

Elder/Healer: The elements of promise

by **Joseph E. Couture**¹

Department of Psychology, Athabasca University

The presence of Elders and Native Liaison Workers (NLW) in federal correctional institutions dates back approximately twenty years. General institutional opinion tends to vary regarding the validity, usefulness and potential of Elders and NLWs in Aboriginal correctional programming. The opinion of Elders and other Aboriginal workers of their work and role within federal corrections, however, is more positive. This article will outline the orientation and strategy of the Elders who work in Correctional Service Canada (CSC) institutions in the Prairie region. This article is based on an unpublished document written by Joseph E. Couture entitled *Aboriginal Offenders and Programs that Work. Elements of Promise*.

Correctional Service Canada continues to develop strategies for culturally appropriate service and care for the Aboriginal offenders under its jurisdiction. In particular, through the improvement of needs assessment and program provision by Elders and NLWs, CSC is attempting to foster the positive influence of traditional healing attitude and approaches to Aboriginal inmate need(s).

“An Elder is any person recognized by an Aboriginal community as having knowledge and understanding of the traditional culture of the community, including the physical manifestations of the culture of the people and their spiritual and social traditions. Knowledge and wisdom, coupled with the recognition and respect of the people of the community, are the essential defining characteristics of an Elder. Some Elders may have additional attributes, such as those of traditional healer. Elders may be identified as such, only by Aboriginal Communities”.²

The Native liaison worker provides a support role to Elders, and assists in providing leadership, teaching, cultural awareness, counseling and general service to Aboriginal offenders.

History and Tradition

Contemporary Aboriginal understanding of traditional views and approaches is driven by a keen sense of cultural history and current conditions. Canadian Aboriginal history is embodied in and expressed through Elders in the form of Oral Tradition. Oral Tradition hinges primarily on learning-by-doing modalities for acquisition of knowledge and development of skills. Oral Tradition embraces all areas of living life.

Aboriginal tradition mirrors a salutary humanism and humaneness, a forever expanding awareness of all that is. It is the source of criteria and standards, and expresses the characteristic features of healing processes and meanings. Tradition proposes an operational, balanced model, anchored in historically shaped, cultural priorities. It deliberately addresses strengths, as well as weaknesses and outright dysfunction. Elders in light of Tradition explain Aboriginal behaviour and attitudes. History and tradition provide the fundamental backdrop of Elder intervention.

A Holistic Approach

Traditional healing strategy is literally holistic; that is, it confronts simultaneously all dimensions of the individual. It is holistic in that it avoids exclusive reliance on verbal mediation and didactic method — notwithstanding a predilection for and importance of story-telling; preferring rather to engage the client in multi-experiencing, e.g., through listening, hearing, seeing, touching, feeling, thinking, speaking, singing, dancing, praying, fasting, etc.

Healer diagnosis and prescription encompasses a person’s uniqueness and mystery within an ancient, enduring, unfolding and evolving matrix. In other words, traditional approaches are full-bodied and inclusive. They address what may seem to be fragments of a broken life, bringing together bits and pieces of self-knowledge into a meaningful whole, thereby instilling a fresh sense of identity and direction.

The basic concepts, which derive directly and clearly from traditional healing principles, include notions of connection and mutuality. These concepts are deemed as crucial variables in the formation of individual and collective socio-centric identity, experienced and understood as inseparable from personal and social responsibility.

Diagnosis

Diagnosis brings an inmate towards and into problems of social restructuring, cognitive distortion and manipulation, angers and hurts, and towards examining and changing the anti-socializing influences of family, associates, community, and prison culture.

Whether by Aboriginal or non-Aboriginal staff, the challenge of behavioural identification and description and of program prescription stands at several junctions in the criminal justice system. It is a standing challenge because mis-labeling can and does occur at each juncture, most likely due to a tendency to misconstrue. This does seem attributable to a lack of knowledge of the profound shaping influence of culture. Understandably, intervenors can and do misconstrue Aboriginal behaviours, attributing inappropriate meanings to these with discouraging, dire, if not tragic consequences for an individual inmate.

Cultural Competence

Broad behavioural and attitudinal differences exist between and within each of the Native groupings across the country, influenced by outcomes over time of such elements as geographic separation, languages, regional and local histories, and impacts of contact with Europeans.

Cultural competence, as a core component of general clinical competence, is warranted in Canada. Intercultural competence is expressed through a style of service delivery that is perceived by the consumer client and community as credible and giving, effective and trustworthy. Community insight, expectation, and influence are essential to the Native-related assessment enterprise. Service can be provided in keeping with traditional core cultural standards.

Programs

Characteristically, culture-based programs comprise those that are exclusively delivered by traditional people. Learning activities pivot on teachings and ceremonies which feature a range of Circles, e.g., Talking/Healing Circles (including one-on-one counseling), Smudging, Pipe, Sweat Lodge, Fast, Sun Dance, Elder-assisted parole hearings, and community-based hearings. The greatest part of a given Elder's time is given to encounter the offender

in an informal setting, in order to spark motivation, to foster enlightenment, to nudge the individual into a "response-able" self-help mode.

Usually the Healer's immediate concern is both to establish a trusting relationship and to explore identity needs. In doing so, in due time specific needs are identified and dealt with. A Healer has the capacity to customize traditional activity, to zero in on individual need. A deep-rooted optimism and long-established attitude and approach to the healing of mistakes (not crimes), prevails overall.

Traditional "measurement" of behaviour and attitude rides on honed skills of observation, of "listening" and "seeing" the needs of the client and of "tuning in" through a combination of experience and trained intuition. Many regard these as subjective, i.e., non-objective measurement techniques. Nonetheless, years of apprenticeship are necessary to acquire and sharpen these skills. While formal, mainstream certification is not involved, reputation in the eyes of one's home community, based on close scrutiny of ability and of the degree to which one is "walking the talk" are essential.

Problems of criteria and standards relative to traditional measurement activities must be addressed. Accreditation standards which CSC is bringing to bear on program quality will hopefully be sufficiently flexible to expand its views to accommodate the richness and stringent demands of traditional ways and values.

The possibilities of innovation also remain untapped. Healers are often underutilized in terms of their skills and the necessary time required of them to provide their services. Healers are reluctant to assure the "right" time and space in an institution to engage themselves fully in their healing requirements as this can inhibit their creativity in an institutional environment. Traditional approaches hold promise of cost-benefits through days saved, as a function of Native healing processes. ■

¹ Athabasca University, 1 University Drive, Athabasca, Alberta, T9S 3A3.

² Commissioner's Directive Aboriginal Programming, Definition 2.