

Dancing, Singing, Painting, and
Speaking the Healing Story:
Healing through Creative Arts



The Aboriginal Healing Foundation Research Series

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Prepared for
The Aboriginal Healing Foundation

By
Linda Archibald

With
Jonathan Dewar
Carrie Reid
Vanessa Stevens

2012

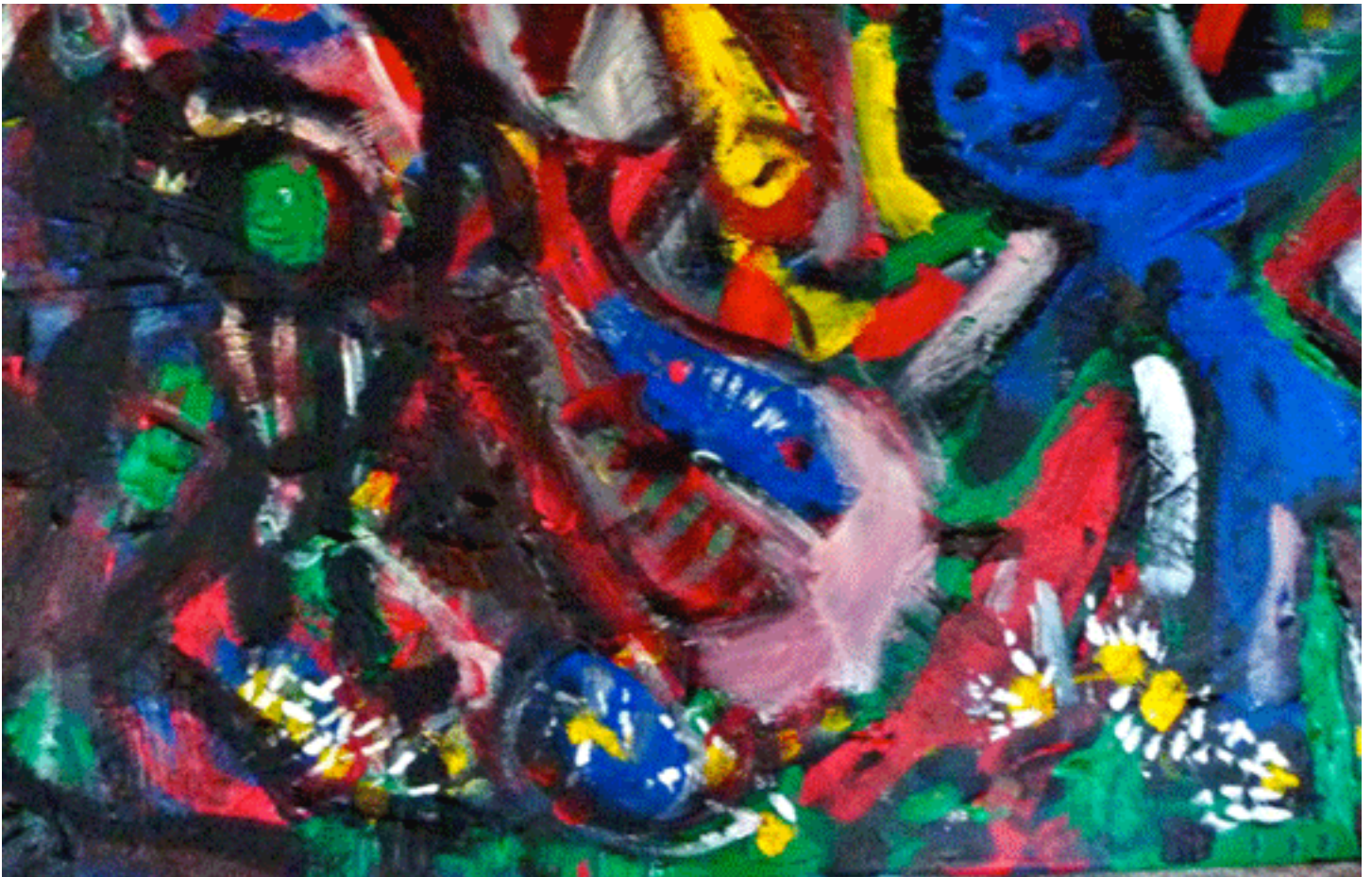
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Photographer: Linda Archibald

Chapter 1

Creative Arts and Healing: An Introduction to the Research Project

This report describes the results of a study by the Aboriginal Healing Foundation (AHF) in the use of creative arts in healing programs. The AHF was established in 1998 with a mandate to support the development of sustainable healing processes related to the legacy of Canada's residential school system. Part of this was accomplished through research and evaluation that revealed the significant contribution of cultural interventions to healing out of which the Creative Arts and Healing study grew. As Marlene Brant Castellano wrote in Volume I of the AHF's final report, "Research on promising healing practices points to evidence that cultural activities are legitimate and successful healing interventions" (Castellano, 2006:148). Since many cultural activities are arts-based, questions arose around the use of creative arts in healing programs; in particular,

- How often are creative arts incorporated into healing programs?
- What are the associated benefits and challenges?

The formal research question guiding this study was,

- What happens when art, music, dance, storytelling, and other creative arts become a part of community-based Aboriginal healing programs?

The three-phase study began in 2009 with a survey of more than 100 AHF-funded healing projects across Canada. The survey asked questions about the inclusion of creative arts activities in healing programs, the benefits and challenges to participants, and the role of healers and therapists. Follow-up telephone interviews were held with 22 of the healers, helpers, therapists, and counsellors recommended by survey respondents. The third phase of the study took place in May 2010 at a five-day art therapy workshop at the Tsow-Tun Le Lum Society's healing lodge with two researchers in attendance as participant-observers. The workshop was unique in the way it incorporated Western art therapy and Coast Salish traditions. The research findings are presented in the various chapters of this report. Two of the chapters were first published in journals; they are revised here to reach a wider audience, especially among First Nations, Inuit, and Métis people, communities, and organizations.

Underlying the study is an assumption that the need for healing among Aboriginal people has its roots in the residential school system, and this, in turn, is part of a broader legacy of dislocation and loss that began with the colonization of North America. "Historic trauma" is the term used to describe the impact of serious and painful losses on a people over time and across generations. It is a collective form of post-traumatic stress disorder (PTSD) embedded in the history of what Aboriginal people in North America have experienced and endured. The healing stages involved in addressing

historic trauma are similar to healing from PTSD, but the process is more complicated because it must also address historical factors such as the loss or denigration of language, culture, spirituality, traditional knowledge, lands, and resources. In such cases, learning about or reconnecting with one's culture and traditions can become a significant part of the healing process. In their study on historic trauma, Cynthia Wesley-Esquimaux and Magdalena Smolewski (2004) wrote: "The only way to address the healing needs of Aboriginal people is to open culturally-appropriate avenues for producing change in existing memory structures and belief systems that will allow Aboriginal people to regain their collective strength" (2004:80). This paper presents evidence that healing programs for Aboriginal people are, in fact, doing this and that creative arts and culture are being widely used in the service of healing. For First Nations, Inuit, and Métis people involved in community-based healing programs, the inclusion of arts and culture can counter some of the damage associated with Canada's history of outlawing and suppressing traditional arts, ceremonies, dances, and rituals.

In order to set the stage for understanding Indigenous¹ approaches to art and healing, Chapter 2 begins with an overview of the use of art, dance, storytelling, and music in ceremonies as well as in everyday life. This is followed by a short history of the emergence of the profession of art therapy in Europe and North America during the twentieth century. Some of the similarities and differences among Indigenous and Western approaches, methods, and world views are discussed. A list of definitions of the various types of creative arts professions is included at the end of the chapter.

Chapter 3, "Creative Arts and Healing: Building an Evidence Base," was originally published in *Pimatisiwin: Journal of Aboriginal and Community Health* in 2010. A revised version is reproduced here. The article describes the research methods and presents the findings from the survey and the key informant interviews. The survey confirmed that creative arts are being incorporated into healing programs to an extraordinary degree. In fact, only a handful of the 104 projects that responded to the survey indicated their programs did not include any creative arts activities, and more than half of the projects included seven or more creative arts in their healing programs. Reported activities included drawing, painting, carving, beading, sewing, mask making, drum making, drumming, singing, dancing, drama, poetry, songwriting, storytelling, basket weaving, building a kayak, making snowshoes, traditional cooking, tanning hides, and making sealskin *kamiiks*.

In addition to presenting the research findings, the chapter also puts forward a framework for understanding the ways in which creative arts support healing among Aboriginal people. The role of the arts is explained through three interconnected models of healing: the first focuses on the innate healing power of creativity (*creative arts-as-healing*); the second speaks to the use of the arts in the therapeutic process (*creative arts-in-therapy*); and the third encompasses a holistic approach to healing that includes creative arts, culture, and spirituality within its very definition (*holistic healing includes creative arts*). The first two models can be found in the existing art therapy literature. The third model, which grew out of the research, was necessary to complete the picture with respect to Aboriginal people because so many of the responses to the survey and interview questions

¹ The terms "Indigenous" and "Aboriginal" are used interchangeably throughout this report.

transcended the two existing models. In these cases, creative arts were considered inseparable from culture, spirituality, and holistic healing. Traditional healing encompasses culture, language, history, spirituality, traditional knowledge, art, drumming, singing, dance, and storytelling as well as knowledge specific to the healer's area of expertise and the type of healing being undertaken. It is a comprehensive, holistic approach aimed at restoring balance. The chapter concludes with a discussion of the policy implications of the research.

Chapter 4, entitled "Voices of Healers," includes long excerpts from ten of the key informant interviews. This provides an opportunity to hear first-hand descriptions of some of the creative healing work being undertaken by the healers, helpers, and counsellors involved in the study. In all, 22 people participated in telephone interviews, including registered art therapists (3), traditional healers (3), trauma counsellors (2), social workers and counsellors (5), project coordinators (3), an expressive arts therapist, a cultural worker, a pipe carrier, a psychologist, a cultural teacher, and a literacy teacher. Many are also artists or musicians, and a few identified as residential school Survivors. First Nations, Inuit, Métis, and non-Aboriginal individuals were interviewed, which included 14 women and 8 men. The common denominator among the participating healers, counsellors, and therapists seems to be that none relied solely on talk therapy. Creative arts were used in ways that engaged the body, the spirit, the emotions, and the intellect. Interviewees had a variety of educational backgrounds and training, with some having both Western and traditional training. A number of the Aboriginal healers and counsellors mentioned coming to their work through their own healing, and this had motivated them to seek training in order to share with others what they had received.

"Rights of Restoration: Aboriginal People, Creative Arts, and Healing" (Chapter 5) is presented in a slightly different form than how it appeared in the Fall 2010 issue of *The Canadian Art Therapy Association Journal*. This article describes an art therapy workshop presented by the Tsow-Tun Le Lum Society on the Nanoose Bay First Nation in British Columbia. It includes a descriptive analysis of the five-day workshop and participant feedback from a focus group held on the fourth evening. The article was authored by the two researchers who participated in the workshop, AHF's research director, and the art therapist who delivered the workshop. The inclusion of these disparate perspectives resulted in an article that attempts to capture in writing some of the creative and non-linear processes involved in healing through the arts.

An annotated bibliography of selected literature is included as Appendix 1. The remainder of the appendices include information that may be useful to other researchers studying the contributions of creative arts to healing. The Creative Arts and Healing Survey is found in Appendix 2. Appendix 3 contains the full set of coded data in table form. The codebook developed to analyze the open-ended questions in the survey is found in Appendix 4. The codebook was developed inductively based on what respondents wrote, and it was revised many times during the coding process. In the end, it became a blueprint for the healing models that are presented in Chapter 3. Appendix 5 contains the interview guide for the key informant interviews, Appendix 6 is the interview consent form, and Appendix 7 is the consent form for participants in the Tsow-Tun Le Lum art therapy workshop.

While each of the chapters can be read independently, collectively they cover all of the information gathered in the three phases of the research: the survey, the key informant interviews, and the participant-observation of an art therapy workshop. The conclusions are evident in the presentation of the findings. First Nations, Inuit, and Métis in all regions of Canada are using creative arts in healing programs, and these interventions are viewed as effective aids to healing. By remaining true to traditional approaches to healing and, often, blending them with contemporary therapeutic approaches, Aboriginal people are successfully addressing many of the wounds of history—historic trauma and the residential school legacy—as well as the personal issues and problems individuals everywhere struggle to overcome. The research supports the therapeutic use of the arts, such as art therapy, as well as the healing benefits of creative activity in general. It also supports the benefits of cultural and traditional arts and of traditional healing. There is evidence of the indivisibility of traditional arts, culture, and healing on the one hand and, paradoxically, the efficacy of Western arts, especially art therapy and music, on the other. For many Aboriginal people, traditional healing, culture, spirituality, and the arts are often so interconnected that attempts to speak of any one in isolation of the others makes no sense at all. Clearly, creative arts therapies, cultural arts, and traditional healing contribute to, support, enhance, and deepen the healing process in a multitude of interconnected ways. As such, they must be recognized as legitimate methods of healing with the associated financial and programming support.

On another note, the research phase of this study coincided with the final years of the AHF mandate. At one time over 400 healing projects received AHF funding, but at the time of the survey, the number of active projects had dropped to 137, and the funding for the majority of these ended in June 2010. It seemed to be particularly ironic to be writing about all the wonderful creative therapeutic work that had taken place in programs supported by Aboriginal Healing Foundation funding at a time when many of these programs are no longer in operation and AHF itself is closing. The role of providing mental health supports to residential school Survivors has been shifted to Health Canada. It is hoped that Health Canada's First Nations and Inuit Health Branch funding criteria can be expanded to include creative arts and cultural programs as valid mental health interventions.

References

- Castellano, M. Brant (2006). *Final Report of the Aboriginal Healing Foundation, Volume I: A Healing Journey: Reclaiming Wellness*. Ottawa, ON: Aboriginal Healing Foundation.
- Wesley-Esquimaux, C. and M. Smolewski (2004). *Historic Trauma and Aboriginal Healing*. Ottawa, ON: Aboriginal Healing Foundation.



Drumming at the Mount Elgin Indian Residential School
Commemoration and Gathering, June 20/21, 2012
Chippewa's of the Thames First Nation, Ontario

Photographer: Allen Deleary

Chapter 2

Creative Arts and Healing: An Overview of Indigenous and Western Approaches

At this particular moment in time, there is a wonderful convergence between the Western world's growing acknowledgement of the therapeutic value of creative arts and the traditional practices of many Indigenous societies where art, music, dance, and storytelling are integral to a holistic approach to life, health, and healing. In an article on the state of the arts and health in Canada, the authors state, "In Canada, official recognition of the connection between arts and health is embryonic" (Coxa et. al, 2010:109) compared to England, the United States, and Australia. They are, however, optimistic about the future: "We believe there is an unstoppable momentum wherein new work will surface, new practitioners will emerge and new connections will be forged" (2010:120). The authors recommend that there should be a wide range of program and policy initiatives, including funding and infrastructure support, increased networking and communications, opportunities created to build expertise in the arts and health field, and research and documenting developments in the field.

The growing acceptance of the healing power of the arts among Western-trained medical and mental health professionals situates traditional Aboriginal approaches to health and well-being on the leading edge of therapeutic healing. For Aboriginal people, traditional arts, culture, spirituality, and healing were, and are, interconnected. While there are many similarities between Western and Indigenous approaches to the creative arts and healing, this is one of the most significant differences. Indigenous approaches include arts and culture in a holistic model of healing that encompasses the physical, emotional, intellectual, and spiritual world. Marlene Brant Castellano (2010) summarizes Aboriginal beliefs about the nature of holistic health and acknowledges movement on the part of some Western approaches, specifically population health, toward a broader perspective that is closer to the Aboriginal view:

Holistic approaches to maintaining and restoring health have been advocated by Aboriginal people for many years. This means attending to physical, mental, emotional and spiritual dimensions of persons, across the life cycle for children, youth, adults and elders. It means addressing social and environmental conditions including education, housing, and a compromised natural environment. Holistic thinking is now being embraced in approaches to population health and recognition that determinants of health lie outside of the conventional medical domain, but practice is still firmly rooted in the medical model of treatment. The spiritual dimensions of healing remain mysterious and neglected (2010:12).

The following discussion of Indigenous and Western approaches to art and healing provides a brief outline of the world views and values underpinning the therapeutic use of creative arts in healing. Indigenous approaches focus especially on how arts, culture, and spirituality fit into a holistic model

of healing. The section on Western approaches includes a short history of art therapy and ends with definitions of the various approaches, such as music therapy and expressive arts therapies.

Indigenous Approaches to Art and Healing

In my estimation, art therapy has been a tool used by Aboriginal people since time immemorial. For Aboriginal people, arts and crafts have always been an intrinsic part of our communal culture. We used art in every part of our daily lives; from making clothing to decorating ceremonial objects. We took great pride in our uniquely designed moccasins, clothing and tipi's. Therefore, in an Aboriginal persons eyes using art as a tool for healing would not be a foreign concept (Waboose, n.d.:4).

This quote is from the director of a healing arts pilot project that was designed, delivered, and evaluated in 2004 by the North Shore Tribal Council in Ontario. Three hundred people from seven communities and a substance abuse treatment centre participated in the Maamwi Bizgwiidaa Comprehensive Healing Arts Program. The program consisted of community projects that involved making healing bracelets, healing pouches, a wall mural, and a healing quilt as well as singing and dancing. One community had youth and elders painting together. The curriculum included an educational component on the residential school legacy, and the program was delivered with the involvement of an art therapist working alongside local craftspeople, artists, and elders. Completed works were proudly displayed in circles and community exhibitions (Mamaweswen: The North Shore Tribal Council, n.d.:62). According to Dr. Ana Bodnar, a psychologist and expressive arts therapist who acted as a consultant on the project, the process of making art touches all aspects of the medicine wheel:

- Physical: Helps person be grounded and be in the present
- Emotional: Helps to express and externalize emotion, release tension and stress
- Mental: Helps to organize and create perspective
- Spiritual: Helps to reconnect with spirit (n.d.a:slide 26).

The age-old tradition of integrating creative arts, especially music and dance, into celebrations, ceremonies, and healing rituals continues in contemporary Aboriginal cultures. Information gathered from projects that participated in the Aboriginal Healing Foundation's (AHF) creative arts and healing survey confirms that contemporary use of the arts in healing programs is widespread.¹ While these activities are not always labelled as creative arts therapies, their therapeutic value is certainly acknowledged. For example, in 2006 the AHF reported the results of a study of 103 projects with approaches to healing that were working well: 80.6 per cent mentioned promising healing practices that included cultural activities and 85.4 per cent mentioned traditional interventions, including ceremonies (Archibald, 2006:45,55). Among the cultural and traditional interventions mentioned were a variety of creative arts—such as storytelling, carving, beading, and drum making—along with drumming, singing, and dancing.

¹ See Chapter 3 for a detailed report on the survey results.

On an individual level, creating images rather than speaking about a disturbing problem can provide a measure of control, allowing individuals to choose if, when, and how they will deal with the meanings contained in the images they make. Kanehsata:ke artist Ellen Gabriel speaks about similar forces that come into play around public art:

I have always been attracted to imagery that reflects my identity as an Indigenous person and so historical images and traditional forms of art are obvious icons that help me convey my message. Art is a non-threatening form of expression that can spark discussion, curiosity, it can be aesthetically pleasing or not, and can convey a message which can introduce an issue without necessarily overwhelming an audience (cited in Anderson, 2009:47).

Music is an art form that has long been recognized for its ability to express personal emotions as well as inspire social change. Inuk musician Lucy Idlout discovered that *Angel Street*, a song she wrote about a friend in an abusive marriage, inspired the city of Iqaluit to rename the street where the women's shelter is located in honour of the song. Fredericton, New Brunswick, followed, and there is a move afoot, led by Iqaluit's mayor, to have an Angel Street in every capital city in Canada.² Idlout's previous album included the song *E5-770 My Mother's Name*, which refers to the government-issued Eskimo numbers that were used in place of names to identify Inuit.

Aboriginal artists and art therapists often operate in two worlds, blending their traditions and culture with Western approaches. Carrie Reid (2008) is a Coast Salish art therapist who lives and works in her own communities. In a 2008 presentation to an art therapy conference in Montreal, Quebec,³ she described herself as "entrenched in community" with all the chaos and beauty that it entails. She raised a number of interesting issues around the conflict between traditional community values and Western practices. For example, ethical guidelines of professional associations often prohibit therapists from working with family members, yet in the Coast Salish tradition, an individual's responsibility is first and foremost to help family. As a consequence, Reid often receives requests from relatives to participate in individual counselling or to join her art therapy groups. In terms of therapies, she spoke of the need for multiple models of healing to address the multiple truths of living in a post-residential school world—psychodrama, psychotherapy, art, traditional healing, poems, skits, singing, and playing. She believes that laughter and play are especially important to healing the wounds of residential school Survivors and others whose childhood included very little joyful playtime.

Reid spoke about the Coast Salish tradition of preparing for war and of preparing to return home following a battle. Warriors required just as much preparation for peace as for war, and both processes involved physical, emotional, and spiritual preparation. When people returned from residential school, however, they were not given time to prepare for the homecoming. They returned to their

² CBC's national morning show *The Current* aired a documentary on *Angel Street* on 10 February 2009.

³ The above is the author's summary of Carrie Reid's 2008 presentation at the Art as Witness: Art, Art Therapy and Trauma Resolution International Conference.

communities without undergoing the physical, emotional, and spiritual preparation necessary to heal from the trauma they experienced in the schools. Reid sees this as one of the underlying causes of intergenerational trauma, and it is an issue she deals with regularly in her art therapy practice.

Storytelling is a creative art form akin to creative writing and poetry in the West. Storytelling also plays an important role in transmitting historical and cultural knowledge, community values, and life experience. Fyre Jean Graveline (2004), a Métis woman, chronicled her personal healing journey in a book that includes art, storytelling, biography, and poetry. She had this to say about stories:

Stories contain Incoherencies. are Trickster tales.

Wisakecahk is with me. side by side. as Witness.

when I land flat on my Face.

Be Aware.

Falling Down is a very efficient way to learn (2004:12).

Leroy Little Bear (2000) writes, “most Aboriginal cultures have a trickster figure. The trickster is about chaos, the unexpected, the ‘why’ of creation, and the consequences of unacceptable behaviour” (2000:82). Stories, like visual art, are often built around metaphors and symbolic language. In a book about art therapy and metaphor, art therapist Bruce L. Moon (2007) states, “well-constructed metaphoric stories ... capture the listener’s imagination and inspire new considerations of situations in unique ways” (2007:9). Like the images discussed by Gabriel above, important messages are provided indirectly and with subtlety. The healing benefits of storytelling continue to be an important part of most Aboriginal cultures. Terry Tafoya (2000), a Native American storyteller and clinical psychologist, explains that traditional stories are medicine that can be used to educate people about contemporary issues such as HIV/AIDS, gang violence, and addictions:

Stories, as so many people of the First Nations have said, are a form of medicine. For most American Indian peoples, whose first language is not English, the word “medicine” has an additional meaning beyond its connection with healing—it normally carries with it a connotation of sacredness. Having taught at the University of Washington’s School of Medicine for a number of years, I was fascinated to discover that the only difference between medicine and poison is the dosage.

American Indian elders tell us it is important for us to tell these types of traditional stories because there is something about them for the past, for the present, and for the future. And it may well be that there are no longer huge hairy monsters who come out of the woods and steal our children, but there are other things that steal the ones we love, only these days we call such things AIDS. We call such things gang violence. We call such things addiction (2000:57-58).

Many contemporary community programs include healing and talking circles where personal stories are told in a manner consistent with traditions. On a larger scale, personal stories become testimony, and the accumulated weight of one story upon another builds a collective story, a history. The first two goals of the Truth and Reconciliation Commission of Canada are to

- a) Acknowledge Residential School experiences, impacts and consequences; and
- b) Provide a holistic, culturally appropriate and safe setting for former students, their families and communities as they come forward to the Commission (Government of Canada, 2006:1).

Thus, along with historical research, the individual experiences or stories of residential school Survivors will help to construct the “truth” about residential schools as sought by the Commission. One of the assumptions underlying this process is that the act of truth-telling will contribute to reconciliation and healing.

Many non-Aboriginal Canadians will be familiar with the carvings, masks, totem poles, beaded clothing, and jewellery made by Indigenous people only through visits to museums. In addition to the artistry and skill contained in each piece, there is often a spiritual or symbolic component of personal or cultural significance that is lost in the transport from home territory to museum. In discussing the relationship between creative arts and healing, it may be the spiritual piece that most clearly distinguishes between Indigenous and Western approaches. A summary of the development of creative arts therapies in the West is presented below. Strikingly different from the holistic blending of the arts into the culture, spirituality, and everyday life in Aboriginal traditions, developments in Western countries were more closely tied to the secular field of psychology. This is, however, not always the case, and there is a growing coherence between the values underlying Aboriginal approaches to healing and creative arts therapies in the Western tradition.

Western Approaches to Creative Arts Therapies

A number of developments in Europe and Britain during the early years of the twentieth century have influenced the formation of art therapy as a profession (Liebman, 2004). Franz Cižek, an Austrian art teacher, held the first exhibition of children’s art in 1908, which travelled to England in the 1930s. Based on ideas of free expression and spontaneous artmaking, the exhibit aroused interest in the psychological dimensions of the drawings produced by children. A second stream, more commonly acknowledged in the literature, revolved around the artwork of psychiatric patients. In 1922, Hans Prinzhorn, a doctor and art historian in Germany, published a book on the art of psychiatric patients called *Artistry of the Mentally Ill*. This generated public discussion of the possible links between mental illness and creativity, and, within psychiatry, it raised questions about whether art could be used as a diagnostic tool. Around the same time, Freudian ideas of free association as a means of accessing the unconscious were becoming popular along with Jung’s work on dreams and archetypes (universal images held in the collective unconscious). The third stream is attributed to Adrian Hill who published, in 1945, *Art Versus Illness*, a book based on his personal experience using art while recovering from tuberculosis and, later, with other hospital patients, especially soldiers injured in the Second World War. Hill’s success in using art to relieve the mental distress associated with physical illness was widely recognized. Thus, art therapy in Britain and much of Western Europe was associated with the medical and psychiatric professions.

In the United States, the practice of art therapy evolved within the fields of education and psychology. Margaret Naumburg, an educator and psychotherapist, is an acknowledged pioneer of art therapy in America. In 1914, she founded a progressive school in New York that had a curriculum designed around psychoanalytical principles and included “visual art, chanting, and movement to loosen defenses” (St. John, 2006:6). In her art therapy practice, Naumburg viewed art as providing a shortcut to the unconscious; it released creativity and also assisted the patient in verbal expression. She wrote, “The techniques of art therapy are based on the knowledge that every individual, whether trained or untrained in art, has a latent capacity to project his inner conflicts into visual form” (Naumburg, 1987:1). Another acknowledged founder was artist and teacher Edith Kramer. Born in Austria, she taught art to refugee children in Prague in the 1930s before immigrating to the United States. According to Patricia St. John (2006), author of an article on the history of art therapy in the United States, Kramer “argued that healing occurred within the art-making process itself” (2006:7). For Kramer, creative processes provide pleasure and satisfaction, they offer a tangible route for releasing destructive and socially unacceptable impulses, and, as such, the process can be transformative. Kramer represents the “art-as-therapy” approach in contrast to Naumburg, who viewed art as an important adjunct to talk therapy.

Some contemporary non-Aboriginal art therapists have borrowed from traditional Indigenous healing practices. In his 2004 book, *Art Heals*, prominent American art therapist Shaun McNiff included a chapter called “From Shamanism to Art Therapy.” McNiff refers to the shaman in metaphoric terms as an archetype within every person rather than as a historical or cultural figure. Included is a discussion of the similarities between art therapy and shamanism in which he states that these both “work with psychological conflict and struggle through creative action and enactment” (2004:186). He notes that the experiential elements of traditional healing engage the body, mind, and spirit and that the patient’s pain and conflict are made visible through transference to the shaman. Ceremony, ritual, and art are all essential to the process. Phoebe Dufrene (1990), an American creative arts therapist of Powhatan background, writes that, unlike Western arts therapies, “Indian healing does not separate art from religion” (1990:127). There are also differences with respect to the environment in which healing takes place: art therapists tend to work indoors, in offices and studios, while traditional healers work away from institutional settings, often outdoors, where they design and construct the place of healing (e.g., a sweat lodge) (Dufrene, 1990). Bodnar makes a similar point: “Art therapy and expressive arts therapy are largely secular endeavors, aimed at returning an individual or a group to a more positive level of psychological functioning, rather than connecting an individual to a collective soul or sense of healing” (n.d.b:9).

While art therapy is probably the best known of the creative arts therapies, dance therapy developed independently during roughly the same time period, and music therapy is gaining acceptance as a profession, especially in the medical field. Today, a variety of creative arts therapies are used in hospitals, prisons, community mental health clinics, youth centres, women’s shelters, hospices, and special needs schools. They are also used when working with people with chronic diseases, such as AIDS and cancer. The approach is generally determined by the philosophical perspective and training of the therapist and the characteristics and needs of the people participating in the program. The following are definitions of some of the creative arts therapies in use today.

Definitions

Art Therapy: The Canadian Art Therapy Association (CATA) states on its website that “Art Therapy combines the creative process and psychotherapy, facilitating self-exploration and understanding.”⁴ British art therapist Marian Liebman (2007) uses a definition that stresses the process of making art and the ability to communicate through art: “Art therapy uses art as a means of personal expression to communicate feelings, rather than aiming at aesthetically pleasing end products to be judged by external standards” (2007:7). Art therapists use paint, clay, chalk, pastel, and found objects as well as wood and stone for carving. The British Association of Art Therapy was formed in 1964, the American Art Therapy Association in 1969, and the Canadian Art Therapy Association in 1977.

Expressive Arts Therapy: A more recent development within the arts and therapy field is the emergence of expressive arts therapy. According to the International Expressive Arts Therapy Association (IEATA), founded in 1994, “[t]he expressive arts combine the visual arts, movement, drama, music, writing and other creative processes to foster deep personal growth and community development.”⁵ Expressive arts therapies use an intermodal approach whereby various art forms are used sequentially to deepen and support the therapeutic process. Paulo Knill (2005) writes that all of the possibilities of human imagination should be brought to the healing process—visual images, sound, rhythm, movement, acts, spoken words, tastes, and tactile sensations.

Creative Arts Therapies: These include visual art, movement, dance, music, drama, and poetry therapies. They can be used together or separately, and specialized training is available in each field. Concordia University in Montreal offers the only master’s level training in creative arts therapies in Canada. The program provides clinical and academic training, and students choose an area of specialization in visual arts, music, or dramatic arts in therapy.⁶

Music Therapy: The Canadian Association of Music Therapy defines its approach as “the skillful use of music and musical elements by an accredited music therapist to promote, maintain, and restore mental, physical, emotional, and spiritual health.”⁷ There is a growing body of evidence supporting the use of music therapy in improving physical health, including brain injuries, and in addressing trauma and depression. Songwriting has been used successfully in prisons and at women’s shelters.

Storytelling: In addition to its widespread use among Aboriginal people, storytelling has been used successfully with people with Alzheimer’s to improve communication skills.⁸ Expressive arts practitioner and storyteller Fay Wilkinson (2009) works with both original and existing stories.

⁴ Source: <http://www.catainfo.ca/faq.php>

⁵ Source: <http://www.ieata.org/about.html>

⁶ See: <http://creativeartstherapies.concordia.ca/about-the-department/>

⁷ Source: <http://www.musictherapy.ca/musictherapy.htm>

⁸ See *TimeSlips* Creative Storytelling Project at: <http://www.timeslips.org/>

She wrote: “Each of us, teller and listeners, will take from a story what we are ready to hear and understand, our truth from where we are at this moment” (2009:182). Creative writing, journaling, and poetry therapy are written variations of storytelling.

Dance/Movement Therapy: It is defined by the American Dance Therapy Association (there is no Canadian equivalent) as the “psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual.”⁹ According to Laurice D. Nemetz (2006), dance therapy has a very long history: “The emergence of dance/movement therapy has developed formally as a field during the past century, but the use of dance as a therapy has been in existence as long as humans have felt a need to express” (2006:95).

References

- Anderson, K. (2009). An interview with Katsi'tsakwas Ellen Garbriel, of the Kanien'keha:ka Nation, Turtle Clan. In P.A. Monture and P.D. McGuire (eds.). *First Voices: An Aboriginal Women's Reader*. Toronto, ON: Innana Publications and Education Inc.: 42–49. [First published in *Canadian Woman Studies*, 2008, 26(3/4):52–58.]
- Archibald, L. (2006). *Final Report of the Aboriginal Healing Foundation, Volume III: Promising Healing Practices in Aboriginal Communities*. Ottawa, ON: Aboriginal Healing Foundation.
- Bodnar, A. (no date a). The Healing Power of Art. Powerpoint presentation to the Maamwi Bizgwiidaa Comprehensive Healing Arts Program. Available on CD in the Gail Guthrie Valaskakis Library, Aboriginal Healing Foundation, Ottawa, ON, AHF Project ID 4171-ON.
- (no date b). Art therapy and the Aboriginal world. In Mamaweswen: The North Shore Tribal Council. *Maamwi Bizgwiidaa Comprehensive Healing Arts Program Final Report*. Cutler, ON: Mamaweswen: The North Shore Tribal Council.
- Castellano, M. Brant (2010). Healing residential school trauma: The case for evidence-based policy and community-led programs. *Native Social Work Journal* 7:11–31.
- Coxa, S.M., D. Lafrenière, P. Brett-MacLean, K. Collic, N. Cooley, J. Dunbracke, and G. Fragerf (2010). Tipping the iceberg? The state of arts and health in Canada. *Arts & Health* 2(2):109–124. doi 10/1080/17533015.2010.481291
- Dufrene, P. (1990). Utilizing the arts for healing from a Native American perspective: implications for creative arts therapies. *Canadian Journal of Native Studies* 10(1):121–131.
- Government of Canada (2006, May 8). Indian Residential Schools Settlement Agreement, Schedule “N”: Mandate for the Truth and Reconciliation Commission. Retrieved 18 October 2011 from: http://www.residentialschoolsettlement.ca/SCHEDULE_N.pdf
- Graveline, F.J. (2004). *Healing Wounded Hearts*. Halifax, NS: Fernwood Publishing.

⁹ Source: <http://www.adta.org/Default.aspx?pagelid=378213>

- Hill, A. (1945). *Art Versus Illness: A Story of Art Therapy*. London, UK: G. Allen and Unwin.
- Knill, P.J. (2005). Foundations for a theory of practice. In P.J. Knill, E.G. Levine, and S.K. Levine. *Principles and Practice of Expressive Arts Therapy: Toward a Therapeutic Aesthetics*. London, UK: Jessica Kingsley Publishers: 75–170.
- Liebman, M. (2004). *Art Therapy for Groups: A Handbook of Themes and Exercises*. Second Edition. New York, NY: Routledge.
- Little Bear, L. (2000). Jagged worldviews colliding. In M. Battiste (ed.). *Reclaiming Indigenous Voice and Vision*. Vancouver, BC: UBC Press: 77–85.
- Mamaweswen: The North Shore Tribal Council (no date). *Maamwi Bizgwiidaa Comprehensive Healing Arts Program Final Report*. Cutler, ON: Mamaweswen: The North Shore Tribal Council.
- McNiff, S. (2004). *Art Heals: How Creativity Cures the Soul*. Boston, MA: Shambhala Publications, Inc.
- Moon, B.L. (2007). *The Role of Metaphor in Art Therapy*. Springfield, IL: Charles C Thomas Publisher, Ltd.
- Naumburg, M. (1987). *Dynamically Oriented Art Therapy: Its Principles and Practice*. [1966, New York, NY: Grune & Stratton, Inc.] Chicago, IL: Magnolia Street Publishers.
- Nemetz, L.D. (2006). Moving with meaning: The historical progression of dance/movement therapy. In S.L. Brooke (ed.). *Creative Arts Therapies Manual: A Guide to the History, Theoretical Approaches, Assessment, and Work with Special Populations of Art, Play, Dance, Music, Drama, and Poetry Therapies*. Springfield, IL: Charles C Thomas Publisher, Ltd.: 95–108.
- Prinzhorn, H. (1922). *Bildneri der Geisteskranken*. Berlin, GER: Springer-Verlag. (Trans. by E. von Brockdorff from the 2nd ed. as *Artistry of the Mentally Ill: A Contribution to the Psychology and Psychopathology of Configuration*, 1972, New York, NY: Springer-Verlag.)
- Reid, C. (2008, September). Painting holes in my bucket: Art and oratory in healing traumas of colonization. Presented at the Art as Witness: Art, Art Therapy and Trauma Resolution International Conference, Montreal, Quebec, 18–20 September 2008.
- St. John, P. (2006). A short history of art therapy practice in the United States. In S.L. Brooke (ed.). *Creative Arts Therapies Manual: A Guide to the History, Theoretical Approaches, Assessment, and Work with Special Populations of Art, Play, Dance, Music, Drama, and Poetry Therapies*. Springfield, IL: Charles C Thomas Publisher, Ltd.: 3– 20.
- Tafoya, T. (2000). Unmasking Dashkayah: Storytelling and HIV prevention. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center* 9(2): 53–65. Retrieved 11 July 2011 from: [http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume%209/9\(2\)_4_Tafoya_Unmasking_Dashkayah.pdf](http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CAIANH/journal/Documents/Volume%209/9(2)_4_Tafoya_Unmasking_Dashkayah.pdf)
- Waboose, V.G. (no date). *Maamwi Bizgwiidaa Comprehensive Healing Arts Program Final Report – Part II, Curriculum and Instruction Manual*. Available on CD (AHF Project ID 4171-ON).
- Wilkinson, F. (2009). Daring to ride our images: magic, story and movement. In K. Luethje (ed.). *Healing with Art and Soul: Engaging One's Self through Art Modalities*. Newcastle upon Tyne, UK: Cambridge Scholars Publishing: 182–192.
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Photographer: Linda Archibald

Chapter 3

Creative Arts, Culture, and Healing: Building an Evidence Base

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Abstract

While Indigenous societies have acknowledged the healing power of visual art, dance, music, drama, and storytelling for millennia, the Western world's recognition of the therapeutic benefits of the arts is more recent. The Aboriginal Healing Foundation recently completed a study of the use and benefits of creative arts in First Nation, Inuit, and Métis healing programs throughout Canada. This study presents compelling evidence that creative arts, culture, and healing are linked to each other, certainly, and also linked to the idea that, when given the freedom to choose, community-based healing programs overwhelmingly include creative arts. The findings should be of interest to Aboriginal communities and organizations engaged in mental health and healing, policy makers, funding bodies, program managers, healers, counsellors, artists, governments, and academia.

The authors wish to acknowledge all of the people in communities and organizations who took the time to respond to the Creative Arts and Healing Survey at a time when many were also in the process of shutting down programs or closing their doors due to the winding down of Aboriginal Healing Foundation funding. A special thank you is also offered to the healers, counsellors, and therapists who shared their ideas and insights about creative arts, culture, and healing in telephone interviews and to Tsow-Tun Le Lum Healing Society's workshop facilitators and participants for allowing researchers to participate in the Honouring Your Grief art therapy workshop.

Background

In Canada, the destructive and disruptive impacts of the residential school system have resulted in a disproportionate need for healing among Aboriginal people, and the residential school legacy is itself part of a larger social construct known as historic trauma. Historic trauma is rooted in the long inventory of losses experienced by Aboriginal people under colonization—from the loss of lands, resources, and political autonomy to the undermining of cultures, traditions, languages, and spirituality. These losses are experienced across time and generations (Wesley-Esquimaux and

Smolewski, 2004).¹ It is not surprising, then, to find that the restoration of language, culture, and spiritual traditions has a positive influence on mental health, as reported by Dr. Lawrence Kirmayer and his colleagues:

More broadly, the recovery of tradition itself may be viewed as healing, both at individual and collective levels. Hence, efforts to restore language, religious and communal practices have been understood by contemporary Aboriginal peoples as fundamentally acts of healing. For most Aboriginal peoples, traditional subsistence activities (e.g. hunting) have been deeply integrated with religious and spiritual beliefs as well as with networks of family and community relationships (2003:s16).

These findings are supported by research and evaluations undertaken for the Aboriginal Healing Foundation (AHF).² For example, a study of 103 projects with promising healing practices found that more than 80 per cent included cultural activities and traditional healing interventions (Castellano, 2006).³ Cultural activities and interventions included “Elders’ teaching; storytelling and traditional knowledge; language programs; land-based activities; feasts and pow wows; learning traditional art forms; harvesting medicines; and drumming, singing, and dancing” (Castellano, 2006:130). A notable component of successful healing programs was their diversity—interventions were blended and combined to create holistic programs that met the physical, emotional, cultural, and spiritual needs of participants. Not surprisingly, arts-based interventions were included in many cultural activities (drum making, beading, singing, and drumming) as well as in therapeutic healing (art therapy and psychodrama).

Inspired by these findings, AHF undertook a further study to examine the relationship between creative arts and healing. A survey of 137 First Nations, Inuit, and Métis projects funded by AHF during the period of 2007 to 2009 enquired about the use of creative arts in healing programs. The findings were remarkable: only 10 of 104 healing programs that responded to the survey indicated that no creative arts were delivered. Most projects included more than one art form and over half included seven or more such activities. Table 1 presents responses to the question, “Does your healing program involve participants in any of the following creative arts activities?”

¹ Wesley-Esquimaux and Smolewski (2004) describe historic trauma as “a cluster of traumatic events and as a causal factor [whereby] ... [h]idden collective memories of this trauma, or a collective non-remembering, is passed from generation to generation” (2004:65).

² See the section entitled “Policy Implications” for a further discussion of the AHF’s role and mandate.

³ The AHF found that 80.6 per cent of projects with promising healing practices included cultural activities and that 85.4 per cent included traditional healing interventions, including ceremonies (Castellano, 2006:130, 134).

Table 1: Creative Arts Activities

CREATIVE ARTS ACTIVITIES INCLUDED IN HEALING PROGRAM			COUNT (N=104)	PER CENT
VISUAL ARTS	A	DRAWING, PAINTING	69	66.3
	B	CARVING, SCULPTING	22	21.2
	C	BEADING	55	52.9
	D	MASK MAKING	21	20.2
	E	SEWING	61	58.7
	F	DRUM MAKING	49	47.1
	TOTAL VISUAL ARTS		88	84.6
MUSIC	G	SINGING, CHANTING	64	61.5
	H	DRUMMING	60	57.7
	I	PLAYING MUSICAL INSTRUMENTS (OTHER THAN DRUMS)	34	32.7
	TOTAL MUSIC		72	69.2
DANCE, MOVEMENT, AND DRAMA	J	DANCING	42	40.4
	K	DRAMA, THEATRE	28	26.9
	TOTAL DANCE, MOVEMENT, DRAMA		51	49.0
WRITING AND STORYTELLING	L	WRITING POETRY, SONGS, AND/OR STORIES	48	46.2
	M	STORYTELLING	62	59.6
	TOTAL WRITING AND STORYTELLING		73	70.2
OTHER CREATIVE ARTS	N	OTHER ¹	48	46.2
		NO RESPONSE	10	9.6

Follow-up research included telephone interviews with 22 healers, therapists, and counsellors who incorporate creative arts into their work and a case study of a five-day art therapy workshop at a First Nations healing centre. This paper presents findings from the survey and the interviews with a special focus on the relationship among creative arts, culture, and healing.

The Research Process

The study has been guided by the question, “What happens when art, music, dance, storytelling, and other creative arts become a part of healing programs?” Previous research and evaluations suggested that many projects had incorporated traditional creative arts into their healing programs, and some were also using art therapy and psychodrama. The research began, therefore, with a review of data submitted annually to AHF by the funded projects. It turned out that the reporting tool used by the projects did not adequately capture information about creative arts and healing; so, in the fall of 2009, a questionnaire was developed and distributed to all active AHF-funded

healing projects.⁴ The Creative Arts and Healing survey enquired about the inclusion of creative arts in healing programs and, if included, what were the perceived benefits and challenges for participants. In all, 98 projects completed the questionnaire, a response rate of 71.5 per cent. Six multiple responses were received from projects operating in more than one location or with more than one relevant program, resulting in a total of 104 returned surveys. Responses were received from First Nations, Inuit, and Métis organizations and communities as well as from Aboriginal healing projects operating in urban centres located across Canada.

Responses to open-ended questions were entered into a word processing program (for qualitative analysis) and an Excel template (for quantitative analysis), and codes were developed inductively based on what was actually said in the responses. A codebook was produced and, to ensure that the codes were consistently applied, every fifth response and a random selection of the remaining responses were independently coded by two researchers. In all, 44.2 per cent of the responses were perceived benefits and 38.5 per cent were challenges, and all were cross-checked for accuracy.

In the next phase of the study, 22 key informant interviews were conducted; interviewees were selected from names suggested by respondents to the survey. The selection criteria included ensuring representation of the following: Aboriginal identity (First Nations, Inuit, and Métis); province/region; urban, rural, remote; traditional healer, Western-trained therapist; and modality (visual arts, music, dance, storytelling, and writing). The interview consent form offered two options for identifying participants: full anonymity and identifying respondents by name. The option of having their contributions attributed to them in research reports was provided in order to offer front-line experts the same acknowledgement as academics and others who write about their work. The interview guide contained nine open-ended questions and was administered by telephone. Responses were recorded by hand and were then typed and returned to participants for review. The full study also included a case study of an art therapy workshop that took place at Tsow-Tun Le Lum Healing Lodge on Vancouver Island in May 2010. This article focuses on the survey and the interviews.

Ethical Considerations

The Aboriginal Healing Foundation sponsored the study. The inspiration for the research grew out of a gap identified in program evaluation data. Based on the authors' familiarity with many of the projects, there was awareness that the arts were playing important roles in healing programs; yet, information collected annually from projects revealed only a few references to the use and effectiveness of visual arts, music, dance, and writing in healing. Thus, the need for research was rooted in the internal expertise of the authors: Linda Archibald, through past involvement as an independent researcher in AHF research and program evaluation, particularly the third volume

⁴ The timing of this study coincided with the final years of the AHF mandate. At one time over 400 healing projects received funding. This number dropped to 137 in November 2009, and the funding for the majority of these projects ended in March 2010. AHF itself is slated to close in 2012.

of the AHF's *Final Report*, and Jonathan Dewar, as the organization's research director. The study was not submitted to a research ethics board but was subject to AHF's internal code of conduct (available from the Aboriginal Healing Foundation), and the research process was consistent with ethical research practices. Participation was voluntary, and all participants were informed of the purpose and potential uses of the research. Organizations in receipt of AHF funding are obligated by contract to respond to program evaluation surveys and questionnaires, and response rates in such cases are close to 100 per cent. There was no obligation to participate in this study, yet the response rate was over 70 per cent. This is likely due to the trust that has been built over the years with respect to how AHF, as an Indigenous organization, uses the information it gathers as well as to the relevance to projects of the issues addressed in the study.

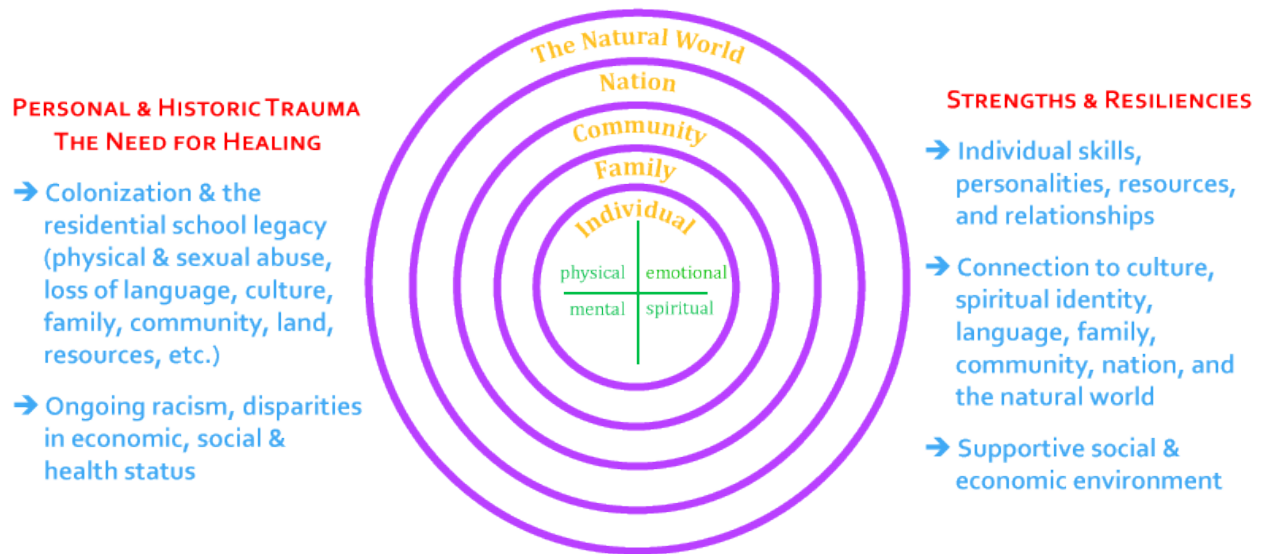
The interview consent form (Appendix 6) provided individuals with the option of having their name used in reports and articles written about this study; thus, where quotations have been attributed to named individuals, permission was provided. Consent forms were returned to AHF following the interview, thereby providing participants with an opportunity to reflect on what they had said before deciding whether they wished their comments to be reported anonymously. Participants were assured that if they chose not to have their name used, confidentiality would be respected and no information that discloses their identity would be released or published. In all, 17 individuals provided permission to use their name and 3 preferred anonymity. Two consent forms were not returned, in one case because the person had moved when their employment ended, and the other because the person did not respond to follow-up telephone calls.

Emerging Themes

The findings provide evidence that creative activities are viewed as having healing benefits in themselves (*creative arts-as-healing*). This was true whether the art forms used were traditional or Western, and many people spoke about the healing benefits of drawing and painting, music, dance, writing, and storytelling. There were also additional benefits associated with traditional arts. For example, among people who have been disconnected from their culture, learning a traditional craft or learning how to drum was an important step toward reconnecting with their Aboriginal identity and, thus, toward healing.

A second theme relates to the inclusion of creative arts in trauma recovery and therapeutic healing programs; the arts were viewed as deepening, supporting, and enhancing the healing process (*creative arts-in-therapy*). While these two themes explained a lot about the healing benefits of creative arts, a third model was needed to complete the picture with respect to Aboriginal people: *holistic healing includes creative arts*. This theme emerged because so many of the survey and interview responses transcended the two existing models and situated creative arts within the frame of culture, spirituality, and holistic healing. It captures the interrelatedness of creative arts, culture, and traditional healing and is consistent with holistic world views that stress balance, harmony, and connectedness. Figure 1 presents an overview of holistic healing and restoring balance in an interconnected world. The three models are depicted visually in Figure 2.

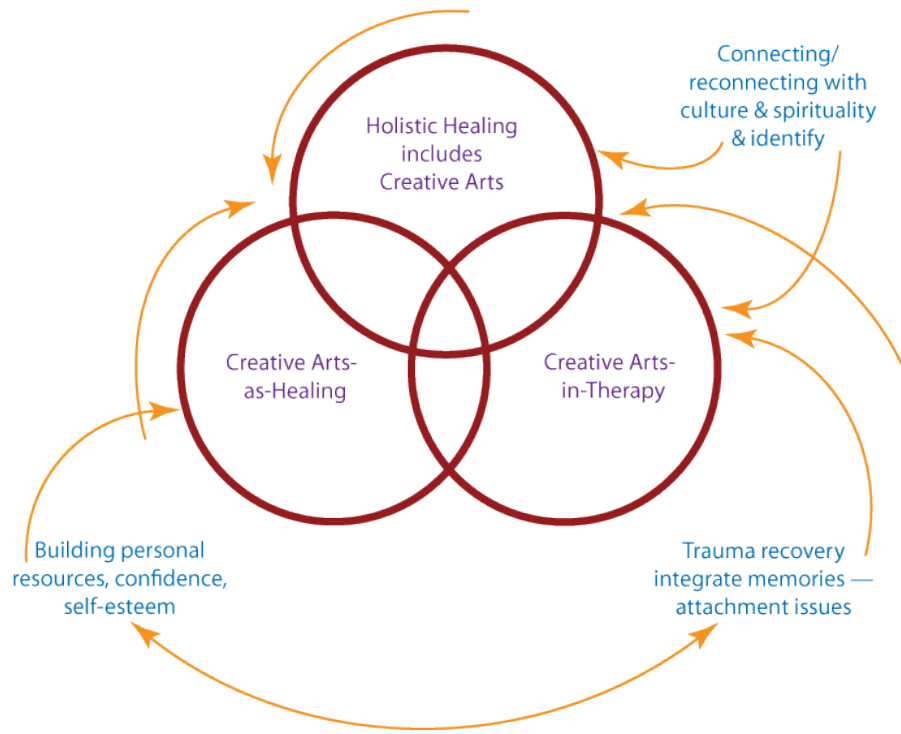
Figure 1: Holistic Healing = Restoring Balance⁵



The circle in the centre represents the individual within the world. It is an interconnected world, and when all is well, the individual lives in balance—physically, emotionally, mentally, and spiritually—within themselves and in balance within family, community, nation, and the natural world. On the left are the negative influences, both personal and historic, which explain, in part, the great need for healing among Aboriginal people. On the right are the individual and collective strengths and resiliencies, and these too have an influence on the well-being of individuals and communities. The goal of healing is to restore balance.

⁵ The circles in Figure 1 are based on a combination of two diagrams developed by Marlene Brant Castellano (Castellano, 2008:387-388).

Figure 2: Creative Arts and Healing: Three Interconnected Models



The circle representing *creative arts-as-healing* focuses on the innate healing power of art and creativity, while the *creative arts-in-therapy* model speaks to the use of the arts in the therapeutic process. The top circle, *holistic healing includes creative arts*, was needed to complete the picture with respect to Aboriginal people because holistic healing transcends the other models by including creative arts, culture, and spirituality within its very definition. The circles are overlapping because often a healing program includes elements of two or all three models. The arrows show that the overlap is dynamic in that the primary benefits of one model can support movement into the other areas or models.

Personal Development: Creative Arts-as-Healing

[C]reative activities like beading, sewing, knitting, and carving are, in the end, spoken about by clients as being therapeutic. They find it grounding, centering, a way of being at peace within themselves. If someone is in turmoil, it's hard to come to that quiet place of concentrating: doing wonderful work with the hands brings the mind to rest. And with this comes being skilled; it builds skills and this brings self-confidence up a little more knowing they are able to produce this wonderful piece of work. Shame and guilt can be very high in people who have had traumatic experiences (Survey record 91, [ON]).⁶

The survey included an open-ended question asking how participants in healing programs benefited from creative arts activities as well as asking about changes observed in participants. Almost 80 per cent of the survey responses mentioned benefits related to personal growth and well-being (Table 2), and these findings were corroborated in many of the interviews. Benefits were associated with participation in creative activities, which were often considered therapeutic in themselves. The benefits were related to participation in both traditional and Western creative arts.

Table 2: Creative Arts-as-Healing

BENEFITS	COUNT (N=104)	PER CENT (N=104)	PER CENT OF RESPONSES (N = 94)
SELF-ESTEEM	40	38.5	42.6
PRODUCT/ACCOMPLISHMENTS	28	26.9	29.8
SKILL DEVELOPMENT	24	23.1	25.5
REDUCED STRESS/TENSION	23	22.1	24.5
OPENNESS AND CREATIVITY	19	18.3	20.2
ENJOYMENT	14	13.5	14.9
SELF-EXPRESSION	13	12.5	13.8
SPIRITUALITY	11	10.6	11.7
THINKING, CONCENTRATION	6	5.8	6.4
OTHER (SPECIFY)	12	11.5	12.8
TOTAL RECORDS WITH PERSONAL DEVELOPMENT	75	72.1	79.8

Among the survey responses, 42 per cent of the programs that included creative arts reported increased levels of confidence and self-esteem among participants. Building self-esteem was often linked to the ability of participants to create something that could be seen, touched, or heard and something they were proud of: "Confidence and self-esteem are built through their finished

⁶ Survey responses were numbered as they were received and included initials indicating which province or territory.

product” (Survey record 62 [MB]). People learned a new skill or improved an existing one, thereby increasing feelings of competence. Elisapee Davidee Aningmiuq in Iqaluit, Nunavut, remarked on the connection between creativity, confidence, and healing:

Inuit have been very creative in print, drawing, and sewing, and it’s really hard for the artistic gift to come out if a person is hurting too much. There is no question that creating is a part of healing, it brings the person out, their identity and self-expression, and it builds confidence in a person. I have seen young adults in the program who have never worked before, and after the nine-month program, they have gained confidence in being creative with their hands and they went out and got work—office work, not creating with their hands, but their involvement in the program brought back encouragement, the will to do something (Interview, 24 April 2010).

Jill Goodacre, a clinical therapist and certified expressive arts therapist, works with children, adults, families, and groups on a reserve in British Columbia. She spoke about the impact of a children’s traditional theatrical performance on both the children and their families:

The play we did with the youth generated a lot of pride—not just among the youth but also within their families and the entire community—seeing their kids perform on stage. There was a tremendous amount of pride as well as learning: stage techniques, memorizing and projecting lines, making costumes, drumming, and singing in public. It was confidence building for kids who have been marginalized to be seen prominently on stage. This was healing for them and their families (Interview, 13 May 2010).

Similar benefits were reported when youth in an Inuit community learned hip hop, an initiative offered at the request of a group of young people who normally stay away from organized activities. Hip hop includes breakdancing as well as creating poetry, artistic graffiti, and music. Jakob Gearheard, who works at the Ilisaqsivik Wellness Centre in Clyde River, Nunavut, spoke about some of the impacts:

Many front-line workers have noticed a lot fewer problems with these youth. A judge said there is a reduction in youth crime in the community and attributed it to the program—she’s making the link, and local RCMP, and the visiting mental health worker have noticed a reduction in suicide ideation among the youth who participate in hip hop. Our own workers keep track of who has quit smoking and who is smoking less, harm reduction, and they notice a difference (Interview, 14 May 2010).

Once the program became a regular activity, the centre trained the supervisor and some of the participants in peer counselling and, informally, the young people began to watch out for one another. An unexpected outcome has been the connection between elders and youth. Community elders, curious about the activity, began to show up to watch the youth dance, and once in awhile an elder would try a dance move or scratch the turntable. The young people appreciated this interest and, in return, they asked questions about drum dancing and throat singing: “Then the youth got interested in the elders’ dance and creative stuff and they asked questions, asked the elders to teach drum dancing. And throat singing goes well with beat boxing, it’s a lot like throat singing in many ways” (Jakob Gearheard, interview, 14 May 2010).

Participants in healing programs made drums and then learned to play them, and they wrote and recorded songs, created poems, told stories, performed in skits, and made videos. A sense of accomplishment is associated with the pride of completing a task and doing it well. Whatever the art form, effort was expended and the result was a product that could be enjoyed, shared, given as a gift, or sold. Making gifts for loved ones, as one respondent stated, “gives them true pleasure” (Survey record 26 [YK]). Another respondent noted, “It gives them opportunities to be generous” (Survey record 71 [BC]).

In addition to the knowledge and skills acquired in learning an art or craft, there were numerous opportunities for personal growth. When making snowshoes, for example, there are ways to go back and fix mistakes, which is a good metaphor for life. The process involves “patience, precision, and finger work. You also stop to think about the meaning of the snowshoe and what each part of the snowshoe represents in our life and culture” (Interview, 28 April 2010 [translated from French]). Lucy Lu, an art therapist at Minwaashin Lodge, a support centre for Aboriginal women in Ottawa, noticed that participants often showed fear or anxiety when presented with art materials with no clear instructions, yet “they do the art anyway and nothing bad happens so it helps them to face other problems in their life” (Interview, 17 May 2010).

Almost 1 in 4 survey respondents reported that participating in creative activities relieved tension, reduced stress, and led to feelings of comfort and well-being. Others simply said the activities were enjoyable; participants laughed together and looked happier, less depressed. After dealing with difficult emotional issues in therapy, creative arts activities can have a soothing effect (Survey record 45 [NU]). Participating in creative activities opened some people up to accepting new ideas and possibilities, and they were able to look at things from a different perspective: “Creativity allows participants to solve problems in new and surprising ways” (Survey record 20 [MB]). One healing program included creative arts to help clients relax and “use the creative parts of their brains,” opening the door to learning new skills or enhancing existing ones and to feeling a sense of pride and accomplishment (Survey Record 71 [BC]). The impacts of this cannot be underestimated; when people enter a healing program, they are often depressed and anxious and their lives have been in chaos for a long time. Any activity that makes them feel better about themselves will enhance and support their healing process. For some, the creative arts even provided a path to healing the spirit, comforting the soul, and gaining inner peace: “The spirit is reflected through creativity. Creativity is an excellent venue to reconnect individuals with their spirituality” (Survey record 88 [ON]).

The benefits reported above suggest that people who participated in creative arts activities as part of a healing program gained confidence, learned new skills, generally felt better about their lives, and were more relaxed, open, and creative. These are positive outcomes. Expressive arts therapist, philosopher, and educator Stephen K. Levine wrote, “There is in the use of art a capacity for self-expression that is desperately needed by those who suffer intensely” (1997:4).

The next section looks at what respondents have said about the contributions of creative arts to healing the longstanding traumas associated with the residential school legacy.

Creative Arts-in-Therapy

Art can be used to express emotions safely, ideographically. People learned in residential school that you are punished for speaking, so they lost their voice, they lost their capacity to express themselves. Art became the process of regaining voice. Stories can be told in pictures, in music and in movement; sometimes with tears, but often with lots of laughter. I realized that at residential school people learned not to play, so we turned it over, invented or created games and provided experiences whereby people could express themselves through play with the effect of helping them to rebuild trust in relationships, an essential ingredient in healing. We began to use play—drums, balls, stilts, string—and do things they didn't get to do as children. They expressed themselves as they would have, if allowed to be children (Bill Stewart, Yukon psychologist, interview, 7 May 2010).

Healing from post-traumatic stress—and for Survivors of residential schools and their descendants, healing from historic trauma—is a process that is now reasonably well understood in the field of psychology. Judith Herman's (1997) *Trauma and Recovery* described how a history of prolonged periods of terror and abuse can lead to a deeply troubled state known as complex post-traumatic stress disorder (PTSD). Others, such as Eduardo Duran and Bonnie Duran (1995) and Cynthia Wesley-Esquimaux and Magdalena Smolewski (2004), have written about historic trauma, a similar condition with roots deeply embedded in the history of what Aboriginal people in North America have experienced and endured. Healing from PTSD, according to Herman (1997), requires passing through three stages: establishing safety and trust, remembrance and mourning, and reconnecting with the self and others. The healing stages involved in addressing historic trauma are similar but more complicated because the trauma is imbued in losses experienced by one's people in addition to whatever the individual has experienced. Thus, learning about, mourning the losses of, and reconnecting with family, community, culture, and traditions are significant parts of the healing process.

More than 20 per cent of the survey responses referred to ways that creative arts build trust and help to establish emotional and cultural safety.⁷ Art therapist Lori Boyko spoke about the benefits of using art with residential school Survivors: “Working with paint, chalk, clay, pencil crayons, or markers, people are able to work through memories of trauma and concretely create safety in images” (Interview, 31 March 2010). Another person observed that for many clients, “spending time in a safe and culturally relevant environment initiated healing” (Survey record 40 [ON]). Safety and communication were often enhanced by involving participants in activities that occupied their hands. Reflecting on the programs offered in an Inuit community, Jakob Gearheard said:

[W]hen people are doing things with their body, there's a connection between body, mind, and spirit. They're being creative and active. Being fully engaged in a creative thing like sewing, the mind is engaged, the heart or creativity is engaged on a more spiritual level and they are physically engaged, working with the hands. It allows people to feel more secure, more safe. They're in an almost trance-like state and they go deeper into the issue they are talking about than if they were sitting face to face talking with a counsellor (Interview, 14 May 2010).

⁷ 22.3% - Creative Arts and Healing Survey, see Appendix 3.

Approximately 60 per cent of the survey responses described ways in which the creative arts contributed to, initiated, and supported therapeutic healing. Most often this took the form of releasing strong emotions or recounting painful memories. In the interviews, a number of people addressed the need to reach trauma where it lives in the body:

I do a lot of work with movement because I believe trauma lives in the body, not the head, and therefore we need to be able to do movement to access the trauma. Different expressive arts work with the unconscious, therefore people who would suppress trauma, it comes out ... In a talking circle, people work with their heads, they can participate and still stay in control, it's not frightening. If trauma lives in a spot in the body, like a pocket on the hip, if you take it out, it festers if it's not filled up again with good stuff. Art is resource building, it fills the hole, builds good stuff in (Carrie Reid, interview, 19 April 2010).

Table 3 summarizes the ways that creative arts contributed to healing.

Table 3: Creative Arts-in-Therapy

BENEFIT	COUNT (n=104)	PER CENT (n=104)	PER CENT OF RE- SPONSES (n=94)
Safely express/release emotions/ memories	32	30.8	34.0
Initiate/support healing	31	29.8	33.0
Self-awareness/self-knowledge	14	13.5	14.9
Traditional healing/restore balance	12	11.5	12.8
Shared experience	9	8.7	9.6
Total records with healing and the creative arts	61	58.7	64.9

There were many reasons given for the therapeutic effectiveness of creative arts. Expressive arts therapist Jill Goodacre described art as a powerful tool: “It accesses the unconscious and gets behind defences and survival strategies and allows people to develop insight—it’s powerful because it allows people to reach their own insights based on their own work” (Interview, 13 May 2010). The result was often a greater knowledge and understanding of the self. “Drawing and painting stimulates thinking; it evokes memories and participants are able to put into pictures these memories. This is a beginning of facing experiences and starting to heal” (Survey record 94 [MB]). Talking about images and the feelings they evoke is an important part of the creative arts-in-therapy model. Coast Salish art therapist Carrie Reid spoke about her work with elders:

[I]f the trauma occurred before they spoke English, they are unable to speak about it in English and that’s a place I can do verbal work best when I am doing art therapy: they are able to express the trauma in the art, it takes it outside themselves, makes it tangible and then they can speak about it. The art leads to being able to speak (Interview, 19 April 2010).

Another art therapist, Lucy Lu, explained that speaking about the symbols and metaphors contained in images is valuable: “Talking about the images gives people a chance to voice that connection between the art and what is going on in their lives” (Interview, 17 May 2010).

Music plays a similar role in capturing and releasing deep feelings. Singing and songwriting worked well at a women’s correctional institution in Saskatchewan and with youth on a reserve in eastern Canada. Traditional healer Janice Longboat spoke about the changes she saw in a group of women who came together to sing:

[W]omen were asked to bring rattles and shakes and one of the singers on the reserve was invited as a facilitator to teach women’s social songs. Well, the women opened their mouths and nothing came out—their voices were gone, all they could do was stand there and cry. That was the beginning of women finding their voice. I nurtured them until they found their voice, and they not only began to sing, they began to talk (Interview, 10 May 2010).

Longboat added that for Haudenosaunee women, singing is a part of their gardening tradition: “We sing to our seeds before planting—without a voice, you couldn’t offer this spiritual part.”

The pivotal role of culture and traditional arts in healing is discussed in the next section.

Holistic Healing includes Creative Arts

[A]s a means of expression that goes beyond personal resistance and language and cultural barriers, creative arts activities open a symbolic communication that brings more depth and personal and cultural relevance in the healing process. An integration of the healing transformative experience in a much comprehensive manner is attained when cultural symbols and spiritual aspects are included in the process (Survey record 33 [QC]).

Traditional therapists, being holistic in their approach, tend to not distinguish between creative arts and other aspects of their healing work: “Drum making arguably can be characterized as a creative art although more in the genre of traditional art and practice” (Survey record 70 [ON]). This comment followed a description of the four types of drums and their uses in the Anishinaabe tradition and how some people have been gifted with the ability to translate visions into drums. Songs come from visions as well, especially songs used in therapy. The therapeutic success of drumming and chanting are explained from the points of view of Western and Aboriginal societies:

In Western therapy it is said that drumming and chanting arouse the easy flow of neurons, especially endorphins. In traditional therapy they are used to impart the healing powers of the spirits which have been practiced since time immemorial (Survey record 70 [ON]).

Another survey respondent wrote that when people are able to feel the vibration of a sound and to understand that the sound has a feel, they allow themselves permission to express their feelings

in song (Survey record 55 [SK]). Traditionally, music had an especially significant role in healing ceremonies, and this role continues to be acknowledged today:

Any of the music-making processes bring healing to both the listeners and the players. It is long known in our culture that drumming and traditional songs are intended to be healing. They allow clients to feel a sense of belonging and/or identity. The songs are often ways to shift energy; to wrap clients in culture; to allow them to cry sometimes; and to bring joy others (Survey record 71 [BC]).

A number of people interviewed mentioned that drumming is an especially powerful route to healing for boys and young men. Also, drumming elicited strong connections to the spirit and to teachings related to the construction and proper use of a drum.

People spoke about traditional healing as encompassing culture, language, history, spirituality, traditional knowledge, art, drumming, singing, dancing, storytelling, as well as knowledge specific to the healer's area of expertise and the type of healing being undertaken. At the same time, for people who have been disconnected from their traditions, reconnecting through traditional creative arts can play a pivotal role in healing. One survey respondent wrote, "Cultural healing is a gentle non-intrusive approach to healing" (Survey record 4 [BC]). Overall, more than half of the responses mentioned how participants benefited from learning and participating in traditional creative arts, including sewing, beading, drum making, drumming, dancing, and storytelling. The sense of belonging derived from discovering or rediscovering cultural roots, feeling cultural pride, and learning about the impacts of the residential school era were deemed to contribute to healing. Table 4 summarizes the benefits of including cultural arts in healing programs.

Table 4: Culture, Traditions, and the Creative Arts

	Count	% of all records (n=104)	% of responses (n = 94)
Connecting/reconnecting with culture and traditions	48	46.2	51.1
Aboriginal identity/ pride	37	35.6	39.4
Culture is healing	4	3.8	4.3
Total records with culture/ traditions benefits	57	54.8	60.6

Cultural identity issues were mentioned often; participants gained a sense of belonging and were brought closer to healing through reconnecting with their culture and traditions. For many, learning to make moccasins or how to bead or drum was their first step in reconnecting with their Aboriginal background. One person pointed out that North American museums are filled with amazing pieces of Aboriginal beading and artwork, and by practising these art forms today, "our people have gained a sense of self and creative ability to connect with their Spirit and honour their rich history" (Survey record 80b [AB]). Others highlighted the need to restore what was lost.

Recognizing how the residential school legacy ravaged family and community life, one project used artmaking and traditional crafts to promote family unity, build healthy relationships, establish support networks in the community, and help restore cultural identity. Participants benefited in the following ways:

- decrease in isolation and depression;
- revitalization of the role of community Elders;
- increase in emotional and social support for Métis youth;
- increase in self-esteem; and
- restoration of cultural identity (Survey record 21 [ON]).

Understanding the history of one's people and the many impacts of colonization can enhance the healing process:

Another thing that is important in the program is the teaching of Inuit history. It lifts a lot of the confusion about why things are the way they are today, why many Inuit have lost their way. People begin to make connections. Northern visual images such as icebergs and mountains are used as illustrations, and Inuit really connect with symbols that are a part of their lives (Survey record 91 [ON]).

Cultural arts added to the self-esteem and confidence that were built through other creative endeavours. As an example, Inuit women who learned to sew resulted in a greater appreciation for the culture: "It is a very important part of the healing process because it gives them the opportunity to learn a skill and grow an appreciation for their culture and traditions" (Survey record 82 [NU]). As another example, one group that learned a traditional art form provided an "opportunity to pass on skills to their children or regain skills they lost or were devalued in the residential school experience" (Survey record 87 [NFLD/LAB]). Liz Stone, director of an urban Aboriginal centre, spoke about the changes she has seen in people who participate in cultural arts programs:

I see individuals come into the program meek, quiet, introverted, and after a while they take on leadership roles. After being involved in a culture-based program, they are no longer unsure of themselves. They will take new participants under their wings. Participants have taken part in fundraising activities where they share their experiences with strangers without shame. They open up more, they feel less alone, they have more confidence to pull themselves out of addiction, pull themselves out of abusive relationships, pull themselves out of unhealthy situations or lifestyles. They go back to school, try new things, and take others with them (Interview, 4 May 2010).

In the interviews, people were asked separately about the healing benefits of creative arts in general and the impact of engaging in traditional arts, such as beading, drum making, or drumming. Responses affirm that for many healers and counsellors, creative arts and culture are so intertwined that it is difficult to isolate what particular aspect or activity is responsible for the healing they observed in participants. The benefits of creativity—working with the imagination, creating with the hands, using the voice, and moving the body—were spoken about in relation to both traditional

and Western art forms; yet, when a traditional art form or cultural component was also involved, there was added resonance:

The cultural revitalization piece is huge and artistic modalities are so integral to traditional culture. People feel connected, reconnected through the arts, whatever the modalities, with culture it's healing in itself. People respond. I think there's a resonance with their traditional way of life whether it's being rediscovered or not. Art is a traditional mode of expression and so it resonates (Jill Goodacre, interview, 13 May 2010).

Anishinaabe Elder Fred Kelly wrote that knowledge about sacred symbols is transmitted in "language, song, visual symbolism, mental communication, and practice of spirituality that do not separate the sacred and the secular in daily life" (Kelly, 2008:36). This highlights an important difference between Western and Aboriginal approaches to creative arts and healing. Powhatan creative arts therapist Phoebe Dufrene acknowledges similarities between art therapy and the use of art in traditional healing, but she points out that art therapy is primarily secular whereas traditional societies do not separate art and spiritual practices. She refers to the power contained in cultural and spiritual symbols, such as the medicine wheel, eagle, full moon, owl, circle, and crescent moon:

Traditional Native healers or shamans draw upon a vast body of symbolism passed down through the centuries. These images are stored in the memories of traditional healers and passed from generation to generation. Myths, prayers, songs, chants, sand paintings, music, etc., are used to return the patient symbolically to the source of tribal energy (Dufrene, 1990:123).

Symbols and metaphors are central features in the stories and teachings of elders. In this regard, traditional healer Janice Longboat also includes language: "Our culture is based on what we call symbolic literacy, meaning the symbols we use relate to life, what we see, feel, hear, taste and touch, and to what we intuit" (Interview, 10 May 2010). American art therapist Bruce L. Moon (2007) states that, in therapy, visual metaphors "foster opportunities to support, inform, engage, offer interpretations, provoke thought, and gently confront clients in ways that are potentially safe and psychologically non-threatening" (2007:15). Cultural, mythical, and spiritual metaphors are recognized as being especially powerful.⁸ If those symbols were denigrated and repressed (and in residential schools they were) then the act of rediscovering them in stories and visual art can be a healing experience. However, one of the healers interviewed for this study, Velma Mikituk, offered the following caution: "some people are so afraid of their culture because of things that happened to them growing up or, having been brainwashed in residential school, they think they are going to hell" (Interview, 19 May 2010). In these cases, it is essential to address the trauma before introducing the culture. "The roots are there in the culture when they are ready; and then it is so healing because it reaches their spirit" (Interview, 19 May 2010).

⁸ For an excellent discussion of the use of symbols in Western society, see Furth (2002).

Issues and Challenges

The questionnaire asked what challenges or problems face participants involved in creative arts activities.⁹ Of the 104 responses, 22 did not answer the question, or they wrote “no challenges.” Of those that did respond, the most pressing concerns were related to issues and problems that participants faced within their program and often overcame. The most common were related to insecurity and fear of failure, including lack of self-esteem, lack of trust, and feeling blocked, numb, or stretched outside of one’s comfort zone. One person wrote, “It is very personal—it involves connecting with the body rather than the brain, and this experience would be challenging especially if the Survivor coped by being numb” (Survey record 2 [SK]). For the most part, these personal feelings of inadequacy and discomfort did not stop people from participating in the activity, and many of the personal development benefits discussed earlier are the direct result of continuing in a program despite their fears. One response addressed the need to introduce creative arts to residential school Survivors in a way that ensures they would feel safe:

Sometimes participants find creative arts activities threatening. These activities have to be introduced when the participant feels safe enough and is ready. The participant’s boundaries must be respected first and foremost as healing, and respecting boundaries is the primary aspect of healing from RS [residential school] abuses (Survey record 1a [BC]).

Participants were also observed to experience frustration and impatience, and, sometimes, they were unable to finish projects. Competitiveness was mentioned as a problem in a couple of responses. Others wrote about the participants’ reluctance to show or talk about their work, and, on occasion, someone would experience emotional overload. A smaller number of responses reported personal issues and problems that likely inhibited participation in the program or activity: poverty, alcohol and drug use, denial, lack of motivation, relapse, and lack of interest. Other obstacles such as lack of transportation, child care, and family support may have inhibited participation or made regular attendance difficult.

On a broader scale, a number of programs were challenged by a lack of funds, human resources, physical space, and materials and supplies; the latter being a particular problem for projects in urban areas looking for materials to make traditional arts and crafts. A few referred to the need for personnel with the right combination of skills and knowledge: “Lack of cultural leadership can be a potential challenge when many of the cultural leaders are impacted by residential school and are reiterating culture through the lens or filtered by residential school experiences” (Survey record 19 [BC]). Some respondents mentioned challenges associated with the loss of traditional knowledge, culture, language, skills, and traditional values or difficulties finding Elders and teachers to provide traditional skills instruction. Community conditions such as poverty, a culture of alcohol and drugs, or a lack of leadership occasionally made it difficult for people to participate in creative arts and healing programs, as did facing discrimination and stereotypic views of Aboriginal people in the wider society. Finally, a small number of people mentioned programming issues, such as

⁹ This question was not asked in the interviews.

scheduling problems, the impact of weather and seasonal conditions, and the fact that the role of the creative arts in healing is often undervalued. One person pointed out the challenges associated with the lack of recognition of the healing benefits of creative activities and traditional arts:

Acknowledgement that this is a legitimate form of healing and counselling. For example, our sewing program is a “traditional counselling program” It is not simply “stitch and bitch.” Western-trained counsellors, psychologists, and social workers often do not recognize this and they do not treat it as legitimate counselling (Survey record 44 [NU]).

Building Relationship/Building Community

In *Trauma and Recovery*, Herman wrote about the role of connecting with others as essential to healing:

The core experiences of psychological trauma are disempowerment and disconnection from others. Recovery, therefore, is based upon the empowerment of the survivor and the creation of new connections. Recovery can take place only within the context of relationships; it cannot occur in isolation (1997:133).

Some respondents in this study reported that relationships were built and connections were made among program participants, often leading to a decreased sense of isolation. For example, women in one program bonded and were then able to provide each other with support and guidance (Survey record 28 [YK]). Another respondent noted that residential school abuse left people feeling jaded and that creative arts activities drew them out of their isolation. In addition, “Some participants share what they’ve learned and go on to use this knowledge as volunteers and in their work” (Survey record 79 [BC]). Another reported an increase of youth involvement in community events, including politics, sports, and community development (Survey record 23 [ON]). Some improvements were also noted in the relationships within families. Table 5 summarizes improvements in social and community relations reported in the creative arts and healing survey.

Table 5: Social Relations

BENEFIT	COUNT	% OF ALL RECORDS (N=104)	% OF RESPONSES (N = 94)
BUILDING/IMPROVING RELATIONSHIPS	29	27.9	30.9
BUILDING COMMUNITY	11	10.6	11.7
TOTAL RECORDS WITH SOCIAL BENEFITS	32	30.8	34.0

In the interviews, people were asked about changes they observed in the community since the introduction of creative arts and healing programs. The question was asked in 21 of the interviews, and 16 reported positive changes, one said the approach was too new, and four provided mixed reviews. One person despaired that the wounds are so deep, so intergenerational that things may never change, and a couple of people said that even with the progress being made, there is a great

deal more to do. In fact, breaking the silence around abuse in residential schools has opened wounds and created turmoil as well as helped many people in taking their first step toward healing.

Among the positive changes reported was an increase in community involvement and leadership with more people showing an interest in public affairs and taking on leadership roles. Not all of the reported benefits are attributable to the healing programs, but they have made a positive difference, as noted by Velma Mikituk:

On reserve, a lot of leaders have been through here and at gatherings you see more positive stuff. There's more employment, leadership, healthy families—people are stepping forward in a leadership capacity, stepping up and wanting to make changes (Interview, 19 May 2010).

In some communities, more people are seeking therapy, an indicator that problems are being recognized and addressed. There are also more informal supports for people in crisis. Bill Stewart, a psychologist who incorporates a number of creative arts into his work, noticed big changes in the Yukon over the past decade:

People are talking more, participating in circles. Circles are making an amazing comeback in the communities. Now, when a crisis occurs, First Nation people get together, there's a circle, people bring food and nurture one another ... Before, people scattered and started drinking. In the last ten years, there are more gatherings, and when people gather, they bring food, and this is nurturing for the body and soul. I was called to one of the communities because of a suicide, and by the time I got there, they didn't need me, they had opened a kitchen where people could eat 24 hours a day, there were circles; the people had gathered (Interview, 7 May 2010).

More cultural events are being held in communities and people of all ages are participating. Positive changes were also reported in community environments; in one case, the atmosphere was described as more welcoming and accepting. One person noticed a general trend toward wellness, and another mentioned a critical mass of people having addressed their trauma and moved on. A few reported reductions in alcohol and drug abuse and, in urban centres, an increase in cultural pride. Finally, there was a noticeable increase in people volunteering, helping friends and family, and even engaging in fundraising to support existing programs. A number of the interviewees mentioned that they became involved in counselling and healing after going through their own healing process. In effect, they wanted to give the kind of help and support they had received.

Policy Implications

The Aboriginal Healing Foundation was established with a \$350 million fund on 31 March 1998 with a mandate to deliver funding to support Inuit, Métis, and First Nations community-based healing services and activities that address the intergenerational legacy of physical and sexual abuse in Canada's Indian residential school system. The mandate also included promoting reconciliation between offenders and victims between former students and residential school staff and administrators (the church entities and the Government of Canada), between Aboriginal

people and Canadian society as a whole, and within Aboriginal communities. In the spring 2005 Federal Budget, the Government of Canada committed \$40 million for a two-year period to the AHF, which enabled the AHF to extend 88 projects for 36 months to 31 March 2007. No new projects were funded at that time. The Indian Residential Schools Settlement Agreement (IRSSA) of 2007 committed a further \$125 million to the AHF, and the mandate was extended by five years, to 2012.¹⁰ However, there was no further funding for the AHF in the 2010 Federal Budget. The Government of Canada will now provide mental health supports to residential school Survivors through Health Canada.

The AHF and its network of funded projects are unique. Unlike other funding mechanisms, project proponents were invited to tell the funder—the AHF—what Survivors and communities needed and wanted. The model was not a top-down approach; rather, communities determined what they wanted to address and how they wanted to approach this. The AHF developed reporting tools that allowed it to study both the AHF model and the effectiveness of the approaches taken by individual projects, to the extent possible given the limited scope of its evaluation and research mandate, to further support these community-based initiatives. What the AHF has been able to communicate with the generous support of its project partners is the extent to which projects across the country—representing the vast diversity across and within First Nations, Inuit, and Métis communities—have contributed to the development of a deeper understanding of what healing means in the context of the legacy of residential schools, individual trauma, and historic trauma.

This study presents compelling evidence that creative arts, culture, and healing are not only linked to each other, certainly, but also linked to the idea that, when given the freedom to choose, community-based healing initiatives overwhelmingly include some facet of the creative arts. This is further evidence that the model works and serves as a significant step toward the development of promising practice(s).

The issue for many of the participants in this study is summed up by one interview respondent:

The hardest part is that this type of healing doesn't fit into a box. There are so many components, you have to know the individual, fit the healing to the individual. I worry about it being turned over to Mental Health because they are fond of boxes there. Each program is different. There is such a diversity of need; we have to meet their needs as individuals. That's the part, the other medical path is so much boxes and labels (Velma Mikituk, interview, 19 May 2010).

¹⁰ The \$125 million committed to healing in the IRSSA for former students of Indian residential schools has extended the timeframe of the AHF as follows: In 2007, AHF extended 134 funded projects to 31 March 2010, and 12 healing centres to 31 March 2012—a total of 146 funded projects. In 2010, a government evaluation of AHF programs, as indicated by the IRSSA, was completed; it recommended ongoing funding. In 2010-2012, with no further funds coming to the AHF, a wind-down strategy was implemented. This means that, Canada-wide, 134 community-based programs funded by the AHF shut down their operations on 31 March 2010. In 2011-2012, there will be a final audit, followed by the closure of the AHF.

As the Aboriginal Healing Foundation prepares to close, its commitment to fostering a supportive public environment for community-based healing initiatives continues, but its focus is sharpened with regard to ensuring that the hard work performed by AHF staff and its network of researchers, project staff, volunteers, and clientele and the value of that work—in healing and in communicating challenges and successes—is widely disseminated. A difficult truth remains, however. The results of this study speak to years—up to a dozen in some cases—of careful collection of data and analyses within a unique set of circumstances, which are, too, set to lapse.

The AHF itself, including the resulting model and attendant processes, *was* a formal policy direction, as articulated in *Gathering Strength: Canada's Aboriginal Action Plan* in 1998. Such a direction may or may not be repeated in the future. Regardless, what these results show is that Aboriginal communities understand to a significant degree what best serves those individuals, families, and communities when responding to historic trauma and the legacy of residential schools. These findings should inform current and future investments in healing and other therapeutic interventions; however, support for Survivors of those schools and those affected intergenerationally now shifts squarely to the individual. Health Canada's Resolution Health Support Program, which received additional funding in the 2010 Federal Budget, is meant to serve the needs of individuals as they move through the other components of the IRSSA: compensation, the activities of the Truth and Reconciliation Commission, and commemoration. Given that Health Canada's First Nations and Inuit Health Branch does not recognize art therapy (individual counselling under NIHB is only covered if the therapist also has a master's in counselling) and the fact that cultural activities are rarely considered by governments to be valid mental health interventions, it is clear that Aboriginal communities face a doubly, if not exponentially, challenging reality, which means evidence of success in design, implementation, and outcomes does not necessarily lead to success in sustaining these efforts, particularly where the creative arts, culture, and healing are concerned.

Note

1 Respondents wrote in a variety of other creative activities: building a longhouse; regalia making; collage; video productions; canoe and kayak making; basket weaving; making corn-husk mats; braiding sweetgrass; tanning hides; embroidery; snowshoe making; scrapbooking; traditional cooking; woodworking (birdhouse, rattles, masks); pottery; and making traditional parkas and sealskin kamiks.

References

Castellano, M. Brant (2006). *Final Report of the Aboriginal Healing Foundation, Volume I: A Healing Journey: Reclaiming Wellness*. Ottawa, ON: Aboriginal Healing Foundation.

——— (2008). A holistic approach to reconciliation: Insights from research of the Aboriginal Healing Foundation. In M. Brant Castellano, L. Archibald, and M. DeGagne (eds.). *From Truth to Reconciliation: Transforming the Legacy of Residential Schools*. Ottawa, ON: Aboriginal Healing Foundation: 385–400.

Dufrene, P. (1990). Utilizing the arts for healing from a Native American perspective: implications for creative arts therapies. *Canadian Journal of Native Studies* 10(1):121–131.

Furth, G.M. (2002). *The Secret World of Drawings: A Jungian Approach to Healing Through Art*. Toronto, ON: Inner City Books.

Herman, J. (1997). *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror*. (First published 1992.) New York, NY: Basic Books.

Kelly, F. (2008). Confession of a born again pagan. In M. Brant Castellano, L. Archibald, and M. DeGagne (eds.). *From Truth to Reconciliation: Transforming the Legacy of Residential Schools*. Ottawa, ON: Aboriginal Healing Foundation: 11–40.

Kirmayer, L., C. Simpson, and M. Cargo (2003). Healing traditions: Culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychology* 11(Supplement): s15–s23.

Levine, S.K. (1997). *Poiesis: The Language of Psychology and the Speech of the Soul*. Second Edition. [First published 1992.] London, UK: Jessica Kingsley Publishers.

Moon, B.L. (2007). *The Role of Metaphor in Art Therapy: Theory, Method, and Experience*. Springfield, IL: Charles C Thomas Publisher, Ltd.



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Chapter 4

Voices of Healers

This chapter profiles the voices of ten of the people who participated in key informant interviews as part of the Creative Arts and Healing study. The previous chapter wove the ideas and insights gleaned from the interviews into the overall analysis while here we have an opportunity to hear more directly about the creative work taking place in some of the healing programs across Canada. Two of the interviewees are healers and the remainder are counsellors or cultural workers, or often both. One is a program coordinator.

A consistent theme running through many of the interviews is the powerful relationship between culture and healing. This relationship is described in many different ways in the interviews that follow. Elder Jan Kahehti:io Longboat, a traditional healer and herbalist from Six Nations of the Grand River territory in southern Ontario, speaks about issues of abandonment among women who attended residential schools and how the creative arts and cultural activities have helped them attain a more secure sense of self. Thais Sewell, a healer in Vancouver, focuses on how creative arts can release trauma that is stored in the body. Jakob Gearheard, coordinator of a community wellness centre in Clyde River, Nunavut, describes the healing benefits of working with Inuit men and women on the land. Norman Drynock, who worked with the Committee on Abuse in Residential Schools (CAIRS) program in Whitehorse, Yukon, at the time of the interview, focuses on artmaking as a conduit to healing programs. Darlene Cardinal in Grande Prairie, Alberta, recounts how residential school Survivors have learned to reconnect with positive memories of the past through storytelling.

The healing benefits of music, songwriting, and poetry were discussed at length in some of the interviews. At the time of their interviews, Carla Johnston was incorporating songwriting into a literacy program for women incarcerated at Pine Grove Correctional Centre in Prince Albert, Saskatchewan, and Mike McInnes was using songwriting in his social work practice on Eskasoni First Nation in Nova Scotia. Ernie Blais, a Métis fiddler and square dancer in Winnipeg, Manitoba, spoke about the benefits of holding weekly gatherings with music and dancing. On a more personal note, Shirley Flowers, a counsellor from Happy Valley–Goose Bay, Labrador, spoke about how poetry grew out of her personal healing process. In the interview, she also discusses the experiences of a small group of people who learned how to drum and how these experiences altered a community institution. The final excerpt is from an interview with Elisapee Davidee Aningmiuq, an Inuk cultural teacher in Iqaluit, Nunavut, who speaks about the connection between learning a cultural art and gaining a positive sense of identity.

Jan Kahehti:io Longboat. Herbalist, Healer. Oshweken, Ontario

Jan is a traditional healer and herbalist who runs the Earth Healing Herb Gardens and Retreat Centre on Six Nations of the Grand River Territory. From 1988 to 2010, she coordinated the I da wa da di project, a healing program for Aboriginal women impacted by the residential school system.

The following excerpt from Jan's interview on 10 May 2010 focuses on issues of abandonment experienced by residential school Survivors and their families and on the healing power of culture, traditional language, and song. In the interview she referred to the Mohawk Institute, a residential school in Brantford, Ontario, which opened in 1834.¹ Her father and three of her sisters attended the school. The building is now the home of the Woodland Cultural Centre and Museum, established in 1972, with a purpose "to protect, promote, interpret and present the history, language, intellect and cultural heritage of the Anishinaabe and Onkwehon:we" (Woodland Cultural Centre, 2006).

Jan has an expansive view of what constitutes a creative art, and it includes gardening and traditional languages as well as singing and storytelling. Speaking about I da wa da di, she said, "We used creative arts throughout the project because whenever you look at culture, it's all art. Creative arts have helped women trust themselves and find their voices and self-esteem." Portions of Jan's interview are presented below.

Growing up, I spent a lot of time with my Mom's mother, my grandmother, and they were really grooming me to do this work. I always sat and listened to old people. I never drank or smoked in my life because I listened to what the old people said. I thought, "That's the kind of woman I want to be."

At Anishanaabe Heath Centre, I worked as a traditional healer. A lot of people had gone to residential school. In psychology, they talk about abandonment and a lot of people felt abandoned even if their parents had voluntarily put them in school or if they were forced to attend. I wondered why they talked like that, but when I realized how I was feeling even though I didn't go to residential school, I thought, "If I feel this way, what must they feel?" That was the beginning of my own healing, realizing that other women were feeling the same way.

One of the things I realized is that all the women, they had strong feelings of abandonment. This is one of the emotions we had to work with with everyone. We had to come back to a sense of belonging, to a family, to a creative art. Belonging is a human need. They didn't even realize that they had a sense of who they are as nothing. When I began to offer culture through activities, women said, "This is who I am. This is what I have been waiting for, a whole sense of identity." Had they had that before they went to residential school, they wouldn't have felt the abuse so much, but they were too young.

¹ "The Mohawk Institute was the oldest continuously operated Anglican residential school in Canada. It was established in 1828 as the Mechanics' Institute, a day school for native boys from the Six Nations Reserve at present day Brantford, Ontario. Three years later, the school took in boarders and girls were later admitted in 1834—this date usually taken as the founding of the residential school" (Anglican Church of Canada, 2008:3rd para.).

The number one issue is lack of identity: there was nothing to hold on to that told them who they are. So they quit talking, feeling, and trusting, I don't know how to say it, maybe an empty person ... Tom Hill, the curator of the Mohawk Institute, said when they renovated the school they found things the kids had hidden, little pieces of cloth that maybe reminded them of their grandma, the littlest thing to remind them of their identity. He found these little things hidden by the children and he talks about that in his work. I could just imagine if they had nothing, they felt like nothing, worthless as a human being ...

I started out working with women [in the *I da wa da di* project] ten years ago. The very first circle was a large one, 20–25 women, a singing circle. Women were asked to bring rattles and shakes and one of the singers on the reserve was invited as a facilitator to teach women's social songs. Well, the women opened their mouths and nothing came out—their voices were gone, all they could do was stand there and cry. That was the beginning of women finding their voice. I nurtured them until they found their voice, and they not only began to sing, they began to talk.

"I da wa da di" literally means "let us speak, let us find our voice." Through residential school, voice was taken away. It took some time, probably a good year. I worked with them through writing, journaling their story, then sharing it vocally, then singing, and laughing, and crying—all the things the voice is used for. It was quite an amazing transition. That was how we began to heal through the creative arts—singing and storytelling.

One of the other ways we use here is gardening: it's a very healing creative art, especially for Haudenosaunee people. Women were responsible for the food; food is a life source we need as human beings. Women became responsible for this life source. We sing to our seeds before planting—without a voice, you couldn't offer this spiritual part. We use gardening because it's also a connection to the earth; we're earth people connected to the soil, and it's a way back to what they lost in residential school. It's a continuous process. Along with the beautiful corn and beans and everything we grow, we give the cultural teachings of the food. We saved the cornhusk and wove cornhusk masks. The *I da wa da di* project closed with an art exhibit ... and we're finishing a video of that day. Women made their own rattles from scratch, wove baskets to use in the garden, pounded corn, made cornhusk dolls—and they were used in an exhibit at the Mohawk Institute, which was the former residential school—and we launched a book of women's stories compiled throughout the project (*Coming Home* released on March 7, 2010). The art exhibit and book launch were quite amazing. The residential school took away their culture and we took it back to the building that was once the school.

On the contribution of culture and creativity to healing: I have to go back to language, our language was oral, not written, and so the culture is also oral. Our culture is based on what we call symbolic literacy, meaning the symbols we use relate to life, what we see, feel, hear, taste, and touch and to what we intuit, and to telepathy—we had this innate gift to communicate spiritually. Our whole culture as Indigenous peoples is based on symbols: the arts; corn, beans, and squash; the full moon; rattles; the drum; eagle feathers ... We connect through an oral language to make a life. There's such a depth to it, I can't even explain. Language is the missing link and so we have to come back to it. I didn't understand until I took a language immersion course nine years ago. My dad was fluent

in Mohawk but he didn't teach us because of how our language was treated in residential school. I believe in order to fully feel, through creativity and symbolic literacy, we must know the language, maybe not speak it fluently but we must know it. It's all in the language, it creates a beautiful picture in the mind and you see the colour, the image. These beautiful artists can see the image in their minds before they do it. I know for me, I was in language immersion, I'm not fluent but I know enough to understand what the old people said. They took our children before the age of seven and taught them another language: the key to holistic healing is language. In Indigenous languages, there is an extra vowel, and the old people say we take an extra breath and it connects us to the whole universe.

Thais Sewell. Healer. Vancouver, British Columbia

What follows is part of a telephone interview that took place with Thais on 14 April 2010. She spoke about the impact of trauma on the body and how trauma can be released through music, traditional arts, and movement.

I come from a lineage of healers: my mother, my sister, and my niece are healers. I was brought up with my mother's remedies. Her mother was also a healer and I have been led to believe it goes further back for several generations. I was brought up with an understanding of plant medicine from an early age as well as hands-on healing. As a child I would heal animals by putting my hands on them. I grew up that way.

In the early 1990s I started doing healing work with people but felt that I should get training, and then I realized that what I was taught as a child was, for the most part, what we were learning in the training. I studied in different areas and became certified in several healing modalities learning many new ways of working with people.

In 1999 I started to receive healing songs and now I use those songs when I do traditional work with people; I also incorporate other knowledge I have gained over the years. I find traditional healing work is very helpful with residential school Survivors. When people have been traumatized, particularly as children, the soul can splinter, and traditional healing work can be very helpful to help bring back balance. Sometimes people may not be getting anywhere in their healing process because the parts they are trying to heal are not grounded into their body. If the spirit is not wholly lined up with the body, they're not grounded into the body; many other things are involved.

The form of traditional healing I do incorporates singing as part of the healing process. I've also done hand drumming in circles and on the land. I have used singing, rattling, and drumming to assist people with their healing journey. For any kind of healing, and especially for trauma recovery work with First Nations people, the sounds of traditional songs and the vibrations of the drums and rattles greatly help to move trauma out of the body. I find traditional healing methods work more effectively to release trauma than other methods that involve talking and focus in the mind. Trauma is stored in the body and singing and drumming and the vibration this creates allows people to get in touch with their body and feel where and, often, what the trauma is.

If you look at body energy, the lower belly is the area associated with creativity, and it is also the place of nurturing, and creativity stimulates nurturing. In people who attended residential school this area is often quite blocked and out of balance. I found that doing creative projects is very beneficial. Art therapy is also very helpful.

I have used movement with people who have been traumatized, particularly when there has been sexual abuse. When abused, the body tends to seize up, become stagnant and rigid. They don't want other people to notice their body. People can regain awareness of the body through movement like traditional dancing or canoe pulling and also with sound: this brings awareness back to the body and helps to release the trauma. People who have been to residential school benefit greatly from traditional forms of healing that bring back awareness of the body and the heart. Sound, movement, beading, weaving, and appliqué are very helpful, it's like the rhythmic movement stimulates feelings in the body and this allows healing on a deep level.

I have taught youth and elders Coast Salish weaving and the making of button blankets and I found that when people work on a traditional craft that is a part of their culture, it makes them feel good and allows a safe place for intimate discussions to take place. It brings people together and helps them to remember who they are and where they come from. Creativity brings them closer to their emotions and as they work together they begin to talk to each other and to share their stories. It's a very powerful healing tool.

I believe a person's culture touches their soul in a way that awakens the truth of who they are. When a person is given the opportunity to be creative within their own cultural art form, it allows movement in the body and this helps to awaken those hidden traumatized parts. Over the years I have noticed that the belly and heart area are often blocked the most and that there is a connection to the physical ailments people experience and to the trauma they endured, it's all connected. When people hear traditional sounds and they begin to dance, movement begins to happen inside them and this helps to clear the blockages and allows the energy in the body to flow and release. People often express their unspoken words through their cultural forms of art or art therapy. These activities connect us to a part of the self that's been buried and hidden away, but it's still in our blood and our bones, and when it's awoken people begin to remember who they are. I've seen it over and over and experienced it myself in my own healing.

Everything in the First People's culture was spiritual and creative and purposeful—baskets, even if they were used only to collect rocks, were beautifully woven; tanned hides were made into clothing decorated with shells. Everything they wore and used day-to-day was beautiful, it all had a symbology, a purpose, and a spiritual base. That's who First Peoples are, it's beautiful. Why do people question that?

Using a people's culture as a healing tool greatly assists in bringing them back to a place of being whole. All the healers, the medicine people, the Chiefs, and the elders and women, they all had structured groups with strong family values based on creativity and their spiritual beliefs. Women gathered in circles to sew and weave, and that's where they talked about things. If there was a

problem, they assisted one another. It's logical, that's how you heal. I've seen more effective healing this way than when people use more orthodox methods.

On healing outcomes associated with creative arts: Most immediately, people look younger, lighter, and brighter. People say, "I feel so light." The heaviness of what they were holding around or in the body has been cleared away. Or they say, "I feel like I'm back." The missed part of the soul comes home, there's a sense of completeness. At healing gatherings I have heard people say they feel like they are not all there, they're not sure what but there's a sense that something is missing. Or they say, "I feel beside myself." And after traditional healing they actually look younger when they have cleared away the heaviness of the emotions they have been carrying, layer by layer. It can take time but it's phenomenal to see.

Jakob Gearheard. Ilisaqsivik Society. Clyde River, Nunavut

The following excerpts from an interview on 14 May 2010 focus on traditional skills and on-the-land programs for both men and women. Creative arts used in the healing project include drawing/painting, sewing, drum making, singing, drumming, playing musical instruments, dancing, writing, storytelling, knitting, toolmaking, and berry picking.

The men's group does toolmaking—they make sleds, dog harnesses, hooks for seals, and harpoons—and counsellors are there while they make the tools. It's not called healing sessions, and yet healing happens the same way as with the women. Men sometimes come to the group and hear something being discussed, but they don't say anything; if they want to talk privately they come in the next day to make an appointment.

We have a hunting program for the men, with instructors, and often youth go out and also men to men, without youth, and we find that while on the land, men are more able and more willing to open up and talk. It's not necessarily like when you call a formal meeting on residential school experiences—they shut down. On the land, you stop to make tea, and while drinking tea you ask, "Were you ever in a residential school? What was that like?" Especially with men over forty, they're more comfortable talking on the land.

We do a similar thing with women on the land, sometimes working with skins, sometimes berry picking. It's not really an art like painting or sculpture, but it involves the same principles, engaging the mind, heart, and body. Exercising the body while concentrating on the berries they're trying to pick, it's easier to talk about trauma. We train counsellors to go on walks when people come in to talk. It's a method that works for a lot of people here.

Sometimes people comment about going berry picking and it turns into a counselling session, "Wow, that's healing," they say. I'm not an Inuk but I've been told by the Board of Directors that there is not an Inuktitut word that means healing like in English or like we do it now. When we say there's an on-the-land healing trip, some of it gets lost in translation, and when they come back, people say, "Oh that's what healing is—that's what we used to do. We used to go hunting for two

or three days with someone we trust.” It engages people who would never have come to a wellness centre to see a counsellor. It would mean you’re broken or sick and there’s no anonymity in a small community—everyone knows you saw a counsellor. So if we can overcome some of the stigma by offering culturally based programs, more people come.

On how creative activities contribute to healing: The thing I didn’t talk about, especially if participating in culture and traditional activities, it triggers past memories of trauma. On the land, working with skins or dogs, just that act will often trigger something in a participant. I am making up an example, say if somebody, if we were doing a workshop on the land and there were dog teams and men and counsellors, hunting by dog team, it might trigger being relocated from camp to the community or being taken to residential school and never learning to run a dog team. If a counsellor is there, it’s an opportunity to begin talking about it.

At the community level, our cultural-based and land-based programs are recognized as best practices by organizations that matter to the community: Nunavut Tunngivik Incorporated (NTI), Inuit Tapiriit Kanatami (ITK), the Inuit Circumpolar Conference (ICC), and the Government of Nunavut. That’s also a sense of pride for the community.

We’re getting to a point where there’s a critical mass in the community of people who have turned the corner from trauma and denial, to talking about it but not dealing with it, to talking and dealing with it and moving on. At the start, there was a lot of preaching to the choir. There were people who wanted to help themselves and help others, but the only participants were those who recognized their need for help. The more we’ve done cultural-based programs, the more people participate who were never interested before. More and more are coming. Over one hundred people come for the two-week cultural camp and participated in healing workshops. The community as a whole is getting healthier, we’re reaching the critical mass through this kind of cultural approach to healing. It’s a shame that AHF funding is no longer available: other kinds of funding are much more restricted. What can be called healing in the South, you often need a master’s degree, but we try to hire community members.

I can add that the women’s and men’s groups, another reason they work so well is the instructors, their self-esteem and pride is boosted when they share their knowledge with younger people. It reaffirms their own culture and identity, heals a lot of wounds created by residential school; for example, that they were dumb and their culture was second-rate. It reaffirms the skills they do have are very important, just as important, more so, as someone who comes from the south to teach basketball. We keep our pay scales similar for southerners and community members. We have had to fight funders who expect community members to volunteer but will pay people from outside to come to the community. This suggests that traditional knowledge is less valuable than knowledge from the outside.

Note: In 2010, the Ilisaqsivik Society received a \$10,000 award for Excellence in Community Programming from the Kaiser Foundation (Retrieved 30 March 2011 from: http://www.nunatsiaqonline.ca/stories/article/98789_clyde_river_wellness_centre_gets_10000_award/). Funding from the Aboriginal Healing Foundation ended in June 2010.

Norman Drynock. Residential School Survivor, Carver, Storyteller, Social Worker. Whitehorse, Yukon

At the time of the interview with Norman, the Committee on Abuse in Residential Schools (CAIRS) in Whitehorse, Yukon, offered a wide variety of creative activities, including drawing, painting, carving, beading, mask making, drumming, drum making, tanning and sewing moosehide, metal toolmaking, and making tools the old way from antlers and horns (including 30,000 year-old mammoth ivory and narwhal tusks). Learning a new art form and gaining competence through practice led to increased self-respect among program participants and, sometimes, became a non-threatening gateway into counselling.

The following are passages from the interview with Norman. He spoke about CAIRS and the creative arts activities offered at the centre during a telephone interview on 31 March 2010.

I have an artist-in-residence and I am a carver myself and can share ideas on how to market and sell work. The artmaking is done because it builds self-esteem. Many clients come from the corrections system through a halfway house and others are residential school Survivors and their families, people who have been in foster care, and a large number of non-First Nations come through here as well. For example, a couple of young ladies from Japan learned how to make dream catchers. We have a coffee and drop-in centre and this brings clients in, then they become involved in the shop. Because of the poverty and high cost of living in the North, it costs a lot of money to live, and arts and crafts can round up the wages of minimum wage earners and students.

We consistently have client from the halfway house, and a few women in the tool shop, and women use the industrial grade sewing machine to sew moosehide. Beading helps women, working with beads and talking with the outreach worker, women like to talk while working, and men too. The drop-in is used to create interest in the arts and crafts, and arts and crafts are used to help people decide to attend counselling or sweats or join the on-the-land survival training. In one quarter we had 1,942 contacts, and a great number of these got interested in arts and crafts. And all of this contributes to self-esteem. Arts and crafts keep people busy. Many have substance abuse issues and it helps them to keep busy. Some people who used to sell drugs now sell carvings, and they have gone from using crack to using pot.

We get a lot of donations: antler, stone, wood. If a carver loses everything, they come back and know they will be able to make something and begin again, begin to get something back. They make two carvings: one for the program and one to sell. During the warm season, a friend helps us do tanning hides. This is an art in itself, to make excellent, high-quality hides that can be sold or made into something.

On what advice he would offer a young person interested in doing the type of work he does with the creative arts and healing: Find out what interests you and nurture it because a lot of people don't know how to carve, but they could drum or sing or work with steel. We have two FAS clients here, about age eleven in their mind. We treat them as adults and both are knife carvers.

Note: Norman and a number of other staff were laid off when funding from the Aboriginal Healing Foundation ended. CAIRS is still operating but with minimal staff and reduced programming.

Darlene Cardinal. Community Activist, Cultural Teacher. Grand Prairie, Alberta

In her interview, Darlene spoke about using a variety of art forms in her work with women's groups and Elders' circles, from drumming to painting to traditional arts. Below, she is speaking about storytelling and the important role telling one's personal story has in helping residential school Survivors reconnect with some of their positive childhood memories. These comments are from a telephone interview that took place on 18 May 2010. She begins by recounting her experiences working with an elders' circle.

With residential school Survivors, storytelling is important. I tell my story, I was at residential school at seven years of age. At first, I couldn't get one elder to share, it was so difficult and heartbreaking. I told my story, not as a healer, and another man told his story, and as confidence grew it became more common. After quite awhile, they were talking about medicines they know of or wondered about—elders in their seventies and eighties talked about fun things they remembered like going berry picking, having a picnic, and going hunting. There was lots of heartache and tears, but then there was joy as well.

People were not permitted to do art or drumming or tell stories and legends [in residential school]. So I say, "watch me" and I do one beat, two beats, and there's a flow of emotions—joy, crying—and then they say, "I want to make my own drum." It's the same with storytelling, it might be like they start with something negative, but once it's out there, it's the beginning of healing. Once it's out there, they say "I've opened this door and I want to keep it open, I want to continue healing." I hear people say, "I can't even thread a needle, I can't do that beading," and I say, one step at a time: choose the hide, lay out a design, let's start stitching..." And an hour or so later, I hear, "I did this!" There is so much pride. And elders who had always wanted to paint but who had fears about not being able to, they did brush stroke on canvas. They were overjoyed, saying, "I've always wanted to do this!" Many hung the paintings in their houses, framed them, they just loved it. Even a simple dream catcher brings pride. I just need to say, "I'll show you, and once you learn something, you keep the circle going, you teach someone else."

On the impact of working with traditional arts: They take pride, learn something of their past, the family's past, and begin to understand why a Choker, for example, is worn this way, or why men and women wear braids. They learn the protocol that goes with what they have made. They understand why the Honour Song is a man's song and that if you want your man to be strong, you don't approach him during your moon time. Or the future of a child, about how the umbilical cord is used in planning the future.

You need trust first, then the healing can begin. I was contracted with Native Counselling Services of Alberta (NCSA) and we had just started to get the numbers up after getting the program established, recruiting people to come, and once they began to have trust in the organization, then it went through the community. NCSA was running out of space, sometimes we had sixty or

seventy people in one night, oh my goodness, children, women, youth circles every Wednesday, and Fridays with the Elders.

Carla Johnson. Artist, Counsellor, Educator. Prince Albert, Saskatchewan

Carla worked with women in the literacy program at Pine Grove Correctional Centre in Prince Albert, Saskatchewan. Collaboration with a community-based arts organization has brought artmaking and music into the institution, with a wide range of benefits accruing to the women who participated. The songwriter discussed below was Cheryl L'Hirondelle. Portions of the telephone interview with Carla that took place on 4 May 2010 are reproduced below.

In the literacy program, we use several mediums to incorporate art. We stress communications and speaking, and art and creating songs are used in the process of teaching literacy. Common Weal Community Arts in Regina has a northern department in Prince Albert and they give funding and people—artists—to work on community projects. At the correctional centre, we had a project where the women created a song. We wrote it ourselves. There were eight or nine in the group, and each woman wrote a sentence or a phrase, then we created a melody and recorded the song. The women are a variety of ages; some experienced residential school and dropped out early, many are young and have had a bad experience in school. We use a lot of art and culture to get them back into the classroom.

We also do visual arts, painting with acrylics and watercolour, drawing with soft pastels and ink. We painted a small teepee with a traditional beadwork design from my traditions—Woodland Cree. I use the teachings from my culture to explain the meaning of the colours and the design. Traditional Cree colours are blue, red, white, and yellow. I speak from my own traditions and the women bring in different cultural perspectives. It's a process that lends itself to transforming feeling. We used butterflies and dragonflies in the design, butterflies to represent some of the women who are withdrawn, soft, and delicate and dragonflies for the women who are more assertive.

On the contribution of the arts to healing: It really does boost self-esteem, especially for people from a marginal group who are segregated. Women starting the group are shy and by the end they are very proud, their self-esteem has a big part to play, and they have tried something they have never tried before. In the groups we have First Nation and Métis women and non-Aboriginal women. In the last group there was a woman from West Africa and this changed the dynamic of the song we created—it included her cultural influences. Every group is different. We focus on building self-esteem and getting them back to a place where they can feel comfortable through art and music.

On the impact of cultural arts: There is so much pride ... Making a cultural connection is so very important; it provides a little extra edge to get through the day, to try something different, especially drumming—it is very motivating. It's also bonding for groups when they all learn something together. Through Culture we teach the women that the drum's the heartbeat of Mother Earth and Motherhood. It's about women power all around us. Women are the only ones who have the power to give life and that is why we call this land Mother Earth and understand that the land gives life

back to the people. It is all connected. We get all we need to survive from Mother Earth and the drum reminds us to treat her with respect because the drum has the spirit power of the female. Drum's the heartbeat, heartbeat of our Mother, heartbeat of the land, and heartbeat of our culture.

On changes observed in individuals: Self-esteem; they just change, they are more willing to try, more willing to talk about issues, more willing to dig deeper into issues and consider other approaches to problems. The communication opens up and it becomes a two-way conversation: as opposed to me instructing them on what they need to do, they tell me about their goals and set them for themselves.

Also, I think it has an impact on other women in the facility. At two of the workshops my program hosted, we had women standing outside the classroom door listening to the drums and the women sing. It creates a more positive atmosphere in the institution; cultural events change the environment in a positive way.

Note: A documentary on the literacy program called Expanding Knowledge: We're Not Just Chicks in Grey was released in 2009.

Mike MacInnis. Social Worker, Musician. Eskasoni First Nation, Nova Scotia

In a telephone interview that took place on 5 May 2010, Mike spoke about incorporating music, songwriting, and visual arts into his therapeutic practice.

I have a group called Tunes and Talk that consists mainly of residential school Survivors. We write songs and teach guitar, do some voice work, sometimes a little bit of a jam session. Songwriting is the heart of it, it provides an opportunity to bring emotional content into music as a form of music therapy. Some people just want to learn cover tunes so they can play songs at family gatherings, and that's fine too. Also, when I hold Healthy Relationship workshops, I bring my guitar and play at the beginning or end of the workshop. It opens things up. We use music a lot for loss and grief. One client lost a son and she brings content and we are writing a song together to honour her son. We use music a lot in therapy, in individual counselling and in groups; especially with youth, music is a vehicle, we meet the youth through music.

When you have secrets stuck inside of you, it's sometimes easier to put it into arts than to talk. They may not have told themselves or a loved one, and creating something, you can put the positive things that have happened since the trauma into it, the positive self to counterbalance the pain. Some of my songs are sad but it's healing for me to sing them—I lost my best friend and I wrote a song about the last time I saw him in ICU [intensive care unit]. It's a very sad song but healing for me to sing it.

Art and music are warmer, more personal, and they provide opportunities for someone to build a skill. For example, once you can play guitar, you have the opportunity to turn to something when you are depressed, the guitar can become your best friend. And there is pride because a good

painting or song is something that makes you proud of the self. It builds a person up. If you know you are good at something, even if you are sad, it is uplifting. Also, you meet people with the same interests and this addresses a lot of issues facing people. Or the feelings that music can bring, or looking at a great painting, it makes life bigger than what you're feeling. It raises consciousness and starts making you write or create about personal issues or changes you want to see in society—social justice.

It's also nice for relationships if people can learn something together, paint together, or dancing together as a couple. It's a bonding experience if you can find an activity they both enjoy, and nurture that aspect. If you combine culture and art, you're looking at the whole person, it hits the nail on the head. Young people can learn about their culture through the arts. Even for young people to look at old photos of their ancestors. No one should be excluded from opportunities to express themselves through creative arts.

With music, people become better at something, and they express themselves at an emotional level much better after they have been involved in Tunes and Talk. One man, I wasn't his primary therapist, we shared music but he came to talk to me about his residential school experience and the psychological assessments. Music opens the door, they get to know me through music and come to me when they need it. It's warm-blooded social work practice.

April 2011 update: The Tunes and Talk group have plans to make a studio recording of some of their songs.

Ernie Blais. Musician, Square Dancer, Fiddle Judge. Winnipeg, Manitoba

In an interview on 5 May 2010, Ernie focused on the benefits of participating in Métis gatherings that include music.

We have traditional jigging and square dancing at a weekly gathering, fiddle playing, and some people sing. It's a Métis gathering so there is more traditional jigging and fiddling. It's a way to communicate, a social event for older and younger people to get together.

Music, let's face it, music is the universal language. People relate to music. When they are sad, they play music, when they are happy they play music. Music is a part of weddings and funerals, a part of all cultures. It's also a billion dollar industry, it keeps the economy going.

There's a camaraderie. I suppose people tend to be more joyful, they get along well, hands clapping and feet stomping, jibber-jabbering as they enjoy a good time event, the music, and the culture.

The cultural part of things as it relates to music seems to be the last priority—if people are going to heal they've got to feel good about themselves. Stress is a big killer throughout the world and music relieves stress. We need to work on the physical being and music is a good place to start. Music is a way to reach people, you can't always be talking to them to reach them. People look inwardly

for a way to heal, it's from inside, people need to heal themselves and they must be interested in something—culture, the fiddle. Sometimes an older person will say, “I always wanted to play the fiddle, I had a yearning to play.” Had they done it, it would have been better in their lives. I don't have hard data but it's what I have observed.

Shirley Flowers. Poet, Therapist. Happy Valley-Goose Bay, Labrador

The focus of the excerpts of the interview presented here is on Shirley's personal journey and the benefits of connecting with culture and history. For Shirley, this manifested most strongly in poetry. Following the telephone interview on 7 May 2010, Shirley provided some of her poems, one of which is included here.

Well, I guess I started using writing quite a few years back looking at residential school issues myself, and I wrote some poetry. I met a medicine woman when I was struggling with issues of my mixed ancestry, and she acknowledged me positively as being Aboriginal and after that I gave myself permission to express myself in writing and drawing. I put together, in my work as a therapist, a presentation on Inuit history, not in a textbook style but a creative style. It's a look back in pride at where we came from.

In trauma work, I always worked in the addictions field, and I always knew that historically we suffered much trauma under colonization. Still, I wondered what had happened. Over the years, with experience and training, I saw real connections, and through my own personal healing journey there was a real focus on history. We need to go to some therapeutic healing, but we also need a grounding in history and stuff to draw our strength from, to go through the trauma with a stronger connection with the past. Learning about our history, make it fun, interesting, and something to be proud of. There are lots of things people haven't thought of, like our strength to have survived to today.

I think a lot about culture. We think it is lost but it is inside us somewhere. I'm using my imagination to connect with the past, but it's not imaginary, it's very real. I wrote a one-pager about myself and the medicine woman receiving me in a positive way, giving me permission to search through the historical part of me. I would write things exactly as it came to me, the creative part of me connects to that and visual art came out of me ... This helped me connect to the land, the people, and the souls of the ancestors through the pieces of writing and drawing.

For myself, I think for many years I struggled with my identity of being of mixed ancestry and over the years, I did a lot of writing. When I was ready, it strengthened me in who I am, what I do, that it's worth doing. To have that connection, it allows me to express gratitude to past relatives, and it gives them a voice and a place. Sometimes I think it's their souls or spirits coming through me. I honour their voices.

On the creation of a drumming group in the community: I'm a part of a drumming group created a few years ago when an elder had terminal cancer. There was an event honouring abstinence and we asked him to speak about spirituality. He said his father told him the Inuit drum had been

silenced by the missionaries over two hundred years ago and when the Inuit drum comes back in the spiritual way, the people will have peace again. Nine or ten of us there had drums on our wall, we weren't good at playing it but we got together and a youth taught us how to drum. A song came to me and we put it to the drum ... We were able to sing it to him the day he died. We were later asked to perform it in the church and that's the first time the Inuit drum was heard in church. Now, it's been taken to other communities and the feedback is very positive—the effect of the drum on the people.

Prayer to the Earthkeepers

By Shirley M. Flowers

To my ancestors and my forbears
I hear your voices in the roar of the tides
I hear your whispers in the wind
I hear echoes of children's laughter as I listen to the clatter of pebbles under my feet
I turn to look at you as if I could see you standing beside me
I hear you breathing and it is not separated from mine
I feel your presence on the shores of the islands
I know you walk with me when I climb the hillsides
I know you are smiling as we look out over the sun sparkling on the water
I know you tasted the saltiness from the sprays

I know you smelled the mussels, the shoals, and the breeze
I know as you knew these ancient senses does not forget
I know you felt the warm comfort of the sun as it melts away the aches and snow
I know the joy you felt when the splash of the great salmon was caught
I know the riches and wealth that nature provides
I know the gathering of the eggs, the berries, and the wood
I know the call of the geese, the ducks and the ptarmigan
I chase the caribou, the rabbit, and the fur carriers
I wait for the seals, the fish and the whales
I hear the stories, the songs and the drum
I understand honor, respect and sharing
I know we are the keepers of the earth
I know we were and are here forever.

Elisapee Davidee Aningmiuq. Cultural Teacher, Counsellor. Iqaluit, Nunavut

Elisapee has many years of experience in coordinating and leading culturally based counselling and community wellness programs such as Iliquisittigut Makigiarniq (Using Our Cultural Strength to Rise Up), of which she refers to below. These passages were part of a telephone interview that took place on 24 April 2010.

We have skill development programs where people learn cultural skills like parka making, sewing, making kamiks and mitts, putting designs on sealskin for decoration. We will be starting beading, too, but we have a very limited budget for the next few months, the program is continuing on but in a limited way. Participation is open to anyone in the community. We believe anyone sixty years of age and under has been affected by the residential school system and day schools. We've had people who are sixty years to the youngest at seventeen or eighteen in the regular program. Some even younger drop in to the centre.

I see a lot of healing in participants with creating. It brings back who you are. It brings self-esteem, pride, and will, and it motivates you to carry on. I see people get emotional when they finish creating something they didn't know they could make, something that their mother may have made, like sealskin kamiks or mitts. There's a lot of healing in the skill development, it brings out who you are and what you can do.

A lot of people have gone through the formal education system and they had to sacrifice something. They sacrificed creative skills but it's also still expected of them. Unfortunately, today the only way to teach Inuit culture is through programs. Many parents are working and kids are in school all day so we need to rely on established programs to teach Inuit cultural skills. Overall, it makes people happier; they appreciate who they are. Lots of adults learn who they are for the first time while making kamiks, making parkas, and without these programs they wouldn't know how. Many people continue their creative work at home after the program, making clothing for their family members.

We take single mothers out on the land, it's a place they own, it's theirs, and they learn skills on the land. Counsellors are available for talking. It creates benefits for the entire community.

In the past, even today, Inuit are very creative. Our parents had to work with things from nature, they turned their surroundings into workable tools and clothing. When learning these things, you think about how creative they were—designing the kayak, designing the amouti—how creative our ancestors were. There's always the Inuit way of making clothing, it's always custom made – for my family, for example, they have to be custom made.

In many of the Inuit communities, the thing that lacks is cultural identity. When you don't know your culture, how people were creative in the past, a lot of times you're lost. What makes you an Inuk? Language? Throat singing? Drum dancing? Making traditional clothing? I have seen over the years a lot of people have their cultural identity ignited by being able to create something that comes from Inuit culture.

I've seen a lot of people who get empowered after learning how to make something that comes from Inuit culture. They are not only learning the skills, but also the vocabulary that goes with it.



Photographer: Linda Archibald

Chapter 5

Rights of Restoration: Aboriginal Peoples, Creative Arts, and Healing

Linda Archibald
Jonathan Dewar
Carrie Reid
Vanessa Stevens

A longer and slightly different version of this paper was originally published in the Canadian Art Therapy Association Journal 23(2):2–17, Fall 2010: Special Issue on New Canadian Art Therapy Research.

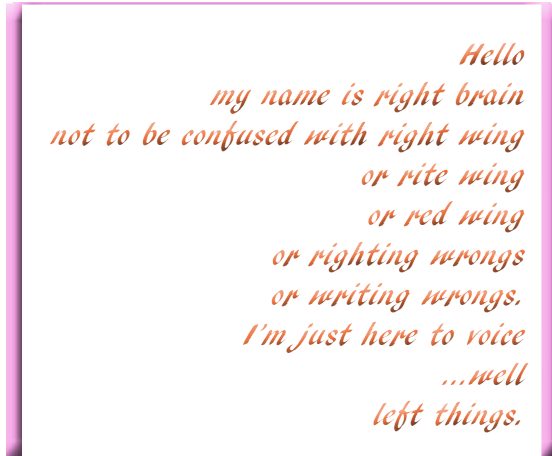
The authors wish to thank Tsow-Tun Le Lum Healing Society and the participants of the Honouring Your Grief art therapy workshop for their openness to and support of this research project.

Honouring Your Grief: An Art Therapy Workshop

In May 2010, a five-day residential art therapy workshop called “Honouring Your Grief” was held at Tsow-Tun Le Lum, a healing centre on the Nanoose First Nation on Vancouver Island. The centre offers a six-week residential treatment program for substance abuse, a five-week program for survivors of trauma, and a variety of special workshops. Tsow-Tun Le Lum has been described as a special place where the beauty and serenity of the surroundings are “integral to the healing process” (Fiske, 2008:79).¹ The workshop was co-facilitated by Carrie Reid, a registered art therapist, and Jeff Bob, a trauma counsellor at the centre; both are from Nanoose.

Introduction

Historically, Indigenous societies throughout the world have used visual arts, dance, music, dramatic re-enactment, and storytelling in everyday life as well as in celebrations, governance, rituals, and healing ceremonies. In Canada, connecting and reconnecting with cultural and spiritual traditions—and this necessarily includes creative arts—has been shown to positively contribute to healing the wounds inflicted by 200 years of cultural denigration and repression through laws and government policies. Perhaps the most significant of these was the Indian residential school system. In 2009, the Aboriginal Healing Foundation began a study to explore the complex and complementary relationship among the creative arts, culture, and healing from the residential school legacy. This paper describes the case study segment of the research: Tsow-Tun Le Lum’s Honouring Your Grief art therapy workshop.



Three of the four authors are associated with the Aboriginal Healing Foundation. Linda Archibald was the study's principal investigator. She and Vanessa Stevens, AHF research assistant, attended the workshop as participant-observers under the direction of Jonathan Dewar, AHF's research director. Carrie Reid is the art therapist who facilitated the workshop being discussed in this chapter. Carrie's involvement as a co-author is consistent with Indigenous research methodologies, which attempt to counter the many negative experiences of Aboriginal people with research that objectifies, ignores, alienates,

and misinterprets reality. Her involvement added depth to the analysis, yet it also placed her in the uncomfortable position of being both a subject of the study (as workshop facilitator) and a commentator on it. Carrie responded by also including some of her feelings about the formal nature of the research process in the text-box commentaries and in a separate section near the end of this chapter. The commentaries could be viewed as "oral text"; they are presented in a trickster voice, a common tool in First Nations literature.²

Research Methods

Tsow-Tun Le Lum was selected as the research site for a number of reasons: the use of art therapy, the centre's overall reputation for excellence, the director's overt support for research, and the timing of the workshop. Participants were informed two weeks prior to the workshop that two researchers from the Aboriginal Healing Foundation, Archibald and Stevens, would be in attendance. Consent forms (Appendix 7) were developed in accordance with Tsow-Tun Le Lum's research protocol and signed by all participants. In this chapter, participants have been identified by pseudonym, and personal characteristics have been removed or altered.

The researchers had initially intended to observe the workshop and interview the participants. During an introductory meeting, it became clear that the art therapist was not comfortable with the researchers observing the workshop and taking notes; her primary concern was creating a safe space for participants to do their work. The issue was brought to participants that evening during an introductory session, and they were involved in the decision that was made the following morning. Alternatives to observation were presented, including attending only particular sessions or becoming participant-observers. The act of giving participants time to think about the alternatives was on a conscious level.

On Monday morning, participants gathered in the arts and crafts room and were provided with a piece of paper, crayons, and markers. Everyone, including the researchers and the facilitators, drew pictures of themselves as kitchen utensils and then spoke about their similarity to the chosen utensil. Timid laughter accompanied the presentation of spatulas, spoons, garlic crushers, and

mixing bowls. The conversation about the involvement of the researchers followed. One person mentioned that since the researchers had already been a part of one activity, it made sense to continue, but they would have been less inclined to agree if the discussion had occurred first. A concern was raised about interviewing participants during their process. In the end, it was agreed that the researchers would become participant–observers, and no individual interviews took place; instead, a focus group was held in the form of a circle on the last evening of the workshop. In retrospect, the introductory art activity provided a smooth, non-threatening way of fostering group cohesion; it was the beginning of building relationships within the group and the researchers had been a part of the process. The discussion that followed had involved giving participants a voice in the decision on how the research would take place and, ethically, was considered a good research practice.

There are benefits and limitations associated with the role of participant–observer. In this case, field notes were written during the evenings after full days of intense involvement in an art therapy workshop, and the notes are not as extensive as they could have been. On the other hand, there are two sets of notes and the researchers were able to discuss each day’s activities, clarify points, and refresh each other’s memory. There is always the potential of observer influence, although probably less so in the role of participant–observer than purely observer—a couple of participants mentioned that they often forgot that Archibald and Stevens were researchers. The researchers did not stay overnight at the centre and no observations were made during the evening hours. Finally, given the intensity of the experience, there is the possibility that researcher bias may have influenced the observation and interpretation of events.³

The research was conducted with an awareness of this potential limitation. Benefits include having the opportunity to become fully immersed in the art therapy process and to experience the impacts from the eyes of a participant. Overall, the researchers interacted with the facilitators and the participants with an awareness of their dual role as participants and researchers–observers, although there were times when one role or the other was more dominant.

A focus group took place on the evening of the fourth day, which lasted approximately two hours. A focus group is essentially a group interview, and, in this case, it took the form of a circle. Participation was voluntary and 8 of the 10 participants took part: two people had left the workshop earlier in the day to return to work. Participants were asked to speak about changes in themselves as a result of participating in the workshop and about challenges they faced, and to make general comments about the workshop process and impacts. Responses were recorded in a notebook. Focus group comments are included throughout the chapter, and individual speakers are not identified, even by pseudonym, because participants were told that their comments would be reported anonymously to the facilitators. During the focus group, participants chose their pseudonym and gave permission for the report to include poems they had written during the workshop.

The Participants

Ten people took part in the workshop. Names and identifying characteristics have been changed to protect identities. Participants were not asked specifically about their residential school attendance or that of

family members, although some mentioned it during the week. Given the long history of residential schools in British Columbia, it is likely that most participants were in some way impacted by the legacy.⁴ All were adult and ages ranged from early twenties to late fifties. Participants were from a variety of First Nations communities as well as urban centres and small towns throughout the province. The ten workshop participants are described below:

- **Doris:** a second-generation residential school Survivor who grew up in a chaotic family; she is grieving the loss of her auntie who was a constant, nurturing presence in her life.
- **Fiona:** adopted by a non-Aboriginal family as a young child; she is just beginning to learn about the history and culture of her birth family.
- **Bill:** attended the workshop to support his partner Mary.
- **Mary:** came to the workshop in the hope of coming to terms with the numerous losses in her large family; she and Bill left before the workshop was over.
- **Richard:** a former addict grieving early losses in his family and more recent lost relationships.
- **JR:** grieving the sudden death of her husband.
- **Elvis:** a residential school Survivor, father, and grandfather attempting to address a variety of complex problems, losses, and family relationships.
- **A.R.M.:** a woman deeply affected by the recent death of her grandmother.
- **Tony:** an artist who lost his best friend.
- **Joyce:** a residential school Survivor, mother, and grandmother committed to facing the many losses in her life.

Overview of the Workshop

The workshop was designed to accommodate the Coast Salish tradition of doing difficult emotional work in the morning (*get the crying done before noon*) and providing more lighthearted, playful activities in the afternoons. Each art activity and the materials available were carefully chosen to support this. Evenings were reserved for self-care, relaxation, and sleep. The overview of the week that follows includes the researchers' observations and insights about the activities and their impact, as well as one of the therapist's observations and insights into the overall process.

Sunday evening

Participants were introduced to each other, the facilitators, and the researchers. They were provided with information about the rules and schedules of the healing centre and the art therapy workshop. After a discussion of the research project, Carrie led participants in a centering exercise that involved moving one arm into the stop position while lifting the opposite leg off the floor. Participants were asked to continue moving rhythmically as they concentrated on the feeling created in the belly. Carrie explained that connecting with the physical centre of the body, the "body-brain" or "the

brain in our heart” (*shqualowens* in the Halkomelem language), helps a person feel centered. This turned out to be an early introduction to a theme that would be revisited in various ways throughout the week—the importance of recognizing and honouring the role of the body in processing new information and supporting emotional healing. The evening ended with a prayer.

Monday

The first session of the workshop began in the arts and crafts room on the bottom floor of the healing centre. The large room was filled with tables and chairs near a door leading directly outside. The back of the room contained more tables covered with art supplies like paint and pastels, and boxes filled with pieces of fabric, buttons, beads, and yarn. On the table were stickers and cardboard cut-outs, stick-on letters, paper of various sizes and colours, sparkly glue, and numerous other materials, including needles and thread, a sewing machine, and a glue gun. The first exercise of the day, discussed previously, was to draw oneself as a kitchen utensil. This was followed by the discussion of the researchers’ involvement in the workshop.

The next activity involved asking participants to think about what they hoped to achieve by the end of the workshop. All art supplies were available, and an invitation was extended to get to know the materials by creating something to represent their expectations. About half an hour later, everyone gathered in a circle in the group room down the hall with their artwork, and Carrie described the manner in which work would be presented and discussed. Questions could be asked about the work with the permission of the artist, but the group was asked not to interpret or analyze another person’s work. Individual presentations of artwork provided an opportunity for the therapists to work one-on-one with participants with the rest of the group as witnesses.

The first circle session was intense as people described their images and what they represented. Collaged words, cut-out people, and magazine images were incorporated into many of the pieces, often with the addition of paint or pastel. In the artwork, people were represented by human figures or symbolically by birds, balloons, or specific colours. Individuals spoke openly about their art and the issues depicted therein.

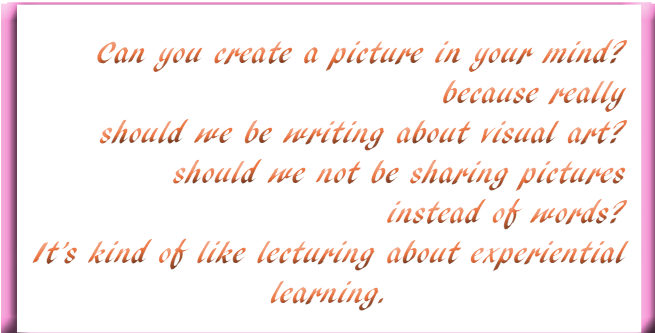
Following lunch, a fingerpainting exercise was introduced that involved working with layers of fingerpaints, dark over bright. Participants had varying reactions to the process. Some smiled as they swirled the paint around the page or squeezed it through closed fingers. Others were more cautious, perhaps uncomfortable with getting their hands dirty. The atmosphere changed from playful to serious; some people groaned as Carrie and Jeff walked about the room squirting huge puddles of thick, black paint on top of the bright hues. The instructions were given to completely cover the page with black. One person couldn’t or wouldn’t do it. Another was particularly disturbed with the black paint covering the bright foundation layer: “I was a black sheep again, and it made me sad.” With fingerpainting, the first colour often stains the paper so that if dark paint covers it, generally, the bright colours will show if the painter scratches or draws in the paint. Carrie likened this to the positive experiences in life, how they were still there underneath the dark, or how the happy child still exists inside the adult despite the bad things that may have happened since. Expressive arts

therapist Annette Brederode (1999) has written about her experiences creating layered paintings with patients, students, and other therapists:

All sorts of memories are called up by the sense organs, such as memories of mostly forgotten events that have been covered up layer upon layer and are now becoming accessible and reachable. Applying the layers of material is agitating and risky. It takes courage to get rid of, or to paint over, something that has just been created. But it is essential that this happens, because the very act of covering up initiates a process of disclosure and exposure. Layers of experiences become tangible and visible, and begin to reveal the secrets of their meaning (1999:156-157).

During the exercise, Carrie mentioned that the use of two hands engages both the mind and body, and the use of the palms rather than fingers creates a connection to the inner organs, so people may experience some digestive issues later in the day. She also reinforced that taking time in the evening to eat well and rest allows the mind time to catch up to what the body is learning. Fingerpainting is often used in art therapy to bring people back to early childhood. In an interview, Carrie said:

[F]ingerpainting, the smearing motion is like babies smearing their food, it allows people to do that very early development work and they may not understand it but there is an emotional response. They are working through healing their early life, not necessarily verbalizing it but doing that early piece (Telephone interview, 19 April 2010).⁵



*Can you create a picture in your mind?
because really
should we be writing about visual art?
should we not be sharing pictures
instead of words?
It's kind of like lecturing about experiential
learning.*

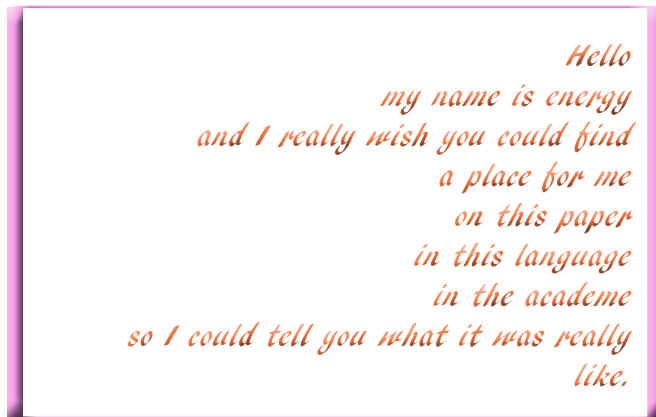
Fingerpainting was followed by a search through magazines to find words and phrases that described the experience. These were cut out, glued to another sheet of paper, and read out loud as people sat in a circle. Tony created a lovely visual poem about being swept away to sea; others had placed contradictory words like “fear” and “freedom” side by side on the page. The time was spent simply sharing the words without discussion or explanation.

Tuesday

The first art activity was preceded by a short presentation on attachment theory in a manner relevant to the lives of participants. Carrie spoke about how sometimes the adults in a family are too busy grieving, working, or drinking to meet a child’s needs. Some days the children are nurtured and their needs are met, but the next day they are punished for expressing the same needs. Other days they are left to their own devices because the adults in the family do not recognize their needs. Parenting issues are a huge challenge for many residential school Survivors and their descendants simply because children raised in institutions do not learn how to be nurturing parents. If, in addition, they were physically, sexually, and/or emotionally abused at the schools—and we know that many

were—the psychological impacts can span generations. Further, residential schools are part of a larger history of colonization that includes the loss, repression, or undermining of language, culture, spirituality, land, and political systems. In a report on historic trauma, Cynthia Wesley-Esquimaux and Magdalena Smolewski (2004) described the intergenerational transmission of historic trauma:

[T]raumatic memories are passed to next generations through different channels, including biological (in hereditary predispositions to PTSD), cultural (through storytelling, culturally sanctioned behaviours), social (through inadequate parenting, lateral violence, acting out of abuse), and psychological (through memory processes) channels (2004:76).



Workshop participants were invited to use whatever materials appealed to them to create something related to their early years: the piece could provide comfort, represent a memory, or create a connection to that time of life. The finished pieces were brought to the circle, and presentations began with Richard, a young man whose first drawing had been made with white pastel on white paper. Carrie wondered what it would be like if he used colour in his next piece, and he now presented a

colourful pastel drawing that included a woman, a man, a child, blue birds, a rainbow, and a house with a fiery chimney. In the bottom left corner was a face with a sad expression and a tear. Richard spoke quietly as he described his chaotic early years and some of the feelings that were resurfacing as he contemplated the image. Carrie noticed that the boy in the picture had his arms extended wide, while Richard sat with his head down and his arms wrapped protectively around his body. Demonstrating, she opened her arms wide and asked Richard if he was able to do the same. It took a long time; the physical task of exposing his chest (and symbolically his heart) appeared to be extremely difficult. The therapists and others in the circle waited patiently, supportively, and he was eventually able to open his arms. Richard's homework was to stretch his arms every day, and he was observed doing it throughout the week; he would unobtrusively reach out along the backs of chairs on either side of him.

The remaining presentations were made with participants divided into two groups to allow more time for each person. The groups continued until noon and then resumed again the following morning. One therapist and one researcher went with each group.

Tuesday afternoon was devoted to making wrapped dolls using pipe cleaners for the bones and head, and then wrapping foam to create the muscles, followed by strips of cotton cloth carefully wrapped to make skin. The dolls were clothed in more material and hair and faces were added. The process of wrapping and, often, unwrapping the cloth to ensure a tighter fit was meditative and satisfying. Later, Carrie noted, "It's not always that people were looking for a tighter fit, sometimes

they were trying to loosen it or change the shape. I think it's more like wrapping (or winding) and unwrapping (or unwinding) until it feels right ... it's a good metaphor for healing."⁶ Most of the dolls were unfinished when participants gathered in the group room at the end of the day to learn some boundaries exercises designed to help people connect with their sense of personal space. As pairs standing at opposite sides of the room, one person would walk forward until the other person standing at the other end raised their hand and lifted the opposite knee to signal a stop. Participants were learning how their bodies signalled when someone was too close and to trust this feeling. The second exercise involved walking toward another person and, when it felt too close, breaking eye contact and turning to walk in another direction. This proved to be challenging for some people. The ability to trust one's feelings and act upon them, in other words to establish healthy boundaries, is often difficult for people who have been abused, marginalized, or discounted. The inclusion of these exercises in a healing program for Aboriginal people who have been impacted by the residential school legacy is therefore helpful.

Wednesday

Wednesday morning began with participants continuing in the two groups to present their art pieces on early childhood. A great deal of intense one-on-one work took place in these groups. Following the lunch, time was allotted for completing the dolls and then everyone gathered in the craft room. One by one, the dolls were held up and named. Each was unique from head to toe and many were dressed in regalia. Carrie wrote the name of each doll on a flip chart and the group began to call out words to describe the doll. Words were recorded in large letters until there was no more space on the page. The atmosphere was light and full of laughter, yet admiration and respect was shown for every doll. After receiving the piece of flip chart paper that contained the words related to their doll, participants were asked to write a poem using any or all of the words they had been given. Options were presented to reduce writing anxiety, such as cutting out words and arranging them on another sheet of paper. In his presentation, for example, Elvis did an impromptu poem with his sheet of words on the floor in front of him while he spoke from his heart—a traditional oratory. Doris made a visual poem by cutting out words and gluing them in two columns on a large piece of paper. She read it once and then, at Carrie's suggestion, picked two people to read the columns simultaneously. Doris smiled as she listened to the layered words.

During the earlier session when people were calling out words to describe the dolls, they were told to keep in mind that the words were for the dolls, not them. Later, with the change of modality from doll making to poetry, it was clear that many of the words were taken to heart. There was positive energy in the room and participants were proud of their own and each other's poems. Everyone wanted copies of all the poems, so Jeff collected them and they were typed and copied overnight. The next afternoon, about half the participants crowded around Carrie at a computer to correct typing mistakes and make suggestions about layout, and participants left the workshop with a booklet of poems. The day ended with a repetition of the boundaries exercises; this time, outdoors.

Thursday

On Thursday morning, participants chose, from cardboard boxes of varying sizes and shapes, a container to represent the self. It was to be decorated inside and out and brought to the group room for presentation. Elvis selected a milk carton and attached cardboard arms that were intended to reach forward to symbolize his ability to receive—something he had been struggling with all week. Instead, the arms curled upward and he laughed, saying that this too was okay because it meant he was embracing what he receives. JR's container was cylindrical and filled with items that represented her auntie. Joyce had filled her container with special words and objects, non-tangible qualities and gifts as well as qualities she aspired to such as strength and release. Attached to the outside was a tangled clump of coloured string that she identified as her mixed feelings. Carrie asked what it might feel like if the cluster of string was removed. Joyce expressed satisfaction with the result once she removed the clump.

Participants were asked to write four things they noticed about their container, and then Carrie moved around the circle with a brown bag she said was filled with magical gifts that would be exactly what each person needed at that moment. The coloured stones and glass gems they received were placed carefully inside or on top of each container. These symbolic gifts brought smiles to many faces and the words they shared suggested inner strength, peace, and healing. Expressive arts therapist and philosopher Stephen Levine (1997) has written about how ritual, rites of passage, and gifting can work as metaphors in a healing process that includes the artist, the therapist, and the community. Among First Nations people of the West Coast, gifting may take on a symbolic significance far beyond the value of the actual gift because of the layers of tradition associated with the Potlatch, a ceremonial feast that includes distributing gifts to all in attendance.⁷

Following lunch, a minister of the Indian Shaker Church⁸ arrived to do a “brushing,” a cleansing or healing ceremony that involves the use of candles and moving the hands back and forth over the arms, legs, and torso of the participant. The minister, a former Tsow-Tun Le Lum staff member and a respected member of the community, moved around the room in a counter-clockwise direction and attended to each person in a solemn and gentle manner. She sang or chanted to some participants and whispered words to others, offering reassurances or messages. The room was quiet and everyone waited respectfully until the ceremony was completed. It was a meditative time for attending to one's own spirit.

The brushing was followed by a planning session on how to end the group on Friday. A plan was developed without much enthusiasm because people were still in a quiet, meditative state. A focus group took place Thursday evening after dinner.

Linda facilitated the focus group of eight people while Vanessa took notes. For participants, the focus group provided an opportunity to talk about the workshop without the therapists present and, also, to raise questions and concerns about the research process and how the results would be reported. For the researchers, it provided an opportunity to formally ask participants about their experiences within the workshop. Participants responded to three questions in a manner common

to circle work at Tsow-Tun Le Lum: anyone could begin and when they were finished speaking, the person on their right spoke, and so on around the circle. The three questions are set out below:

1. Thinking about the past five days, and particularly about the workshop activities in relation to your own healing journey, what are some of the things that have changed for you?
2. Can you talk a little about the things that have been challenging for you?
3. Is there anything else you would like to tell us?

The focus group lasted for two hours. People discussed the process of making art and how it often revealed buried memories. They also discussed how they were learning to trust the process and to release long-held emotions, their need for ongoing personal work, and the interpersonal learning and sharing that took place and the friendships that developed. With respect to challenges, a couple of the participants said they would have liked more counselling time, including access to the centre's psychologist, more one-on-one time with the therapists, and more interpretation of their artwork (this issue is addressed later in the paper). At the same time, they all wanted to return to the centre to do more art therapy. Focus group comments are included in the discussion section of this paper.

Friday

When the facilitators entered the craft room on Friday morning, participants were already working busily on the closing activities they had planned the previous afternoon: making and decorating envelopes with their names on them and writing affirmations for others. The atmosphere was light and energetic with lots of laughing and conversation. Elvis was working with feathers and beads, gifts he bestowed on fellow participants in lieu of written affirmations. Names were drawn and a special card was made for that person. Meanwhile, participants were asked to write a letter to themselves that would be inserted inside the card and mailed two weeks later. Carrie had mentioned earlier that people often leave the workshop in high spirits but were prone to feeling low a couple of weeks after returning home—the letters had proven to help recapture some of the positive effects of the work they had done in the workshop. People were also busy deciding which pieces of artwork they would take home and which would become fuel for a ceremonial fire. Some kept all their artwork so they could continue to explore the issues in counselling or complete unfinished pieces. Others let everything go, perhaps burning bad memories and outmoded thought patterns along with their art. Most participants kept at least one piece for further reflection, or possibly as a reminder of new insights and tools they had acquired during this workshop. A large pile of discarded work was carried outside and given to the fire. After a prayer, the workshop was formally closed.

Discussion

The following are some observations about the workshop that are relevant to the overall theme of this paper: creative arts, culture, and healing among Aboriginal people.

Safety

In trauma recovery work, establishing a safe and trusting environment is essential before any therapeutic work can begin. In her seminal work on trauma recovery, Herman (1997) wrote: “The first task of recovery is to establish the survivor’s safety. This task takes precedence over all others, for no other therapeutic work can possibly succeed if safety has not been adequately secured” (1997:159). For Aboriginal people, creating cultural safety is equally necessary. While cultural safety is an evolving concept that most often involves bringing cultural knowledge, values, and practices into mainstream institutions, it was interesting to see how naturally it was incorporated into a healing centre developed by and for Aboriginal people. The following factors helped to establish a personally and culturally safe healing environment:

- the workshop was held in a respected residential healing centre that is administered and staffed by Aboriginal people and located on reserve;
- the physical design of the centre includes cultural imagery, a traditional healing pond, a spiritual room, and a sweat lodge;
- participants had access to an Elder-in-residence;
- the workshop facilitators are skilled therapists who live and work in the communities surrounding the centre; and
- the healing centre operates by incorporating the traditions of the territory (Coast Salish) alongside effective healing traditions from other Aboriginal cultures (e.g., a sweat lodge) and the Western world (art therapy).

Feeling safe made it possible for participants to fully engage in the therapeutic work and to release strong emotions: “to throw the emotional door open,” in the words of one participant. People trusted the therapists and each another, and they felt safe in the group. In the focus group, one person spoke about how trust was built through the sharing of stories about their lives. Another said, “I’ve never felt safe and this was huge.” For some, attending the workshop was, in itself, a leap of faith: “Just getting here was hard, I had withdrawn, stayed away from community ... it helped, I liked it, thanks.” Tony’s poem includes the words, “*Safe / As the winds / Gather force.*”

Holding Space

The therapists had the ability to “hold the space” almost effortlessly, or it was done so well it looked effortless. Paulo J. Knill (2005), a pioneer in the field of expressive arts therapy, refers to the healing process as a rite of restoration that involves playing with ideas in a creative yet disciplined way by providing a time and space removed from everyday reality. Carrie, who trained with Knill, said, “I reworked it to be ‘*rights of restoration*’ in that there was a time when it was illegal for our people to dance.” According to Knill (2005), the process of restoration includes both freedom and restrictions. In therapeutic language, potentially overwhelming feelings are safely *contained* within a frame. For example, a painting is contained or framed by the size and texture of the paper and the art materials available. Levine (1997) expressed it this way: “Art provides the container in which pain can be

‘borne’” (1997:57). Together, the environment, the artmaking materials and activities, and the skills of the therapists ensured a process that was both structured and safe.

Modelling

The pairing of female and male facilitators was not accidental; in conversation, Jeff and Carrie mentioned that they often become parental figures for the groups they work with, symbolically modelling the “good-enough” (or safe) parents. Like so many of the things that took place that week, meaning can be found on multiple levels; in this case, the archetypal mother and father created a safe environment that allowed participants to take risks and grow. The idea of reconstructing parental attachment, even in a symbolic way, is appropriate in the context of residential schools where parental attachment was either severed or fragmented. Moreover, because the therapists and participants shared a common cultural background and a common history as First Nations people living in British Columbia, everyone would recognize and understand symbols or nuances that are unique to that culture and history. This shared background may have facilitated the acceptance of Jeff and Carrie as temporary “stand-ins” for model parental figures during a time when participants were addressing childhood issues and traumas.

Interdependent Practice

The therapeutic environment consisted of an art therapy program that utilized Western art forms and materials, yet many participants used the materials in ways that were a natural reflection of their identity, such as dressing their dolls in regalia. The creative arts and healing survey found that participation in traditional arts enhanced cultural identity and pride; however, this workshop suggests that other factors must also come into play, including the setting, the cultural background of participants and therapists, and the theoretical context in which the activities take place. In an interview, Carrie spoke about using “Western art wrapped in teachings” (telephone interview, 19 May 2010).

Cultural pride was evident in many of the poems. For example, JR used the phrase, “*tender with traditional wisdom,*” while A.R.M. referred to a “*Traditional woman knowledgeable of her roots... Wise and noble of the dark side / Believing in ancient powerful / direction and mindful patience.*” Doris titled her poem “Red and Strong.”

Traditional Indigenous world views do not separate culture, spirituality, and art from healing. Some Western approaches adhere to similar principles. Jungian analyst Gregg M. Furth, who works with the drawings of seriously ill children, has found that cultural, mythical, and spiritual symbols are especially powerful aids to healing: “The symbol unlocks unconscious psychic energy and allows it to flow toward a natural level, where a transforming effect occurs” (Furth, 2002:10). He sees mythical and religious symbols as carrying aspects of the psychic energy of the belief systems they are from, and it is this that gives them healing power. All of this suggests that when art therapy is rooted in, and connected to, culture and spirituality, it has the potential of being an especially

effective approach to healing for Aboriginal people. In her discussion of expressive arts therapies and Native American healing, Powhatan creative arts therapist Phoebe Dufrene (1990) refers to many powerful symbols, including the medicine wheel, eagle, full moon, owl, circle, and crescent moon. Like Furth, she views cultural and spiritual symbols as being especially powerful:

Traditional Native healers or shamans draw upon a vast body of symbolism passed down through the centuries. These images are stored in the memories of traditional healers and passed from generation to generation. Myths, prayers, songs, chants, sand paintings, music, etc., are used to return the patient symbolically to the source of tribal energy (1990:123).

In the focus group, one person spoke about waking up the spirit through art and others spoke of the Shaker brushing ceremony as contributing to their healing. Most days the group opened and closed with a prayer. Joyce's poem, below, captures so much in a few short lines: a reverence for the ritual of prayer, respect for culture, and a living connection to the ancestors.

*As she prepares
She prays
As she dons her regalia
She prays*

*As she speaks to her
children
Her ancestors listen
and support
and smile
and rejoice.*

A number of the poems included images of dancing and dancers, encompassing not only movement, but also gracefulness and joyful release. Others included images of strength and transformation:

- *As I become a dancer / who moves toward the stars* (Fiona)
- *Today, like the graceful hummingbird / this caring woman will not resign* (A.R.M.)
- *Let go / And the tide moves / its body / To someplace not heard of* (Tony)

Art Tsaqwuasupp Thompson, an artist of Nuu-chah-nulth and Coast Salish ancestry was one of the people involved in setting up Tsow-Tun Le Lum. He was sent to residential school as a very young child, left school at the age of 13 to work in a logging camp, and spent time living on the streets of Vancouver. His healing journey involved art and the support of his grandmother. In an interview published after his death, Art is quoted as saying, "My grandmother had told me that being an artist is being the best warrior that you could ever be" (cited in Alfred, 2004: para. 22).¹⁰ A number

of the workshop participants spoke about continuing to do art when they returned home, and one committed to learning how to make a traditional button blanket. Another felt rejuvenated and wanted to do more art “to bring forward who I am.”

Resiliency and Connection

In an article on art therapy and resiliency, Laura Worrall (2007) wrote: “creativity and imagination are seen as personal strengths in people who are deemed to be resilient” (2007:39). Worrall lists some of the positive impacts of artmaking: creatively transforming pain and trauma into something new; personal mastery; increased self-esteem; individual support; social support and connectedness; and building resiliency. In the workshop, connecting with other group members was especially significant for some participants. For instance, during the focus group, some people mentioned how they isolated themselves from others, and the decision to enter the program was a huge step. They were glad they did come and were grateful for the friendships made with people who were also struggling with grief and loss. Some of the workshop participants also spoke directly about the benefits of art and art therapy:

- “I’ve been blocking something for so long and art therapy released it.”
- “The last project, the box, was full of heart.”
- “It brought me way back into childhood when I was physically and verbally abused; just doing the picture did that.”
- “I felt like a little child in art therapy, and I played.”

While many adults think they are too busy to play, some have never had the experience, even as children. JR spoke about being raised by her grandmother, a residential school Survivor who instituted a strict regime of work and household chores. Play, if anything, was very structured, and “we weren’t allowed to get dirty at all.” A strong work ethic, not valuing play, and being overly concerned with cleanliness are attitudes that have been observed among some residential school Survivors. JR remarked how good it felt to have time to play with art materials, and the doll she made was the first one she had ever owned. While working on a very large painting, she was observed smiling and then chuckling to herself; she appeared to be having a very good time, although later it became clear that the subject of her painting was a sad one. Playfulness also contributed to building relationships among the workshop participants. The arts and crafts room was often filled with conversation, laughter, and, sometimes, tears. In the focus group, participants mentioned their appreciation of the laughter, the warm smiles, the support, and the opportunities to learn from each other.

Read My Tea Leaves Please

During the focus group, a couple of people mentioned that they would have liked the therapists to provide more insight into their art and to explain the meaning of the work. Instead, they had been asked questions: “What does this remind you of? How does this dark area make you feel? Where

in your body do you feel that?” Art therapist, educator, and author Bruce L. Moon (2004) writes, “The capacity of the therapist to wait for the client to find meanings makes the client responsible for personal growth and healing.” (2004:24).¹¹ Knill (2005) refers to the artwork as the “third thing” in the relationship between client and therapist, a physical thing that offers a field of play and exploration that can lead to explanations and interpretations.¹² He writes that the therapist can intervene to “probe, for example, in a painting session by suggesting bigger paper, more water added to the color or closing the eyes for a while” (Knill, 2005:86). In the workshop, Carrie and Jeff were observed making such suggestions. For example, Jeff encouraged Joyce to work outside, and he stayed with her as she created two beautiful pieces by splattering brightly coloured paint on paper. The paintings were made in anger: strong, deep, almost debilitating anger toward the residential school system, the abuses she and her siblings had suffered at school and at home, and the ongoing impact on the younger generations of the family. She asked, “How could this have been allowed to happen?” Contemplating the artwork, Carrie asked what Joyce thought of the paintings, and she admitted to liking the colours and some of the patterns. Carrie said, “When the body feels like puking, if you do it with paint, the beauty of the art fills the wound so it won’t fester. If you clean out a wound, and don’t fill it with good stuff, it festers again.”

Art and Embodiment

Moving the body in a new way, working with unfamiliar art materials, or trying a new technique especially when it feels risky is hard work. This experience of successfully working through resistance within the workshop environment can lay the groundwork for participants taking other risks after they return home. The experiential nature of the art therapy will make people feel in the body, rather than understand in the head, and this was disconcerting for some participants: “I couldn’t understand. I had to learn *let it be, let it be*.” Others were more sanguine: “There were activities I didn’t understand, but that’s okay, I will in time.” Interventions involving the body, the physical world, or the symbolic world of art can lead to changes, whether they are fully understood at a cognitive level.

The interventions often focused on the body; the therapists asked about how a particular image felt in the body and offered suggestions for action on the physical plane. When asked, Carrie said that this was part of her traditional Salish training and that she was able to feel in her own body what another person was feeling; if their throat was tight and had difficulty in swallowing, she would feel the tension in her own throat. In an article on therapeutic presence, Arthur Robbins (1998) refers to achieving similar results when he opens himself to subtle cues and listens to what his body is telling him:

[A]s I take the patient’s body force inside me, the images and affects that are associated with his or her bodily tensions slowly seep into my awareness. As a consequence, I acquire some very basic information regarding the patient’s history, defences and transference projections (1998:25).

In addition to interventions directed at the artwork and the physical body, the centering and boundaries exercises helped participants begin to trust their physical and emotional reactions to

people and situations. These are skills often lost when followed by a traumatic experience: “I trust my feelings now because I learned that they were shut down through trauma.” Opportunities were provided to reconnect with and nurture the spirit of the child within by playing with art materials in a supportive therapeutic environment. One participant remembered making art as a child, at a time before a traumatic life experience: “I lost my creativity after a trauma. I remembered it here.”

We Really Just Plant Seeds

It should be noted that the workshop was emotionally difficult for many participants as deeply buried experiences were brought into consciousness. During the focus group, some people expressed their frustration with the amount of work ahead of them: “I’m going to need even more counselling now.” This is, of course, a positive development when someone recognizes that they need help and commits to doing the hard work required. Some of the participants decided to stay at the centre in order to attend a codependency workshop that was taking place the following week.

Art and Healing: Summary of Impacts

Participants in the Honouring Your Grief art therapy workshop took a few firm steps forward on their individual healing journey. Richard, the man whose first drawing was invisible (white on white), captured some of this in the poem he titled “Healing”:

*As I embrace the man I am to be
I erase the boy that wasn't Me

And as my spiritual messenger evolves,
So does my past get resolved.

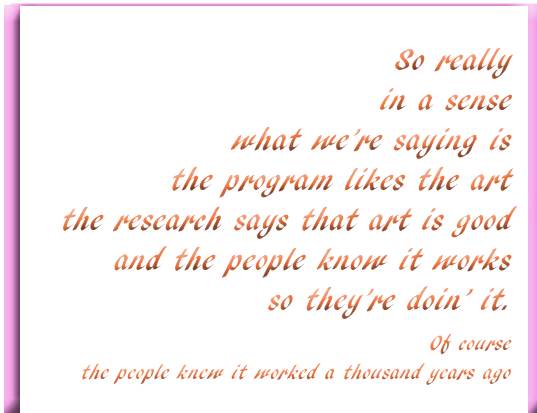
For my spirit warrior arises from darkness
Being a strong dancer I carry with pride

Only to heal from all the harshness
“N” all who have died.*

The initial observations and impacts are summarized below. Participants were not contacted following the workshop so these have not been reviewed; however, they do mirror many of the benefits identified by respondents to the Creative Arts and Healing survey reported on in Chapter 3 of this report.

- The setting, the therapists, and the participants all contributed to creating an emotionally and culturally safe environment.
- Strong emotions were released and childhood memories invoked—good ones as well as traumatic.

- The healing process was supported by two therapists who were comfortable with emotional expressions of all types and intensities and were not afraid to allow people to go as deep into their pain as they were willing, to cry as long and hard or short and gently as they needed, and to express their anger.
- Although the art therapy activities were not culturally based, many of the participants expressed a positive sense of their cultural identity in their artwork and poetry.
- The workshop met the holistic needs of participants by including activities that addressed the physical, emotional, spiritual, and mental aspects of the self.



- Participants felt more creative and they were open to participating in new and unfamiliar activities.
 - Positive experiences within the workshop appeared to engender a sense of optimism and hope among participants.
 - At the same time, many painful memories were exposed, and the need for further counselling became clear to some of the participants.
- Some participants were able to reconnect with the wisdom of their body, and others learned a little more about trusting themselves and others.
 - Ongoing friendships and support networks may have been established; participants exchanged contact information and made promises to stay in touch.

The next section presents Carrie's reflections on the research process.

Reflections of an Art Therapist

This is an interesting intersection for me.

HWULMUXW ART THERAPIST

watching myself being researched
and then having something to say about it.

I feel some need to justify my decisions
in the group process.
in the cultural process
in the research process
in the writing process.
in the art therapy process.

I feel a little exposed.
and yet,
if you were in my group
I would work as I always do:
in the moment.

Conclusions

The art therapy group experience was intense, challenging, supportive, playful, painful, inspiring, and healing. Group members took advantage of opportunities to connect with one another and to give and receive support, while the artmaking seemed to cut through the rationalizations that often masked the physical, emotional, and spiritual levels of experience. The therapists were highly skilled and deeply experienced in dealing with the impacts of the residential school system. The Honouring Your Grief art therapy workshop provides one example of how powerful art therapy can be when guided by skilled therapists from the same cultural background as their participants and when the workshop is held in a culturally supportive and safe environment. These are important considerations with respect to healing from the residential school legacy.

Clearly, art therapy can be an important tool in safely addressing individual and historic trauma. In this workshop, visual arts and poetry were used to support, deepen, and enhance the healing process. For many Aboriginal people, traditional arts, culture, and spirituality are intrinsic to maintaining or regaining a balanced life. From this perspective, there is no separation among the arts, culture, and healing because they are interwoven into the fabric of life. At a time when funding from the Aboriginal Healing Foundation is no longer available, it is vital that governments and

other funding bodies become open to supporting programs that integrate creative arts, culture, spirituality, and healing.

Notes

1 Jo-Anne Fiske's paper includes detailed descriptions of Tsow-Tun Le Lum and argues that the setting, philosophy, staff, board, therapies, and programs are carefully designed and thoughtfully integrated to promote and support healing. It can be accessed at www.ahf.ca

2 See Cole (2006) for a good discussion of trickster discourse and Little Bear (2000) on the role of trickster figures in Aboriginal cultures.

3 For discussions of "insider research," see Hammersley and Atkinson (1995) and Smith (1999).

4 A list of residential schools in Canada is included in Appendix C of the *Final Report of the Aboriginal Healing Foundation, Volume 1*. In British Columbia, 28 residential schools are listed; the longest running was St. Mary's Mission Indian Residential School in Mission, BC, which operated from 1861 until 1984 (Castellano, 2006:273–274).

5 This interview took place prior to the workshop as part of another phase of the study.

6 Carrie reported learning this doll-making technique from Jhan Groom, an art therapist in Alberta. Groom (2008) wrote, "The materials and act of wrapping are reminiscent of wrapping healing and protective bandages, which calms and focuses the individual in a meditative way, and provides the opportunity for feelings to be worked into the doll itself" (2008:Abstracts and Bios page).

7 The Potlatch was banned by Canadian law from 1884 to 1951.

8 The Indian Shaker Church is active primarily in the Pacific Northwest region of the United States and in coastal areas of British Columbia. Teachings include a mixture of Christian and First Nations' beliefs. Most participants in the workshop would have been familiar with the church and its practices.

9 See Proulx (2003) for a discussion of D.W. Winnicott's theory of the "good-enough" parent in an art therapy context.

10 One of the workshop participants, Joyce, suggested this article to the researchers.

11 Stephen Levine (2005) writes something similar: "If the therapist can resist the impulse to help (a paradoxical task, since he or she works on the basis of this impulse), then there is the possibility that the client can find the way to a new sense of self" (2005:45).

12 See Knill (2005:85). Carrie argues that in her tradition there is a fourth thing: "the therapist, the client, the art, and spirit."

References

- Alfred, T. (2004, February). My Grandmother, she raised me up again: a tribute, to the memory of Art Tsaqwassupp Thompson. *CELÁNEN: A Journal of Indigenous Governance* 1(1). Retrieved 29 June 2010 from: http://web.uvic.ca/igov/research/journal/articles_taiaiake.htm
- Brederode, A. (1999). Layer upon layer: a healing experience in the art studio. In S.K. Levine and E.G. Levine (eds.). *Foundations of Expressive Arts Therapy: Theoretical and Clinical Perspectives*. London, UK: Jessica Kingsley Publishers: 151–169.
- Castellano, M. Brant (2006). *Final Report of the Aboriginal Healing Foundation, Volume I: A Healing Journey: Reclaiming Wellness*. Ottawa, ON: Aboriginal Healing Foundation.
- Cole, P. (2006). *Coyote and Raven Go Canoeing: Coming Home to the Village*. Montreal, QC: McGill-Queen's University Press.
- Dufrene, P. (1990). Utilizing the arts for healing from a Native American perspective: implications for creative arts therapies. *Canadian Journal of Native Studies* 10(1):121–131.
- Fiske, J. (2008). Making the intangible manifest: healing practices of the Qul-Aun Trauma Program. In James B. Waldram (ed.). *Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice*. Ottawa, ON: Aboriginal Healing Foundation: 31–91.
- Furth, G.M. (2002). *The Secret World of Drawings: A Jungian Approach to Healing through Art*. 2nd ed. Toronto, ON: Inner City Books.
- Groom, J. (2008). Transformational Doll-Making in the Treatment of Adults and Children Affected by Trauma from Divorce, Loss, Abuse and Accident. Art as Witness: Art, Art Therapy and Trauma Resolution International Conference, 18–20 September 2008, Montreal, Québec. Retrieved 11 October 2010 from: http://joseeleclerc.concordia.ca/artaswitness/abstracts_en_workshop.htm
- Hammersley, M. and P. Atkinson (1995). *Ethnography: Principles in Practice, 2nd edition*. London, UK: Routledge.
- Herman, J. (1997). *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror*. (First published 1992.) New York, NY: Basic Books.
- Knill, P.J. (2005). Foundations for a theory of practice. In P.J. Knill, E.G. Levine, and S.K. Levine. *Principles and Practice of Expressive Arts Therapy: Toward a Therapeutic Aesthetics*. London, UK: Jessica Kingsley Publishers: 75–169.
- Levine, S.K. (2005). The philosophy of expressive arts therapy. In P.J. Knill, E.G. Levine, and S.K. Levine. *Principles and Practice of Expressive Arts Therapy: Toward a Therapeutic Aesthetics*. London, UK: Jessica Kingsley Publishers: 15–74.
- (1997). *Poiesis: The Language of Psychology and the Speech of the Soul*. London, UK: Jessica Kingsley Publishers.

- Little Bear, L. (2000). Jagged worldviews colliding. In M. Battiste (ed.). *Reclaiming Indigenous Voice and Vision*. Vancouver, BC: UBC Press: 77–85.
- Moon, B.L. (2007). *The Role of Metaphor in Art Therapy: Theory, Method, and Experience*. Springfield, IL: Charles C Thomas Publisher Ltd.
- Proulx, L. (2003). *Strengthening Emotional Ties through Parent-Child Dyad Art Therapy*. London, UK: Jessica Kingsley Publishers.
- Robbins, A. (1998). Introduction to therapeutic presence. In A. Robbins (ed.). *Therapeutic Presence: Bridging Expression and Form*. London, UK: Jessica Kingsley Publishers: 17–35.
- Smith, L. Tuhiwai (1999). *Decolonizing Methodologies: Research and Indigenous Peoples*. New York, NY: Zed Books.
- Wesley-Esquimaux, C. and M. Smolewski (2004). *Historic Trauma and Aboriginal Healing*. Ottawa, ON: Aboriginal Healing Foundation.
- Worrall, L. (2007). Resiliency and its relationship to art therapy. *Canadian Art Therapy Journal* 20(2):35–53.

Appendix 1

Annotated Bibliography of Selected Creative Arts Therapies Literature

The books included below were selected from the art therapy and expressive arts therapies literature. There are many excellent books that are not included, particularly in specialized fields such as music therapy and dance therapy, which contain very good information on these and other creative arts approaches.

Brooke, Stephanie L. (ed.) (2007). *The Use of the Creative Therapies with Sexual Abuse Survivors*. Springfield, IL: Charles C Thomas Publishers Ltd.

A collection of articles describing creative projects that have used art therapy, play therapy, music therapy, and drama with children and adult survivors of sexual abuse. The final article outlines a set of ethical guidelines for such work.

Brooke, Stephanie L. (ed.) (2006). *Creative Arts Therapies Manual: A Guide to the History, Theoretical Approaches, Assessment, and Work with Special Populations of Art, Play, Dance, Music, Drama, and Poetry Therapies*. Springfield, IL: Charles C Thomas Publishers Ltd.

This comprehensive manual includes articles written by practising creative arts therapists. The title pretty well covers the content of the articles. Included is a good article on the history and development of dance therapy. It is a fairly academic publication primarily of interest to therapists and students.

Ferrera, Nadia (2004). *Healing through Art: Ritualized Space and Cree Identity*. McGill-Queen's Native and Northern Series #41. Montreal, QC: McGill-Queen's University Press.

This book describes the author's art therapy practice with Cree patients in Montreal in a way that explores the connections between the art created and the Cree sense of identity, culture, mythology, life in the bush, and everyday community life.

Furth, Gregg M. (2002). *The Secret World of Drawings: A Jungian Approach to Healing through Art*. 2nd edition. Toronto, ON: Inner City Books.

This interesting, accessible book by a Jungian analyst includes a wide variety of drawings by children and adults alongside tools for interpreting the artwork and a detailed discussion of the interpretation process. The focus is on the work of children with serious illnesses.

Graveline, Fyre Jean (2004). *Healing Wounded Hearts*. Halifax, NS: Fernwood Publishing.

Graveline is a Métis woman who chronicled two journeys: one of personal healing and the other of her pursuit for higher education. The book portrays these two journeys using art, poetry, and storytelling in a narrative that serves as both a critique and a call to justice. The unusual punctuation makes the book difficult to read at first, but Graveline states that her writing style is intended to challenge the reader out of established Western academic mindsets.

Kaplan, Frances F. (ed.) (2007). *Art Therapy and Social Action*. London, UK: Jessica Kingsley Publishers Ltd.

This collection of articles includes reflections by artists and art therapists who use their art and therapeutic work in the service of social justice. The authors are primarily American with the inclusion of one Israeli, one British, and two Canadians—sculptor Ned Bear from New Brunswick and artist Lani Gerity of Nova Scotia. They write about art and community building in a First Nation community in New Brunswick.

Knill, Paolo J., Ellen G. Levine, and Stephen K. Levine (2005). *Principles and Practice of Expressive Arts Therapy: Toward a Therapeutic Aesthetics*. London, UK: Jessica Kingsley Publishers Ltd.

This book provides an excellent overview of the theory, principles, and practice of expressive arts therapy. Section one, by Stephen Levine, addresses the philosophical underpinnings of expressive arts therapy; Paulo Knill wrote the second section, which outlines the foundations for a theory of practice; and section three, by Ellen Levine, describes the practice of expressive arts, including training and supervision. All three authors are involved with the European Graduate School in Switzerland, a university that offers master's and doctoral degrees in expressive arts. Helen and Stephen Levine are Canadians.

Kramer, Edith (2000). *Art as Therapy: Collected Papers*. (Edited by Lani Alaine Gerity.) London, UK : Jessica Kinsley Publishers Ltd.

Kramer is considered a North American pioneer in the field of art therapy. Her particular areas of expertise are child psychology and education. She has argued that an art therapist must also be a competent artist and that “all art is therapeutic in the broadest sense of the word” (17). *Art as Therapy* brings together a collection of Kramer's articles and presentations spanning her long career as artist, therapist, and teacher. Included are thought-provoking discussions of the profession of art therapy, the principles from which she works, clinical perspectives, and reflections on the philosophy and practice.

Levine, Stephen K. (1997). *Poiesis: The Language of Psychology and the Speech of the Soul*. London, UK: Jessica Kingsley Publishers.

This book sets out a philosophical argument for the healing power of creative arts therapies. Through a series of interrelated essays, the author explores the ways in which creative arts processes provide safe transitional spaces for healing to take place. He discusses how rituals, rites of passage, and gifting can work as metaphors in a healing process that includes the artist, the therapist, and the community. The philosophical discussion references Western thinkers such as Kant, Nietzsche, and Heidegger while the conclusions point to a holistic approach to healing consistent with Aboriginal values. In the final essay, “And Yet’ – Poetry After Auschwitz,” Levine questions the role of expressive arts therapists and asks if creative responses to genocide are simply illusionary and irrelevant. He concludes that despite the ugliness the holocaust reveals about the human condition, “The therapeutic power of art lies in its capacity to render life valuable by showing both its horror and its pity” (121). Levine teaches at York University in Toronto.

Levine, Stephen K. and Ellen G. Levine (eds.) (1999). *Foundations of Expressive Arts Therapy: Theoretical and Clinical Perspectives*. London: Jessica Kingsley Publishers Ltd.

This publication includes articles by expressive arts therapists from Canada, the United States, Switzerland, the Netherlands, Denmark, Norway, Israel, England, and Sweden. The first section is devoted to theoretical perspectives and the second to clinical perspectives. Authors discuss a range of modalities including voice, movement, visual art, music, poetry, theatre, and play therapies. Collectively, the articles provide a good overview of expressive arts therapies as practiced throughout Europe and North America.

Liebmann, Marian (2004). *Art Therapy for Groups: A Handbook of Themes and Exercises. Second Edition*. New York, NY: Brunner-Routledge.

This useful manual includes a brief history of art therapy in Europe; a list of the benefits of art therapy and the advantages and disadvantages of group work; a description of different art therapy styles and of various themes that can be used with groups; information on running and evaluating an art therapy group; and examples of groups in a variety of settings. The second part of the book details art therapy themes and exercises that can be used with groups: warm-up exercises; painting and drawing; exercises to increase concentration, dexterity and memory; general themes; self-perceptions; family relations; families in action; working in pairs; group paintings; group interactive activities; and guided imagery, visualizations, dreams, and meditation.

McNiff, Shawn (2004). *Art-Based Research. (Third Impression, first published 1998.)* London, UK: Jessica Kingsley Publishers Ltd.

The first section establishes the theoretical foundations of art-based research; the second reviews art therapy research; and the third contains hundreds of ideas for further research. McNiff challenges the ability of established research practices to capture the true essence of art-based interventions.

McNiff, Shawn (2004). *Art Heals: How Creativity Cures the Soul*. Boston, MA: Shambhala Publications, Inc.

This book is a classic in the art therapy field. It covers everything from setting up a safe, creative space to how to gain insight from dialoguing with the images created. One chapter is devoted to shamanism and art therapy, another to the transformation of energy into healing through art. McNiff is a founding member of the Leslie University's Expressive Arts Therapies program, but this book is written in language geared more to practitioners and the general public than to academics.

Moon, Bruce L. (2007). *The Role of Metaphor in Art Therapy: Theory, Method, and Experience*. Springfield, IL: Charles C Thomas Publisher, Ltd.

Moon is chair of the Art Therapy Department at Mount Mary College in Milwaukee, Wisconsin, and has a clinical practice focused on adolescents. This book illustrates his practice both as a teacher and a therapist. He states that "all artworks are metaphoric depictions of the people who create them" (3), and he provides numerous examples of this maxim in action. The book includes a good discussion about creating a safe therapeutic environment.

Naumburg, Margaret (1987). *Dynamically Oriented Art Therapy: Its Principles and Practice*. Chicago, IL: Magnolia Street Publishers.

A classic in the field of art therapy, this book presents the principles of the author's approach, dynamically oriented art therapy, along with three case studies to illustrate the practice.

Proulx, Lucille (2003). *Strengthening Emotional Ties through Parent-Child-Dyad Art Therapy*. London, UK: Jessica Kingsley Publishers Ltd.

Proulx, a Canadian art therapist, developed a series of interventions for working with young children and their primary caregiver. The interventions detailed in the book include a comprehensive materials list; a description of the method of intervention; the symbolic meaning of the materials and the intervention; and the developmental benefits to the child. Her methods are based on a deep understanding of child development and interactions with the primary caregiver, usually the mother. The goal is to reinforce and strengthen the attachment between parents and children. This book was written for mental health professionals, art therapists, and parents.

Rhyne, Janie (1996). *The Gestalt Art Experience: Patterns That Connect*. Revised Edition. Chicago, IL: Magnolia Street Publishers.

Rhyne, an artist and Gestalt therapist, came to art therapy through incorporating art into her counselling sessions. She valued self-exploration and believed that creating art increased clarity and served as an outlet for confused, overwhelming, and pent-up emotions. From about the mid-1960s, Rhyne included in her practice a weekly session for counsellors and mental health workers, and the book includes descriptions of cases where caregivers used art to process vicarious trauma and to move out of compulsive helping roles.

Spring, Dee (ed.) (2007). *Art in Treatment: Transatlantic Dialogue*. Springfield, IL: Charles C Thomas Publisher, Ltd.

This book contains a very good collection of articles from art therapists based in Britain, United States, and Australia. The first article chronicles the personal history of a British artist therapist during the years before art therapy became a recognized profession. The author, Michael Edwards, later came to Canada to establish the Creative Arts Program at Montreal's Concordia University. Topics covered in the other articles include the following: a comparative analysis of group art therapy styles in Britain, where the focus is on group interactions, and in the United States where groups are more structured and tend to have stronger roles for leaders; an interesting description of a group painting process; an art-based support group for non-offending parents of abused children; a description of art therapy in Australia; the use of art therapy in an American prison; a research study on the use of art therapy with cancer patients in Northern Ireland (this article contains an interesting analysis of taboo issues—things that are deemed unthinkable, unspeakable, unhearable, unseeable, and untouchable—that might be useful with respect to residential school abuse); the use of art therapy in medical assessment and diagnosis with people diagnosed with dementia and with clients who experience dissociation; a discussion of art therapy and community development; and, finally, the role of images in reconstructing experience.

Appendix 2

Creative Arts and Healing Survey

Questionnaire: The Creative Arts and Healing

The Aboriginal Healing Foundation is exploring the relationship between the creative arts and healing. Please help us by taking a few moments to answer the following questions. Information about how to return the questionnaire is included at the bottom of the survey. If you need more space than is provided here, please attach additional sheets of paper.

PROJECT NAME: _____

ORGANIZATION: _____

MAILING ADDRESS:

1. Does your healing program involve participants in any of the following creative arts activities? Please place a check mark (✓) beside each activity that is included in or directly connected with your healing program.

Visual Arts

- a) ___ drawing, painting
- b) ___ carving, sculpting
- c) ___ beading
- d) ___ mask making
- e) ___ sewing
- f) ___ drum-making

Music

- g) ___ singing, chanting
- h) ___ drumming
- i) ___ playing musical instruments (other than drums)

Dance, Movement, and Drama

- j) ___ dancing
- k) ___ drama, theatre

Writing and Storytelling

- l) ___ writing poetry, songs, and/or stories
- m) ___ storytelling

Other creative arts

- n) other (please specify) _____
- o) other (please specify) _____

(If you did not check any of the above, please go directly to Question 7.)

- 2. Please provide a short description of how each activity you checked in Question 1 fits into the healing program:
- 3. In what ways have participants in your healing programs benefited from participating in creative arts activities?
- 4. What challenges or problems face participants involved in creative arts activities?
- 5. Does your healing program use the services of any of the following Western-trained professionals? (Please check all that apply.)
 - a) art therapist
 - b) drama therapist
 - c) music therapist
 - d) dance therapist
 - e) expressive arts therapist
 - f) other creative arts therapist (please specify:) _____
- 6. Does your healing program use the services of any traditionally-trained healers who incorporate creative arts into their healing work? **Yes** **No**
 - a) If yes, how do they describe themselves? (Or how do others refer to their work? – For example: healer, Elder, medicine man/woman, shaman, artist, counsellor, etc.)
 - b) Please provide a short description of how creative arts are incorporated into their healing work?

7. Participation in Telephone Interview

During the next couple of months we will be conducting about 20 telephone interviews with counsellors, healers, artists, and therapists who use the creative arts in their healing work. Can you recommend someone who can be approached and asked to participate in an interview? (It may be yourself, a member of your healing team, a volunteer, a community Elder, or anyone else you know who works with the creative arts and healing.)

YES NO

If yes, please provide the contact information on the next page.

Name of Individual: _____

Telephone Number: _____

Preferred language of interview: _____

Please tell us a little about this person's experience working with the creative arts and healing.

8. Final Comments: Is there anything you would like to add about the role of the creative arts in healing?

Thank you very much for taking the time to complete this questionnaire. Please note that your name will not be used in any reports or publications.

Your name:

Telephone Number:

You may return the completed questionnaire to AHF by mail, fax, or e-mail (addresses and numbers provided).

Appendix 3

Creative Arts and Healing Survey – Coded Data

(October 2010)

Benefits of Creative Art Activities		Count	% of all Records (n=104)	% of Responses (n = 94)
Total Surveys Returned (Records)		104	100	n/a
Total Separate Projects Described		98	94.2	n/a
Total Responses to Survey (Responses)		94	90.4	100
Total Count of Records with No Codes for Benefits		9	8.7	9.6
1. Safety	Personal and Cultural Safety	21	20.2	22.3
	Total Count of Records with Safety Codes	21	20.2	22.3
2. Personal Development / Growth	a Self-esteem	40	38.5	42.6
	b Skill Development	24	23.1	25.5
	c Enjoyment	14	13.5	14.9
	d Spirituality	11	10.6	11.7
	e Openness and Creativity	19	18.3	20.2
	f Thinking, concentration	6	5.8	6.4
	g Product/ Accomplishments	28	26.9	29.8
	h Reduced Stress/tension	23	22.1	24.5
	i Self-expression	13	12.5	13.8
	j Other (specify)	12	11.5	12.8
Total Count of Records with Personal Development / Growth		75	72.1	79.8
3. Non-verbal/ Symbolic Communication	Non-verbal and Symbolic Communication	23	22.1	24.5
	Total Count of Records with Communication Codes	23	22.1	24.5

Benefits of Creative Art Activities		Count	% of all Records (n=104)	% of Responses (n = 94)	
4. Culture / Traditions	a	Aboriginal Identity	37	35.6	39.4
	b	Connecting/reconnecting with culture/traditions	48	46.2	51.1
	c	Culture is healing	4	3.8	4.3
	Total Count of Records with Culture / Traditions Codes		57	54.8	60.6
5. Social / Behavioural	a	Building / Improving Relationships	29	27.9	30.9
	b	Building community	11	10.6	11.7
	Total Count of Records with Social / Behavioural Codes		32	30.8	34.0
6. Healing and the Creative Arts	a	Self-awareness / knowledge	14	13.5	14.9
	b	Traditional Healing	12	11.5	12.8
	c	Safely express / release emotions/ memories	32	30.8	34.0
	d	Shared experience	9	8.7	9.6
	e	Initiate / Support healing	31	29.8	33.0
	Total Count of Records with Healing and the Creative Arts Codes		61	58.7	64.9
		Count	% of all Records (n=104)	% of Survey Responses (n = 94)	
Total Surveys Returned (Records)		104	100	n/a	
Total Separate Projects Described		98	94	n/a	
Total Responses to Survey (Responses)		94	90	100	
Total Count of Records with No Codes for Challenges		22	21.2	23.4	

		Count	% of all Records (n=104)	% of Responses (n = 94)	
1. Participant Challenges	a	Insecurity/Fear of Failure	30	28.8	31.9
	b	Challenges within Program	21	20.2	22.3
	c	Personal Issues/ Problems	14	13.5	14.9
	d	Lack of Support/ Services	15	14.4	16.0
	e	Other (specify)	1	1.0	1.1
	Total Count of Records for Participant Challenges		52	50.0	55.3
2. Lack of Resources	a	Financial/Material	30	28.8	31.9
	b	Human Resources	2	1.9	2.1
	Total Count of Records for Lack of Resources		30	28.8	31.9
3. Socio-economic Issues and Challenges	a	Community Level	6	5.8	6.4
	b	Societal Level	4	3.8	4.3
	Total Count of Records for Socio-economic Issues and Challenges		9	8.7	9.6
4. Cultural Loss/ Alienation	a	Loss of Culture	12	11.5	12.8
	b	Other (specify)	1	1.0	1.1
	Total Count of Records for with Safety Codes		12	11.5	12.8
5. Other Challenges	a	Programming	5	4.8	5.3
	b	Other (specify)	9	8.7	9.6
	Total Count of Records for Other Challenges		13	12.5	13.8

Appendix 4

Creative Arts and Healing Survey Codebook

(Final Revision October 2010)

Benefits

1	Safety	Personal and cultural safety	Sense of safety associated with establishing a culturally safe and supportive environment and/or an emotional comfort zone and sense of trust (includes references to hands-on activities promoting trust and willingness to open up)
2	Personal development/ Creative Arts as Healing	a	Self-awareness (moved to section 6)
		b	Self-esteem Increased confidence in self; improved self-esteem, self-image, and/or self-worth; self-respect; inner strength
		c	Perseverance/ Patience (included in 2d)
		d	Skill Development Learn new skills; increased competence; patience and perseverance learned in the process of acquiring skills
		e	Enjoyment Laughter, pleasure, fun involved with activity; participants appear happier; enjoy the process
		f	Spirituality References to healing the spirit or soul, gaining inner peace
		g	Openness and creativity Open to new ideas, activities, perspectives, and possibilities; stretching boundaries or stepping out of personal safety zone; more creative, tapping into creative potential
		h	Creativity (included in 2g above)
		i	Thinking, concentration Improved thinking, ability to concentrate; problem solving; intellectual abilities
		j	Product/ Accomplishment Participants have a product to enjoy, share, give away, sell (economic benefit), sense of accomplishment or pride associated with a product or completing a task or project
		k	Reduced stress/ tension Activity relieves tension, relaxes, and/or reduces stress; comfortable; sense of well-being, feeling grounded
		m	Accomplishment (included in 2j above)
		n	Self-expression Increased ability and willingness to express oneself; references to finding, regaining or using one's voice
		0	Grounded (included in 2k above)

		p	Other (specify)	Group therapy, empowered, empowerment, develop healthy coping strategies, therapeutic, mind-hand coordination, public speaking, socialization, connect to environment, decreased shame, reduced resistance
3	Communications		Non-verbal and symbolic communications	Non-verbal expression through art, body language, movement, sound; references to symbols and metaphors
4	Culture / Traditions	a	Aboriginal Identity	Sense of belonging, connecting or reconnecting with cultural identity; increased cultural awareness and pride; references to cultural roots, understanding history, colonization and residential school issues and impacts
		b	Connecting/ reconnecting with culture/traditions	Learning about, rediscovering and/or participating in cultural activities, traditions, skills, art forms, values, language, history; traditional teachings
		c	Decolonization	(included in 4 a above)
		d	Culture is Healing	References to culture as healing, "culture is healing;" cultural teachings as healing tools
5	Social/ Behavioural	a	Building/ improving relationships	Building relationships with others; connecting with others in the group or program (team building); developing interpersonal relationships; decreased isolation; improved relations within family or between generations
		b	Building community	More involved in community affairs; rebuilding or building connections among community members; creating a sense of community; networking, giving back as volunteers
		c	Improved Family Relations	(included in 5 a above)
		a	Self-awareness/ knowledge	Increased knowledge of self and awareness of personal issues and reactions; reduced denial; reconnecting with self; references to understanding self, "seeing where you're at" (formerly code 2a)
		d	Safely express/ release emotions and memories	Safely release negative emotions (anger, pain, anxiety, etc.); increased ability or willingness to express emotions or recount painful memories (verbal and non-verbal expressions); coming to terms with past
		e	Integrate traumatic memories	(included in 6d above)
		f	Shared experience	Healing associated with learning from others who share similar experiences; sense of not being alone
		g	Traditional healing	Arts are integral to traditional healing ceremony or ritual; physical, emotional, mental, and spiritual balance restored or improved (includes former 6a "restore balance")

		h	Initiate/support healing	Creative arts activities successfully initiate/start healing process or further success; activities augment or enhance healing. (Note: do not include generic statement about art and healing, such as art is “another tool for healing”).
6	Healing: Creative Arts in Therapy	a	Self-awareness/ knowledge	Increased knowledge of self and awareness of personal issues and reactions; reduced denial; reconnecting with self; references to understanding self, “seeing where you’re at” (formerly code 2a)
		d	Safely express/ release emotions and memories	Safely release negative emotions (anger, pain, anxiety, etc.); increased ability or willingness to express emotions or recount painful memories (verbal and non-verbal expressions); coming to terms with past
		e	Integrate traumatic memories	(included in 6d above)
		f	Shared experience	Healing associated with learning from others who share similar experiences; sense of not being alone
		g	Traditional healing	Arts are integral to traditional healing ceremony or ritual; physical, emotional, mental, and spiritual balance restored or improved (includes former 6a “restore balance”)
		h	Initiate/support healing	Creative arts activities successfully initiate/start healing process or further success; activities augment or enhance healing. (Note: do not include generic statement about art and healing, such as art is “another tool for healing”).

Challenges

1	Participant Challenges	a	Insecurity/fear of failure	Fear, lack of self-esteem, lack of creativity, lack of trust, fear of failure, blocked, numb, stretched outside of comfort zone - personal feelings of inadequacy or discomfort related to participating in creative arts activities. These challenges generally do not stop people from participating in the activity.
		b	Challenges within program	Frustration, lack of patience, unable to finish project, competitiveness, reluctance to show or talk about work, emotional overload, and other challenges faced by participants within the program (and usually overcome).
		c	Personal issues/ problems	Poverty, alcohol and drug use, denial, lack of motivation, relapse, lack of interest, don’t want to remember, cannot or don’t want to attend, etc. These challenges tend to inhibit participation in the program or activity.
		d	Lack of support/ services	Lack of transportation, babysitting, isolation, lack of family support, etc. These challenges tend to inhibit participation in the program or activity.
		e	Other (specify)	Literacy (for writing arts); prescription meds interfere with focus.

2	Lack of Resources	a	Financial/material	Program is inhibited by lack of money, resources, materials, supplies, space, etc.; more programs needed in region for further/ongoing study
		b	Human resources	Lack of teachers, counsellors, volunteers, etc.; no access to people with the necessary combination of skills and knowledge to run programs and activities
3	Socio-economic Issues and Challenges	a	Community level	Conditions that make it difficult for people in general (as opposed to individuals - code 1) to participate in creative arts and healing programs: poverty, a culture of alcohol and drugs, lack of leadership, etc.
		b	Societal level	Conditions within the wider society such as discrimination, stereotypic views of Aboriginal people, etc.
4	Cultural Loss/ Alienation	a	Loss of culture	Impact of loss of traditional knowledge, culture, language, skills, practices, values; difficulties finding Elders and teachers to provide traditional skills instruction.
5	Other Challenges	a	Programming	Scheduling; program design issues
		b	Other (specify)	More research needed; impact of creative arts on healing is undervalued; weather, seasonal conditions; computer games; and other challenges that do not fit into any of the above categories

Appendix 5

Interview Guide for Healers, Counsellors, Helpers, and Therapists

Part 1: Use of Creative Arts

In this study, creative arts have been broadly defined to include drawing, painting, beading, dancing, singing, drumming, songwriting, storytelling, poetry, mask-making, carving, drama, and other traditional and western creative activities that are incorporated into, held in conjunction with, or directly connected with a healing program.

- 1.1 Please tell me about your work and how you use creative arts in your healing work [or in the healing program]?
- 1.2 How did you come to be involved in this work?

Part 2: Creative Arts, Culture, and Healing

People have a lot of different things to say about the creative arts, culture, and healing. In the survey, some people told us that art, music, and storytelling are so integral to traditional healing that they cannot be artificially separated. Others noted that for people who have been alienated from their culture, learning a traditional craft or learning how to drum was a first step toward reconnecting with their Aboriginal identity and, thus, toward healing. Still others spoke specifically about the healing benefits of drawing and painting, music, dancing, writing, and/or storytelling.

- 2.1 Assuming that a program is culturally-based—if we take that as a given—what do you think it is about art and music and other creative activities that contributes to healing?
- 2.2 What are some of the things you have observed happening, if any, when people in a healing program are working with traditional arts—sewing, beading, and drum-making—or drumming, singing traditional songs, dancing, and storytelling?

Part 3: Impact of the Creative Arts

- 3.1 Thinking about the participants you have worked with in healing programs that include creative arts, what changes have you noticed in individuals?

-
- 3.2 What changes have you observed in the communities where these activities take place? (or What changes have you noticed in your community since these activities were introduced?)
- 3.3 Sometimes creative arts are part of community events—drumming and dancing at a community celebration, an art exhibit or craft show, a concert or play. Have you observed any healing benefits among those who simply witness these events – as opposed to those who are participating? (If yes, “What have you observed?”)

Part 4: Final Comments

I have one final question before I offer you the opportunity to add anything you like:

- 4.1 What advice would you offer a young person interested in doing the type of work you do with the creative arts and healing? How could they become involved in this work?
- 4.2 Is there anything about the creative arts and healing you would like to add?

Thank you very much for taking the time to speak with me. If you have any questions after we hang up, you can call me at 613-757-3916 or leave a message with Jackie Brennan at the Aboriginal Healing Foundation at 1-888-725-8886.

Appendix 6

Interview Consent Form

Interview Consent Form: Please sign and return to the Aboriginal Healing Foundation:

By FAX: 613-237-4442, Attention: Research Department

By Mail: Aboriginal Healing Foundation (Attention: Research)
75 Albert Street, Suite 801, Ottawa, ON K1P 5E7

INTERVIEW CONSENT FORM Creative Arts and Healing Research Project

BACKGROUND

The Aboriginal Healing Foundation is conducting research on what happens when art, music, dance, storytelling, and other creative arts become a part of healing programs. The research includes interviews with traditionally and western trained healers, counsellors, helpers, and therapists who use the creative arts in their work.

VOLUNTARY PARTICIPATION

Participation in interviews is voluntary. During the interview, please feel free to express your opinions openly. If you do not feel comfortable answering a particular question, let the interviewer know and s/he will move on to the next question. If at any time you wish to end the interview, please say so.

REPORTS AND PUBLICATIONS

This interview is part of a larger study that includes a questionnaire filled out by approximately 100 people involved in Aboriginal healing projects, an in-depth case study, interviews with Aboriginal artists and musician, and interviews with people involved in the creative arts and healing. The results of the study may be published in books and professional journals and presented at meetings and conferences.

CONFIDENTIALITY AND INFORMED CONSENT

You may choose whether or not you want your name used in reports and publications. If you do not want your name used, confidentiality will be respected and no information that discloses your identity will be released or published.

On the other hand, if you want your name to be used, anything from the interview that is quoted in a report, presentation, or publication will be credited to you. (You may wish to wait until after the interview is finished to make a decision.)

CONSENT AGREEMENT

Please sign either a) or b) but not both.

If you sign a) your name will be kept confidential

a) I wish to have my identity kept confidential ____

I, _____ (print name) agree to participate in an interview as part of the Aboriginal Healing Foundation's Creative Arts and Healing research project. I understand that my name will not be used in any published reports or public presentations and that my responses will be reported in ways that protect my identity.

SIGNATURE: _____

DATE: _____

OR

b) I agree to have my name used in publications and presentations ____

I, _____ (print name) agree to participate in an interview as part of the Aboriginal Healing Foundation's Creative Arts and Healing Research. I agree that my name may be used in reports and articles written about this project and in presentations.

SIGNATURE: _____

DATE: _____

I wish to receive a copy of the results of the Creative Arts and Healing study.

Yes ___ No ___ If yes, please provide your mailing address:

Thank you!

Appendix 7

Consent Form for Workshop Participants

PARTICIPANT CONSENT FORM Creative Arts and Healing Research Study (Tsow Tun Le Lum)

BACKGROUND

The Aboriginal Healing Foundation is conducting research on what happens when art, music, dance, storytelling, and other creative arts become a part of healing programs.

PURPOSE OF THE RESEARCH

The purpose of the research is to document the healing benefits of the creative arts and culture.

THE RESEARCH PROCESS

The research process includes a case study of Tsow Tun Le Lum's "Honouring Your Grief" workshop. This means that two researchers, Linda Archibald and Vanessa Stevens, will be observing the workshop and, with your permission, speaking with you about your thoughts, feelings, and experiences as a workshop participant. Your name will not be used and no identifying information will be included in any documents or reports.

This case study is part of a larger research project that includes a questionnaire filled out by more than 100 people involved in Aboriginal healing programs, and interviews with healers, counsellors, therapists, artists, and musicians.

CONFIDENTIALITY AND ANONYMITY

Information will be collected in a way that protects your identity and only the researchers will know your name. Your name will not be used in any reports or public presentations and anything you say will be reported in a way that protects your identity.

REPORTS AND PUBLICATIONS

The results of the study may be published in books and professional journals and presented at meetings and conferences. Tsow Tun Le Lum and/or Carrie Reid, the workshop leader/facilitator will have an opportunity to review and approve written reports related to the case study before they are released and/or published.

RISKS AND BENEFITS

While there is no known harm associated with this study, the researchers recognize that their presence may cause some discomfort.

We hope the research results will be useful to Aboriginal people, organizations, and communities involved in healing and wellness issues as well as government and non-government funders.

CONSENT AGREEMENT

I, _____ (print name) agree to participate in this study. I understand that the researchers will be taking notes throughout the workshop and that they may request an interview or speak with me about my experience as a workshop participant. I understand that participation in an interview is voluntary, that there are no negative consequences if I choose not to participate, and that I may withdraw my consent at any time during the research process.

I understand that my name will not be used in any published reports or public presentations and that my responses will be reported in ways that protect my identity.

SIGNATURE: _____

DATE: _____

I wish to receive a copy of the results of the Creative Arts and Healing Study.
Yes___ No___ If yes, please provide your mailing address below:

If you have any questions please contact:

Linda Archibald, Researcher: 613-757-3916 or archlind@zon.ca or

Jonathan Dewar, Director of Research, Aboriginal Healing Foundation: 1-888-725-8886 or 613-237-4441.

Thank you!

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Helping Aboriginal people heal themselves

