed the qualities that they described in terms of gender.

### *Core/Essential Qualities*

The qualities of wisdom, integrity, commitment to a traditional lifestyle, and humility were the primary qualities participants viewed as absolutely necessary for helpers. Participants listed other qualities such as connected, grounded, resourceful, good intentions and the capacity to bring spirit guides in describing the core/essential qualities already listed, but did not describe them in detail.

Helpers, particularly elders, in Indigenous Canadian cultures provide a spiritual, emotional, physical and mental reference point for the rest of the community. Because of this, most participants placed a premium on the quality of wisdom. Albert spoke of the value he places on qualities such as wisdom:

Many of these people have endured a great deal of hardship and survived somehow. That makes them very wise because of life lessons. I look for that because I know they can help me. I need people who are very connected, grounded and solid. I want that person to have the ability to walk through anything with me.

The evidence of wisdom was something that William declared essential in the helpers he has used: “They have to show me that they have an understanding of self and that they can

be resourceful. For me, that is the ultimate test of someone who has the ability to help.”

All of the participants spoke in one form or another about the essential nature of integrity in helpers. Shawn shared that he will not share his troubles with anyone who is not “Committed to their own healing on the road of absolute truth. They must walk the walk if [they’re] going to talk the talk.” Cynthia shared that she only expects from the people she seeks out that which she expects of herself; the commitment to living the “7 Grandfathers’ Teachings” and the “Four directions teachings” in their everyday lives.

Another essential quality was the commitment to a traditional lifestyle. Participants described this in a variety of ways. Sally stated that a helper must be someone who “carries medicines” and has “good intentions,” whereas Alice stated that she requires the capacity to “bring spirit guides.”

Another quality that garnered much discussion was humility. Participants all spoke of this essential quality in some manner. Gillian stated simply that a good helper is someone who “Doesn’t have all the answers and can say I don’t know.” James, who is highly regarded as a helper, used his own demeanor as a comparative point: “I’m not an all knowing, all seeing, all powerful guy. I couldn’t take someone like that serious.” Sally stated that she values people who “Don’t proclaim to be something they’re not,” and Rebecca and Margaret both stated that they respect people who “Don’t wear titles on their sleeves.”

### *Light/Kind Qualities*

Participants described some of the elders, helpers and healers that they go to for helping services. The qualities that were most prevalent were unconditional loving and

giving, strength, warm, kind, patient, caring and supportive. These cumulative descriptions of qualities generate a very “positive, grandmotherly” image of someone who “builds you up” and “makes you feel good.” Rebecca described this kind of person as being “a heart with ears with gentle boldness who pushes you along in your healing journey.” Other participants described the image of an elder who “walks in a very gentle way.” Albert spoke passionately about the predominant qualities that characterize helpers:

Our healers and elders give and love so unconditionally. When you receive that unconditional healing when you need it, no matter what time or where, you are obligated to give it back without any conditions - 24 hours a day all over the world helping anyone who needs help.

Descriptions of the light/kind qualities evoked an image of a teddy bear-like person who is squeezable and soft. Helen described the lighter people who she admires as helpers as “Gentle spirits that can touch people’s hearts and soften the hardest people.” William shared the qualities that he strives to possess and that he admires in one particular elder who has helped him with his healing: “They make people around them feel better just because of their spirit by their presence and you can feel their strength and courage and they help you make the next step in the right direction.” Alice shared some of the feedback that she has received from the people she has helped:

They tell me that I am warm and kind and patient with them. I just try to show them that there is someone who loves and cares for them. After all, my job is to support them so they can become-become healthy young leaders.



### *Dark/Harsh Qualities*

Some participants described qualities such as impatient, being brutally honest, blunt, no bullshit, firm, no-nonsense, judgmental, rough-around-the-edges and tough that can be interpreted as harsher, darker qualities of a helper. This composite of qualities, while not being definitively dichotomous with the light/kind or grandmotherly style of helping, does seem to convey a different kind of helper.

Shawn described the positive feedback that he has received from people he works with: "I am an impatient kind of guy. People don't usually don't come for my help unless they want the brutal honest truth. That's what I give them. I do it in a no-bullshit kind of way but I do it with love." These participants described clearly that the grandmotherly qualities did not work for them because that kind of nurturing help was not what they needed. Shannon stated that, "I don't help in that way because it isn't what most of our people need" "Get your shit straight" is the type of advice Margaret was looking for, and is now the kind of advice that she dispenses. Alice described the firmness of some no nonsense elders she visits with: "I expect them to kick me in the pants when I need it. That's their job as elders." William summed up the work he does with one word and then went on to describe it: "Judgmental. I'm judging you to find out the key thing to helping you, not to be better than you." He went on to describe his greatest quality in doing helping work in a good way: "Honesty is about telling people what they need to hear and not what they want to hear." Shawn described the helping work that he does as: "Helping people to take responsibility in their lives and stop playing the blame game." Helen described the dark/harsh quality of the elder she accesses for helping and teachings

and the love she has for this person: “She sure is rough around the edges but knowledgeable. I know she is a really good person but you have to get past that tough protective exterior.”

### *Discussion*

It is worth noting that these participants, to a large extent, emulate in their own work the qualities they experienced in the helpers they sought out. That is to say, if a participant was helped by a grandmotherly type of helper, that person expressed the desired qualities of that type of helper, and the same is true for participants who benefited largely from a “no nonsense,” harsher type of helper. Moreover, most participants described themselves as having qualities in helping that are a unique composite of the elders, helpers and traditional healers that they admire. Elizabeth described this in the statement: “I seek out the type of people who I would like to be like. I get to see that and they role model it for me.” Many participants described a need for a flexible range of qualities in the helpers they seek out. Gillian shared that she needs different things at different times because her problems vary: “Sometimes I need warm and fuzzy . . . whereas sometimes I need it straight up.” Alice articulated how she has to be different things for different people and that “It is about being flexible and intuitive. People who can’t get to their anger need someone to push them and be blunt, whereas people who can’t get to their fear need someone to gently move them toward that.”

Also, some participants described desirable qualities in helpers that they do not possess. In the few examples that were shared, these tended to be darker people who recognize the value of lighter qualities. William illustrated this phenomenon in the

following statement:

Just because I can't be that big cuddly teddy bear doesn't mean that I can't love people. I just show it in different ways. You know, I know that especially our young people need that from our healers but I just don't work in that way.

Rebecca described, in the following statement, the same relationship but in reverse:

I see myself as a heart with ears and I always, always, always do my best to project love and kindness in a gentle way but sometimes they need something else, like a good kick in the ass [laugh] but I can't be everything to everyone and I appreciate those people who work in that way for our people.

Margaret talked about a helper who was capable of challenging and working through issues regardless of darkness or lightness: "Sometimes I need someone to tell me that what I'm feeling isn't the truth and so I seek out someone who can get me to my truth." Another essential quality that participants sought out in helpers is spiritual capability: "A spiritually connected person who can bear witness because they get it and they are able to exist in a different realm without getting freaked out."

### Summary

The key findings in this chapter relate to the foundational principles of traditional healing. Namely, defining health and healing, sources of problems and qualities of traditional healers. These categories provide the traditional healing context for the discussion of the remainder of the findings. Of note, The knowledge that was shared regarding health and healing, especially that it is "not the absence of illness" (Alice),

offers a new angle for examination of the concepts of health and healing.

The sources of problems provides a new understanding regarding the idea of responsibility and obligation, especially the point about “not taking responsibility” as the underpinning principle of “lack of vision,” “disconnection of the mind, body and spirit,” and the lack of balance and harmony in peoples’ lives.

The qualities of healers section offers a new way of looking at and understanding harshness and darkness as helpful healing qualities in healers and helpers. Essentially, participants stated that if healers possess the core/essential qualities, that their darkness or lightness were useful as part of the diverse personalities available in the traditional healing community.

These understandings support some of the theoretical writings in the literature review, especially the writings on common factors theory.

## CHAPTER 5

### THE PROCESS OF TRADITIONAL HEALING

#### Introduction

The previous chapter outlined basic foundational knowledge about Indigenous Canadian healing that emerged from the data. This chapter will serve as the primary analysis of the study's findings, outlining how traditional healing works. The chapter begins with a discussion of the themes that emerged from the data regarding "guidelines for effective helping". The second part of the chapter addresses the themes and sub-themes that describe what participants had to say about the "process of healing."

#### Guidelines For Effective Helping

In the world of traditional Indigenous Canadian helping, as in all helping traditions, there are guidelines for effective helping. Participants talked about guidelines for traditional Indigenous Canadian helpers that are rooted in the traditional teachings of their cultures. The themes that emerged from the data on this issue included: use traditions, know your gifts and limitations as a helper, "role model" for your clients and community, help others take responsibility, help others see root causes of problems, support others' journey and empower and advocate for others.

#### *Use Traditions*

The main theme within the set of guidelines for effective helping was the use of traditions. Participants talked openly about using traditions as though they are "second nature" within the helping work that they do. As stated by Alice, some traditions, such as using ceremonies allow helpers to "respond to the needs of clients who may be hurting

beyond your capabilities alone.” The following are some of the ceremonies that participants talked about: smudging, sweatlodge, pipe, drumming, sundance, uwipis, hatowis, feasting and fasting. Participants spoke highly of ceremonies, as well as the tradition of using medicines, elders, and teachings. Margaret shared her perspective on the use of these traditions:

I encourage people to go to ceremonies if they feel they need to. I tell them to talk to true elders and visit only the medicine people who work in a good way. I want them to use their intuition around these things. Being critical of ceremonies that don't feel right and don't offer healing or helping for people is an individual's responsibility. Mostly they go there for themselves so it is up to them to walk away if it doesn't feel right.

The discussion of using traditions is limited to basic description. It is a violation of the sacredness of traditional knowledge and healing to share detailed descriptions of ceremonies, medicines, and other practices of traditional healing.

Participants also talked about drawing on the traditional healing resources of other communities. One of the difficult realities is that every community lacks some resources that would make for a complete healing society. Gillian talked about her community and how it sometimes doesn't have the resources that are needed to help her clients and so she has to ask for help from other communities:

Asking for help from fellow nations whether they are from this nation or that nation or whatever tradition is a good thing. They answer the call and come to help. They know, just like me, that they may not have what it takes at any

particular time and they will need to ask for help. That is our tradition in helping and we don't do it enough anymore.

The traditional healers in this study emphasized the importance and necessity of using traditions to guide the work that they do, for themselves and for others. The participants expressed that there are whole sets of traditions that need to be used to help our people because they are the only helping techniques that will work for holistic health. Wanda spoke about her own personal ceremonies that she does before she even begins her day of helping other people:

I know it may sound ridiculous, because it sounded that way to me when I first embraced it, but I make everything in my day a ceremony whether it is cleansing myself physically or spiritually or emotionally or mentally. I honour my whole self each day and take that time each morning and each night to remind myself of why I am here. I call on my traditions for that and they help me communicate with all those parts of creation and also to open my ears and my heart to what they have to tell me. So I smudge, I eat a very clean and balanced breakfast, I pray and meditate in stillness and I offer my thanks with tobacco. That's what I have to do before I start my helping day. Then I set about doing the same thing with other people and teaching them to honour themselves.

#### *Know Your Gifts and Limitations*

Participants shared that they have struggled to find their gifts as traditional healers, and over the course of their helping careers, have discovered their limitations in helping. Gifts are generally considered to be strong points, whereas limitations are weak

points or areas that they struggle with in helping.

With regard to gifts, William spoke about his ability to work with very difficult issues but not with other issues:

I am best at talking about the hard shit like sexual abuse and the beatings and the verbal abuse and that stuff. But don't give me something small like gambling addiction because I just don't see that as my strength because it's so small by comparison. I hate to say that it's a waste of my time but I think my gift is helping people with bigger problems, you know.

James, a medicine man, talked about his very specific gift and stated that the rest of the helping sphere is beyond him:

I work with herbal remedies. I don't do that other stuff. I am supposed to build my own sweatlodge for the people but I'm not a jack of all the healing trades, you know. I keep hearing the need for that but I have some stuff to figure out first. I am good at what I do and it's comfortable for me.

With regard to limitations, Elizabeth shared that she "Started out helping in a blind way. I used to take on their pain and it was really hard." Similarly, Sally spoke about her struggle to figure out how to be effective as a helper:

The personal-professional boundaries got blurred. I would take their problems home with me and be thinking about them all night long until I saw them the next day. I couldn't find peace in my personal life because I cared so much and I became ineffective so I learned to let them own their problems and help them work through them when I could. I guess I just cared too much if it is possible to



care too much. So I've learned to care but not take ownership of other peoples' problems.

Participants were very clear about where their strengths and limitations were in the helping world. They each expressed that they understand themselves to be just one part of a larger whole and that they work within their gifts to the best of their abilities because that is the responsibility that they have been given. This was summed up nicely by Jonathan in the following statement:

We each have our gifts, you know. I don't try to be anything I'm not. I know that there is a whole world of healing traditions and I am responsible for just one part. We all need to work together to form that complete healing circle because there is room for all of us in there.

#### *Role Model*

The theme of being a "role model" for other people was prevalent throughout the data. Several participants remarked at how there is need for role models for the younger generation because they are so lost. Margaret shared that:

Bridging traditional life with academic life as well as walking in a good way is not easy and we expect that of our young people because we want them to be our leaders. Sometimes we put too much pressure on them to live up to that standard.

Participants also spoke of their work within their communities and within the traditional world to be role models who people can look to as reference points for healthy living. Shannon spoke of the need for a return to traditions, specifically about how her people have become quite judgmental and negative toward one another: "We can't

punish people because they have problems. I let them be themselves. I always try to speak and treat others with kindness because our people need to see that so they know how to be with one another.” Further to this idea, Helen stated that she experiences great stress because:

People in the community are always watching what I do and listening to what I say and watching how I am with people. They’re watching because I am a reference point for them. If I walk around telling people off and acting like an ass, that gives them permission to do the same thing. They may not follow my lead but they want to know that I am always the same way. It feels like I you have to be a pillar all the time for them to lean on. But I know that it makes them feel good to hear something kind from me and they carry that with them and it makes them a better person for a short while in their day. As a helper, that is my responsibility and it is really one of my principles in life too.

#### *Help Others Take Responsibility*

Participants emphasized that helping others take responsibility is critical to the whole process of traditional healing. They spoke of how practitioners must not take on the responsibility for another person’s wellness journey or life problems of the past, present or future and how it is each individual’s responsibility to address his or her own particular problems. Participants stressed that it is the responsibility of the traditional healer to help individuals understand what their roles are in the formation of the problem and then to help them take responsibility for it and make the changes they see as necessary.

Participants spoke about the great teaching of humility and how bitter the lesson can be. They talked about how difficult it is for people to say I was wrong and I am sorry. As Rebecca shared:

Part of taking responsibility for yourself is becoming acquainted with those phrases 'I was wrong' and 'I am sorry'. It's not about turning into a little boy or girl again and saying 'I won't do it again, I promise'. It's about living in a way that doesn't put you in that spot of having to say it at all.

Participants went on to talk about how they help others take responsibility for their actions. Shawn talked a lot about how his primary job in traditional healing is to help people take responsibility for their lives and their actions:

I don't let them blame anyone anymore for their actions or words. I don't let them make excuses for their behaviour. I don't coddle them the way a grandmother would. They have to face themselves in the mirror and take ownership of their spirits. No one put that gun in their hands or that needle in their arms but them. So, they need to know that there is no hiding anymore when they come to ask me for help. I help them find the words that they need to say to themselves in the mirror.

William added that he talks to clients in a very positive way and teaches them to love themselves again. He also talked about the way he trains his clients to speak about their problems:

I don't let them talk about anyone else. Not people in the program, not people in the community, not anyone in their families. I tell them over and over again that

'I' is the most powerful word they can use. Without it, they will never take responsibility. It's not about 'me' because that is a word that they can use in a sentence like 'oh, this happened to me or somebody did this to me'. When they use the word I, they are forced to take responsibility. A wise old woman taught me that when I was just starting out on the Red Road. I didn't know the word I back then.

Still, participants stated that getting people to take responsibility is the hardest part of the healing work that they do. Cynthia summed it up perfectly when she said:

Nobody wants to admit that they are to blame or they are wrong in some way.

Then they have to look at themselves and it's hard work when you have to point the finger at yourself. So we have to help them take back that responsibility that the government and the church have taken away through colonization and residential schooling. We give them permission and they take responsibility. We do it with love and that's why it works.

#### *Help Others See Root Causes of Problems*

Participants noted that a process similar to helping others take responsibility occurs when traditional healers work to help others see root causes of problems. They emphasized that individuals must understand the past, present and future factors that contribute to each problem that they face. Participants explained that most people are unable to see the root causes because they are so caught up in the symptoms of the problems. They understand that they are depressed but are unable to see why they are depressed. Participants explained that the western medical institution focuses on

treatment of symptoms and since this treatment is the dominant ideology in healing work, Indigenous Canadian people have come to expect their remedies to come in convenient little pills that take away the pain and the anguish of dealing with the root causes of a problem. It generally takes a long time for people to get into the situations that aggravate them, and it takes time and a whole lot of work to get out of those situations.

One participant used an anecdote of a client who was uneducated, unemployed with a drug problem and a bad case of hopelessness and despair. He couldn't see a solution to the problem. Shannon shared her experience of what she helped him work on:

I had to take him back to the turning point in his life when things started to go wrong. He couldn't see it but I walked with him to that place and he acknowledged that when he was in grade school, he was victimized by his father. I won't get into the nasty details but it is a common story for our young men. They experience something in some area of their lives that really hits them hard. Then they begin that downward spiral out of control without even knowing it. They feel like they are having a good time and living a great life. That usually only lasts through their twenties and into their thirties until they realize that they've pissed their lives away. So that was what I did with him and we began to work on that issue from his childhood. It turns out that he struggled in school and never had any inner resources to draw upon to carry him through and so he is essentially a grade eight educated forty year old. Now he understands that there was a turning point in his life and he can choose to make it right or he can choose

to continue on the path he is on, but he is miserable on that path and that's why he ended up in my office.

Even James, a medicine man, stated that “there are underlying causes for their problems and the remedies I provide only address the physical illness. They still have to work on the spiritual, emotional or mental illness that is the root of the problem.”

Further, participants talked about alcohol being a symptom of a very large set of problems. Jonathan spoke about drinking alcohol in the following way:

If it is negatively affecting you and you want to get rid of it, then it's a problem.

But why do you drink? What is underneath all the symptoms of the illness? Is it abuse or something else that you are trying to drink away? The problem is not necessarily the drinking though it may look that way because of the shit that it causes. The problem lies much deeper than blood alcohol levels can show us.

Participants, with the exception of those who work solely on the physical aspect of the self (i.e. Jonathan and James), talked about the bulk of their work being the exploration of the root causes. They spoke of the delicate balance between pushing people to explore the root causes and backing off so they have time to adjust to their newfound reality and understanding of their selves. As a guideline, it was touted as paramount, by all participants, that people explore the root causes of their problems.

#### *Support Others' Journeys*

Participants expressed how, as a guideline for effective healing, supporting other people's journeys is a vital rule that traditional healers must observe. Participants spoke of the desperate condition of Indigenous Canadian people and the lengthy period of time

required for them to stand on their own two feet. Rebecca spoke of the importance of the high level of commitment that she must demonstrate in this regard:

It takes so long for our people to heal to a point where they are able to stand on their own two feet. I always tell them that if they are willing to put in the effort to help themselves, then I am willing to walk beside them no matter what. I remember one fellow who I knew my whole life and he lost his wife and was alone and he was just really down and out. Someone in the store told me they hadn't seen him in a while so I went to his place and I asked him how he was doing. He said 'I want to die'. I said 'okay, how can I help you?' He went on to tell me 'I want to jump in the river but I don't have the courage'. So I said to him 'let's go for a walk to the river'. On the way we talked and laughed and cried and he never jumped but he did call on me from time to time to talk and spend time together. See, my job was to support him in whatever decision he made. He was grieving and no one realized it so I helped him through that pain of loneliness and loss. It was quite beautiful to see him come out the other side.

Another important aspect of supporting a person's journey, as shared by Cynthia, is "allowing time and patience for people to change." Shannon shared her thoughts on supporting others' journey as:

Making difficult processes easier or more pleasant for people. We all need help during those difficult times, you know, like childbirth, death, detox, grieving, the healing journey and even aging. So as helpers, we give meaning to other peoples' existence by bearing witness to their lives and their pain. Some of us cope better

than others but we all need help.

All of the participants talked about the importance of supporting people in their journeys in a non-judgmental way. Several participants spoke of love when they talked about supporting people. It is a guideline that is underpinned by love and kindness.

### *Empower and Advocate*

The guidelines for effective helping conclude with an understanding of the commitment of helpers to the values of empowerment and advocacy. As stated by Cynthia:

I am always cheering people on when they are trying to make a better life for themselves. I don't point out the negatives or the slip-ups. I am always rooting for the underdog because I was an underdog and I slipped up a lot. But I made it through.

With regard to empowerment, Sally stated that:

I believe in their self-determination and I help them to start to believe.

Sometimes I feel like a broken record telling them to make their own decisions for their own lives and that they can do it. Sometimes our people just don't believe in themselves. That makes me sad.

Empowerment comes in many forms. Participants emphasized that for people who have been dispossessed and oppressed their whole lives in one form or another, little things such as the freedom to point out flaws in a helping session to the traditional healer are huge. Rebecca talked about this:

I always give equal power over the session to my clients because they've never



had that before. I tell them that if I say something that isn't clear, tell me and then we'll work on mutual understanding. I tell them to make me do my job. It's a powerful technique to use with powerless people.

With regard to advocacy, participants expressed that there is much work to be done in Indigenous Canadian communities. Albert spoke about his role as advocate:

I work with a lot of different communities. I take my voice and I use it in the media and I use it wherever I go to advocate for the people without voices, without knowledge of how government works and without the courage to leave their communities to fight for themselves. They put that on me and I wear it proudly.

Shawn shared another aspect of advocacy in his work:

We are warriors. We have to fight for the rights of our people and for our communities. Part of my work is to go with people to court and I speak on their behalf. Sometimes I have to go to the cop shop to speak to them in their language because my client doesn't have that skill. I even go to the Children's Aid and the welfare office and argue with the caseworkers for people. There's nothing I won't do for our people.

### Process Of Healing

The themes and sub-themes concerning the process of healing emerged from discussions with participants about what healing means to them, what kind of healing work participants do with others, and what kind of healing they have engaged in as consumers of traditional healing practices. The process of healing was the largest

category in this study, with five major themes that subsumed twenty sub-themes. The four major themes were: focussing on the self, giving back, using traditions, and sustaining wellness.

### *Focussing On The Self*

The theme “focussing on the self” emerged in response to the question: “Tell me a bit about yourself.” The participants’ discussed their personal journeys toward wellness. Many participants talked for several hours about their lives, including experiences of traditional and western healing practices, their recognition of their own need for traditional healing, and their growth and development as helpers in the traditional community.

Focussing on the self is comprised of four sub-themes: 1) recognizing, facing and understanding your problems; 2) knowing, trusting and accepting the self; 3) forgiving self and others; and 4) holistic focus on the four aspects of the self: emotional, spiritual, physical and mental.

### *Recognizing, Facing and Understanding Your Problems*

The first step, as identified by participants, in working through personal problems is the recognition of those problems. Some participants described it as a “reflective process” of recognizing problems and “actively exploring one’s past in an ongoing effort to know one’s self.” Shawn described his own process: “I think it’s about looking at your triggers and old hurts. At least that’s what I had to do. All those old fears need to be pointed out and then you have to work at clearing them out.” Further, Rebecca recognized in herself that, “Overcoming personal deficits such as social insecurity, low

self-esteem and other learned ideas was critical in my journey toward wellness. Let me tell you, it wasn't easy.”

The second step in conquering one's own problems is facing your problems. In facing personal problems, Shannon advised that you have to “stop running from your problems and ultimately yourself.” Others talked about “being accountable to yourself.” Several participants noted that the main illness that needed to be faced was the reliance on alcohol. Albert spoke about facing his problem with alcohol: “A big thing that I'm proud of is surviving the drinking years and it was AA that helped me. I know a lot of Native people frown upon AA as the white man's way with all that religion stuff, but it is actually parallel to our ways.”

A third part in this first step is the need to understand the problem. As a part of understanding the problem, understanding yourself was cited as paramount. As stated by Gillian, one of the main indications of healing, even in a state of sustainable wellness, is “coping or dealing with issues on a daily basis.” Another critical element to understanding personal problems is “learning from self destruction.” According to Jonathan, this understanding is critical in the journey toward wellness so individuals can “stop lying to themselves and others and that usually requires being critical of yourself in the development of self awareness. I know I had to work out that understanding and it was hard work.”

### *Knowing, Trusting and Accepting the Self*

Participants talked about their journeys toward wellness in terms of personal growth. Their personal growth was presented as accepting, knowing and trusting the self.

Out of the reflective process of recognizing, facing and understanding problems of the self, one comes to a newfound openness that allows progress in the journey set out by the Creator. According to William:

That journey of [knowing, accepting and especially] trusting one's self gradually builds self-esteem, confidence in your helping skills and most importantly a level of self-love and self-respect that people will admire when they look at you.

That's important for everyone; not just you.

Knowing your self was described largely as a continual process of critical self-reflection and examination. Elizabeth shared her personal experience with getting to know herself: "You have to be actively uncovering every stone about yourself toward self discovery. It is truly the only tried and tested method of getting to know your self."

Jonathan described this part of life as realizing:

I didn't know who I was. Every morning I was looking at a stranger in the mirror.

I had to get to know me and get to a state I could be comfortable in. That was a part of my self-work with my elders. They pushed me to be a better person and to love myself because they knew me at that time when I didn't.

Several participants referred to a similar teaching; a teaching that states absolute truth and freedom comes from knowing yourself well enough to be able to admit that you don't have all the answers. Shannon summed it up nicely: "When you figure out that you don't know anything but your self, you can truly be at peace with your self."

Trusting your self was described by Gillian as a process of erasing the recordings of other people telling you that "you don't know what you're doing" or you're dumb" or

“your spiritual practices are witchcraft” or “your Creator doesn’t exist and you’re going to hell for practising those ceremonies and rituals.” So, as Rebecca emphasized, trusting becomes a process of “listening to that loving part of yourself,” and “trusting your intuition, thoughts, feelings and gut reactions.” For example, if your gut is telling you that you are in a particularly weakened state of self, you should call for outside support from people who have been where you are now. As Margaret pointed out:

I know from my experience that it’s a lot of work to continuously work on your self but I also know that being around healthy people helps keep you healthy. So, sometimes, I call on elders or traditional people who I trust and they help me through the rough times. And I trust that part of me that tells me I need help.

A big part of this growth process, and a strong indicator of trust in self, is the ability to trust your mind and use your voice to express it. As James shared from his personal journey, it is important to trust in your own voice and the more you use it, the more confident you will become: “Using your voice and speaking your truth is important because words are powerful medicine coming from a good mind and honesty. So many of our people have been silenced and have a hard time trusting their own words.”

Accepting your self in your entirety was an important part of each participant’s journey. Alice shared one of her hard-fought lessons about accepting her self:

I know for me, the ability to accept my self as a sacred part of the Creation was absolutely critical. It’s like magic in the way it lifts a huge weight off of you and gives you the ability to accept others in all their beauty and with all their faults and you are less likely to judge them.

Further to this positive ripple effect that comes out of the ability to accept one's self, Elizabeth talked about what it actually means to accept your self:

Accepting the self demonstrates personal growth, and it's growth toward self-love, which obviously involves accepting your faults and limitations as well as your gifts from the Creator. I know a lot of people who can point out their faults but have a hard time accepting the goodness in themselves.

### *Forgiving Self and Others*

Participants spoke about their understanding of forgiveness, with great reverence, as a part of understanding others throughout the process of healing. Participants emphasized the need for Indigenous Canadian people to forgive themselves and others. They emphasized that helpers must appreciate the crucial role of self-forgiveness in helping people work through pain and trauma. As summarized in the previous chapter, in the section on defining health and healing, participants talked of how forgiveness has the power to: liberate a person from the heavy weight of anger and hurt, liberate one from the feelings of hatred that gets harboured against one's abuser, restore balance and peace to the spirit of victims, and allow us to make mistakes in life without carrying around guilt and shame forever.

Forgiveness is such a powerful force that it extends well beyond these above-mentioned functions. Rebecca emphasized that:

In some cases, it is the whole goal of [healing]. It is also one of the most difficult goals to achieve because it demands a kind of love and respect for the self and for others that requires constant self-reflection and openness of the mind and heart.

Wanda spoke of how her understanding of forgiveness is a large part of her healing work with others:

As I help people to open up and bare their souls, they usually talk about all of the awful things they've done and how heavy the burden of carrying around all those secrets has been for them. I sit there and I offer them forgiveness for their actions because it is something they can't [yet] do for themselves. It really becomes the starting point for healing and for their vision for the future. You know, I tell them that I love them because so many of them have never heard that from anyone. It can be really powerful and they always cry.

Helen also spoke about the strategic way that she uses the power of forgiveness to establish the helping relationship:

Sometimes I just forgive them when they first come through my door. I don't know why they're there yet and I don't know what they've done but I want them to know that they're safe and that they won't be judged in my presence. That is so important for the whole helping process, because if they can't trust me then there is just no point to any of it.

Further, some participants spoke of their work with offenders and shared that the most difficult kind of healing work is that which is focussed on helping these people to forgive themselves. Albert spoke of his experience with inmates:

You can't believe how hard it is for these people to forgive themselves. They carry around such a huge amount of guilt, shame, self-hatred and just no love for themselves that they become non-functioning, soulless corpses. It really is a

shame because they can get so down on themselves that they [sometimes] commit suicide. I try to help them with medicines and ceremonies and teachings and traditions and they're fine as long as they have that but it's all the alone time when they beat themselves up and take their own lives. I just show them that they are loveable and worthy through my words and actions and through forgiveness. I always tell them that there is nothing that the Creator won't forgive and so they should forgive themselves because the Creator wants them to carry on and do good in the world. Most of them are able to get there but it takes a long time.

Some participants spoke about forgiveness as the end goal of the helping process. They spoke of their work with different groups of people who have been victimized and their processes of healing to the point where they are able to forgive their abusers. Sally shared her work with forgiveness: "Ever since I did that for myself I have been helping people to forgive their abusers and to seek that peace in their lives." William also expressed the importance of forgiveness in his work with others: "I know they can lift that weight off their shoulders just like I did. There is no limit to what they can do after they forgive their abusers, no matter what they did to them. I tell them that."

#### *Holistic Focus on the Four Aspects of Self*

Although it was discussed in the previous section on "defining health and healing," the sub-theme of holism will be discussed briefly here because it is critical to the journey toward self-awareness and fulfillment of participants' selves. Margaret asserted clearly: "I need to be well holistically - mentally, physically, emotionally, spiritually so that I can run the marathon as a mother and helper. If I'm not in top shape,



then I am no good for anybody.” Further, Rebecca stated that “seeing peoples’ humanness in a holistic way requires getting back into balance holistically - spiritually, mentally, physically and emotionally.” This state of balance and harmony is so central to Indigenous Canadian people. Sally stated that “It’s critical as [Indigenous Canadian] people that we pay attention to each aspect of the self and strive for that balance every day. It is the commitment to our nations; not just ourselves.”

### *Spiritual*

Spiritual wellness was articulated mostly in terms of the self and its relationship to the Creator and the Creation because these relationships are of highest importance. Helen spoke passionately about her process of spiritual healing: “trusting the Creator and trusting in spirituality are critical to becoming your true self - who you really are. Until you are able to say that prayer that is from your spirit, you are incomplete as a person.” Alice summed up the essence of spiritual wellness to this essential teaching: “It’s about healing the spirit so it can do the good work it’s meant to do. We do so much to get in the way of the spirit’s work and all we need to do is step aside and stop interfering.”

Another aspect of spiritual wellness, as boldly stated by Gillian, was about “learning to speak with truth and kindness if you want people to listen. I talk to myself and others in the same way that I talk to the Creator; with love and gentle words.” Also of critical importance to spiritual development was the understanding of humility and Cynthia talked about this teaching:

It’s about putting into the Creator’s hands with trust whatever it is you don’t have control over. I place my whole life in the Creator’s hands each day and he always

takes care of me. Mind you, there are some bumps in the road but those are the lessons that I need for my own development.

### *Physical*

In keeping with the understanding of balanced holistic wellness, some participants talked about physical wellness in terms of freedom from substance dependency. Nearly all participants asserted that sobriety is of the utmost importance to holistic wellness; particularly for the physical aspect of the self that contributes to the whole. Margaret spoke passionately about the importance of sobriety for the self: “You choose to be sober or straight for you; not for the right to profess any goodness about yourself.” Shawn shared his observations on substance abuse: “Alcohol and drugs seems to be the illness that plagues our communities the most. I know I work with a lot of young people who are addicted and can’t find a way out.” Jonathan shared a unique perspective on working with people who rely on substances in their daily lives: “It isn’t about forcing people to quit drinking or quit drugs or bad things. It’s not always the substance that is the problem, it’s what comes out of you when you consume them.” This understanding of the power of substances, according to William, refers to the belief that:

There is a dark spirit to alcohol and drugs that overpowers the spirit in the self and replaces goodness and lightness with darkness and evil. I’ve seen it. I’ve felt it. I’ve lived it and it isn’t pleasant. As far as I’m concerned it’s as much about the physical dependency as it is about the spiritual darkness that impacts those around us.

Alice didn’t focus on sobriety, but rather, spoke about what physical wellness

means to her:

Heal the body to the point that . . . there are no symptoms of physical illness.

That is what is happening to me. I have a condition . . . but, it barely shows up on any of the tests because I do ceremonies and they help in the other three areas: emotional, mental and particularly that spiritual connection.

James spoke about what physical wellness means to him in the context of his community and about how the people in his community are not focussing on themselves enough and not taking care of their bodies:

If people would focus on their bodies more, all these ailments such as cancer, emphysema, hepatitis and diabetes would be less of a threat. You know, all it takes is eating good food, moving around a little bit each day, and drinking water instead of sodas and crap like that.

### *Mental*

The third aspect of holistic wellness of the self is the mental self or the mind. Participants spoke of the mental self in terms of knowledge, wisdom, vision and positivity. All participants talked about humour and laughter as imperative components to mental wellness and spoke of its holistic effects on the self. Rebecca stated that Laughter helps you let go of negativity and that's important because we all live with so much pain and negative energy around us everyday. If we're able to laugh about stuff, it doesn't ever get to be so big that it overtakes us, because it can you know.

Sally articulated the teaching about wisdom in the following statement: "Nothing you say comes from you. It is that knowledge that gets passed down through the

generations so you must be careful to not misuse knowledge given to you by elders.”

Alice spoke in terms of indicators of mental wellness: “You know, it is possible and even probable that when you call upon traditional medicine that you can heal the mind to the point of forgetting a disease. It is that powerful when it is healthy.” Participants also mentioned the importance of focussed prayer (Margaret), meditation or visioning (Helen), proper rest (Gillian), careful and cautious exposure to media (Rebecca), and forgiveness (Sally) as processes of mental healing and wellness.

### *Emotional*

The last aspect of holistic wellness, and the aspect that garnered the bulk of attention, is the emotional aspect of the self. Participants noted that we are so fragile when it comes to our emotions (Shawn) and that special attention must be given to that emotional part of ourselves that can often leave us paralysed in our everyday functioning (Alice).

Participants advocated for processes of “letting go,” (Rebecca) “release work” (Helen) and “unburdening” (Gillian) in a concerted effort to “deal with emotions” (Sally) and “heal old hurts” “so that you aren’t constantly devastated” (Elizabeth) by yourself and your past. Alice spoke of the importance of “not feeling inhibited by your emotions by expressing them when they are there.” She said this involves an ongoing process of “really looking at yourself, picking up your truth, being honest with yourself, looking at your triggers and old hurts, old fears and clearing them out.” Wanda noted that it’s no longer okay to be “reacting to fears and stuff and never look at them. You need to look at how come. Where does that come from? It’s a technique you have to learn.” Rebecca

emphasized that part of the work as helpers is to help people who are:

Working through the distortion that comes from hurt and going back to that little girl or boy and acknowledging the hurt that happened to that little girl or boy and telling them it will be okay and that you are going to walk beside them.

Elizabeth spoke of an isolated period called “dark night of the soul that lasted six months that involves healing ceremonies, purging and sleeping.” Emotionally, Elizabeth spoke of this process in the following way: “I engaged in my own healing and repressed emotions started to come out and I went through an intense purging of emotions.”

William said that:

As helpers, you have to be aware that you are not making decisions or reacting out of fear; rather making decisions and acting out of love, [and that this involves] not getting angry or afraid when you’re in the presence of someone who is angry or fearful.

In sum, participants said that the holistic path to wellness involves a critical self awareness, ongoing work on the self, and an understanding of the four aspects that need equal attention on a daily basis: spiritual, emotional, physical and emotional.

### *Giving Back*

The theme of giving back is born out of participants’ desire to, in some way, repay their debt to the traditional healing community. Participants spoke of their gratitude for the help they received from traditional healers in their own journeys. They then spoke of their growth toward the practice of traditional healing and their commitment to traditional healing. Although they spoke primarily of their personal

experience of “giving back” and how this helped in their personal healing, they also saw it as an important part of the healing process for all people. The theme of giving back is made up of three sub-themes: fulfilling responsibilities and obligations, using gifts, and social action.

### *Fulfilling Responsibilities and Obligations*

Several participants spoke of an “awakening” of their spirit during their own journeys toward wellness through traditional healing. They then spoke of their responsibilities and obligations, not as though they had been handed to them, but rather that they had always been there and the healing that they went through opened their eyes to the fact that they had left their responsibilities unattended. Most participants spoke about their responsibility to serve others in a helping way. Sally shared in this regard:

Nobody ever tells you that you are neglecting your responsibilities, even though you are. They help you get to a state of wellness and then they start to encourage you to help them with their responsibilities. I don't know, it's weird. Suddenly I woke up and said to myself: 'I have a job to do. I have to help people with their problems'. I felt it in my gut that that was what I was supposed to be doing. I became a helper that day and I honour my responsibilities as a helper.

Similarly, Albert talked about the responsibilities of being a warrior in the traditional helping community and his commitment, as a warrior, to the traditions and to the people:

Carrying on traditions in the face of adversity and conflict and criticism from the outside world, that's the work of a warrior. See, warriors are reluctant to pick up

arms. We'd rather use our good minds and hearts. It makes us bearers of the brunt of peace. A true warrior eats last and feeds everybody and sacrifices life for the people. Warriorhood is a spiritual journey and a spiritual title. You have to be able to take responsibility for your family and your community, you have to provide, protect, teach and lead them.

There was a sense of pride and fulfilment in the stories that participants shared.

Helen shared that she is a whole person when she is able to help and to give to her community:

It's an amazing thing when you finally realize that you have gifts and that they are meant for the people. I feel a great sense of pride inside and it just fills me right up when I am able to help somebody. I was given so much love and just so much support during those difficult times in my life and I didn't even need to reach out really. They came to me because they saw that I was hurting. I want to be that person, that support for other people now.

Participants spoke of the heavy weight of burden that they feel in their helping roles, but they also spoke with conviction about the importance of the work they do.

Alice shared her experience of such a weighty obligation to the traditions and the people:

When someone calls, I drop what I'm doing and I attend to their needs. If someone wants a lodge or a pipe ceremony or even just to talk, I am there as quickly as I can be. I got that kind of help when I needed it and it is part of my obligation to give that back to the people. I was taught that if a person calls on you for help, then you need to help them because you don't know what state

they're in and you don't know if you are the only person that they are reaching out to. What if that person is suicidal and you are the only one they want to talk to? So, as a rule, I am never too busy to help someone and it doesn't matter who it is.

### *Using Gifts*

Some participants shared their stories about how their lives were changed by their realization of their gifts. Elizabeth talked about her life before and after the dawning of her gift to help and how it all came upon her so fast:

I used to be normal. I followed teachings, longhouse ceremonies and lived my life as a schoolteacher. Then I had a spiritual awakening and I started to have vision, started to see really old, ancient people and they were telling me things and showing me things. I started to be able to see inside people's bodies and received messages as to what to do to help them. One time at Longhouse, I shook this old man's hand and I felt like I was going to have a heart attack - and then he had heart attack soon after that.

Other participants shared that they needed to work very hard to embrace their gifts because they did not want to carry the responsibility for healing people. Gillian spoke of her struggle with accepting and using her gift as a healing person:

My gift came to me in my sleep. I started seeing things, having intense visions, and making predictions without even knowing it. All of the sudden, I was connected to my spirit and my gifts and I just needed to open myself up to it.

Similar to Gillian, Shannon struggled to understand her gift and to fully embrace



it and use it in a good way for the people in her community:

I felt like I was cracking up. I seriously thought about checking into the hospital because all these images were coming to me of people dying and people dancing at sundance and old people chanting with rattles. I was terrified, so I went to see an elder and she told me that I have the gift of seeing. I thought to myself, I'm just a nobody so why would I be given this gift by the Creator. I didn't understand but she helped me to embrace it and taught me how to use it with people. Turned out she was a seer too and I didn't even know it but for some reason, she was the elder that came to mind when I was searching. I guess I saw something without knowing it. Funny how that happens.

Other participants talked about how they use their gifts in a good way for the good of the people. William spoke of his destiny to help and give back after all he received during his most difficult times:

I was dead twice before, you know. I had a really high fever and they didn't think I was gonna come out of it. I was just a small boy then but I remember these old people singing and drumming and using rattles and they healed me with the old ways. So, I only remembered that a few years ago but it came to me when I needed it. The other time was when I crashed my car and I was rushed to the hospital. The doctors said there was nothing they could do, but my grandfather healed me with his medicine and those old ways again. It was amazing. So, I figure it is my destiny to give back and to use whatever gifts the Creator puts in my path to help other people. I am here because of those old ways and the

Creator so I use those same traditions and the Creator works through me.

Rebecca summed up the importance of using gifts when she spoke about the gifts in all of us and how we all have a responsibility to use those gifts that the Creator gives us because when we do not, we are just wasting our lives:

I have a gift to help people. I know you have a gift to help people too because I can see it and I can feel it. But, we all have gifts and most of us don't even realize it. If we all used our gifts for the good of everybody, then the world wouldn't be in such bad shape. We have to open our eyes and use our gifts to help one another because what else is there in this world but our relationships and our love. We have to give more.

### *Social Action*

Another part of giving back discussed by participants was social action. Participants spoke of broad-reaching types of social action that extended beyond helping individuals or families. They spoke of greater community good and global causes as means of paying back their debt to the Creator. William talked about his commitment to health education within his community:

I have had to take a stance against fast food and preservatives and all that crap because it is killing our people. Our old people are old because they never ate like that. We need to look at the rates of diabetes, heart attacks, strokes, high blood pressure and obesity and consider that fast food and preservatives are part of the cause. I'm not saying that it is all because of that but when you take that and then factor in television and general inactivity, it adds up. It makes me real

popular with my kids but they understand that if they want to be great at anything, they have to take care of themselves.

Another campaign that participants spoke about was the need for education and employment for Indigenous Canadian people. Sally talked about her experience with being down and out and then getting a break because of education:

I was one of those kids who thought she knew everything and I dropped out of school and had some kids of my own. Then when I was a little older, I realized that I had no skills or know how to make a decent living for myself and my kids. I decided to go back to school and then job opportunities started coming from all over the place. The best thing for me was the confidence and the self-esteem that it built in me. I think that is one of the things that is needed to heal our nations. So, I have started sounding like a broken record with my clients because I believe that they need to get some education if they want to get out of their bad situations.

On the political end of healing, participants spoke about the need for land claim settlements and the honouring of treaties. Albert spoke passionately about the need for political action:

I think that we need to see more young people fighting the government for the honouring of those treaties. Those are contracts that don't expire. There needs to be a reclaiming of the land for the people. I see it everywhere I go. People are lost without their spiritual land base and we're running out of time. You know, it doesn't even need to be that big. It would excite me to see more community involvement. It doesn't need to be all about a protest like Oka. It could be about

speaking out against the wrongdoing of chief and council or even some of the leaders in our healing societies. It's just so frustrating that the younger generations have lost that fire.

Lastly, participants spoke about decolonization as a form of social action and healing. They spoke in terms of giving back to Indigenous Canadian people the healing teachings of decolonization. Margaret spoke about her work with decolonization in her community:

You know, decolonization has become a dirty word and all it really means is that people take control over their own minds and critically challenge what they've been taught. I talk about the power of the mind with the young people in my community because everyone else seems to be silent about it. These kids are getting brainwashed by the media and the school system and I want them to think for themselves.

Finally, Cynthia summed up the essence of giving back: "There is no greater good than taking responsibility for your gifts and using them for the people and I mean all people. That means that you help anyone who needs help."

#### *Using Traditions*

Indigenous Canadian traditions include ceremonies, elders, teachings and medicines. There is a common thread among the basic function of ceremonies, elders, teachings and medicines: helping people to take responsibility. Helping people take responsibility for Creation, themselves, others and the Creator is one of the greatest challenges in the traditional healing world. Shawn shared that "this is the greatest aspect

of the work I do with people and it is hard.”

### *Importance and Function of Ceremonies*

Participants spoke in great detail and with great passion about the various ceremonies that are practised within their diverse cultures. Discussion of processes within ceremonies will not be shared as it is considered ‘sacred’ knowledge and it was never the interest of this study, nor was permission granted by elders, to share such information. It is permissible to convey generally some of the ceremonies that participants talked about during the course of research. For instance, all ceremonies are about connecting to the Creator; most through a process of prayer. It is important to note that ceremonies exist in varying degrees according to the degree of healing required. The higher the degree or level of the ceremony performed by the healer, the greater the healer’s responsibility is for the recipients of the healing ceremony. Responsibility is transferred from teachers to students in a traditional way as the students become more mature and ready for the weight of the ceremonies.

Ceremonies that were talked about most frequently were the sweatlodge ceremony, smudging, sundance, full moon ceremony, pipe ceremony, fasting and feasting, and sunrise ceremony. Some ceremonies that were shared most often by Haudonosaunee participants were the Thanksgiving Address, Condolence ceremony, Peacemaker’s Journey, Great Law of Peace, Harvest, Midwinter, and Longhouse ceremonies. All of the participants acknowledged the sweatlodge ceremony for its holistic healing power and reference it as one of the mainstay ceremonies in their helping arsenals. Most participants talked about smudging on a daily basis as a regular part of

their healing work as well.

The form that the ceremonies take are different and the languages and settings that are used during the ceremonies are different, however the intent is the same: connection to the Creator and Spirit World. As William conveyed:

Ceremonies are simple, it's the spirit and intent of the conductor that is the hard part. Traditional people who conduct ceremonies have a great responsibility to take care of themselves so that they are well enough to continue doing ceremonies. These ceremonies are as real as you and me. They give us the opportunity to connect to the Creator, the Creation, the Spirits, the Ancestors, each other, what have you.

Ceremonies are very powerful processes that involve spirits and a commitment of faith. Alice had this to share about ceremonies:

Ceremonies guide our daily lives and remind us of our place in the Creation. I know that in the lodge, the spirits of our ancestors come and help us. Through that we have like this direct line to the Creator and the ancestors and they send us messages we need in our lives. You know, ceremony saved my life.

Further, participants talked about the function of ceremonies. Margaret shared the importance of ceremonies:

You know, we don't just walk on this earth without purpose or without responsibilities, and by doing ceremonies we can remind ourselves of what we are supposed to be doing at specific times in the year. For instance, in the fall we are reminded of harvest, at every full moon we are reminded of that ceremony, in

spring and fall we are reminded of feasting and fasting, in the summer it's sundance when the sun is brightest. They are practical, you see. The first teaching I received about ceremony, I remember it like it was yesterday, it was about celebrating every day, of honouring our relationship with Creation and being grateful for everything the Creator gives us for our survival. It's like we've forgotten that.

Building on this understanding of the functionality of ceremonies, participants spoke about using ceremonies to prepare one's self for the work that must be completed. William spoke about this function: "My teaching is simple. Ceremonies prepare us for the work we have to do. It doesn't matter if it is picking medicines, going on a hunt, giving birth to our children or healing the sick, we have ceremonies that prepare us to do that work."

Finally, Shawn talked about the fear that people have of ceremonies as a result of colonization:

Everyone seems to be afraid of ceremonies these days. I hear people saying all the time that they don't want to do that traditional stuff, but I know the ceremonies can help them with their problems. Like alcoholism or sex addictions or drugs or anger or whatever, but they won't hear it. I even do smudging with them and I conduct lodges but it's a mind set you know.

### *Importance and Function of Elders*

The function of Elders in the process of healing is unparalleled. Elders carry the old knowledge, language, ceremonies and teachings and traditions. Participants spoke of

elders with varying degrees of reverence; however, none spoke negatively about the Elders that guided them in their journeys through healing. Among others, Margaret spoke of people who pretend to be Elders and how they are a disgrace to those who truly live the lives of Elder:

Elders are the guardians of our traditions, they protect people from harmful ways as well as protect the ceremonies from harmful people. Anyone who just does ceremonies for their ego is not a real elder. You can see the real Elders because they live very quiet humble lives and they live in these very humble houses that look like shacks and they're not out there driving their shiny new cars and all that. Similarly, Shannon spoke of her own elders and the heavy burden they carry:

Elders give us permission to do our ceremonies and they basically tell us when we are capable of leadership but not a minute before they know we are ready because they have to protect everyone. That is a huge responsibility they carry.”

Cynthia talked about the healing work that Elders do with everybody, including traditional healers and helpers: “Our Elders believe in us when we lose the ability to believe in ourselves. They stand beside us when we need them and their doors are always open to us. That is the beauty of Elders.”

Participants spoke of the ceremonial function of Elders and their highly valued place within the traditional community. Jonathan spoke about his experience of Elders in his community:

Elders are still the people who give us our names, remind us of our clans, responsibilities, gifts, and they occasionally retell a teaching to get us back on



track. They're the keepers of the old knowledge and the traditional ways. If we don't continue to nurture that chain of teaching and you know, like an apprenticeship type program, we will lose our ways.

Albert spoke about the responsibility that we have in relation to our Elders: "We need to take care of our Elders because they live very humble lives with little money or stuff. At the same time, we have to be mindful not to burden them with stuff they can't use."

Finally, on a more controversial note, Rebecca raised the issue of the need for Elders to change their traditional non-interfering style and to assert their authority over the functioning of their communities:

Our Elders are like owls to me. They sit and watch and wait and only act when it is absolutely necessary. They are models of non-interference you know. I think they're like that because it's the way they were taught but that was a different era. Nowadays, we need our Elders to interfere and to be vocal about our youth and their behaviours and take control of our communities again because everything is out of control, it seems.

#### *Importance and Function of Teachings*

Traditional healers in this study spoke of the function of teachings as a part of the process of healing in four distinct ways: to carry the identity and history of a people; to perpetuate knowledge systems; to provide guides and reference points to living; and to provide wisdom about life. Participants talked about a variety of teachings. It is beyond the scope of this study to discuss particular teachings, but those identified by participants

included: death and dying; the peacemaker's journey; hiawatha and grieving; offering tobacco; Elders' wisdom; the transfer of responsibility from teacher to student; the spirit world is all around us; the eagle feather and eagle's vision; original instructions; forgiveness; sharing; bravery; love; circle processes; free will is the Creator's will; and lastly, taking time to observe Creation and be humbled by the magnificence.

A number of participants spoke of the teaching about the original instructions that the Creator gave to each race of man. Shawn stated with some frustration:

People are coming to us for solutions to the world's problems now. We were given our original instructions and we are following them. We are a peaceful people and our duty is to take care of the earth and to remind people of the Creator. But those are our instructions. Every race has their original instructions; they just need to follow them.

A function of the original instructions is the maintenance of identity and the passing on of the cultural history of Indigenous Canadian people. William spoke about this function of the original instructions:

I don't know about other races but we have our original instructions by the Creator and they tell us who we are. We use them to remind ourselves of our responsibilities here on this earth and that is who we are: the guardians of Mother Earth and the Creation. We pass on that understanding to our young people through our traditions every day. That's the most important thing.

Participants also spoke largely about the function of teachings to perpetuate knowledge systems such as traditional healing. Cynthia spoke of the importance of

teaching this knowledge system:

Really, all of our traditions and understanding of the world is wrapped up in our traditional healing ways. Those old people understand the universe in a way that no one else does and it's in the language. We need them to teach us about that whole knowledge system but I can understand that they haven't seen much interest in that old knowledge in the last fifty years.

Participants spoke about the function of teachings, in the process of healing, as guides to living well. James spoke of the work that he must put into living well and how that ethic was taught to him by his elders:

It's not easy to take care of yourself. I put in full-time hours to living well and looking after me. If I'm not well, I can't help others and then I'm not doing what I was put here to do. I was taught that by my elders. They took care of themselves and even old [elder down the road] takes care of herself and she may be in a wheelchair and nearly blind but she has lived a life of wellness and she is old. It's all there in our teachings and we just need to pay attention to them to see how they explain all of this stuff.

Further, according to Gillian, teachings can take your spirit back in time to honour the elders and older people who gave them to you:

Teachings provide a reference point for people. I always seem to journey back to the exact time and place when I received them and I am there with that elder again sitting in the bush or having tea in their kitchen or sitting on the living room floor as a young girl. Those teachings keep the spirit of those elders alive.

Lastly, a function of teachings is to answer questions about life and the universe through the sharing of wisdom. Alice spoke of her experience with elders and teachings: They seem to know everything there is to know because they carry the teachings and the language and the old ways. I don't know a lot of this stuff that they tell me. It seems to come from out of nowhere when they share like that. It really is the one thing that elders still do better than anyone else, you know, that sharing of wisdom about the universe and the creation and the Creator. I remember this one elder telling me just out of a dead silence that 'Life is in creation. Seeing the sunshine, feeling the sunshine, hearing the birds, feeling the creator inside you. That's not magic when you finally feel it. You have to take the time to connect to the creation because it's all around us. Don't you forget that'. And I never did.

#### *Importance and Function of Medicines*

Participants spoke about two different types of medicines: four sacred medicines and healing and doctoring medicines. The first type of medicines relates to the common medicines used in ceremonies and for prayer as well as some simple remedies. These four medicines for the Anishnaabe people include tobacco, cedar, sweetgrass and sage. Haudonosaunee people referred to four different sacred medicines: white pine, tobacco, strawberries and sage. William shared about a sacred medicine that is unique to his Paiute culture:

You know the cactus is a sacred medicine where I come from in the southern United States. We know different plants that are native to the areas we come from. The knowledge about how to use these plants is local and it makes each of

us unique with different healing gifts, and that's important.

Few participants spoke about medicines that are used in healing and doctoring practices. Those participants who spoke about such medicines described teas, salves, tonics and other remedies that they use in the process of healing. They spoke of the medicines as the science of the traditional world. James, Margaret, William and Elizabeth all stated that they work with those types of medicines and James spoke to their power:

I get asked to make some remedies that are very powerful. Our traditional doctors sometimes aren't able to get out and pick the medicines that are needed because it's very physically demanding so they ask me and I do it. I'll bring the medicines that I've gathered to their house and they tell me how to mix it up. I've seen some amazing healing come out of those medicines. I watched a person walk again after years of sedentary life because she was crippled by diabetes. I've even seen a man come back from cancer because of those remedies. These are things that I would never know about if it weren't for those old people.

The function of all medicines seems to be to clear the way for the Creator's healing to happen. Participants spoke about different functions but they all relate back to this basic function. Sally shared that she uses medicines to "Ring the Creator's doorbell to get his attention so he'll hear your prayers. Then as we say our prayers they get carried up to the Creator on the smoke of the sacred medicines. It's a very powerful thing to know the Creator can hear you."

Medicines function in a way that wakes up your spirit and in doing so, makes you

responsible and mindful and present to your self. Shannon talked about her work with young people using medicines:

These young people just seem to walk around like totally oblivious to their spirits and the beauty of their culture. So when I sit with them, I always use medicines and get them to smudge and pray and it's like watching a sleeping baby wake up and appreciate the newness of the day. I'm recently a grandma so that's what it reminds me of but really, it is a whole new world for these kids and then they start to become more responsible for their actions and they start to become aware of themselves and it's all very powerful. So I can't say enough about what medicines do to help me in the work I do.

Participants spoke about the ability of medicines to help people connect to their own spirits as well as to the Creator. Wanda spoke specifically about how medicines help her with connecting to Creation:

When I take medicines that I get from my elder, I am reminded of my place in Creation. I feel like I matter in a small way because I can feel those plants and minerals doing their job inside of me and so I sit with that. Smudging helps me too. It always centres my spirit and my mind and calms my body so that I can focus on just being a part of life.

One of the most powerful statements that any participant made to the researcher was that "Your words are medicine for our people. Even though you can't understand the meaning of the words, you feel the power of the words and you have that gift of words." This statement illustrates the teaching about medicines that participants

conveyed: that almost everything can be medicine if it helps to heal a person, including words.

### *Sustaining Wellness*

The presentation of the results concerning the process of healing concludes with the theme of sustaining wellness. One of the most difficult aspects of traditional healing is the maintenance of one's progress toward wellness. As stated by Gillian: "It is so easy to fall back into those old patterns after you leave an intensively healing environment and go back to your family and your life." Participants were asked two questions: 'How do you sustain wellness for yourself' and 'How do you help others sustain wellness in themselves'. The results are organized into five sub-themes: sustain vision/purpose, walk the Red Road, self-reflection, surround yourself with healthy people, and continue to use elders, medicines, prayer and ceremonies.

#### *Sustain Vision and Purpose*

As outlined in the "source of problems," there is a heavy reliance on vision and purpose within the traditional healing community. The acquisition of vision and purpose for one's life is often the main goal of the process of healing. Participants spoke about the importance of maintaining clear and strong vision and sense of purpose in order to sustain wellness. Jonathan spoke about vision and purpose:

We all get distracted but it's so important to take time to sit down and connect with your spirit and the Creator and really get that reminder about why you're here. I know the people who come to me with problems really have these hectic lives and they don't hardly have time to feed themselves with kids and work and

after school activities and ceremonies going on. I stress on them the importance of tending to their vision because that is the Creator's will and when you stray from it, you can get sick. That's not to say that you absolutely will get sick but the potential is there if you ignore your vision and purpose for long enough.

Further to this, William spoke about the importance of vision in sustaining wellness:

I've watched people go through all that healing and really do good work on themselves but then a few months later, they're back again because they were unable to keep their vision clear in their minds and hearts. We're all guilty of closing our eyes to the work we have to do but you got to keep working on yourself and stay clear about what you need to be doing every day.

#### *Walk The Red Road*

Another aspect of sustaining wellness is walking the Red Road. This simply means that one's path needs to be a sober one. Shawn spoke about the importance of this walk:

So many people fall down after they get clean and sober and start walking the Red Road with ceremonies and medicines and all that. It is so hard for our people to kick that addiction for good. I always tell them that it is truly one day at a time. You have to wake up and tell yourself that you will not have a drink, or shoot up or snort coke or gamble or whatever, today. It truly becomes living for today and not thinking about tomorrow because that could break you. Just the sheer anxiety of having to deal with tomorrow or next week makes you weak.



But you know if you're going to stay healthy, you've got to be clean and sober, especially if you are carrying medicines.

Albert spoke about the Red Road as a crucial element in sustaining wellness:

Walking that good Red Road in a traditional way is the best thing for our people.

I don't care if you've never had a drink in your life; if you're [Indigenous Canadian], you are predisposed to addiction because it is all new to our systems and our evolution hasn't caught up to our diseases. I truly believe that it's the most important thing for our people to be sober. I wake up every day and make the commitment to myself to be sober and to walk in a good way and I pray to the Creator for that help that I need.

As mentioned previously, not all participants maintained that abstinence was essential to the process of healing for every individual. Some participants emphasized that if a person does not experience negative consequences from consuming alcohol, or possesses powerful spiritual gifts that overwhelm him or her, then he or she should not be pushed to walk the Red Road. All participants expressed that they do not encourage alcohol or substance abuse.

### *Self-Reflection*

Participants spoke about the ongoing struggle of looking inside at one's self and reflecting on the parts that still need work or the new problems that arise in everyday life.

Elizabeth spoke about critical self-reflection as a part of sustaining wellness:

If I don't turn over all those stones in myself, then I am doomed to fall back into those old habits and that's something I don't ever want to do. I was a pretty

unhealthy person not that long ago but I am always taking a critical look at me and working on the things that I need to change.

Gillian spoke about the work with clients to help them become more critical of themselves in a healthy way:

The people I've worked with for longer I find I can push more and more to the point where I've had them get too critical and go too hard on themselves and I've had to help them pull back a bit. The way I help them is to tell them that I want them to continuously probe into the depths of their selves to clear out the crap but also to be gentle with their minds, bodies and spirits because I believe it's possible to break your self if you pound on yourself too hard for too long. It can get to the point where everything you do is wrong and you are like a drill sergeant on yourself. That's not the point and it's not healthy.

### *Surround Yourself With Healthy People*

The traditional healing community exists for several reasons. According to some participants, one of the reasons is to support one another on the wellness path.

Participants spoke about surrounding themselves with healthy people in order to sustain their own wellness and were proponents of the same habit for their clients. Margaret spoke about this element of sustaining wellness:

You know we walk around with a lot of pain and a lot of worry and it gets harder and harder to take care of yourself the more you get busy with your own life. I have made a concerted effort to surround myself with healthy people. For me, there's no better way to stay healthy. If I am reminded of my wellness path in

every conversation that I have with the people around me, then I constantly come up with new ideas and see things about myself in ways that I might not have otherwise. For instance, belonging to healing societies is a big part of my life because of all the work involved. But that's the beauty of it is the work because I find I am healing myself when I'm doing healing work on someone else. The only drawback is that you are always aware of your problems or issues or outstanding stuff so to speak. But I need that for my journey.

### *Continue to Use Traditions*

Finally, participants spoke strongly about the importance of continuing to use elders, medicines, prayer and ceremonies to sustain wellness.

We need to keep on practising our traditions even when we are tired because when you become responsible for helping other people's healing, you can get an ego and think you are above the law but you're not. You have to keep up with those gifts and resources that are there for you because it's actually worse for helpers because of all the crap we deal with from other people every day.

Participants spoke of the various elements of traditions that they practice in order to sustain their own wellness as well as help others sustain wellness in themselves.

Wanda talked about the importance of elders in sustaining her own wellness: "You have to keep sitting with your elders because they can see what's wrong with you even though you can't. I visit my elders at least once a week, usually more." Sally spoke, similarly, about the importance of using medicines everyday to sustain wellness: "If I don't use my medicines everyday, then I start to feel like . . . off. I don't know how to say it better than

that. I just don't feel right. I know they help me to keep going." All of the participants spoke about the power of prayer in their lives and the ways that it supports their ongoing healing and sustains the wellness they have achieved. James spoke about the power of prayer:

If you pray everyday, I guarantee you will walk straighter and taller and be a better person. You have to communicate with the Creator and remind yourself that you are a part of the creation. I pray all day everyday for things I need help with in my life and give thanks for the gifts I have received and the blessings on all my relations. Whenever I feel weak, I pray to the Creator and it helps me get strong again.

Further, Alice spoke about her continuing use of, and the unparalleled power of, ceremonies to sustain her wellness:

There's no substitute for ceremony. I go to sweats as much as I can because they help me with the really tough work that I need to do. Plus I really enjoy participating in other people's sweats because they are so different from my own. I smoke my pipe every evening and I do what I need to do to take care of myself. I'm always inviting people I help to come out to ceremonies because I know that they're struggling with keeping up their health and they will benefit from that too.

### Summary

Chapter 5 explored the guidelines for effective helping and the process of healing. This chapter began by outlining what participants perceive to be vital tenets or guidelines for effective helping. Given their position as effective helpers, this section serves as a

great contribution of practice wisdom to the body of knowledge on helping Indigenous Canadian people.

Participants shared openly with regard to their struggles in life that fragmented their selves, the traditional healing methods that they accessed to become whole people again, the felt obligation and responsibility to give back to the traditional healing community by utilizing their gifts for healing purposes with their own people, and what steps they continue to take in order to sustain their health and wellness as indigenous people. This section avails the reader to the experiences of Indigenous Canadians who persevere through often traumatic life circumstances to become traditional healers and, in some cases, Elders in their communities.

## CHAPTER 6

### THE MODERN DAY REALITY OF TRADITIONAL HEALING

#### Introduction

The third, and final, chapter of the results sections focuses on three categories of results: integrating traditional healing methods with western methods of healing, self government and its relevance to traditional healing, and the strengths and limitations of traditional healing. Each of these categories of results and their associated themes are discussed below.

#### Integrating Traditional and Western Methods

The category of integrating traditional healing methods with western methods of healing includes four themes: 1) the rationale for integrating western approaches to helping with traditional Indigenous Canadian healing, 2) the dangers of integrating western approaches to helping with traditional Indigenous Canadian healing, 3) guidelines/conditions for integrating western approaches to helping with traditional Indigenous Canadian healing, and 4) the rationale for not integrating western approaches to helping with traditional Indigenous Canadian healing.

Participants talked about the difficult relationship between Indigenous Canadian people and the government in Canada and their experiences of the impact of that relationship. They talked about the “good intentions” that the government has had with regard to Indigenous Canadian people but also talked about the “oppression” and “pain and distrust” that has come from the interactions. Therefore, the caution and conditional acceptance of mainstream healing methods by traditional Indigenous Canadian

practitioners resonates in the participants' responses to whether traditional healing can work with other methods of healing such as western medicine or psychotherapeutic techniques.

Many participants discussed integrating a broad range of western approaches, as well as eastern traditions, with traditional healing. The participants mentioned many types of approaches including: talk therapy, psychotherapy, body manipulation, massage, chiropractic, reiki, meridian tapping, psychodrama, and western medication and surgery.

Most participants responded with neutrality or uncertainty to the question of whether traditional healing can work with western methods of helping. Their experiences led them to believe that the two traditions could collaborate successfully under favourable conditions with great care; however, there was a great deal of caution expressed.

Participants expressed that the main reasons for this were: "the lack of faith in spirit and spirituality," and the "lack of open-mindedness, lack of respect, lack of humility and too much ego and arrogance" on the part of western practitioners.

With full knowledge of this relationship between healing traditions, this sample of Indigenous Canadian practitioners had diverse views on the integration or collaboration of healing methods from the divergent traditions. Participants' responses to whether traditional healing can work with other methods of healing such as western medicine or psychotherapeutic techniques echoed the reality of this diversity.

*Rationale for Integrating Western Approaches to Helping with  
Indigenous Canadian Traditional Healing*

Some participants acknowledged the limitations of both traditional approaches and

western approaches to healing while also celebrating the strengths of both approaches.

Alice purported that “internal medicine goes beyond the power of traditional healing and that sometimes, it is what is needed. If we want to prolong life, we need internal surgeons because traditional healers can’t do bypass surgeries to fix blockages.” This is echoed in James’s beliefs as well:

You have to give credit where credit is due. Those doctors can do some pretty remarkable things. What they don’t do is help the person get ready for surgery and then recover after it’s done. Traditional healers come in with the power of prayers and do that spirit work. That power of prayer both prepares people for the invasive surgical procedures and helps them recover up to three times as fast than with just standard recovery procedures.

Rebecca furthered this line of thinking: “Traditional people have the power of faith and remedies for recovery like teas and tonics that blow away the doctors. They just don’t understand and so they seem to think it is magic and it’s not.”

Helen articulated that she uses whatever she can find that works in her helping work with individuals:

It comes down to doing what needs to be done whether that is the use of western traditions like psychotherapy, I can do that. But, I can also use eastern traditions like reiki and I use my traditional medicines and my eagle feather and that beautiful spirit to bring it all together to help.

Although William also agreed with combining traditions, he asserted that “traditional healing is the only type of healing that calls on the spirit world to heal so that is one of the



greatest strengths of it, you know.”

*Dangers of Integrating Western Approaches to Helping with  
Indigenous Canadian Traditional Healing*

Some participants stated that there is a real danger surrounding the integration of western approaches to helping with traditional Indigenous Canadian helping methods. The danger comes with the appropriation of knowledge and techniques as discussed by William, Shawn and Sally. Shawn made a strong statement about the appropriation of Native ways:

White people have a long history of humbly seeking out ceremonies, teachings and knowledge but then before too long, become experts right before your eyes. The humility vanishes and leaves a wannabe who promotes himself as an Elder or traditional [Indigenous Canadian] person who can heal and guide individuals on their healing journeys. These individuals go so far as to sell ceremonies and it makes me sick. I know a lot of people do, but I don't do ceremonies any more with white people who seem too eager.

William recalled seeing an actual price list:

When I saw it, I almost fell over. I was so mad. Yeah, you can get a sweat for five hundred dollars or a vision quest for two thousand or a name for fifteen hundred, and I thought to myself, wow I'm in the wrong business. I had the good fortune to run into that person again and he actually told me that I don't run my ceremonies properly, that his way was the right way. I said to him you need help buddy, you'll never get it and those ceremonies you run aren't real because you don't

have an Indian spirit.

Other participants spoke of their experiences of “white experts at ceremonies.”

Sally shared her experience:

I keep running into white experts who provide insight into our ceremonies and traditions. As long as there is this drive within non-Native people to take up ceremonies and own them, there will always be mistrust in that relationship to work together.

Some participants thought that white people had good intentions but could not help themselves. Jonathan spoke about his encounters with these people:

I think they mean well when they start to take ownership and try to bring healing to the masses, but lodge-keepers and healers have the understanding and spiritual connection to the Creator that is a special gift. But, it’s just amazing to me, you know, there seems to be this innate drive within white people to control and own everything and be experts or something. The reality is that the healing methods of [Indigenous Canadian] people don’t belong to anyone but the Creator.

Several participants talked about the commodification of Indigenous Canadian culture and how it has led to the selling of ceremonies. Albert explained that it looks like this:

First, there is this gentle time when they just want exposure to everything and anything [Indigenous Canadian]. Then, they get hungry to participate in ceremonies, and before you know it they’re acting like some kind of nineteenth century anthropologists or something and appropriating the knowledge and

ceremonies and medicines and taking ownership of them and then the worst part comes when they sell it all to the highest bidder and write a book. I've seen it too many times.

Lastly, participants expressed concern about the potential danger of traditional healers losing their humility. Margaret shared her experiences of working with

“traditional healers who suffered from the same syndrome” as western practitioners:

Their egos get all inflated to the point where they are unable to be effective for the people anymore. It makes them just like white doctors and it's not that they don't do good work, but they lose that respect from the people.

*Guidelines/Conditions for Integrating Western Approaches to Helping with  
Indigenous Canadian Traditional Healing*

Although there is such danger in integrating the traditional healing methods of Indigenous Canadian cultures with western approaches to helping, participants noted there are more and more traditional people who work to collaborate with western practitioners for the benefit of people, but with guidelines and conditions. Shawn talked about “holding their cards close to their chests and not revealing everything” to practitioners. James explained that “I don't share what the ingredients are in my remedies because they are sacred and I have a relationship with that medicine. It won't have the same healing effect if just anybody mixes it up and uses it.”

Participants expressed hope about a day in the future when both traditions can work together equally. Gillian shared that “I can't wait for the day when traditional healers can work in true collaboration with western practitioners without being the last

resort or being treated as quacks. It's almost as if they're only willing to work with us once they've given up on a patient." Elizabeth talked about what a "true collaboration would look like" to her:

I envision a healing collaboration where we are able to stand side-by-side with doctors and work together with one good mind. Their traditions aren't superior to ours. It's like everything else about colonization: might is right, but what is happening now is that they are finding that they can't solve all the problems with just science and medicine and it requires something larger.

Rebecca talked further about the need for respect by Western helpers of Indigenous Canadian traditions. She stated that she regrets that there currently "just isn't that two way respect that would create a healing environment and healing relationship for the best treatment possible for patients." William, Albert, Shannon, Alice and Helen all shared experiences of working with western practitioners whose egos got in the way of fruitful collaboration. Albert shared his experience of working with doctors:

They just don't respect our ways and I'm sympathetic to their situation. They were brought up with those same thoughts and feelings as we were about our own people. It's all that brainwashing that goes on in the school system; images of our people as bloody savages with no regard for life or anything. How could they respect us?

Participants asserted that such collaboration requires absolute respect and humility from both sides of the healing traditions toward using the best treatment possible for people. Wanda stated that this kind of integration is just not possible at this time, but she

remains hopeful: “The way things are right now between our cultures, it just doesn’t seem possible. I think the time will come when there is no choice but to work together and I hope it’s not too late.”

As a guideline, participants expressed that people should be aware of which traditional healers are willing to work with western practitioners. They stated that most community members are keenly aware of which traditional healers are open to western approaches. Rebecca shared her experience with traditional healers in her community:

Oh you just know who is open to working together with other people and who isn’t. I know they respect the prescriptions and stuff like that but I also know they don’t want somebody around who doesn’t believe in the spirit of healing and the power of prayer, because you know that is such a huge part of it.

William summed up a basic guideline for integrating traditional and western approaches to healing:

It depends entirely on the people involved. Everyone has to be open to the power of healing no matter what culture it comes from. And, that is rare so it doesn’t happen often, which is a shame because there is so much potential for healing if they could come together.

*Rationale for Not Integrating Western Approaches to Helping with  
Indigenous Canadian Traditional Healing*

Some participants spoke strongly against integrating western approaches to helping with traditional Indigenous Canadian healing. The main reasons that they spoke about were that doctors and other western healing practitioners can not accept the power

of traditional healing and that all races have their own healing ways as designed by the Creator and as such, should follow their own traditions.

Margaret spoke about the difficulty that non-Native people have with Indigenous Canadian healing traditions and the resulting trust issues between healing practitioners:

To call on the Creator and the healing spirits of our ancestors to do the healing work with somebody . . . it's just too much for doctors to handle. Traditional people who use traditional methods of healing have faith in those ways and medicines, and sometimes *they* don't trust the mainstream or western methods. Doctors and shrinks have been indoctrinated into colonialism to believe that our healing traditions are quackery practised by heretics or devil-worshippers. Traditional healers keep that in mind all the time.

Albert shared some insight into the struggle that medical professionals have with traditional healing:

Then we come in with chants and rattles and drums and singing and prayers and funny-smelling medicines and eagle feathers and all that stuff and it can all be quite overwhelming to somebody who doesn't have a cultural context for it.

Shannon argued that the different traditions should not be integrated into one healing practice because of the vast "cultural differences that create a huge divide in understanding that may not be able to be bridged." Elizabeth also expressed her insight into the reason why the traditions should not be integrated:

I've seen psychiatrists fight against it. They shake their heads and just kill themselves trying to rationalize it. It's the way their minds work: they have to

have a causal explanation and they can't give over the power of reason to a spiritual entity or intangible force that they can't control and manipulate. That's why it'll never work because they are mentally incapable of giving credence to our ways.

Participants stated that, currently, the only time western approaches are called upon by traditional healers is by request of the person who needs healing. Cynthia expressed strong feelings about calling on "mainstream healers for help":

Why would we ask them for help. They never ask us. We have our own doctors and medicines and basically everything we need. I've seen our ways cure cancer and heart disease and just about everything. They just come in and take over anyway.

Another argument against the integration of healing traditions is related to the teaching of original instructions. Jonathan talked about each race being "given healing traditions by the Creator that are specific to the race." Shawn spoke briefly about this: "They have their ways and we have ours. That's the bottom line." William added to this understanding:

[Indigenous Canadian] people have their own ways, as do all races. White people have to go back to their ancestors because each race has its original instructions and part of that is the healing traditions for their people. Look at the Asians. They have all these rich healing traditions that are theirs. We can't pretend to understand it and so we should never try to practice it. It's the same with us and white people. They need to at least understand their own traditions before they try

to use ours.

James summed up this argument with his experience with his amputation:

Traditional Medicine could have saved me from an amputation. I had gotten hurt in a job accident. I ended up in the hospital because I dropped a half a tonne on my left foot and while I was in the hospital after my accident, my big toe on my left foot wasn't healing up and they said I had dry gangrene and they told me that it would never heal and so they had to amputate it and so I went for a second opinion and that doctor said the same thing. I was all bandaged up on crutches and one of the medicine people asked me what happened and I told him that I got hurt and I had this operation and he said well if you would've come to see us before you had the operation, we would've been able to fix your foot so you didn't have to have your toe amputated. That made me believe that people should use their own healing traditions.

#### Self-Government

This category of results pertains to the issue of how self-government fits with traditional healing and includes four themes: individual healing needs to come first, individual healing and political action need to be concurrent, self-government already exists, and "let's do it now!"

Participants had very strong opinions about the idea of self-government. The two most prevalent views on the issue of how to work toward individual healing and self-government were (a) individual healing needs to come first, and (b) individual healing and political action need to happen at the same time. There were, however, two other



views on this issue. Haudonosaunee participants spoke of their Confederacy as a system of governance that has never been extinguished and already exists. A few participants felt that self-government is “a waste of time” and that it doesn’t matter anyway. Some participants seemed resigned to the way Indigenous Canadian communities are being governed. Shawn stated: “What’s the point? I say leave it alone. We have to figure out how to live with what we have because there’s no way these chiefs and councillors are ever going to change.” Finally, some participants were extremely enthusiastic about the prospect of self-governance and expressed that it should be implemented as soon as possible and these views are categorized under the theme “let’s do it now!”

#### *Individual Healing First*

Some participants expressed that there is no point to proceeding with self-government in any form if there are not healthy leaders to run the communities. Margaret spoke passionately about the idea of individual healing occurring before self-government, particularly with youth:

What do you mean by self government? Who defines self-government? Self-government is just a word, but healing is real and it is tangible and it is for the benefit of everyone. Sometimes this talk about self-government is for the benefit of only the few who are in power. I say focus on healing the generations coming up because they are going to be our government leaders because really it’s too late for this generation of leaders. They just want to get rich.

Rebecca used the term, *putting the cart before the horse*, which was echoed by several other participants during the discussion on self-government:

You have to be healthy and then take leadership. I think if we put all this energy into self-government before we are on our healing journeys, that is putting the cart before the horse. It's backwards you know. We need healthy people. You're not a leader and then become healthy. It just can't work that way. You have to be healthy and then take leadership.

Cynthia added that individual healing needs to happen first because it is already underway:

We need healthy people to lead our people. It's been too long under the white man's politics with a red face. Traditional healing needs to happen first because it is happening now and it is everywhere. We just need our leaders to come to ceremonies.

Elizabeth shared her hopes for self government in her community:

It would be nice for personal healing to come before self-government; looking into ourselves first because when leaders lead people for the people, then it is healthy. Governance is selfless and we don't have those kinds of leaders yet, but they're coming up.

James spoke at length about traditional healing as being paramount in the grand scheme and about his concerns regarding self-government:

Traditional healing needs to happen first because it is happening now and it is accessible. As traditional people, we have self-government, we've always had self-government. The peacemaker gave us that when he delivered the Great Law of Peace. But this notion of self-government isn't even our idea. It's theirs.

Others are trying to give us their definition of what self-government is and define it for us so they can feel important, but it won't work for us because it still comes from them. Politics are man-made laws and by their very nature they can change according to whoever is in power whereas natural law can't be changed and it will endure for all time - sun, grass and water, you know. As long as the sun shines, the grass grows and the water flows were the terms of time line for treaties and these agreements have not been honoured but we remember the sun, grass and water. The thing about politics is that it is really hard to discuss. Religion is the other one, and feelings could be hard to talk about - it's sad to see the dishonesty. It always amazes me before a person gets into office, they make all these promises and then when they get into office, they can't do anything but break them because they are so busy trying to stay in their positions.

#### *Concurrent Healing and Political Action*

Another idea that was shared by participants was that individual healing should occur at the same time as self-government or whatever form indigenous political action will take in the future. Helen talked about a kind of ebb and flow to healing and politics: "I think it needs to be interactive and parallel and there will be times when it's about your individual healing and then other times when it's about governance but there needs to be some balance."

Sally spoke about this idea of balance in the healing versus self-government debate:

Everyday you make choices and they are about you or others. It's never selfless

and it's never completely selfish - there has to be a balance. It's never wholly micro or wholly macro; if you are a conscious person, everyday you do both. I am trying to encourage people to make decisions and stand behind them and make positive change.

Several participants stated that self-governance relies on healthy leaders who take care of themselves. Elizabeth stated that:

Healing and governance need to go hand in hand or else there is no hope for self-governance. Leaders need to know who they are or else they'll just turn into politicians who are looking for financial well-being for themselves and theirs; power and prestige hungry. If they are taking care of themselves while they do their jobs as leaders, then they'll be okay.

Alice talked about the need for a coalescence of traditional healing and politics that goes one step further than parallel systems of healing and governance:

I think the traditional and political need to come together. Healing and governance need to go hand in hand or else there is no hope for self-governance. You know, If you are a conscious person, everyday you do both anyway. It just sounds so ridiculous that people think you need to be "all fixed" before you can engage in governance. If we wait for everyone to be healthy, it'll never happen.

Elizabeth also stated that it comes down to the leaders in the community:

It's a long term goal; If we can somehow in some small way work with these people who are considered to be our leaders to help them to relate to our people in a good way so they can see the bigger picture or get better themselves, again a

long term goal, then we are going to be a healthy community.

*Already Exists*

Participants spoke about the traditional systems of governance that currently exist across the country. Wanda spoke about the governance in her Haudonosaunee community:

It's all there in our Confederacy. You know they borrowed democracy from us and now they won't recognize that ours is the model that theirs is built on. It exists today in our Longhouse. So, it just needs to be recognized.

Shannon shared information that demonstrates that confederacy-based democracy not only exists, but forces leaders to be more responsible to the people:

We have a whole system of government that has never been interrupted - clan mothers select the leadership and if you mess up three times, you can be removed. It is about consensus and each leader is responsible to represent his people. If it doesn't move because there's no consensus, then it's just not time to move with that.

*Let's Do It Now!*

Lastly, there were some participants who stated that they have been waiting patiently for too long and that their patience has long since run out. Rebecca stated simply: "If we're going to do self-government, let's do it." William shared a similar thought about self-government: "Let's get down to it. I don't want to wait around forever. I'd like to see it happen before my kids get to be my age."

Jonathan stated that self-government has turned into an entity that people fear:

“It’s like nobody wants to go near it with a ten foot pole. It’s turned into a scary thing because we like being taken care of. It needs to happen now.” Further, Alice stated:

We don’t have time to debate about what is going to happen first: cart or horse. If we are going to do self-government, then let’s do it. Everything has to fall apart before you can build it back up; it can’t be utopian from the start. There’s going to be chaos, fighting and everything, but what comes out of that is going to be what we need and what we make of it.

Finally, James summed up the current climate of governance in most Indigenous Canadian communities: “People are sick and tired of the way things are, the leaders and the community, there’s an awareness of the way things are; I think the way is being paved for change.”

#### Strengths and Limitations

This last category of results focuses on the strengths and limitations of traditional healing. The results in this area are broken down into the two sections, strengths and limitations. The strengths are organized into three themes: creation-based, checkpoints and guardianship/gatekeepers, and helpers have done their own healing. The limitations of traditional healing include five themes: human frailty, the requirement for faith, some illnesses need internal medicine, youth are drawn away by media and pop culture, and much of the traditional knowledge has been lost in fighting five hundred years of colonization and effects.

Most participants stated that there are both strengths and limitations to traditional healing and that the various healing traditions across cultures all fit within “the circle of

wellness,” which means that, according to Helen, “no single tradition of healing is complete by itself and it just means that we need each other’s help from time to time.”

### *Strengths of Traditional Healing*

The first theme about the strength of traditional healing comes from the fact that it is “creation-based.” James shared some of the fundamental ideas about creation-based traditional healing:

Everything I do comes from our earth mother. I pray to the Creator and our earth mother all day every day and they listen to me. I listen to them because they know what plants combine together to heal our people. So it all comes from the creation and the relationship with creation. That’s what makes it so powerful and strong and righteous.

Shawn added:

It’s the connection with the Creator. He gave us these gifts of healing and taught our people about the creation and everything we need is in the creation. That’s such a powerful thing to understand the world around you and use it to heal yourself and others. Our original instructions tell us all about our ability and potential if we are in tune with the creation. I think that is one of the strengths for sure.

A second theme that several participants shared was that one of the greatest strengths of traditional healing is the fact that it has powerful guardians and gatekeepers.

Albert articulated a beginning understanding of this strength:

These are people who have chosen a way of life that keeps them connected,

present, in tune and constantly aware of the physical, emotional, spiritual and mental world around them with little or no escape from the reality of life and living. It's so easy for people who don't walk with traditions to judge or find flaws in the traditional person because they don't know how hard it is, or they do know and they can't find that inner strength to walk that way. But these elders and healers are the people who protect our traditions and our ceremonies and they do it without praise or thanks most of the time, plus they're facing that scrutiny from everyone. I think that's its strength.

Further, William emphasized the idea that traditional people are guardians of sacred knowledge, ceremonies and elders with powerful gifts:

You have to realize that the reason we still have traditional healing and sacred ceremonies is because we protect it. We are like guardians watching over the sacred knowledge. It has to be protected and we do that because we are the Creator's workers. I remember when I was refused access to a certain elder because I wasn't ready to sit in front of him. He had bigger work to do than to listen to me whine about my little problems so I was helped by one of his helpers. Now we're good friends and I am one of his helpers and I have that responsibility to protect the sacredness of his gifts and his precious time. So, it's not just about protecting the ceremonies but also the people who do the ceremonies. It sounds a bit pretentious but it keeps the whole tradition of healing strong and in a good way.

Alice also spoke about traditional protocol and the idea of gate-keeping as a



strength of traditional healing:

So, there is a protocol, as you know, involved in the world of traditional healing. Like, you don't just go up to the doctors and ceremonial chiefs and tell them your problems. Usually you are introduced by someone who they know and trust: like a helper, and that's only if that helper can't help you with your problems. The same thing goes for ceremonies. You don't just get handed a ceremony. You have to demonstrate to the person who is coaching you that you aren't going to cause harm and that your spirit is true to the tradition of healing. But they know just by looking at you and they'll tell you and sometimes you don't want to hear it. So, they usually give you a little bit more responsibility during say a sweat and you will sweat with that person many, many times before you will conduct one from start to finish and even then they'll be right there with you for the first dozen or so times. So, I call that gate-keeping and it is definitely one of the strengths of traditional healing.

A third theme that emerged from participants' discussion was that one of the strengths of traditional healing is that helpers and healers have done their own healing work. Cynthia shared:

All these healers, the true healers, have really and truly done their own healing and I'm talking about holistic healing. They have done work on the physical, emotional, mental and especially the spiritual parts. You can't say that about medical doctors or nurses or chiropractors or other professionals, but you can with our healers.

Sally expressed a similar thought about the wellness of healers in the traditional world:

One of the greatest strengths of our healing ways is that the people who are helping people have done that work for themselves. They got help along the way from traditional healers and then they become those healers who are helping other people. I speak for myself when I say that I am always working on my whole self: the spiritual, the physical, the mental and the emotional. I struggle sometimes with my diabetes but I have a healer who helps me with tonics and fasting and diet and stuff, but it's up to me to go see her.

#### *Limitations of Traditional Healing*

Most participants acknowledged that traditional healing has limitations just like any other healing tradition. They talked about human frailty, lack of faith in the traditions, the need for internal medicine, the fact that youth are drawn away from traditions by media and pop culture, and, the loss of healing knowledge from the effects of colonization as the main limitations of traditional healing.

Margaret expressed her disappointment in the human frailty of some traditional healers:

I guess you could say that I have unrealistic expectations of these people but their behaviour just makes me sick. They're out drinking and partying and going to casinos and sleeping around and they have these beautiful gifts to heal and help.

Alice spoke to the issue of human frailty as well: "Nobody's perfect. It's a tough life and everybody is exhausted most of the time and I completely understand how

someone can succumb to the pressure of traditional life. But it's what they do about it that matters."

Participants also talked about how traditional healing is limited in its effectiveness by the faith of people. Elizabeth talked about this limitation:

I can't make somebody believe in the medicine or the spirit of traditional healing. That's the bottom line. I think that traditional healing can work for almost any illness but it requires faith because I've seen it so many times where a person doesn't believe in what I'm doing and they always seem to unconsciously undo the work.

Shawn also spoke of the limitation of any healing tradition that requires faith: "It's like I always say, you can lead a rez dog to water but you can't make it swim. If a person doesn't have any faith in what you're doing, you're pretty much wasting your time."

As detailed earlier in this chapter, one of the limitations of traditional healing is that some illnesses need internal medicine. Shannon conceded to this physical limitation of traditional healing: "I understand that surgeons have their place and they can do some amazing things. I think it is probably the only limitation of traditional healing. We don't do heart bypasses or anything like that." Gillian also talked about the limitation of traditional healing to cure some physical illnesses:

I won't say that it's a limitation per se but I think doctors can do some amazing things with their understanding of the body and how it works. We just never had that because we didn't have the same kind of illnesses to deal with as we see today.

Some participants expressed the greatest limitation of traditional healing is that it can not compete with the lure of pop culture and media technology in capturing the attention of youth. Cynthia talked about the deficit this has left in the traditional healing community:

Our healing ways just can't compete with the latest gadget or whatever. We try to encourage kids to pay attention to the ways of their ancestors but they want everything right now and who has time to sit with elders in the bush for days at a time anymore.

Helen also talked about the youth in her community:

They want cars and toys and all that shiny stuff and they want to be rich and they want to use the internet and they don't have time for ceremony anymore. So I think that's one of the limitations. It can't seem to keep their attention long enough for them to become healers themselves. But, they know it's there for them and that's important.

Participants also spoke at length about the ways that traditional healing has been limited by the effects of colonization. Sally spoke generally about colonization and the limitations of traditional healing: "We're fighting five hundred years of colonization and it's effects like residential schools and alcoholism and that belief that our healing ways are witchcraft. That's had an impact on our ability to do our healing work because we have carried those beliefs too." James talked about the this limitation as well:

We are fighting so hard against all that history and so much of our knowledge about our healing traditions has been lost because of colonization. They banned

the ceremonies and the medicines from being used and so we're trying to get them back but yeah, that's a limitation for sure.

Jonathan spoke about his experience: "We're fighting five hundred years of the colonization since contact and the brainwashing effects it has had on our communities to the point where our own people are acting like crabs in a bucket." Rebecca furthered Jonathan's thought: "You know it took us five hundred years to get into this mess with the help of the white man and it's going to take another five hundred years to heal from it with the help of the white man."

Elizabeth spoke about this limitation in a different way:

We are working against this globalization and consumerism and capitalism and that combination is the new colonization. Our healing traditions were nearly decimated by the old form of colonization through residential schools, the introduction of alcohol, the new technology of rifles and knives, the seduction of money and jewels and on and on. I could go on forever about this, but the big problem is that it just keeps going. Now we have the seduction of casinos, wealth, fame, hummers, smoke shops, fast cars, fake boobs, new computers, ipods, and all this *stuff*. The global market is slowly eroding our old ways and our healing ways. I see it all the time in Longhouse: kids can't wait to get out of there and go play their x-boxes or email their friends or go to the movies or whatever.

In summary, Wanda expressed this reality:

Traditional healers can't do everything. I think some of the sickness in the world is too big for traditional healing ways. Another part of that I think is the history of

our people that has broken that circle of healing gifts, you know. It used to be that every community had all the healing gifts it needed but a lot of that knowledge is lost so we are trying to piece it back together from all the communities across the country and we are missing pieces. Unfortunately, it's been interrupted and it is going to take the younger generation to take interest in the old ways again.

### Summary

Chapter 6 explored participants' perspectives on the modern reality of traditional healing in Canada. The findings regarding the turbulent relationship between Indigenous Canadian traditional healing methods and western healing methods demonstrate a willingness on the parts of several participants to engage in collaborative healing practice with western practitioners for the best possible treatment of their clients. However, there are some participants who are opposed to such collaborations because of their negative experiences with western practitioners in the treatment of Indigenous clients.

The findings on self-government seem to support the related literature. The perception was that there is a need for a re-working of the current system of governance for Indigenous people. However, participants expressed concern about the implementation of any system of governance that is not rooted in traditions, or that is lead by unhealthy people. Participants mostly agreed that there is a need for traditional healing amongst the current political and traditional leaders in Indigenous communities.

Participants communicated their thoughts and experiences about the strengths and limitations of traditional healing. Participants stated simply that the strength of traditional healing is that it was given to Indigenous Canadian people by the Creator and has always

been a part of Indigenous Canadian cultures. Traditional healing is an historical practice of Indigenous Canadian people that is rooted in the spiritual connection with both the Creator and Mother Earth. It has evolved into an effective set of practices for Indigenous Canadians. Participants declared traditional healing methods the best for Indigenous Canadian people because traditional healing attends to each aspect of the individual, especially the spirit. Participants spoke of few limitations of traditional healing. Internal medicine was acknowledged as the chief limitation of traditional healing methods. Participants credited western medicine as a complementary system of healing in regard to internal medicine.

SECTION IV  
DISCUSSION AND CONCLUSIONS



## CHAPTER 7

### DISCUSSION AND CONCLUSIONS

This chapter provides reflections on the personal growth of the researcher that evolved from the research process, further discussion of the themes about traditional healing that emerged in this study, consideration of the implications for social work research and practice, and concluding comments.

#### Growth as a Person

I engaged in this research process to develop a better understanding of traditional healing. I initiated the process at the level of the head (academically); however, after meeting with Elders, I quickly realized that the nature of the topic demanded that I engage at the level of the heart (traditionally). Therefore, the research process changed me from the outset, before I ever spoke with a participant about traditional healing. By the grace and generosity of the Elders and the participants in this study, I learned more about the world of traditional healing and myself than I ever expected.

As I described in the methodology chapter, the research process was a challenging one. I was asked to give of myself in ways that I had never experienced. Even though I was pushed by the participants and the Elders to prove myself, I relished every moment that I had with them. The reciprocal nature of the relationships with Elders and some participants that developed during the research are ongoing as I conclude this research process. By their influence and encouragement to be the best Anishnaabe I can be, I became a better person. I mean to say that I have become kinder, gentler, more careful with my words and generally more in-line with the Anishnaabe path of bimaadiziiwin. As

participants expressed in the results section on sustaining wellness, a part of being well is surrounding yourself with healthy people; that was my experience during this research study. I made every effort to conduct this research with integrity and through regular consultation with Elders, participation in ceremonies, daily prayer, regular use of medicines and reflection on cultural teachings, it has been done in a good way.

Another point of growth was the way in which I view traditional healers. I started out this research with a healthy level of *reverence* and a touch of envy toward these individuals who people flock to for help. I finished this research process with a great deal of *respect* and sympathy for them. The change comes from the understanding of their calling to their gifts and the knowledge that they never chose their helping paths; rather the Creator chose *them* to help others. I also understand now that when an Elder or Healer asks you for help it is usually because they are over-extended, exhausted, alone, isolated and in need of your assistance. These individuals lead very humble lives, often in poverty, and whatever help I can offer whether monetary, the gift of my time, a ride or as a helper in a ceremony, I now help without hesitation, when asked.

There are a few personal discoveries that I made because of this research process. I was requested by one of the Elders who guided my journey to help him with a sweatlodge ceremony. I was unaware that this sweatlodge ceremony was a special request by this particular Elder for his own healing needs. In the sweatlodge, he asked me to drum and sing. I informed him that I did not know any songs and he told me to “sing from the heart.” I drummed and sang a song and there was healing power in that song that I had never experienced or realized before. I did not know it at the time but this Elder

was very ill at the time of the ceremony, and was completely well when I returned the next day. That was a very powerful moment for me and the Elder just smiled and laughed hard at my discovery; it was a laugh of pride. As I found myself surrounded by these very amazing traditional people who were very encouraging and who were diligent about pointing out (identifying) my spiritual gifts (which I found to be intoxicating to my ego), I wanted to be among them every day in the healing world. I was wrestling with the idea of walking a traditional healing path in my life; something that I had been thinking about for a couple of years at that point. However, I learned that I am not ready to walk that path yet because of the absolute commitment involved; Elders and Healers give their lives to the service of the people and their lives are no longer their own. That is a sacrifice that I am not ready to make yet.

#### Growth as a Researcher

I entered this research study as a naive and novice researcher. I had a vision of what I wanted to accomplish with the research study. I chose a methodology that I thought best fit the nature of the research question and proceeded to engage in a struggle with the data. It was only with the help of my doctoral committee members that I came to understand the cause for the struggle. I performed research from an Indigenous Canadian perspective without ever realizing it. I followed a pre-research protocol that was inductively generated by Elders, approached every person in the research process with respect by offering them tobacco (including committee members), adhered to community protocols during the interviewing stage, participated in regular sweatlodge ceremonies and additional ceremonies as required by participants and Elders, gave meaningful

traditional gifts to participants as a show of gratitude, and committed to lifelong relationships with participants and Elders. Through this process, I discovered with the help of Elders that the method used to analyse the data is less important than the way in which I conducted myself as a researcher.

I have a new appreciation for peoples' stories as sacred reflections of their lives. I now have a beginning understanding of the turbulent and broken relationship between Indigenous Canadian people and traditional western academic research. Even though I am Indigenous Canadian, I was tested at what seemed like every turn because I am attached to an academic institution. I was challenged to change the way I do research toward a more "traditional Indigenous Canadian" approach and away from the "traditional western academic" approach, so there was a shift in my perspective and the reasons why I was conducting the research. I started with the purpose of completing a PhD and finished with the purpose of sharing rich and powerful experiences in a "good way" with an "inexperienced" audience. I was struck by the amount of work, time and energy involved in carrying a small qualitative research study. Managing a moderate to large data set was difficult, and producing honest and meaningful findings was exhausting. Participants expressed, in their own ways, that they felt liberated to speak about some issues that they would not have the chance to otherwise. I now view research as a means of empowering and liberating people.

## Discussion of Emergent Themes

### *Themes Consistent with the Literature and/or with Common Indigenous Canadian Knowledge*

There were many themes in the results of this study that reflected the theoretical understandings of healing that are in the literature and that reflect common knowledge in Indigenous Canadian culture. Some of the more obvious themes include: colonization as a source of problems for Indigenous Canadian people; Walking the Red Road, or sobriety, as a factor in the process of healing and sustaining wellness; the essential qualities of healers that contribute to favourable outcomes in helping; the importance of a supportive, empowering relationship as a guideline for effective helping; the necessity of a holistic focus on the four aspects of the self, as per medicine wheel teachings, in the process of healing; forgiveness of self and others as an essential part of the process of healing; the importance of using traditions, particularly ceremonies and Elders; and the understanding from some participants that individual healing needs to happen before self-government can ever be effective for Indigenous Canadian communities. Participants affirmed the positions in the literature on these concepts, which was to be expected.

There were some themes that gave voice to common understandings within Indigenous Canadian cultures but that do not appear prominently in the Indigenous Canadian literature. Such themes included: role modelling is important in Indigenous Canadian communities; one must first recognize, face and understand one's problems before one can truly know, trust and accept one's self; it is incumbent upon Indigenous Canadian people to use their gifts for the good of all people; self-reflection is an ongoing

process that is vital to sustaining wellness; that surrounding yourself with healthy people can help you sustain wellness in yourself; traditional healing methods and western healing methods are rooted in two very different yet parallel worldviews and that they can work together conditionally; and that self-government already exists in several different forms among First Nation communities.

*Themes That Highlight Gaps in the Literature  
and Uncommon Canadian Indigenous Knowledge*

Some of the themes that emerged from this research have highlighted gaps in the current academic literature, and provided new understandings of issues affecting Indigenous Canadian people and the ways that those issues can or should be addressed. One such theme in the category of Guidelines for Effective Helping was the importance of helping others take responsibility. According to participants, the core of taking responsibility is the ability to use the phrase ‘I was wrong’ in conjunction with the phrase ‘I am sorry’. Secondly, the individual seeking help must stop blaming and making excuses for his or her actions and behaviour. Participants emphasized that taking responsibility is a bitter and painful process for the people they help, because it is one that is usually at the root of the problem. Not taking responsibility is a negative behaviour that goes against the grain of traditional teachings and perpetuates social problems in Indigenous Canadian populations.

Another theme representing new understanding was the role of dark and harsh qualities of helpers. Some of the qualities shared about helpers included: brutally honest, blunt, straight-forward, judgmental, rough-around-the-edges, impatient and firm. This is

a different understanding of the qualities of a good therapist from those which lead to successful outcome in psychotherapy. This description of a helper could impart an image of a brash, angry or malicious sort of person; however, when combined with the essential/core qualities of love, respect, wisdom, integrity, medicine carrier, humility and good intentions, this type of helper simply provides a no-nonsense, down-to-business style of helping. Several participants stated that this is what they needed when they were looking for help and that it is the style of helping that a lot of people need.

Another theme that provides clear insight into helping work with Indigenous Canadian people is the importance of helping others see the root causes of their problems. The traditional understanding of illness is that the spiritual, emotional, physical and mental aspects of the individual are out of balance, and therefore manifesting as an illness, usually of a physical nature. By exploring the events and details of one's life, one can pinpoint the exact incident or event that became the turning point of wellness to illness. This understanding helps the traditional healers to work through the real problem with the individual and thereby alleviate the symptoms over time. This kind of knowledge is critical to helping Indigenous Canadian people because of the severity and complexity of the symptoms that they present in the helping relationship.

Next, the traditional understanding of community dictates that social action can, and must, take many forms. For instance, one participant undertook a public stance against fast food and preservatives in food, while promoting exercise and a healthy lifestyle. Another lobbied for education and employment for Indigenous Canadian people, purported as key strategies to help Indigenous Canadian people heal from their

problematic social situations of unemployment and dependency on an unsympathetic system. These examples of social action are rooted in the traditions of health and wellness of Indigenous Canadian cultures.

Another emergent theme is the importance of vision and purpose to achieve and sustain wellness. Rooted in traditional teachings, it is believed that one's vision in life provides the direction for the fulfilment of their purpose as given to them by the Creator. It is the starting point to each individual's journey in life and it is the individual's commitment to the community and the Creator. Without a vision or purpose in life, people end up lost and without direction. In order to sustain one's vision and purpose, one must take the time to connect with the self and the Creator. This commitment often requires external pressure from elders and other traditional people. Participants spoke about the need to develop, carry and sustain vision and purpose in order to get well and stay well.

Lastly, this study produced new understandings about the reality that there are a multitude of divergent views about the integration of traditional healing methods and western healing methods, such as medicine and psychotherapy. Some participants were optimistic about the integration of the two healing traditions for the healing of Indigenous Canadian people; however, others were dead set against it, and others still were open to the possibility, but with clear guidelines and great caution.

One clear example of why there need to be guidelines and caution in such a process is the appropriation of traditional knowledge by non-Indigenous Canadian people. Some participants were disgusted by non-Indigenous Canadian people who seek out



traditional healing and then disseminate knowledge as if they were traditional healers. A cursory scan of the internet provides a great deal of information about traditional healing, medicines, elders, ceremonies and teachings. The vast majority of this information is not posted by Indigenous Canadian people. That means that there are people who are sharing traditional teachings that they have no right to disseminate.

Worse still, participants gave examples of some of these non-Indigenous Canadian people, who hold camps, lodges, and retreats for fees, and sell medicines and sacred items for profit. These are the main reasons why there are pessimistic traditional healers who are not receptive to the idea of integrating healing traditions. Other traditional healers explained that the greatest barrier to integration of the two healing traditions, and why they are dead set against it, is the spirit of the work that traditional healers do. Western medical professionals are simply unable to have faith in the power of the traditional medicines, prayers and other elements of traditional healing. Similarly, Indigenous healing traditions are treated as fringe helping services by many western social workers, including social work educators, who label such practices as “alternative interventions”. Those who were optimistic about integrating the two healing traditions spoke about the strengths of each tradition and the ways that the two traditions complement each other for the healing of Indigenous Canadian people in a good way.

#### *Other Emergent Understanding Not Reflected in Themes*

One line of questioning during the research interviews was focused on the importance of the setting of traditional healing practice. Although this line of questioning did not produce much data and it did not result in the emergence of any clear themes, it is

discussed here because it enriches the overall understanding of traditional healing. It was found that the helping work that participants described was not so much dependent upon setting as much as the spirit, faith and good intent put into the work. Some participants talked about very specific settings, such as the bush, the river, and the lake, while others talked about offices, bus stops, conferences and how not restricting location gave them the ability to provide helping services anywhere at anytime.

Those who talked about offices were in agreement that the experience of healing in a natural setting cannot be recreated in an office, but admitted that they do what they can with the spaces they have. When probed, most indicated that an ideal setting would be in locations that had trees, water and a quiet atmosphere so as to allow for a direct connection to Creation. Rebecca expressed a deep personal connection to water and trees and stressed the importance of helping clients gain a “sense of belonging in nature,” as well as of exposing them to the potential that “they’ll hear or see or feel something [spiritual] that they’ve never experienced before.” The sweatlodge, sundance and longhouse were cited as the most desirable healing locations because of the spiritual power in those places and ceremonies. However, as Margaret stated very eloquently: “the real work is done in the trenches.”

#### *Reflections on Themes in Light of Common Factors Theory*

The common factors theory of Jerome Frank (Frank & Frank, 1991) that is discussed in the literature review describes four factors that are thought to be common across diverse types of approaches to helping and that are believed to be responsible for positive therapeutic change. These factors are a good relationship or therapeutic alliance

between the helper and helpee, a healing setting that provides a sense of safety and the expectation of help, a rationale to account for a person's difficulties or problems, and engagement in a set of procedures or rituals that are believed to have healing properties. The results of this study offer an opportunity to consider how common factors theory fits with traditional healing.

The first common factor of a supportive, confiding, emotionally charged relationship with a helping person is supported by the findings that describe the qualities of healers. Participants' descriptions of core/essential and light/kind qualities of healers fit well with descriptions of a good healing relationship in common factors theory. Although the dark/harsh qualities of some healers that were described by participants do not fit as well with common factors theory, it must be kept in mind that these dark/harsh qualities were described as having a foundation in the core/essential qualities. When participants talked about traditional healers sometimes needing to be blunt and confrontational with some people, it was understood that this was in the context of caring deeply for the person.

The findings from this study that relate to the second common factor of a healing setting have been discussed above in previous section entitled "other emergent understanding not reflected in themes". Although participants did not stress the necessity of a particular type of setting for their work, noting instead that they had to be practical and do the work wherever and whenever they could, they did describe the ideal setting for such work in a way that is consistent with common factors theory. For instance, they talked about the deep sense of connection that could be achieved in natural settings with

trees and water, and they talked of the safety and spiritual power of the sweatlodge and longhouse.

The third common factor of a plausible explanation for a person's problems that prescribes procedures for healing also finds support in the results of this study. The results related to the source of problems provide a clear rationale for Indigenous people to understand how their difficulties have developed. Participants articulated spiritual, emotional, physical and mental sources for problems and these explanations were linked to associated procedures for ameliorating these problems (e.g., the use of ceremonies, medicines, teachings and Elders to address lack of balance and vision).

The fourth common factor is engagement in a set of rituals or procedures that is believed to have healing properties. Again, the results of this study show how traditional healing fits with this fourth factor. The findings related to the guidelines for effective helping, as well as the theme of using traditions, present an Indigenous set of rituals and procedures that are believed to have healing properties.

Thus, the results of this study that provide an in-depth understanding of traditional healing fit very well with common factors theory. Each of the four common factors of Frank and Frank (1991) are evident in traditional healing, and in fact, it could be argued that traditional healing embodies the theory of common factors at least as well as western psychotherapy.

### Implications For Social Work

#### *Implications for Research*

The major component that has been missing in the academic literature on

traditional healing is the voice of traditional healers. This research has begun to fill this gap; however, there is much left that is unknown or unclear about the practice of traditional healing. Two important issues in particular that demand further research are the need to identify the factors that affect positive outcome or success in traditional healing, and the need to explore the perspectives of recipients or clients of traditional healing.

Before pursuing process-outcome studies on traditional healing, it will be critical to first explore client, or recipient, perspectives on the factors in traditional healing that they consider most important, and thus are more likely to lead to positive outcome or therapeutic success. It will also be important to determine what recipients view as success or positive outcome. This would be a qualitative research study to allow for recipients to elaborate on their experiences with traditional healing and healers.

The ideas that emerge from qualitative studies of clients' experiences of and beliefs about traditional healing, along with the ideas that have emerged from this study of the perspectives of healers, could then be tested in process-outcome studies. Such quantitative research could focus not only on the outcome or overall effectiveness of traditional healing, but also on the predictive power of process variables. In particular, given the results of psychotherapy research, it would be important to explore the association between ratings of the healer-client relationship and outcome.

The current understanding of Indigenous research states that any research that is conducted on Indigenous Canadian people must be done in collaboration with them, in their own culture and context, and in a good way by Indigenous Canadian people to

ensure cultural congruence, respect, reciprocity and relationality (Wilson, 2003). The research process used in this study should serve as a beginning model for conducting research with Indigenous Canadian people, because it ensures the integrity of the process and the findings through adherence to a respectful and culturally appropriate protocol for knowledge transfer. There were promises made and they were kept. There was also a mutually beneficial exchange of services, as discussed previously under the description of the research process. This Indigenous research methodology was built upon relationships with the participants and their communities. There was trust and respect in those relationships.

#### *Implications for Practice*

There are many challenging implications for social work practice and the facilitation of holistic healing with Indigenous Canadian people. It is important to understand that the healing issues facing Indigenous Canadian people are "like a tangled web of interconnected causes, effects and mutual reinforcements" (Bopp & Lane Jr., 2000). This web of issues is not a superficial problem; rather it resides within the hearts, minds and habits of people (Bopp & Lane Jr., 2000). Making the choice to move toward healing and wellness may seem like a simple task; however, it is blocked by selfishness, mistrust, and self-destructive behaviour. "For many people, fear and deeply ingrained habits make it very difficult for them to 'let go' of the old [negative] patterns and to choose life" (Bopp & Lane Jr., 2000).

As participants urged, the process of healing requires the use of a traditional healing approach rather than traditional psychotherapy. Participants emphasized that

Indigenous Canadian healing is intricately connected with faith and spirit and that it requires the use of methods that connect the client with Creation and the Creator, such as smudging, praying, use of the sweatlodge and other ceremonies, the use of medicines, and the use of elders. Practice with Indigenous Canadian people also requires increased sensitivity to the historical and social problems that continue to affect them. This demands that healers have the capacity for true empathy, and that they exercise it during each session, rather than expressions of apology or sympathy, which are of little value in these contexts. Sessions must be client-directed in scope, depth of discussion of the problem, and duration and frequency to fit within the client's frame of reference, as well as the cultural norms.

Healers must have worked on their own problems and developed a high degree of self-awareness and self-reflexivity. Healers need to be well on their way through their personal healing journeys so that they know the critical points on the path to wellness. It is imperative that healers practice regular personal healing so that they don't succumb to burnout or vicarious traumatization while working with clients who have very difficult problems. The implication, therefore, is that professional training programs need to help students and trainees engage in a process of emotional self-reflection, as well as holistic self-understanding of the spiritual, emotional, physical and mental aspects of themselves if they hope to facilitate healing from personal or life-stress problems for others, particularly Indigenous Canadian clients. A related but challenging component of practice with Indigenous Canadian people is the divesting of the pretenses of professionalism and objectivity because Indigenous Canadian people need to feel close to,

and trusting of, their helpers. Therefore, the training of healers for Indigenous Canadian people must include education in the systemic, holistic, and environmental worldview.

As participants argued, helpers, social workers, or other healers must be willing to “go there” with the client, and engage in a very personal process. “Going there” means journeying with the client to wherever she or he might need to go. Once healers start along the road to healing with the client, they must journey with clients for the difficult part of the healing journey until the client has a vision/purpose for his or her life and can see the healing path on her or his own. Though this is not a time-limited process, there comes a critical point when the healer needs to let the client go to stand on her or his own feet. The healer’s role then becomes one of encouragement, empowerment and advocacy. She or he must encourage the client to bravely face the healing struggle on her/his own, and to share her or his vision with her or his family and community. The healer accepts the responsibility of remaining connected to the client in a supportive role to help the client sustain wellness in his or her life.

#### Limitations of the Study

As with any study, there are a number of limitations to this study on Indigenous Canadian traditional healing. The biggest limitation to this study is the lack of equal representation of Indigenous Canadian groups in the sample of participants. The sample reflects a geographic bias toward Southern Ontario. While there is representation from a diverse set of Indigenous Canadian groups, it is very limited. This is due, in large part, to the financial constraints of the researcher and the availability of participants. Wilfrid Laurier University happens to be situated in Southern Ontario so sampling became a



process of convenience. It is worth noting, however, that the sample was attained by snowball sampling - the referral of one participant to the next based on participants' knowledge of the closed network of traditional healers in this case. Given that sampling started with an Elder, I am inclined to postulate that the number of traditional healers who actively do healing work in southern Ontario, is both diverse and limited to a few people. Attempts to make contact with a more diverse sample of healers were numerous yet fruitless.

Another group that was under-represented in this sample is the secluded, "bush" Elders who practice traditional healing from the oldest knowledge systems and in the mother tongues of their cultures. With regard to gender, although women were predominant in the sample (there were eleven women and five men in the study), this seems to reflect the fact that there are more women doing the healing work in Indigenous Canadian communities.

A second, related limitation of this study is the cross-cultural nature of the interviewing and data analysis. The researcher is Anishnaabe whereas a number of the participants were not. Ideally, in order to maximize understanding of the complexity of the diverse worldviews and approaches traditional healing, it might have been best if interviews for each Indigenous Canadian group were done by someone from that group. In this vein, some of these interviews would have been richer had they been conducted in the indigenous languages of the participants because so much is lost in the translation to English.

Third, this study was focussed on a single perspective: that of the healer. If it

were feasible, a more comprehensive study would have sought the perspectives of other groups such as the recipients of healing, the families of healers, and the apprentices of traditional healing. Finally, as with all qualitative research, the findings of this study are not generalizable to the population of Indigenous Canadian healers but rather are specific to the time and context of their co-construction.

### Conclusion

The overall aim of this research was to develop knowledge about and understanding of traditional healing. I hope that this conceptualization and sharing of knowledge about traditional healing will facilitate the broader acceptance and continued usage of traditional healing practices. Traditional healers are doing the hard work to heal Indigenous Canadian people and Indigenous Canadian communities across Canada, and their healing work sometimes takes them all over the world.

Traditional healers shared their journeys in narrative fashion with the researcher with the hope that the results of the research and their dissemination would be medicine for Indigenous Canadian people. In addition, it was hoped that the research would offer a kind of healing that they have not been able to provide; a bridge over the cultural gap between Indigenous Canadian people and mainstream Canadian culture.

Traditional healers spoke about their journeys in three stages: 1) the stage at which they needed intensive healing for themselves because they were gripped by life-threatening problems; 2) the stage at which they had healed enough to recognize their own gifts and realize that they had a debt to pay to the traditional healing world; and 3) the helping work and teaching they do for the future generations who will be the healthy

leaders of Indigenous Canadian communities.

As expressed by participants, Indigenous Canadian cultures are still struggling to heal the damaging effects of colonization: residential schools, exploitation and commodification of traditional knowledge, and the intergenerational trauma that affects every Indigenous Canadian person. These issues continue to illustrate the context of social problems affecting Indigenous Canadian people, and demonstrate the ever-increasing need for holistic healing. Healing is no longer a choice for Indigenous Canadian people, it is a necessity for survival. Through the examination of literature on Indigenous Canadian approaches to healing, it is clear that, while there has been an extensive and unrelenting onslaught of trauma experienced by Indigenous Canadian people, Indigenous Canadian people are both resilient and continuously evolving. Currently, in many North American Indigenous Canadian communities, there is a focus on developing and implementing holistic healing programs; each of these are parts of the overall Indigenous Canadian Healing Movement aimed at reclamation and revitalization of Indigenous Canadian identity and culture. It is hoped that this study contributes in some small way to this movement.

SECTION V  
APPENDICES

## Appendix B: Consent Form

### Traditional Aboriginal Healing: Exploring Healers' Perspectives

You are invited to participate in a research study designed to better understand traditional Aboriginal healing as it is practised by and for Aboriginal people. This study will examine the experiences of Aboriginal practitioners of traditional healing within the province of Ontario. The principle researcher is Ph.D. student Gus Hill, and this study is a doctoral thesis in the Faculty of Social Work at Wilfrid Laurier University.

I have been on my healing journey for a little over ten (10) years and as I become more familiar with traditional healing, I believe that it is the best way to heal Aboriginal people in our communities. I am, therefore, attempting to better understand traditional healing and its effectiveness from the perspective of healers. It is important for me to better understand traditional healing for my own growth, but also so that I can clarify cultural practices for non-Aboriginal people. Another reason for conducting this research is that very little is written about Aboriginal healing and the mainstream population is unaware of the traditional healing going on with Aboriginal people.

I will be conducting interviews of about two to four hours in duration with 15-20 Aboriginal people who use traditional healing methods. In addition to the interview, I will be asking you to read the transcript from our interview, once it becomes available, to check the accuracy of verbatim information. Lastly, I will send you the framework for the analysis to check the accuracy of emergent themes in the data. Each of these documents will be sent out to you in written form. I will ask you to return the materials in a pre-stamped envelope at no cost to you.

The interviews will be digitally recorded. The researcher will transcribe the interviews (this task will not be delegated to anyone else). Your name will not be used in the transcripts and any identifying information, such as agency name or references that might lead to identification will be removed. Combined group data and possibly some transcript passages from this study will be shared with the thesis committee and might be included in future conference presentations or publications. The recordings and transcripts will be stored in a locked cabinet in the principle researcher's office until the end of the study. The signed consent forms will be stored in a locked cabinet separate from the information that is collected from participants. At the end of the study, the recordings will be erased. The transcripts will be destroyed one year following the last usage of the data. The audio recordings will be destroyed immediately following the study. There is no use of deception in this study.

If you have any questions at any time about the study or the procedures, you may contact the researcher, Gus Hill, [ghill@wlu.ca](mailto:ghill@wlu.ca); 519-746-5668; the thesis advisor, Dr. Nick Coady, [ncoady@wlu.ca](mailto:ncoady@wlu.ca); 519-884-0710 ext. 2666. If you experience any adverse effects as a result of participating in this study, you may contact Dr. Nick Coady (see above) or the University research office at (519) 884-0710 ext. 3128. If you would like a referral to a traditional healer due to emotional upset from the interview, the researcher can provide you with contact information at the conclusion of the interview.

This project has been reviewed and approved by the University Research Ethics

Board at Wilfrid Laurier University. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, 519-884-0710 ext. 2468.

Your participation in this study is voluntary; you may decline to participate in this research without any repercussions whatsoever. If you decide to participate, you may withdraw from the study at any time without sanction. You may choose not to answer certain questions put to you by the researcher. If you withdraw from the study before the data collection is completed, your data will be returned to you or destroyed.

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Investigator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you wish to have a summary of the findings of this study? Yes  No

A summary of the findings for this study will be provided immediately after the researcher defends the thesis. The approximate date for this sharing is August 2006. Please provide your mailing address below if you wish to receive a summary of the findings of this study.

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Appendix C: Interview Guide  
Traditional Aboriginal Healing: Exploring Healers' Perspectives

As you know from the review of the consent form, the general focus of this interview is on your experience with and views about traditional healing. I am interested in hearing what you have to say about traditional healing—why you use traditional healing practices, both for yourself and for others; what practices you use, both personally and with others; how you think these practices are useful to you and to others, and so forth.

I will start out by asking some general questions and then later I may ask some more specific questions about traditional healing; however, it is my hope that our meeting we will be more like a conversation than a question and answer period. I would like you to speak freely about anything related to your experience with and views of traditional healing.

Do you have any questions before we begin?

**1. Could you start by telling me a bit about yourself?**

What is your nation or heritage?

Where do you live?

What kind of work do you do/How do you work with people? (Ceremonies, firekeeper, healer, medicine work, spiritual work, etc.)

What do you call the work you do? (helping, healing, journeying, etc.)

What title does your community use when they talk about you or introduce you? (i.e. Medicine person, healer, elder, etc.)?

Who gave you that title?

Do you have teachings?

Do you practice these teachings in your life?

Do you still sit with your teachers/elders? How often? How does it help you?

**2. Could you tell me about your personal experience of using traditional healing practices? (i.e., as a recipient of traditional healing)**

How did you come to use traditional healing practices?

How long have you been walking the healing path?

What does healing mean for you?

Who have you gone to for your personal healing?

What do you think are the important qualities of healers? (7 Grandfathers' teachings, kind, genuine, warm, blunt, gentle, etc)

What healing practices have you experienced? What was that like fo you?

Can you describe your experience of these various healing practices?

Can you describe the impact healing practices have had on you?

How do you sustain your personal process of healing? (any concerns or difficulties?) How do you keep going with your healing? What keeps you on the healing

path?

3. **Could you tell me about the healing work you do with others.**

How long have you been doing this work?

What teachings/gifts do you carry?

Where do you get your knowledge from? (Elders, Sundance, Ceremonies, etc.)

Where do you do your healing work? (bush, office, your home, home of recipient, etc)

Who do you do healing work with?

How do people come to you for help?

How do you understand the source or cause of problems for those who come to you for help? (Balance and harmony, spirits, dark side teachings, etc.)

Can you describe some of the healing practices that you use and how or why you think they are helpful (explore each healing practice and its particular contribution to healing, explore the importance of the setting to the healing)

How would you describe your relationship with those you help?

What are the personal qualities that make you effective as a healer.

How do you help people sustain their process of healing? (Any concerns or difficulties about this?; how often do you see people; do you encourage people to continue healing practices indefinitely—why)

What is your opinion about how effective traditional healing methods are?

Why is traditional healing effective?

In your opinion, how does the effectiveness of traditional healing practices compare that of other approaches to healing (e.g., western counselling approaches)?

Are traditional healing approaches best for some problems or types of people than for others? (please explain; are there any limitations to traditional healing?)

Do you think traditional healing approaches are the best approach for all Aboriginal people? (please explain)

Do you think that non-Aboriginal people can benefit from traditional healing practices? (please explain)

Do you think other approaches to helping (e.g., western counselling approaches) can be combined usefully with traditional healing? (please explain; if so, what types of problems or people can most benefit from combining different approaches; what are the struggles or difficulties in doing so)

4. **How do you see the fit between personal healing through traditional practices and working for social change to help Aboriginal people on a larger scale?**

Do you see one approach as more important than the other?

Can the approaches be combined, and if so, how? (to what extent can one work on personal healing and social change simultaneously)



Do you see any tensions between these two approaches to helping Aboriginal people?

(e.g., in the way that Aboriginal problems are understood or the way that healing is understood)

5. **Is there anything else you would like to say with regard to helping others understand the rationale for using and the effectiveness of traditional healing practices?**

SECTION VI  
REFERENCES

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