

Aboriginal Healing in Canada: Studies in Therapeutic Meaning and Practice



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**Aboriginal Healing in Canada:
Studies in Therapeutic Meaning and Practice**

Prepared for

National Network for Aboriginal Mental Health Research
in partnership with
Aboriginal Healing Foundation

Edited by

James B. Waldram

2008

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Introduction

In 1992, a national team of researchers was funded by the Canadian Institutes of Health Research (CIHR) to form the National Network for Aboriginal Mental Health Research. One of the funded projects within this network was “Models and Metaphors of Mental Health and Healing in Aboriginal Communities.” Working in conjunction with the Aboriginal Healing Foundation (AHF), several goals for this project were developed.

First, we sought to provide descriptions of five AHF-funded healing programs that would allow for comparisons among them and the generation of models of best practices in the delivery of healing services to traumatized Aboriginal individuals and communities. We were mindful that the mandate of the AHF was not indeterminate; sooner or later funding would end and, unfortunately, possibly many of the programs and centres it funded. As part of the legacy of the AHF, it was important to have some detailed documentation, inherently qualitative in nature, about what these programs actually looked like. Proposal applications and AHF site visits, quarterly reporting, and audits were not designed to understand the daily workings of healing programs as staff and clients grappled with complex issues and problems. These were designed to monitor program efficacy in project finance and work plan fulfillment. Programs naturally undergo change from the funding proposal stage, where applicants detail what they hope to accomplish and how, to implementation, where they put the plan into action and adjust to the logistics of a real client base, real therapists, and a limited budget. It was important to attain a snapshot of what was really going on in an effort to provide a record of what approaches were more successful than others. We hoped to provide sufficient details of treatment models that future centres and programs would find useful for their own planning. Many AHF-funded programs, and those that fall outside of AHF funding parameters yet deal with substantially the same issues, have been forced to reinvent the wheel because of a lack of quality information on what works and what does not. Our aim in this research was to provide a valuable tool for future program development.

The second goal was to develop our understanding of the meanings and processes of healing in Aboriginal communities. At the outset, it was our sense that, despite the widespread adoption of healing discourse by Aboriginal people and others, what was actually meant by healing was ill-defined, variable, and inherently flexible. It made sense that to study the impact of healing programs one also needed to understand how clients and therapists/healers understood this key concept and employed it to frame their experiences. Further, we wished to discern if healing meant something different across the various types of programs and regions represented in this study.

The third goal was to contribute to theoretical understandings of the process of healing and the development of appropriate research methodologies to study it. All the primary researchers in this project are university-based scholars who are committed to the advancement of social scientific knowledge in the service of humankind. It is our view that theoretical issues, when properly addressed within an ethical context, are inherently valuable to the broader community because they speak to the transferability of the findings. It was our goal that the lessons learned in this project be communicated widely because of their potential usefulness to others, and a scholarly approach was one means of doing this. However, in this publication, we have endeavoured to present our work in an accessible form, so that therapists, healers, clients, and other interested service providers can obtain maximum benefit. Broader, more theoretical treatments will likely be forthcoming in other venues by the various authors.

The five programs chosen for the study were selected in consultation with the AHF on the basis of several criteria that represent a broad cross-section of relevant geographical, cultural, and service-style considerations and AHF case studies. Programs were located in rural, remote, and urban regions of Canada, from the west coast to the east coast, from urban centre to Subarctic and Arctic, in British Columbia, Nunavut, Saskatchewan, Manitoba, and New Brunswick. Some were residential treatment centres, where clients underwent treatment on an in-patient basis; others were outpatient facilities and even drop-in clinics. Further, some were located in community contexts allowing for some degree of uniformity in the cultural heritage of the client base, and in other instances, the treatment centre clients came from varied culturally different backgrounds.

The project director (Waldram) selected the researchers (Adelson, Fiske, Fletcher, and Gone) based on their expertise and experience in working on health issues with Aboriginal communities. In several cases, these researchers brought in other partners to assist in the work.

Research Methodology

Two target groups for the research were determined: first, those individual clients engaged in the healing programs at the time of study; and second, program staff (therapists, healers) involved in the delivery of treatment programs.

In order to facilitate comparison across the five sites, a common methodological orientation was designed by the project director, involving separate, semi-structured interview guides for clients and therapists/healers. Observations of program activities and, in some instances, more active participation in those activities were also undertaken. Mindful of the cultural, geographical, and other differences to be found across Aboriginal communities in Canada (Waldram, 2004), researchers were given license to adapt the common methodology to their particular projects as they saw fit. Sensitivity to local-level ethical sensibilities and methodological possibilities was essential to the success of the project.

The following broad questions were addressed in the research:

A. Models of Healing

- ✦ What do the healing projects look like?
- ✦ What activities are undertaken, when, and by whom?
- ✦ What mix of traditional Aboriginal and Western psychotherapeutic techniques is employed?
- ✦ What are the specific details of the treatment approaches? Which specific psychotherapeutic and Aboriginal traditions are employed? How do they integrate and affect each other? What conflicts do these approaches engender and how are these handled?
- ✦ What standards of effectiveness are employed? What definitions of success are used? Is efficacy an issue? How does one know if healing has ensued? What is the timeframe for measuring outcome? What works and what does not?
- ✦ What challenges are faced by participants during and subsequent to treatment?
- ✦ In what ways are successful and unsuccessful individuals discernible?
- ✦ Can a model of best practices be developed from the experience of this project? What would it look like?

- What questions remain unanswered? What new questions emerge? How can these questions be addressed?

B. The Meaning of Healing

- What does healing mean? Are there unique Aboriginal views? Is there a uniquely pan-Aboriginal view?
- How do individuals talk about healing in general and the healing process they are engaged in? What metaphors are used to describe healing?
- What goals are desired through healing? What does healing look like? What do participants, and treatment staff, hope to achieve through the program?
- How important is healing to other aspects of participants' lives?

Researchers followed the ethics protocol of the AHF and of specific communities where applicable. Additionally, all projects were approved by the ethics review boards of the universities where the primary investigators were employed. Drafts of each report were returned to each program for their feedback, and final reports are published here only with the permission of these programs. In two of the five case studies, program staff felt it was important that the centre and community not be identified, and of course this has been respected.

There is extensive use of quotation in each of the chapters that follow, in order to include as much as possible the voices of participants in the research. Quotations have been subjected only to minor modifications in instances where doing so clarified meaning; otherwise, they are presented faithfully as they were rendered.

The Findings

It is not our intention to provide an explicit theoretical analysis of these case studies. We will each save that for possible later works. In this publication, we wish to provide a substantial body of data and a pragmatic analysis built around passages offered by the clients and therapists/healers themselves. We want this report to offer guidance to other Aboriginal groups considering their own development of healing programs and to existing health care programs that are interested in developing more culturally appropriate services for an Aboriginal clientele. Generally speaking, these groups are far less interested in theoretical concerns than in developing solutions to problems. This is not to say that each case study is not theoretically informed, for each lead author is firmly anchored in theoretical traditions that can be made aware by a careful reading of their work. The authors of this collection simply value the possibilities in providing different kinds of analyses for different types of readers.

An important theme that emerges from all of the chapters is the cultural, age, and gender heterogeneity of the client or patient base that is served by these programs. Of particular note, the researchers found that relatively few research participants had personal experiences as residential school students. Rather, what we found is that the legacy of the residential school system has left a deep impact on the social, cultural, and psychological make-up of these individuals. People continue to suffer because of the far-reaching impact of the schools, be it within their own families and communities or intergenerationally, because of dysfunctional behaviours passed down from parents or grandparents who did attend. Combatting this complex legacy is exactly what these programs are designed to do.

A. The Models of Healing

What clearly emerges from our research is the importance of flexibility and eclecticism in the development of treatment models. There is no singular Aboriginal client, as there is no singular Aboriginal individual. Some clients are very firmly entrenched in Aboriginal cultural experiences; others, however, have had extensive experience with the broader, non-Aboriginal influences of mainstream Canada. One legacy of the residential school and substitute care systems for Aboriginal people has been the lack of Aboriginal cultural experiences for many. These individuals are not culture-less, as many popular accounts of Aboriginal experience might suggest; rather, they simply have had little or no experience in an Aboriginal cultural milieu, especially during initial developmental stages.

As is best exemplified in Waldram's study of an urban clinic, effective treatment programs must be able to accommodate a wide variety of Aboriginal people: individuals from different cultural heritages; individuals who have no practical experience in Aboriginal cultural contexts as well as those who have; individuals who do not speak an Aboriginal language and those who do; individuals with no background in the spiritual traditions that underscore such treatment and those who do; and individuals who are avowedly Christian alongside those who practice Aboriginal spirituality and those who simply are not spiritual. This is a tall order. The fact that many of the projects we studied are open to clients from different Aboriginal cultural traditions reinforces the idea that a simple, singular one-size-fits-all model makes little sense.

There are nevertheless broad similarities in client profiles across the five programs. Most of the clients in our studies are dealing with issues of alcohol and substance abuse, interpersonal violence, homelessness, physical illness, criminality, and a concomitant disruption in meaningful social relations as a result of their behaviour. Relatively few had experienced residential schools themselves, yet the lateral and generational consequences of the schools are apparent everywhere. We found, however, each individual client to be unique. Successful treatment programs are able to adjust program goals and therapeutic techniques to individual contingency.

Hence, what we discovered is the inherent need for flexibility, eclecticism, and diversity in treatment approaches. From the use of the Medicine Wheel to New Age and popular cultural therapeutic modalities, we found that these programs operate freely to meet the variable needs of their clients. These programs have borrowed liberally from biomedical and psychotherapeutic treatment paradigms and have integrated these with Aboriginal paradigms. Various forms of Aboriginal spirituality, as currently understood in their local contexts, are integral to all programs. For instance, while individual and group therapy are both common, so is the use of sweat lodges. Instruction may occur in the form of workshops, seminars, lectures, and also in more subtle ways through teachings of Elders in the sacred circle or the sweat lodge. Interestingly, this eclecticism goes beyond simply the borrowing of epistemologies and techniques from non-Aboriginal therapeutic sources, for we found many instances in which a program also borrowed therapeutic or spiritual approaches from other Aboriginal groups. Hence, even a traditional treatment program may involve the incorporation of Aboriginal practices that, historically, were foreign to the area in which the program is found. This has interesting consequences for future understandings of traditionality, but it underscores the inherently flexible and pragmatic ethos that governs these treatment programs, a 'whatever works' attitude in which treatment providers do not feel bound to narrowly defined or explicitly cultural or biopsychosocial treatment models. This attitude might be seen as an extension of what cultural ecologists have seen as a long-standing cultural openness characteristic of Aboriginal groups: a desire to borrow and integrate good ideas from others without excessive consternation about cultural contamination and traditionality.

This eclecticism is reflected in the experiences of a diversity of treatment staff. We found that, while there is an undercurrent of affinity for Aboriginal staff, more pragmatically what mattered were two criteria. The first criterion is the ability to be empathetic, as evidenced by prior life experiences involving similar problems that the clients are now experiencing. As Chris Fletcher's case study from Nunavut wonderfully describes, the model of treatment employed in many instances blurs the distinction between healer and patient, as the treatment staff themselves are sometimes on their own healing journey and gain therapeutic benefit from their work with the clients. The second criterion is competency, variably defined, but suggestive of a demand for knowledgeable and experienced treatment staff. This means that non-Aboriginal treatment staff are playing an important role in these treatment programs, because Aboriginality per se is only one criterion deemed important by clients. In all cases, however, there are always some Aboriginal staff, and often a primarily Aboriginal board of directors. Under the right circumstances, a culturally and professionally varied treatment staff can be effective, with Elders working alongside university-trained psychologists and social workers.

Each researcher was asked to address the question of best practices that emerged from their analysis. In this context, best practices means lessons learned—a detailing of what seems to be working. There is no singular model of best practice for the psychotherapeutic treatment of Aboriginal people; rather, there are locally derived models that seem effective for the clients who are likely to be involved. As outlined above, some of the basic themes that emerged of which best practices could be articulated are centred on the ideas of flexibility and eclecticism. This may be the extent of which to define a best practice, but is nonetheless an important conclusion: effective Aboriginal treatment models cannot be, and certainly must not be, pigeonholed through the imposition of dominant psychotherapeutic understandings of best practices. Perhaps Jo-Anne Fiske put it best in her chapter when she described best practice as “a carefully tuned eclectic approach.”

The issue of efficacy of these approaches to treatment is complex and requires a clear understanding of the goals of treatment as defined by the treatment providers and the clients (Waldram, 2000). Varied definitions of efficacy and methodological approaches to study it are called for in such eclectic programs. These case studies demonstrate quite clearly that qualitative judgments of therapeutic efficacy are paramount at this time. There have been no attempts to quantify outcomes through the application of “gold standard” biomedically based, double-blind-type studies; rather, both practitioners and clients note subjective, behavioural, and attitudinal changes as evidence of positive outcomes. Since many view healing as a lifelong process (discussed in the next section), those changes are often subtle, perceptible only to those close to the individual and likely invisible in a clinical assessment of therapeutic efficacy. As Kirmayer explains, these forms of healing do not necessarily result in “the grand sweep of healing transformation,” but result in “small turns of thought and feeling” (1993:176). However, the lack of an appropriate methodological approach to the question of efficacy of these kinds of programs should not be used as a reason to dismiss them; rather, these should be used as an impetus to design such a new approach. Treatment staff and clients alike most certainly do care about the issue of efficacy. They want to know that their programs are achieving positive results. The current method for assessing this involves qualitative, case-by-case assessments.

I would not suggest that these programs are without problems; staff often struggle on a daily basis to meet the needs of a large client base with limited funding. In the end, however, the question of whether these programs work well risks taking attention away from the therapeutic process in which clients and therapists are involved. They work well insofar as those involved continue to feel positive about the experience. Since there is no “magic bullet” in the treatment of psychosocial trauma, this simple fact alone should suffice to inform that these programs are doing an important job.

B. The Meaning of Healing

The approaches employed in these case studies that are deemed by those involved to be Aboriginal in orientation are also usually conceptualized in terms of traditionality, that is, an understanding that these approaches stem from age-old traditions of healing that have been carried forward in time to now deal with very contemporary mental, physical, and social problems. The question of what constitutes a traditional practice is as complex as the question of efficacy (Waldram, 2004), and a too intense search for concrete links with the past may detract from the more important fact that the very idea of traditionality, in the contemporary context, provides an emotional safe place for troubled individuals where they can link their troubles to a historic past. If the clients say that the Medicine Wheel is an age-old model of healing, its actual origin is irrelevant to its use in healing programs as a symbolic representation of a holistic way of life that is promoted as a positive Aboriginal legacy.

The concept of healing proved to be somewhat vague in this research. Within both public and professional discourse, the idea of healing has become pervasive. Rarely, however, has there been an attempt to define the term or otherwise operationalize it. We were interested in finding out how therapists and clients thought about healing.

The first thing that emerges from our work is that healing is a concept that is difficult to articulate, in part, because most seem to feel that there is no need to articulate it and/or simply have never been asked to. There is no dominant treatment paradigm at work here. Healing proved to be variable in meaning, often vague and fuzzy, and very idiosyncratic. As Naomi Adelson and Amanda Lipinsky explain in their study of a New Brunswick program, healing is an active, not passive, process: it is something you do, not something you think or that is done to you. In this sense, healing is work, it is ongoing and requires dedication. First and foremost, it requires commitment from the individual. No one can heal you or make you heal. Personal agency is stressed above all else.

The dominant metaphor in our research describes healing as a journey, sometimes articulated as following the “Red Road,” the “Sweetgrass Trail,” the “Way of the Pipe” (Waldram, 1997), or the “Road to Wellness,” as in Joseph Gone’s study in this publication. The journey has a clear direction toward healing, yet it is a journey fraught with challenges. Falling off the path of healing is common, even expected by treatment staff. There is no shame to temporary setbacks, nor are these seen as failures; rather, the individual is welcomed back to continue on his or her journey when he or she feels ready. Returning to the idea of efficacy, one can see how difficult it becomes to assess treatment outcomes when such setbacks are anticipated and when there seems to be no end point to the journey. No one is ever completely healed. No one speaks of being cured in the same way biomedicine uses this concept. Even those who have been on the healing path for many years and who have become therapists themselves must struggle to remain on the path. Healing remains, in Gone’s assessment, “an ongoing process of self-transformation.”

Healing was rarely thought of in biomedical terms, and even conventional psychotherapeutic understandings were largely absent. Rather, what emerged is a common theme that healing is ultimately about the reparation of damaged and disordered social relations. The individual, through outwardly and self-destructive behaviours, has become disconnected from family, friends, community, and even his or her heritage. The reason for undertaking healing is often found in the clients’ desire to make amends and to be accepted back into the web of relationships. Healing, then, speaks to a form of Aboriginal sociality that reduces the degree of self-

indulgence and self-pity and frames one's problems and the solutions in broader, collective terms. It does not deny historical processes or the legacy of the residential schools, which have created the conditions for social and psychological discontent; rather, it helps individuals understand why they have problems in a manner that allows them to simultaneously see that, while victims of oppression, they retain the necessary agency to change their lives for the better. Healing, then, is ultimately about hope for the individual, the family, the community, and the future.

The inherent ambiguity in the meaning of healing also plays out in the blurring of the distinction between service providers (healers or therapists) on one hand and clients (patients or participants) on the other in many of the programs. It was impossible to standardize the terminology for these therapeutic players across all programs without forcing the kind of discursive manipulations that would blur rather than clarify meaning. In all programs, treatment staff members who were also on their own healing journey and who had personal histories paralleling those of the clients were particularly valued. The holistic program environment of the various programs encouraged an interaction between therapists and clients that was bidirectional: therapists were simultaneously patients learning from their clients as they continued on their own healing journey; and clients were simultaneously therapists offering their own troubled life experiences as a reflective tool for self-healing by the therapists. The beauty of this synergy is evident from the chapters, and this underscores how these healing programs differ in fundamental ways from many non-Aboriginal psychotherapeutic approaches that implicitly or explicitly enforce rigid distinctions between therapists and clients.

Conclusion

The healing movement among Aboriginal people in Canada is perhaps the most profound example of social reformation since Confederation. The potential impact of the movement—for all Canadians and especially Aboriginal people—is profound. The efforts to restabilize Aboriginal societies after centuries of damaging government policies continue to revitalize individuals and communities that, in turn, contribute to a healthy and vibrant future. The work of the AHF in this regard has been extraordinary and an example of an effective partnership between Aboriginal people and government. It is our hope that this publication will contribute to the profound legacy that is the AHF and the Aboriginal healing movement in Canada.

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The Community Youth Initiative Project

Naomi Adelson
Amanda Lipinski

Introduction

The Youth Initiative Project was first introduced in a Mi'kmaq community in New Brunswick in 1999.¹ This program, funded by the Aboriginal Healing Foundation, was initially developed after a series of teenage suicides took place in the community in the early 1990s. The purpose was to “provide youth-at-risk with opportunities for self-development in the areas of self-esteem, responsibility, respect and empowerment ... [and to] provide youth continued support and opportunity to develop personal, social, mental and physical well-being that is so needed to combat the destructive effects of unresolved traumas originating primarily from the Legacy of Residential Schools and its Intergenerational Impacts.”²

The Youth Initiative Project was set up for those between 10 and 19 years of age and provides a safe and neutral space, services, activities, and staff specifically for the youth. There are educational, recreational, and spiritual resources made available to the youth through this initiative, and the centre in which it is housed is seen as a place for the youth to go. The general sentiment is that the centre offers youth a place other than the street and, therefore, the potential to stay away from drugs and alcohol. As one staff member said, “we want to let them know that they don't have to do all that stuff on the streets, there could be something better out there.”

Similarly, the staff at the youth centre, which houses the staff and facilities linked to the Youth Initiative, provide the youth with life skills training as well as recreational and educational activities. The staff offer sessions on different issues such as smoking, drugs, alcoholism, violence, abuse, pregnancy, and suicide to all of the young men and women, using a variety of resources and media including television shows such as Degrassi Talks. In addition, there are a variety of different activities offered for the youth, such as sports nights, tutoring, traditional crafts, traditional dancing and drumming, and boys' and girls' discussion groups. There are also dances, movie nights, and special presentations on a wide range of topics. During the summer months the staff organize day trips and overnight camp-outs.

Healing is a central element for all the activities of the youth centre, or as one trainer noted: “seventy per cent of activities here have to be directed toward healing, either directly or indirectly.” More often than not, the healing component is integrated into activities so that the youth are not always aware of the link. Indeed, in this study the authors learned that healing cannot always be emphasized, as this may then limit the youths' participation. “We are trying to figure out how we can slowly implement or directly implement healing activities without scaring those kids away, letting them know that we are precisely here like we were before” (Healer/Manager). Most importantly, the activities provided for the youth to help them build confidence and self-esteem is a key healing mechanism: “we work toward really getting those kids, getting their self-esteem built up, their confidence built up, empowering them to make the right choices in life and stay away from all those negative behaviours” (Healer/Manager).

There is a wide range of activities provided through the youth centre and the healing initiative that incorporates a range of Aboriginal traditional activities. Traditional healing activities offered at the centre include talking circles, sweat lodges, drumming, traditional crafts, and traditional dancing. Participation by Elders is also considered a vital part of the Youth Initiative. Elders participate by coming to the centre to talk with the youth, through storytelling and by leading or participating in nature walks. During the six-week period of the research

¹ The community has specifically asked that they remain anonymous.

² Aboriginal Healing Foundation (1999). AHF-funded healing program file.

for this report, we saw one Elder participate with the Youth Program, taking participants on a walk to identify traditional medicinal plants. The staff indicated, too, that Elders participate once in a while to engage the youth in culturally based activities such as working with leather, storytelling, or walks. The traditional healer at the healing centre was the Elder most involved with the Youth Initiative.

Other activities organized by the youth centre include sports nights, dances, boys' and girls' activity groups, and presentations on a wide variety of topics (as noted earlier, topics would include suicide prevention, drugs and dependencies, and other issues of direct concern to the youth). Most importantly, the staff members try to keep the activities interesting and fun by offering a range of games and sports. They planned day trips to the beach, the movies, or nature walks. They would host dances and supervise arts and crafts sessions. In this way, the staff would try to encourage more youth to participate in the centre's planned activities. The day trips take place primarily in the summer in order to encourage as many youth as possible to participate and to decrease the youth's concern about boredom during the summer months. In this way, many youth who would normally not be able to leave the community could do so as part of these events.

In addition to the social activities, counsellors and therapists are available for the youth in both the youth and healing centres. In addition to one-on-one sessions that can be scheduled, psychologists and therapists work with the youth on various issues such as peer pressure, problems at school, problems at home, anger management, or sexual abuse. There is also a psychologist who visits the high school on a regular basis and leads group activities and discussions on similar teenage-related issues.

During the school year, the centre is open on a regular basis in order to be accessible to the young men and women of the community. They also plan special events and activities such as a special parade day in the autumn and in December, for which the youth make their own floats and participate in each of the parades. There is also a full week of March break activities including day trips to a movie theatre, dances, game nights, arts and crafts, and sports. During the summer, the youth centre is at its busiest as they organize both daytime and evening activities. A typical summer's weekday evening schedule is copied below:

Date	Time	Activity
Monday	6–10	Activity Night
Tuesday	4–6	Jingle Dress Dancing
	6–8	Girls' Group
	8–10	Boys' Group
Wednesday	8–10	Gym Night (14–18 yrs) Basketball, hockey, lacrosse
Thursday	6–9:30	Gym Night (10–13 yrs) Basketball, hockey, lacrosse
Friday	7–10:30	Open Night (older group) Games
Saturday	6–9:30	Open Night (younger group) Traditional Activities

During the summer, as noted above, there are day trips and a broader range of sport and craft activities to keep the youth interested and occupied while they are out of school. Typically, there are two weeks of day trips and activities for each age group. Below is an example of the summer program for July 2003:

Younger Group Ages: 10–13 years

Monday	Tuesday	Wednesday	Thursday	Friday
30 10 a.m. Park Scavenger Hunt & Picnic	1 10 a.m. Sports Day & BBQ	2 11 a.m.–1 p.m. Super Bowl 1:30 a.m.–4:30 p.m. Open Centre	3 4 p.m.–11 p.m. Beach Dunes Campfire & Games	4 10 a.m. Park, Games & Swimming
7 10 a.m. Amusement Park Trip	8 10 a.m. Park Medicine Trail	9 4 p.m. Movies in town	10 10 a.m. Craft Day (tie-dye shirts)	11 9 p.m.–12 a.m. Tropical Theme Dance w/Karaoke & Games

Older Group Ages: 14–19 years

Monday	Tuesday	Wednesday	Thursday	Friday
14 4 p.m. Movies in town	15 10 a.m. Sports Day & BBQ	16 10 a.m. Beach	17 10 a.m. Park, Volley Ball & Swimming	18 10 a.m. Beach Park, Swimming & Games
21 10 a.m. Campground Overnight Camping Trip	22 Return from camping at 6 p.m.	23 10 a.m. Amusement Park Trip	24 10 a.m. Craft Day (tie-dye t-shirts, decorate for dance)	25 9 p.m.–12 a.m. Mexican Theme Dance w/Karaoke & Games

While the centre is already open for 12 hours a day (9 a.m.–9 p.m.) and six days per week during the school year, some of the youth still feel that this is not enough. Specifically, the youth feel that they want the centre open right through the night since many are up at those hours throughout the summer. There have been requests to the staff to have the centre stay open longer at night, but there are a host of logistical and financial constraints working against this request. With limitations on funding and staff, and with the staff that are already employed needing the month of August for their own holiday time, the centre's staff is currently working at their maximum ability. Vandalism does increase later in the summer, but this research initiative cannot make any correlation between the August closure and the occurrence of vandalism.

Prior to 2002, the Youth Initiative Project was housed in the local school. In September of that year, a new youth centre opened on the main road in town, and that building now houses the Youth Initiative Project and is for the exclusive use of the young people. The building is spacious and has a computer room, a games room (with a ping-pong table, a pool table, video games, and a big-screen TV), and enough space to hold dances and presentations. There is an outdoor skate park for skateboarding, biking, and rollerblading.

Unfortunately, despite the best intentions, in the short period of time that the centre has been open there are already marks of regular vandalism: “I wish the kids would love their building instead of trashing it” (Staff). The skate park welcome sign was ruined, and large pieces of the outside front wall went missing as the holes grew larger and larger throughout the one summer of research.

The community is located near a moderate-sized city and close to a smaller town. With a population of about 2,000, the community has three convenience stores, a small restaurant, a gas station, the band office, an elementary school, a church, a recreation centre, a health centre, as well as the youth centre building. Since there are not many job opportunities in the community apart from these services or government offices, many members of the community work off reserve in either the fishing or forestry industries.

During the summer of this field research, there were eight staff members working for the Youth Initiative: a coordinator to plan and oversee activities and events for the youth, a trainer to instruct the youth workers in how to deal with difficult situations and crises, five energetic youth care workers, and one youth helper.

The youth workers indicated that they are readily available to the youth for support and guidance, and their goal is to assist the youth in developing self-esteem and self-confidence. These staff members make sure they are approachable so that the youth will open up to them. They also share their own stories of struggles they may have gone through as youth to provide examples of how the young men and women might work through their own problems. One youth staff explains: “we went down those roads, we know how it is, we know what it was like growing up, but the good thing is we helped ourselves so we can tell them ‘we’ve been there so you can help yourself too.’ So we learn from our mistakes that we can teach back to them.” This is where personal experience becomes necessary. Further, the authors found that the staff can be a shoulder to cry on, someone to talk to, someone who will help with homework, or someone to laugh with. The Youth Initiative staff members are also relatively young (aged 18–30), which makes it easier for the youth attending the program and the staff to relate to each other. One Youth Initiative staff member explained that the youth feel more comfortable and are more inclined to go to the Youth Initiative when the staff members are young and energetic: “I try to be at the same level as them. I feel that if a person is all dressed up, they [the youth] will tend to avoid them, but if you are easygoing and casual they will want to talk to you.” The younger staff members are also able to teach the youth through their own life experiences, as a youth care worker explains:

I’m really outgoing so they see me as a youth, and when I have to be stern I can be. There is a relationship. I can be a youth, but I am also a youth care worker. Plus, they like talking because I am a girl so a lot of girls will talk to me and a lot of boys need nurturing. Plus, we’ve been through what they are going through. We’ve been there, we’ve done it. We know how it is. We’ve took two different roads. Most of us took the alcoholic, smoking drugs road, but now we are back on our feet and we take the other road. They see us as people, we are just regular people.

Methods

The field research was conducted by Amanda Lipinski. Naomi Adelson, Associate Professor of Anthropology at York University, was the project manager. The research directors are members of the National Network for Aboriginal Mental Health Research, which includes the Aboriginal Healing Foundation (AHF) as a partner. The principal director of the “Models and Metaphors of Mental Health and Healing in Aboriginal Communities” project is Dr. James Waldram (University of Saskatchewan). Both the project and network are funded by the Canadian Institutes of Health Research.

The research project was approved by the community band council and was conducted with the consent and under the auspices of the Community Health and Wellness Board. The health board members were integral to the success of the project from its inception through to the dissemination stage. Specifically, consultations were held with members of the Community Health and Wellness Board for the initial approval for the project and were followed by the community's ethics approval. Upon completion of the research stage, the preliminary results were reported back to the board. Both first and second drafts of this report were submitted to the board, and all of their recommendations have been incorporated into this document.

The methods used were participant observation, structured interviews, and life narratives. The life narrative allowed the participants to speak directly about their life as well as how they see their future being shaped.

The interviews were based on the protocol established for the broader "Models and Metaphors of Mental Health and Healing in Aboriginal Communities" project. The original project questions were modified to correspond better with the community as well as with the youth-based focus of this research. The questions were discussed and modified during a conference call between the manager for this case study and key members of the Community Health and Wellness Board. In the end, the questionnaire consisted of three separate interview models: one for the healers, one for the youth, and a third for the Youth Initiative staff. All the interviews were done on a one-on-one basis at either the person's home or place of business. With the permission of the person being interviewed, the interviews were tape-recorded.

Participant observation included involvement in many of the Youth Initiative activities such as the dances, trips to the movies, trips to the beach, sports day, and fundraisers. It also included involvement in healing ceremonies such as the sweat lodge and the sun dance ceremony.

Prior to any research conducted and after the questionnaires were set, the project proposal was submitted to York University's Research Ethics Board for approval. With that approval and following the AHF guidelines, the principles of OCAP,³ and the local Mi'kmaq research principles and protocols, the research proposal was then submitted to the Community Health and Wellness Board for approval. In addition, the questionnaire was vetted and edited by members of the health board in advance of the ethics submission. The research began after approval was granted by the community's health board.

This was a qualitative study with questionnaires and participant observation as the two main research techniques. All of the interviews were recorded (with permission) and subsequently transcribed for content analysis. The questionnaires included a series of open-ended questions, allowing for more in-depth responses. In total, forty-two interviews were conducted. Twenty-one of the forty-two individuals interviewed were youth over the age of seventeen, who are or were directly involved with the AHF-funded Youth Initiative Project. Eighteen healers, both traditional and Western, and managers of the health centre and child and family services were also interviewed. As well, three of the Youth Initiative staff who are directly involved with the youth were interviewed.

The time frame for the data collection was five weeks. The interviewer lived in the community for the duration between June 26 to July 30, 2003.

³ OCAP is the acronym for the research principles of Ownership, Control, Access, and Possession. OCAP constitutes a fundamental agreement process for research conducted with First Nation partners, and it also constitutes the basis upon which this research was conducted. Retrieved 14 May 2007 from: http://www.naho.ca/firstnations/english/ocap_principles.php

There were few methodological complications during the research process. The initiative was undertaken only after permission was received from the health committee and the community itself through the chief's office. The host community was very supportive and helpful throughout.

The healers and managers were willing to take the time to be interviewed. The youth, on the other hand, were a little harder to commit to an interview, but in the end the interviewer was able to interview the specified number of individuals. On the whole, the research project ran very smoothly. As noted later in this report, however, one finding regarding the youths' participation can also be viewed as a minor methodological complication. Specifically, as many of the youth spent much of the summer holiday period up very late at night, there were some problems in finding them during the scheduled interview time period during the day.

Participant Profiles

The client portion of research participants were youth who are or have been involved with the Youth Initiative Program. The ten female and eleven male youth interviewed were between the ages of 17 to 26 (mean=20). Only one of the youth interviewed was married, the rest were single. Five youth had children in their home for which they were the primary caregiver. The majority of the youth were able to speak Mi'kmaq fluently. Only two of the youth had been in foster care. None of the youth had been adopted nor attended a residential school.

Mi'kmaq is the Aboriginal language spoken in this community; 98 per cent of the youth are able to speak Mi'kmaq, even if just a little. All the youth interviewed spoke English fluently, although some expressed having difficulty translating words from Mi'kmaq into English. Some of the youth (<25%) also speak French, some fluently, others less so. Most of the youth interviewed are Mi'kmaq. One client indicated that she/he was Mi'kmaq, Ojibwe, and Cree. Some of the clients claimed both Mi'kmaq and French heritage. Most of the Mi'kmaq youth that were interviewed said that they are aware of their cultural heritage and its meanings, and some chose to participate in traditional teachings more than others.

The residential school experiences are less significant for this population as the youth were born after the regional residential school had closed. Some of the youth interviewed did have family members who had attended residential school. Two had mothers who attended residential school, one had cousins attend, while three others had grandparents who were forced to attend residential school. Four of the youth interviewed were unsure if any family members had attended a residential school, and one youth claimed his parents almost had to go when they were young, but in the end did not. Another noted that she recalls her mother talking about having wanted to follow her friends to residential school, but did not actually go. The majority, however, had no relatives who attended residential school.

When asked what they knew of their family members' experiences of those who had attended residential school, most stated that they did not speak of their experiences very often or only spoke about them when under the influence of alcohol. Only one youth recounted her grandmother's negative experiences, which made this client sad: "My grandma went to a residential school ... She saw a lot of bad things happen to other people ... She talks about it a lot."

The overwhelming majority (98%) of the youth interviewed have never been in foster care. Of the two who had been in foster care, one lived away from home with a relative for six months when he was 14 years old in order to escape a difficult period at home. The other lived with various family members and, as an adult, had

not returned home. Neither of these youth had any negative comments about their foster care experiences. None of the youth interviewed were adopted, and no comments were made on the subject of adoption.

A total of 18 research participants that consisted of healers, managers, and therapists were interviewed; ten women and eight men. Their ages ranged between 25 and 60; with a mean age of 40 years. Eleven of those interviewed were married, four were divorced, and three were single. Fifteen of those interviewed had children. The majority of participants were able to speak Mi'kmaq fluently; only four of the front-line workers (all of whom are healers) were non-Aboriginal and three of those four have a French background. None had been in foster care or adopted, and none had attended a residential school.

The Aboriginal language spoken in this community is Mi'kmaq. Most of the healers and managers interviewed were able to speak fluent Mi'kmaq, as most are from the community. The non-Aboriginal therapists interviewed were not able to speak Mi'kmaq, they spoke English and French. Most of the participants commented on how they prefer to speak their own language as it is much easier to express their thoughts and feelings. Some found it hard to translate their thoughts into English. All the Aboriginal healers and managers interviewed were Mi'kmaq. The non-Aboriginal therapists interviewed were primarily Acadian French or of French descent. One of the healers interviewed is of Spanish descent from South America. Most of the Mi'kmaq healers and managers interviewed were aware of their cultural heritage and acknowledged and honoured it in some way. Sweat lodges and talking circles were made available for staff at the health centre where most of those interviewed worked.

None of the healers or managers interviewed attended residential school. A few expressed that they had family members who were forced to attend and others explained how there were close calls of almost being forced to attend a residential school when they were younger. One informant told me how his mother attended a residential school, but did not report having a horrible time: "my mother was a very young woman when she went to residential school, she doesn't say anything bad about it. And maybe that was a different generation, because she went there in the 1920s. She was there for quite a while" (Traditional Healer). According to the therapists/managers, not very many people from this community attended any residential schools.

Only one of the healers interviewed briefly disclosed that she had been in foster care when she was younger, and this experience prompted her to help youth in the same situation. Some of the healers and managers interviewed explained how they left home at a young age to escape the abuse and alcohol, and they usually stayed with family or friends while others tried to make it on their own. One healer explained: "I wanted to get away from my mother ... I wanted to get off the reserve and see what was out there. So I left and went to [the city] for a while." None of the healers or managers interviewed discussed any adoptive experiences.

A Brief Comparison of Clients and Healers

The healers and clients are quite similar in many ways; the most obvious being that the majority identify as Mi'kmaq and, further, can speak the language. Another strong similarity between the clients and healers was that none had attended residential school and few had family members who had attended residential school. The youth are too young to have attended residential school as the schools had closed by the time they were born.

Similarly, the majority of the healers and clients were neither adopted nor in foster care. There was only one brief mention of a foster care experience, and the experience prompted the individual to help others: “you see I was a foster child and that didn’t deter me from going to high school” (Healer/Manager).

Most of the healers and clients grew up in the community and are, therefore, very familiar with its issues. Many of the healers had similar youth experiences, including the use of alcohol or drugs and the direct or indirect experience of abuse. Because of these similarities, many of the healers, both traditional and Western, felt that they were better able to offer advice and act as positive role models. One manager and traditional pipe carrier explained that “life experiences are definitely important, especially in this area. I hate to use the word ‘role modeling,’ but that is what it is. Clients can see that I have been through it all, and I am still here, clean, and sober.”

The key area of difference lies in the distinction between traditional and Western healers. The Western healers (psychologists, therapists, or counsellors) are non-Aboriginal and therefore do not speak fluent Mi’kmaq. In addition, they live off reserve and there was much less talk of trauma or abuse in their lives.

Life Narrative: Clients

Most of the youth interviewed did not go into great detail about their individual life histories or about where they see themselves in the future, in part, because of their youth, so they were less inclined than the healers or managers to elaborate on their personal lives. However, by asking more questions, the interviewer was able to elicit more information about their life stories thus far.

Most of the youth began by stating that they had just graduated from high school that June and were planning to attend a college or university somewhere on the East Coast. Of those who had already completed high school, a majority were either already attending or about to start university. Psychology, counselling, and social work were mentioned most often as the most popular majors selected. Others included education, science, business, kinesiology, and classics. A few of the youth stated that they wanted to come back as a “child psychologist and work in ... with the kids” (Client) or become a counsellor and help the people in the community: “I wouldn’t even mind counselling adults, teach them how to behave, a lot of adults don’t know how to behave” (Client).

Some of the youth stated that they want to “get out” and “escape” the community. Some went into detail about their past, telling about how their parents used to “party,” but had since gone into rehabilitation: “for a while my parents drank a lot so I was in that kind of environment until I was twelve when my Dad decided to go to rehab” (Client). Others told about how they had lost friends and family to suicide and disease, such as breast cancer. In addition, there are a few youth battling diseases such as lupus, arthritis, and diabetes. One client explained: “I was diagnosed with rheumatoid arthritis and lupus last year ... I try really hard to fight my disease and not let it take over. I don’t sit down and say ‘okay I’m sick, so now I want you guys to do everything for me.’ I have to actually get up because I am sick in the morning, and if I just lay there I’ll be sick all day, but if I get up then I start to feel better. So now I am on my medication, and I have a few bad days but not as much as I used to.”

It was also mentioned that it is difficult to live in the community: “up here it’s hard to tell you the truth, it’s really hard” (Client). Most of the youth indicated that they had suffered from some sort of emotional or physical trauma in their lives. Two explained how there has been drugs and alcoholism consistently in their

family. As one client states: “My dad did a lot of drinking when I was younger. He still does now but it’s not as bad.” One client talked about peer pressure and the fighting that goes on amongst the youth in the community: “A lot of times there is nothing to do so people just get drunk and start fighting. There is a lot of getting drunk, doing pills, fighting. It can be hard.”

Some of the youth talked about how they want to leave the community and never come back; one youth stated quite bluntly that she did not like living in the community and did not want to raise her child there. Yet the majority of the youth did indicate that they wanted to return once their post-secondary education was completed and work towards improving the community: “I want to get off the reserve and find myself a job that will help my parents and my family and eventually go wider and help the community with what skills I have” (Client).

Four of the youth interviewed were spending the summer working at a camp for youth at risk or who are suffering from fetal alcohol syndrome (FAS), fetal alcohol effects (FAE), or attention deficit disorder (ADD). Other youth were working at the crisis centre, at the welfare office, with Drug and Alcohol Prevention or at the youth centre. One client had spent time working at the school with special needs children, and it was that experience that helped him to stop drinking and begin to resolve his own problems: “during that time of me having a hard time I was working at the school with special needs children and that kind of changed my ways too, just seeing how the kids are having a hard time with the families and alcoholism, it changed me and made me see myself and change myself.”

Many of the youth expressed that it is difficult to live in the community; however, some are very proud of the way in which they were raised there and they, in turn, want to raise their children in the community too: “because it has made me strong, I want my kids to know the Native ways and language” (Client). Some of the youth expressed that they like living in the community “because you don’t [have] to pay for anything” (Client), while others like it because they are able to speak their language and practice their culture, which they said may be lost if they were to live off reserve.

Life Narrative: Healers/Managers

The life stories told by the healers and managers shared a number of similarities, possibly because the majority were born and raised in the community. Many explained how they came from families where drinking and abuse was prevalent. Some explained how they got involved in drinking and drugs and how it had a very negative effect on their lives. As one healer/manager put it:

I realized that the alcohol and drugs played a very large impact in my life, I guess, and I was very addicted and I couldn’t properly cope without it. So that is the day it all began for me and I made the decision to change for my benefit and the people around me, especially my immediate family, my son, my daughter, my wife.

This individual talked about how he has been able to turn his life around and begin working on his healing journey. He explained how rehab was his first step, followed by AA programs, talking circles, and sweats. He also explained that because of his experiences he is better able to help those who are going through those same feelings right now. Indeed, this is what, in part, defines a healer in this community. Fundamentally, a healer can be defined as someone who will listen and try to help the person who is going through a difficult

period and is often someone who is on his or her own healing journey. Healing can be accomplished through listening or through more traditional healing methods such as the sweat lodge, smudging, drumming, or a sun dance ceremony. There is a balance of the practical and the spiritual in that healing is carried out—and always in progress—through attention to both the secular and the sacred.

With this kind of job I deal with people that are intoxicated, stoned, and quite often I talk about my past. I try and tell these people in the community, 'I've done it, I've been through it all and you can do it too, you just have to make up your mind and put your foot down.' I know it is a lot of hard work and I keep telling them that, and I think I am scaring them off by telling them that because they know it is a lot of work. It requires a lot of energy, strength, and determination. That is what you need to know, perseverance, and eventually you succeed, and that is what I am trying to tell them, 'you can do it.' It is just so hard for them to let go of the same routine, the habitual stuff, it's just so easy. It's really sad to see young people that are in those stages already, that are chronic (Healer/Manager).

Quite a few of the Aboriginal healers and managers decided to go to school and obtain a degree in social work or counselling in order to help others in the community. A social worker with the family services stated: "when I first started ... I didn't have my degree in social work. They wanted me to take some courses so I got my degree at university." Most of those interviewed did not have to venture far out of eastern Canada for their schooling and returned to bring their expertise to the community. A family violence worker said, "I was working with social workers in a non-Native community for a while, but they needed my help here so that is how I ended up back here at [my agency]."

Even when acknowledging struggles or difficult life circumstances, healers and managers talked about how they got to where they are now and that they are very proud of who they are and use their experiences to help others. This is, again, where personal experience is necessary. The majority of the healers/managers interviewed grew up in the community, so they are very aware of how hard life can be. Some also suffered from sexual abuse and alcoholism growing up. They indicated through the interviews that their ability to overcome their issues and their own healing journey led them to helping others overcome personal issues.

The non-Aboriginal healers had different experiences growing up. Three out of the four interviewed are of Acadian descent and spoke of a shared history of cultural oppression. As one of the non-Aboriginal healers/managers explained, "because I am from a minority myself as a francophone person, we have lived oppression and cultural oppression and have prejudices and restraints on the language, so there is always oppression taking place. So for me as a non-Native person I can be a little more sensitive to the oppression they experience and I can try to promote change."

Even with this key similarity, there was one major difference between the Aboriginal and non-Aboriginal healers/managers interviewed. Amongst this group, there was significantly less talk of abuse and struggles. The non-Aboriginal healers came to this community to offer their professional knowledge and help. As one noted: "we are trying to help create a new environment so people can change their life in a more positive way." What became quite clear in all of the non-Aboriginal healer/manager interviews was that they are all very dedicated to promoting the wellness of this community and have, in turn, been accepted by the community.

The Aboriginal healers who grew up in the community share a lot of the same experiences as the youth and also share the same vision for wellness within the community. The non-Aboriginal counsellors are similarly committed to the healing and wellness of the community.

The Aboriginal healers/managers and clients (the youth) had a very similar life narrative. All of the Aboriginal healers/managers and clients were born and raised in the community and share similar experiences, some of which were traumatic. A majority of those interviewed have experienced sexual, physical, or mental abuse in their lives or know of someone who has. Both healers and clients claimed that because of the abuse, they turned to drinking or drug use to escape the pain. As one healer/manager noted: "I realized all the things I had done as I was growing up, the drugs, the booze, the promiscuity, the trouble I was in with the law, and whatever came along with it, I realize now I was just kind of killing the pain."

It is important to note that almost everyone interviewed for this study is a suicide survivor, having lost a family member or a friend to suicide. One manager told of her experience: "My own grandson committed suicide. He was sixteen years old, a beautiful young man, he had so much potential." Some suicide survivors turned to drinking and drugs to deal with their pain: "the alcoholism started to get pretty bad. At first I knew how to control it, but then it got bad when a friend of mine committed suicide, my best friend. After that I went down the wrong path and the alcohol got really bad and I didn't know how to control it" (Client). This client participated in the Youth Initiative far more when he was younger. He was not participating in the program when he went through these issues as he was away at university. He had to stop his university education while going through this difficult time, as he explained: "during that time of me having a hard time I was working at the [local] school with special needs children and that kind of changed my ways too, just seeing how the kids are having a hard time with the families and the alcoholism, it changed me and made me see myself and change myself. I had dropped out of university at the time that all the problems started and now that I am back I feel much better."

Another key similarity between the Aboriginal managers/healers and youth is that by growing up in the same community they had similar experiences, and most expressed that they are using these experiences to better themselves and their community as a whole. Most of those born in the community (manager/healer or youth) indicated that they would return if away for any extended time period. Some did leave to go to school in eastern Canada, but returned upon completion. Others left for a short period just to get away and try something new, but in the end returned. Many of the healers went to school for social work and counselling, and many of the clients interviewed indicated their plans for post-secondary schooling in the same areas of study. Indeed, all those who were interviewed, whether they are residents or not, are very committed to the community and want to see it grow as a vibrant and active place, with a strong balance of economic, social, and cultural stability.

Life Narrative: Aboriginal Perspectives

Almost all of the youth interviewed were on what they referred to as a positive path. They were aware of their own personal issues and the major social issues in the community. While many of the youth who were interviewed were aware of their cultural heritage and traditional teachings, not all chose to follow and live by them.

Stories were told (beyond the questions set out in the interview guide) by various members of the community regarding some of the real day-to-day social issues in the community, such as sexual, emotional, and physical

abuses within families. The high degree of alcohol and drug abuse was also mentioned. As one healer/manager explained:

The youngest I have seen are ten year-olds that are getting into the street drugs, sniffing, huffing, but now it's the pills, it's the real drugs, street drugs, the illicit drugs. It's the pushers, the people that make the quick money, they sell to anybody, they are taking a risk sometimes [selling to kids] so they double the price. The bootleggers even deliver. They'll deliver to minors and charge fifty or sixty bucks extra and the young kids will pay. There is at least a good half a dozen bootleggers in the community that are well-known and will deliver at all hours of the night and they deliver to kids. Now they include antidepressants to ease the hangover. The bootleggers will deliver for an extra five dollars.

Another manager explained:

There is a lot of pressure ... The community itself is in a state of crisis, there are a lot of people that do not take responsibility for their lives and blame everybody else. If you are someone in the community that is trying to do something for yourself, other people get jealous ... The sixteen year olds today face a lot of drugs and drinking, not matter how hard you try to protect them.

Many of the youth spoke of (both outside of the formal interview sessions as well as during those sessions) having had experienced some sort of physical, mental, or sexual trauma. Some talked of having strong feelings of hopelessness and a fear of being "out there" in the rest of society. The youth who were interviewed discussed feelings of restlessness, hopelessness, lack of self-esteem, and boredom. Many of the youth expressed feelings of isolation in the community. They see images in the media that they feel they can never achieve while living on reserve. As well, some noted that the closest city is an hour away, and many youth do not have a means to get off reserve and hence away from a relatively small network of age cohorts and friends.

Many of the youth perceive what they view in the media as unattainable and become frustrated with the limitations of reserve life. They indicated that they feel as though the (unrealistic) life presented in the media is a goal that they should be aspiring to but cannot. This leads to that sense of hopelessness wherein they feel bad about who they are and about being Aboriginal. Nonetheless, many still choose not to leave the relative comfort and familiarity of the reserve life to go off reserve.

Models of Healing

Activities and Approaches

The central goal of the Youth Initiative is to provide healing for youth in an indirect manner. As one client described the positive effects of the initiative:

They try to offer a lot of healing, self-discipline, self-esteem. There are different workshops, and the youth are encouraged to be themselves and be happy with who they are. They try to offer a lot of information and knowledge. There really is a lot of healing involved.

There are many activities available at the youth centre. Most see these activities as a way to “keep the youth off the streets and from doing drugs and stuff like that” (Client). Others see the youth centre as a “place to hang out” (Client), “it’s like socializing and stuff” (Client). Some perceive the youth centre and its staff as a babysitting service, “more or less they are kind of like babysitters” (Client).

One of the managers interviewed offered a longer term perspective; he explained that the Youth Initiative Project is needed to prevent long-term damages from happening:

The youth centre is there to make sure that there is capacity there to receive the youth to be able to address healing needs. Most communities don’t see it that way, they see it as providing them with leisure in a stable environment. Yes, this is conducive to healing, but there is not an extra effort to address those risk factors that we know are there among the youth that will create suicide conditions in the future. The need to be able to prevent those suicides from happening, the urgency to make sure that those suicide are prevented sort of motivates all the activities and actions that are taken by our organization to be able to avert those long-term damages from happening to the individual.

During the month of July, the activities provided for the youth were basically like summer camp activities, fun things for the youth to do including a lot of day trips. These day trips are especially nice for those families who would not otherwise be able to afford these sorts of outings. They could go to a regional amusement park, to the cinema in a nearby town, or to a bowling alley as well as local beaches and parks, camping, and an organized dance. These day trips and activities are available to all youth and are paid for by the Youth Initiative.

There were two different age groups participating in the summer activities, a younger group of 10 to 13 year-olds and an older group of 14 to 19 year-olds. The first two weeks of July were for the younger group and the last two weeks were for the older group. (The month of August is the only time the youth centre is not open as this is when the staff take their holidays.)

During the summer the activities seem to be a little less geared toward healing and a little more geared towards fun. Nonetheless, healing is integrated in indirectly. One of the youth care workers explains: “summer camp is a month of trips away, that’s treats, but we throw in healing stuff and they don’t realize it but that is one way we’ll disguise it so they’ll have fun and they’ll come.” However, providing these fun activities for the youth is a model of healing as it makes them happy and shows them a positive side of life, even though it may not be considered an actual healing activity like having a talking circle or seeing a counsellor.

Even with these activities fully paid for, few youth attended. Why are families not sending their children to these events? Do the kids not want to go? Do they think it is boring? Is it “uncool”? It was surprising that there was such a small turnout for these events. There is a very large youth population in this community, but few showed up for the organized month of summer activities.

It was more of the younger group who participated in the activities, with about 20 showing up for any one event. The older youth, on the other hand, were a little more reluctant to come out and participate. One important—and wholly unanticipated—finding of this study was that the older youth tended to sleep right through the day because they were staying up all night. Throughout most of the summer, those who can will be awake for the night and sleep through the day, living their lives and partying between the hours of 11 P.M.

and 6 A.M. It is a different world when the sun goes down and a critical time for the older youth: “people come out here at night, they’ll smoke, they’ll drink, they’ll do pills” (Client).

During the school year, the youth centre is open every week night and on Saturdays. There are more traditional and healing activities during the school year, such as traditional dancing and drumming as well as talking circles and boys’ and girls’ groups. Many different subjects and issues are addressed in these talking circles and groups, such as abuse, puberty, smoking, anger, drugs, and alcohol. We were informed that these activities are currently

seventy-five per cent activity-based and twenty-five per cent direct healing, but have access to flip it and do seventy-five per cent of really direct healing and keep the twenty-five per cent as activity-based ... We have scheduled activities from Monday to Saturday, various, whether they are activity-based or healing-based. We have presentations. People come in to present. We have a computer access room where the kids can go do homework or they can do research and stuff like that. We also have girls’ support groups, all the different groups. There is a boys’ group, a jingle dancing group. We have a lot of different kinds of cultural and recreational activities. We have all those regular scheduled activities on a weekly basis. On top of that we also do presentations on different issues once a month at the high school in town ... We also have dances. And during March break we do different activities. We also do community events like a Santa Claus parade in December and ... Day in October and special trips in the summer (Healer/Manager).

Both Western clinical models of healing and traditional models of healing are integrated into the youth program. As was mentioned earlier, the more traditional forms of healing include the talking circles, the sweat lodge, drumming, and dancing. Elders are also brought in on certain occasions to share their wisdom and teachings through nature walks and storytelling. The Youth Initiative trainer explains the importance of having Elders involved in the program:

We have some Elders involved, especially during traditional evenings. Part of a healthy development of the youth is also in their terms of identity, having a good sense of identity. And right now there are a lot of youth that don’t have anything to identify to. If you look at their clothing and what they identify to right now, they identify to a culture that rebels, like for example rap music. If you want to help people heal you have to help them find their identity because it is like a foundation, one which you can stand on your own two feet.

As for Western models of healing, there are two psychologists and a sex therapist working at the healing centre. They are all available for the youth to talk to if needed. One of the psychologists visits the local high school on a regular basis to talk to the youth. The Western forms of healing tend to be more client-centred and on a one-to-one basis. One healer explained that it is important to make the client feel that they are cared for and that they are valued: “client-centred, supportive counselling is my approach: a lot of support, a lot of empathy, a lot of genuine regard and respect. It is very much trying to help that person feel that they are cared for, they are valued, and they are important to me. That’s my approach to healing. It is rapport-building in one sense, but a lot of healing happens just in that relationship because that is what is missing in people’s lives.” Creating a rapport with the client is very important, as the youth need to feel they can trust who they are talking to before opening up. Building and maintaining healthy relationships play a very big part in the healing process,

as healthy relationships are something that these youth appreciate. The Youth Initiative trainer explains that he likes to be direct and honest with the youth:

Trying to get to the point with youth is to make sure you are genuine and authentic because they read very easily if you're being upfront with them. They respect the fact that you are straight-up and honest with them. You also have to respect the fact that there are a lot of things that they are going through that they may not be able to talk about and there are a lot of things as an outsider that you won't be able to pick up as quickly or easily, so it's important to be supportive, but at the same time you want to get the person to participate as much as possible.

The interviews conducted for this project indicate that the youth, for the most part, will accept both forms of practice. However, why they accept each form of practice is interesting and speaks to some of the reasons why clients will choose one over the other (or none at all). Thus, while some of the youth see all therapists and counsellors as adults who are looking down on them or judging them, others have particular reasons for preferring one over the other. For example, some clients prefer to see a traditional healer simply because they do not like Western-trained therapists. When asked to describe the difference between a Western-trained healer and a traditional healer, one client responded: "a healer uses natural things, he prays, he talks about the Creator and smudges with you, while a therapist just uses all these big words." Many youth see traditional healers as more natural, spiritual, and down-to-earth. As one client explains, "to me a therapist is just someone who gives you a pill and says here go get better, but our way is more connected and more spiritual." Some clients do not like to go see a Western-trained therapist because it is like admitting there is something wrong or it looks bad. A therapist or psychologist can also be intimidating to certain clients, as most assume it is just another white man trying to tell them how to live their lives. One client finds that counsellors will "tell you what is wrong with you, but traditional healers will help you figure it out yourself. When you figure it out yourself that is like a part of healing, that is when you get connected and then you start to understand more about your life and what you are meant to do."

Others who were interviewed felt that non-Aboriginal psychologists, therapists, and counsellors were experts in healing, and they would prefer to see them. Western healers were seen by some as more educated and therefore better able to "fix the problem." Also, some clients indicated that they preferred to see a psychologist or therapist as they usually live off reserve and are not aware of everyone's business: "because it's like someone may not be from here and someone from here could be comfortable with them because they don't know them and like maybe they don't want to talk to someone from the community, maybe they want to talk to someone from the outside. If they feel comfortable it doesn't matter where the healer comes from" (Client). In this, as in other small communities, the fact that people are familiar with the local buzz can deter a client from getting help because of issues of confidentiality. For example, a youth may feel awkward going to a traditional healer or Western therapist if that person knows the youth's family. That discomfort may rise considerably if, for example, one were to get help from a person who is related to the individual that he/she may be having issues with.

In conclusion, one of the key findings of this study is that, overall, there was a general consensus that both types of healers, traditional and Western, were effective but in different ways. As one client stated, "you can heal by words and you can also heal by nature, they both work, just in different ways."

Training and Experience

One of the most important qualities mentioned by the clients and therapists in terms of any kind of healing was that the practitioner should be sober and, preferably, on their own healing journey because “you can’t heal others until you are healed yourself” (Client). Someone who is trustworthy is another important characteristic stated by both the healers and the clients because confidentiality is always an issue in a small community. On the whole, most clients agreed that healers should be patient, they should have good listening and communication skills, and they should be easygoing and approachable, as “you have to be approachable and easygoing cause they get intimidated easily” (Staff). They should also know how to work well with people, have a good sense of humour, and be open-minded. They should also be very understanding and empathetic, since any sort of judgment will only scare the client away. It is important to note that the clients felt that these characteristics apply to both traditional healers and Western therapists.

Most of the clients agreed that Western therapists should have some sort of a degree and a basic understanding of human development. Traditional healers, by contrast, were expected to receive their wisdom through stories and teachings passed down through generations: “stuff is just passed down from their elders” (Client).

Similar to the value of a therapist’s own healing journey, the clients also felt that the therapist’s personal experiences were also quite important. Most of those interviewed agreed that it helps when a healer has experienced some of the same problems as the clients, as they are then in a better position to be able to understand what the client is going through. As one client explains, “if you’ve experienced what I’ve experienced then you’ve experienced a lot, I can tell you that. A person that has not been through that should not end up with a job like that cause they go, ‘oh I know how you feel’ and all this, but they don’t.” Some clients felt that it was harder to relate to someone who has not experienced the same sort of problems. It can be easier to work with the youth if one understands something of what they are experiencing: “like I said, we’ve been down those roads, we know how it is, we know what it’s like growing up, but the good thing about us is that we helped ourselves so we can tell them ‘we’ve been there so you can help yourself too,’ we learn from our mistakes and then teach it back to them” (Staff).

Not everyone agrees that the same life experiences are necessary. Some think that it is “more that you have had some life experiences, that you have been able to recognize the different emotional realms of it, and you can relate to that as long as there is something to connect with” (Healer/Manager).

Overall, the interview data indicate that the healers/managers and clients felt that it was important to be approachable and open when working with clients, and especially with youth. One staff member explains that she “likes to be at the same level as them, I feel that especially around here if a person is all dressed up they will tend to avoid them, but if you are casual they will talk to you.” Indeed, during the research period, both traditional and mainstream healers dressed casually, and this seemed to work well with both the healers and the clients.

Age and Gender

Overall, most of the clients agree that age and gender is not an issue in terms of the quality of the traditional healers or Western therapists. Some youth expressed that traditional healers are usually older, which is associated both with more experience and wisdom: “I really trust someone who is older. I know it is a

stereotype, but generally I just trust older healers because they have lived here longer and have more knowledge and wisdom than I do” (Client). One Western therapist explained that age can make a difference as the older you are the more credibility you have: “I am younger. If you are young you don’t have much credibility.” Many of the Youth Initiative staff who work directly with the youth believe that age does make a difference, as more youth will be able to relate better to someone who is younger. “If you are older, the less the kids will respond to you truthfully, you know what I mean. But if you are young, outgoing, athletic, and energetic then they will respond to you” (Staff).

Many of the traditional healers and Western therapists, as well as the youth care workers, agreed that having a male and female balance is very important as some clients feel more comfortable speaking to a man while others feel more comfortable going to see a woman. “A lot of women have problems with men and men have problems with women or men have problems with men, so it does help to have an equal of male and female gender workers here” (Client). In sum, the data from this study indicate that a diversity of gender and age, especially when working with the youth, seems to be beneficial.

Challenges

Stress is one of the main challenges faced by both traditional and Western healers: “it’s really hard work and very easy to get burned out. I don’t think I would have been able to cope if I didn’t have my healing too” (Healer/Manager). Many express that they themselves talk to the psychologist at the health centre or have talking circles in order to deal with the stress of the job: “I talk to the psychologists and they help me, there have been a couple times I have burned out but I try my best” (Healer/Manager).

The clients, on the other hand, said that their challenges were for the most part personal and the kinds of obstacles that everyone must face as they travel through life. Most deal with these challenges by talking with friends and family, their primary local support networks.

As for the staff of the Youth Initiative, they too deal with a lot of stress from work, such as the long working hours and typical, but often exhausting, internal office, and they indicated that sometimes it was hard to simply leave their work behind. In addition, there are after-hour demands on their time as youth will call them at home if something arises after regular office hours. Basically, they said that a strong support system is needed when working with clients and indicated that the staff psychologist does help them deal with their own struggles in order to avoid their own emotional exhaustion.

The Meaning of Healing

Throughout the interviews, both the healers and youth spoke of healing as a journey—an active process—and central to that process is finding a balance between the positive and negative in one’s life.

Healing to me is if you are having a bad situation or going through a hard time, and somebody comes along and shows you the light and tells you to wake up and heals you, motivates you to keep on going through everyday tasks. That’s healing to me. Healing somebody who is going through rough times by using positive words (Client).

The recurrent themes of healing expressed by those interviewed included facing one's problems, using positive words, and staying sober. Central to the process of healing, people spoke of healing as accepting what one has done in the past and learning from mistakes and as completing sobriety.

Most respondents indicated that they believe that healing starts with the individual: "so people have to take responsibility for their own life, their own healing because I can't heal you unless you are willing to heal" (Healer/Manager). There comes a time, too, when blaming needs to be stopped: "it has nothing to do with residential schools, it has nothing to do with priests, it has to do with you, what are you willing to do, how are you going to do it [heal]" (Healer/Manager). As healing promotes wellness in one's life, it is also promoted in the community. Others have said it is about coping with your troubles, overcoming them, and learning from them. Not everyday will be perfect, but that variation is also part of the healing process and journey since "you can't have a positive without the negative" (Healer/Manager).

An Aboriginal Approach

Most of those interviewed indicated that they felt there is, generally, a unique Aboriginal approach to healing. Most of the clients understood traditional healing to be more spiritually based than Western healing practices. Most made mention of the basic healing modalities, such as the sweat lodge, talking circles, smudging, and the sun dance ceremony. They also indicated that they understood Aboriginal healing as community-oriented (that is, that it goes beyond the individual) and necessary as a process of balance and a dynamic phenomenon (that is, a journey, not a singular, static, or finite phenomenon). Finally, both trust and equality were noted to be very important aspects of the healing journey.

An Aboriginal approach is being able to talk to one another and be equal, not being a therapist in which you know more than someone else, but being equal and being a good listener and being able to empathize with the person you are talking to (Healer/Manager).

Both clients and healers referred to healing as a lifelong journey, and very few believed that a person could ever be completely healed. A traditional healer explains:

I don't think there is such a thing as being totally healed. I think that you are going to deal with your issues ... I think you can function better if you are healing everyday, so you are healing for the rest of your life. That is why I call it a journey, because it is a journey.

Inevitably, the healing journey will include both hurdles and successes, as was summarized earlier: "life is like a mountain, you go up and you go down" (Client). It is how one manages the harder moments (going up that mountain) that becomes a testament to one's healing and how one deals with problems that defines the success of one's journey. Ultimately there is no quick fix; a fundamental aspect of the healing journey is that it takes time. "Traditional healing is about time, it's not a couple of weeks process" (Client).

Goals Through Healing

One healer stated that "true healing needs to come from the community itself. The community needs to heal itself. If it doesn't heal itself it will constantly breed sickness ... in Native country, in Native land, what we have to do is stop blaming the residential schools, stop blaming the Church, stop blaming the government, and start

to take control of our own lives.” Thus, the overarching goal of individual healing is community well-being; one is not possible without the other. This fundamental aspiration is not unique to this First Nations community, but having the Youth Initiative Project as part of the process for achieving this goal is.

As part of that larger goal of community healing, the Youth Initiative Project staff and healers attempt to reach out to the youth, to help raise their self-esteem and self-confidence. Unfortunately, not enough of the youth are participating in the project, so one of their more time-consuming immediate goals is to have more youth come out and participate in the program.

The goal is to have as many youth in [the community] come as possible, especially those who come from alcoholic families or single-parent families, for them to know that there is something better out there for them, that there are options out there for them, if you want to heal, come heal now ... this reserve could fall apart. There could be a lot of their generation that do not know about our culture and traditions and it will slowly start to disappear. I care about this reserve, I know a lot of people don't because it is really messed up, but if we can help the kids now, by the time they come to be our age they will be so smart and so understanding ... I also wish the kids would love their building instead of trashing it (Staff).

Conclusion and Towards Best Practices

The youth of this community understand that there are obstacles they and others often must overcome beyond those of typical young adulthood. They and their youth leaders and healers speak with insight about some of the problematic community conditions and, in some cases, disquieting family issues as well as about their own and their community successes. The language of healing for the youth of this community draws from their experiences as well as from both traditional Mi'kmaq philosophies and practices and from non-Indigenous healing modalities. That language reflects healing as a process and takes a dynamic and integrative approach to the process. Specifically, there was a balanced use of both Indigenous and Western healing models by a team of traditional healers, clinically trained therapists, and youth support staff. All were very dedicated to helping their clients and the community as a whole. If a model of best practices could be developed from this relatively small assessment project, it would include a range of social and community activities that enhance the more formal therapeutic processes for the community's youth. Clearly, there needs to be even more attention paid to the way in which youth engage with each other and with the professional team and with some accommodation to the particular habits of young adults (for example, later hours at the youth centre). As noted, many of the youth perceive the Youth Initiative simply as a place to hang out and a way to keep the kids off the streets, and thus, more like a recreation centre than an initiative per se. While it is certainly a mechanism for keeping youth off the streets and deterring them from drinking and taking drugs, it is also much more than that. The authors would like to reiterate here the concern regarding the need to be more proactively engaged with more youth to get them to participate in the Youth Initiative activities (or change the activities to ones in which the youth will engage in). As well, perhaps community members and parents could find ways to be more involved with the Youth Initiative Project. As one client succinctly stated (paraphrasing a familiar axiom), “it takes a whole community to raise a child here.” It is important that the youth feel accepted by their peers, their family, and their community and are able to build strong, supportive relationships, as this is something that they indicated as lacking in many of their lives. The Youth Initiative is a solid step towards meeting that goal.

As mentioned earlier, most of the youth interviewed seemed to be on a fairly positive path, and they noted that those with far more complex problems were the ones who typically stayed away from the Youth Initiative. Given that one of the main goals of the Youth Initiative is to provide troubled youth with acceptance, positive relationships, and a sense of balance in their lives it is especially unfortunate that those who would be considered the more “troubled” were not participants in this program or, by extension, this study. Therefore, it is proposed that research be conducted with the youth who do not participate in the Youth Initiative with an eye towards specific programs to more effectively engage those members of the community.

Finally, this report was returned to a senior community health and wellness co-ordinator who noted that the findings from this research reinforce their previous assumptions regarding healing practices, will help in defining healing approaches more compatible with the community’s needs, and will assist in their attempts to secure government funding to support those initiatives.

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**Making the Intangible Manifest:
Healing Practices of the Qul-Aun Trauma Program**

Jo-Anne Fiske

Preface

In carrying out this study, I was guided by research protocols established for the research team. Insofar as possible, I followed the methods agreed upon for each of the five sites. Interview guides shaped the interviews for therapists and clients. Four weeks of daily attendance in the healing centre allowed me to participate in healing activities of the clients for a two-week period, to work with staff for a week, and to hold personal interviews in the fourth week. Moving beyond the original plan to interview healers and clients, I engaged in interviews with members of the board for reasons discussed below. I reviewed documentation from the centre, studied psychotherapy texts recommended by the staff, and pursued an understanding of the cultural context of the neighbouring communities with whom the staff interact in a variety of healing, social, and cultural activities.

Participant observation is a standard method for seeking a deep understanding of the experiences and world view of others. Participation in the daily routines of the clients and of the staff allowed me to feel something of what the clients and healers feel in their interactions with each other and how they come to feel an emotional attachment to Tsow-Tun Le Lum. Through participating in daily routines I came to recognize that this emotional attachment resonated with clients, healers, and board members and created for them a sense of community and common purpose. Participation in routines and in moments of crisis revealed time-honoured principles of social interaction and spiritual conviction that transcended cultural specificity and took on particular meanings within the symbolism of Tsow-Tun Le Lum.

Writing this report has been a challenge. Like many who do fieldwork within cultures not their own, I approached the work cautiously, aware that my position of privilege in mainstream society isolates me from the culture and daily lives of Aboriginal people. Working in the treatment centre that serves an incarcerated population sharpens the divide. As I heard the stories of the clients and worked with them in the healing journey, I was all the more aware of the colonial legacy that has shaped lives through generations of hardship, oppression, and despair.

During my stay, Tsow-Tun Le Lum experienced a near tragedy when a young child suffered a serious accident. The moment was terrifying to all of us who witnessed it. As the crisis came to a close, the staff turned to care for those of us who had been involved. The care provided to me was profound. Traditional healers, Elders, and counsellors all reached out to comfort me at the moment of crisis and in the days following. They took me to the hospital where I could see the little one as he recovered and to enjoy time with him. Later, a ceremonial feast was held to celebrate his life and to honour his family and caregivers. A large community was gathered of the centre's board, staff, residents, and Elders. Community members danced and gave heartfelt speeches as they joined together to honour the small boy.

These experiences deeply affected me. They shaped the interviews I held as I sought to learn how others felt about the place and time I shared with them. They have shaped the writing of this report in numerous ways. When I initially began writing this report, I found I could not approach my task with the objectivity and emotional distance that is normally expected. I felt I had to take distance from the work and discipline myself to avoid writing a song of praise for Tsow-Tun Le Lum that failed to address the research objectives. At that moment, I experienced a series of life crises and found myself turning to the teachings I had received there. The unexpected complications in my personal life enhanced the gratitude I felt for Tsow-Tun Le Lum and made me more sharply aware that I had gained cultural knowledge that staff and clients prefer not to discuss with outsiders. This too affected the writing as I worked carefully not to divulge information precious to others.

In the end, I believe I have achieved the clarity and objectivity that this work requires. I realize that in so doing, the emotional richness that marks my personal experience at Tsow-Tun Le Lum has been set aside. Perhaps I have forced too great a distance between what I experienced and my words.

Introduction

Tsow-Tun Le Lum, “The Helping House”

High on a hill above the island highway overlooking Nanoose Bay in Lantzville on the northern outskirts of Nanaimo, Tsow-Tun Le Lum welcomes visitors to a place of soft beauty and tranquility. Bordered by groves of cedar trees that hide the centre from encroaching subdivisions, the low grey cedar building is encircled by grounds marked by sacred spaces signifying the traditions of the local First Nation, the Snaw-Naw-As, or Nanoose, and the rich intermingling of the Aboriginal cultures of its residents and staff. To the north, a spiritual pond lies beneath sheltering cedars; to the east, a ceremonial firepit; and to the southwest, the sweat lodge huddled beneath more trees is reached by a narrow, winding path. Tsow-Tun Le Lum commands a striking view of mountains on the coastal mainland and of the islands of Nanoose Bay. The sweeping lawn tumbles steeply down the hillside where it blends into wild vegetation that sits in sharp contrast to the herb and vegetable gardens clustered near the building. Behind Tsow-Tun Le Lum, a road runs up the hill to join a main thoroughfare and a maze of smaller roads winding through a pastoral suburb tall with conifers and bordering on another patch of cedar sacred to the local people.

Tsow-Tun Le Lum blends into the surrounding landscape and holds in its centre an inner courtyard of formal gardens. The layout of the building and its decoration mirror the outside emphasis on sacred symbols and spiritual spaces. Inside the entry is the reception area with a small lobby. On one wall is the logo of Tsow-Tun Le Lum—*Transformation*—the split wolf with human hands. Designed by artist Ron Hamilton, the split wolf signifies the human struggle of negative and positive personality traits. As Hamilton explains on the website of Tsow-Tun Le Lum Society:

Clients in treatment have realised that they have negative and positive personality traits. Often times we allow animal instincts to dominate our lives. We fail to control our appetites. Treatment helps us turn away from all that is negative and seek out all that is good in our humanity. The “Split Wolf” may be interpreted as the emergence of the human (the good, the positive side of the personality. As well, the hands may be seen along a vertical axis, one pushing away from all negativity, the other drawing toward everything positive) ... On the West Coast, wolves represent authority, law and order, and control. Clients certainly will be seeking self-control. Also, wolves are known for their intelligent co-operation during their hunts. Clients, too, will want to help each other as they search for their stronger self and healthier lives ... The white star created by the junction of the heads and hands symbolizes the light at the end of the tunnel, so to speak. Everyone seeking treatment is also seeking enlightenment. Treatment should improve the health of the body and mind; *enlightenment is treatment of the spirit* [emphasis added].¹

The theme of treating the spirit is carried throughout the design and decoration of the building. Central to the spiritual foundations of the healing process is the spiritual room designed to be reminiscent of the nearby longhouses of coastal First Nations with walls of cedar and plank seats rising from the centre. Between two doors opening to the corridor is a wood heater and a row of chairs on which resident Elders and staff sit at the morning gatherings. The outer wall comprises windows and glass doors overlooking Nanoose Bay and the gardens.

¹ Hamilton, R. (no date: para. 3–5). “Transformation.” Retrieved on 28 August 2007 from: <http://www.tsowtunlelum.org/>

The kitchen and dining hall are the hub of social interaction. Meeting rooms and residences occupy most of the main floor. A small gym is found at the back of the building. An Elders' suite is located between the administration offices and the dining area. Staff offices and counsellors' offices complete the complex. Below are more offices, group rooms, a craft area, and an exercise room. This floor also opens to the lawns overlooking Nanoose Bay. In contrast to the openness of the spiritual room and craft areas, the group rooms used for healing do not have windows. Healing requires looking inward, and working with group members in the closed room provides an intimate and serious atmosphere.

The setting of Tsow-Tun Le Lum is neither accidental nor insignificant; rather, the site, its layout, and its decoration explicitly signal underlying principles of healing grounded in identity and in consciousness of the holistic nature of being. Anthropologists speak of links between identity, which can be defined as "a set of satisfactory feelings of quality ... [and place, which is understood as a] theory of emotional movement."² Ritual places are created for the very purpose of transforming identity; rituals bring forth qualities, and rituals experienced in spiritual spaces take on deep meaning and resonate in the transformation of identity.³

Although most ceremonies and rituals take place in the spiritual room within Tsow-Tun Le Lum, ritual expression is not confined to spiritual places. Affirmation of identity and personal transformations emerge from the rhythm of the day and from the multiple meanings that are ascribed to shared spaces. Meeting rooms serve multiple purposes; at times, these are designated by staff as they bring clients together in the work of healing. At other moments, clients take up the spaces for their own purposes, often impromptu spiritual expressions. Thus, the very use of the building and grounds of Tsow-Tun Le Lum expresses holistic world views and enhances cultural awareness and spiritual awareness.

A set rhythm marks the daily schedule. Residents rise early for breakfast and chores, necessary for routine meal preparation and building maintenance. A short break follows breakfast when some residents, always alone or in small groups, never in pairs, take advantage of the peaceful ambience for walks along a designated route or for strolls on the Tsow-Tun Le Lum grounds.

While clients prepare for the day, the staff gather in the staff room. Before they begin work they hold a short sharing session where they prepare their minds for the work ahead. They share how they are feeling, lay aside troubles from their personal lives, or speak about how they spent the evening before. Their sessions will include prayers, expressions of concern and well-being for each other, and reading the logbook (described below) so they can be fully informed of any events that have taken place in the house in their absence.

The clients' healing activities begin in the spiritual room. Rituals of sacred respect regulate movement in and out of the spiritual room. Respect for the sacred presence of the area is symbolized by leaving shoes at the entry door (to shed the energy and substance of where one has been), entering through one door and exiting from the other, and communicating in a circle to respect traditional practices, all of which reminds all participants of the need to focus on healing and on one another. The morning gatherings begin with a sharing time where all who are present (residents, staff, Elders, and guests) may express their feelings of the moment. Prayers and a motivational talk from the Elder follow personal sharing. From time to time serious issues that have a

² Fernandez, J. (2003:189). Emergence and convergence in some African sacred places. In S.M. Low and D. Lawrence-Zúñiga (eds.). *The anthropology of space and place: locating culture*. Oxford, UK: Blackwell Publishing: 187–203.

³ Fernandez, 2003.

collective impact are raised and tensions and differences are aired. As the meeting closes, all quietly exit, retrieve their shoes, and proceed to their designated group or personal counselling sessions.

Morning “work” is broken by a refreshment break. Smokers gather in the enclosed courtyard where prior residents and others have donated plants and garden art. Coffee, tea, and snacks are always available in the dining room, attracting others. A second session follows and then lunch. Residents assist the kitchen staff in preparing meals, and staff retreat to the meeting room where they lunch and visit. A standing rule of Tsow-Tun Le Lum is that staff members do not talk work over their breaks; mealtimes are periods of relaxation and enjoyment. Staff members are close to one another and are empathetic. Several are related and two are a married couple. Lunchroom talk engages discussion on local sports, family activities, weekend enjoyments, and so forth.

Following lunch, all return once again to their sessions, then have an afternoon break, and finally, close at the end of the workday. As staff leave, residents gather once again in the dining room. Evenings find residents at more meetings, Alcoholics Anonymous or Narcotics Anonymous, which are both held at Tsow-Tun Le Lum and in nearby facilities. Special events may take some residents and staff away from the premises, for example, to events in the longhouses of the nearby First Nation communities, to the swimming pool, or to other recreational services. Evening time may also engage residents in sports activities in the gym, in working out in the basement, in music or handiwork, and of course in visiting with each other and chatting on the phone to family and friends from home.

Ceremonies draw the entire community of Tsow-Tun Le Lum together. Some, such as Welcoming and Completion ceremonies, occur repeatedly throughout the year as program sessions commence and end. Healing ceremonies are held throughout the year, at which times members of local First Nations, Elders, and other members of the public are invited to participate.

Weekends bring respite from the routine. Residents who qualify will be granted passes for the day or for the entire weekend depending on their personal circumstances. Visitors are welcome at set times. Tsow-Tun Le Lum is some distance from the city centre, and closer by are large shopping malls with movie theatres and other entertainment. Given the restrictions on social activities during weekend absences (no drinking for example) and the distance to the city centre, most residents will gather in the mall.

From the grounds with sacred spaces to each public area of the centre, sacred symbols mark the meaning and hope of Tsow-Tun Le Lum. Tsow-Tun Le Lum has an integrated program; counselling techniques are drawn from a range of counselling therapies, traditional Aboriginal healing principles and rituals, and spiritual practices integrated into Aboriginal cultures. Central to all treatment approaches is the affirmation of Aboriginal identity and the need to embrace Aboriginal multiculturalism; the spiritual pond, sweat lodge, and ceremonial burnings represent a range of Aboriginal cultures.

Candles burn throughout the day, sage is used to smudge, and cedar boughs are used to cleanse. Gifts of Aboriginal art adorn the walls and are replete with images drawn from ancient stories. A map marks the home territories of the residents. Other traditional objects, for example, drums and rattles, are found throughout the building.

Attachment to Tsow-Tun Le Lum as a site of healing and well-being is enhanced by the rhythm of movement through the building. Rhythmic patterns are integral to the healing program; through daily routines, clients

and staff embody principles of well-being and healing. From chores to work to play and contemplation each day, activities follow in a pattern that enhances holistic well-being: cultural, spiritual, mental, physical, and psychological aspects of being are all addressed through activities. Movement from the spiritual room in the morning to the group rooms marks inner transformation that is needed as the healers and staff shift from a sense of community to the individuality of healing work.

As the day draws to an end, window blinds are lowered and curtains are drawn. In the late afternoon ancestors walk the grounds. As the blinds are lowered, group and individual work slowly draws to a close, and the sense of community is restored as groups leave the meeting rooms on the lower floor to gather once again in the spiritual room or dining hall in accordance with the day's program.

Food is integral to the sense of place. The presence of the ancestors requires special treatment of food. It is always covered and never left near windows, as it draws the ancestors inside. Food is not carelessly exposed nor left uncovered. Sharing food in feasts with the nearby First Nation community or at special dinners for the residents enhances the sociability of the house and underscores a sense of community through sharing and honouring the Elders or special events. Food carries sacred meanings, symbolizes love and nurture, and is healing. Ceremony, as discussed below, is central to healing, and sharing food enriches unity created through ceremony. An annual ceremonial burning of food is celebrated by staff to feed the ancestors.

Food can also trigger memories of places of trauma, in particular, residential schools, prisons, and other institutions. The need to lock up food, have regulated mealtimes, and to prepare and serve meals in an institutionalized fashion can create stress for some residents; thus, clients always have access to snacks they can prepare for themselves. In this way, negative associations of food with past experiences are offset by positive feelings of self-care.

The sense of Tsow-Tun Le Lum as a particular place is essential to understanding the meaning of healing and the models and metaphors used to achieve and express personal transformation that is the goal of Tsow-Tun Le Lum's trauma program. It is through making this transformation tangible in the physicality of space and body through visual symbol and action that Tsow-Tun Le Lum's trauma program takes meaning from diverse healing practices and discourses and gives meaning to individual quests for cultural and spiritual well-being.

Tsow-Tun Le Lum's History and Mission

From 1988, when Tsow-Tun Le Lum was opened as a National Native Alcohol and Drug Abuse Program (NNADAP) treatment centre, to the present, Tsow-Tun Le Lum has offered residential programs funded by Health Canada and Correctional Service of Canada to assist Aboriginal individuals to confront and overcome afflictions associated with substance addictions and interpersonal conflict. The centre is run by the registered society, Tsow-Tun Le Lum Society, and is governed by an appointed board with members drawn from First Nation communities on Vancouver Island. The current board includes respected Elders living on and off reserve and community members held in high regard for their overall character and commitment to the well-being of Aboriginal people. Some board members have completed either the addictions or trauma program, served as Elders-in-residence at the centre, and/or have participated in special healing programs and events at the centre. The 13-member board experiences a stable, comfortable balance of long-term members and relative newcomers.

In 1996, Tsow-Tun Le Lum began delivering a special trauma program under the auspices of the Medical Services Branch. In 1999, the Canadian Council on Health Services Accreditation awarded accreditation to Tsow-Tun Le Lum, for which it has consistently maintained. Unlike many treatment centres, Tsow-Tun Le Lum also functions as a halfway house. A contract with Correctional Service of Canada allows it to offer incarcerated individuals “the opportunity to combine an Alcohol and Drug Program with a Trauma Program in a therapeutically developmental way.”⁴

A staff of approximately 30 members delivers the trauma and drug and alcohol programs. This includes two psychologists, one of who works exclusively with the trauma clients. The staff are organized in a formal hierarchy of responsibilities, with an executive director and assistant director taking responsibility for supervising the healing and support staff, the latter including clerical and receptionist positions, maintenance/driver, cook and kitchen staff, and coordinator of client services. Healing staff working in the trauma program include a psychologist, a psychodrama therapist, a trauma counsellor, recovery care workers, and an outreach/aftercare counsellor. All staff are committed to the well-being of each other and to the clients; whatever their duties may be, they understand that their work contributes to the healing process of the clients and to the healing journey of one another. Although the formal hierarchy is carefully articulated, staff relations demonstrate a strong penchant for co-operative decision making and sharing of duties and responsibilities.

Staff are assisted in their work by a physician and registered nurse who make regular visits to the clients of each program. Individuals with special health needs or who require prescription drugs meet with the physician or nurse as needed.

Tsow-Tun Le Lum recognizes and promotes Aboriginal healing practices and seeks diversity in the delivery of knowledge. Resident Elders are present throughout the treatment cycles. Over the years of operation, a resource group of more than 40 Elders have been called upon to offer a variety of services. During their period of residence, the Elders occupy a small apartment where they can meet with clients and staff or have private time. Elders dine with the residents and participate in a range of healing activities. They sit in a place of honour during the morning gatherings in the spiritual room and share with the group words of guidance and personal experience. Participation of the Elders reinforces commitment to the cultural foundations of the healing treatments. Their placement in the spiritual room and dining room, along with protocols of respect, gives silent testimony to the unspoken understanding of the power of place to underscore and give meaning to the healing process.

The range of skills, spiritual views, and cultural knowledge of the Elders is diverse. Some offer particular teachings grounded in the practices of their Elders, which include cultural and spiritual ceremonies, teachings related to native medicines, and a vast array of spiritual teachings. The Elders represent the broad spectrum of teachings of the ancestors and the faith teachings of organized religion, among which one finds members of the Shaker, Catholic, and Protestant faiths. Elders are selected on the advice of communities; some will have attended a treatment program prior to being recruited for service. Elders gather twice a year in council meetings to support Tsow-Tun Le Lum and to promote Elder participation.

Elders are considered key to principles of healing embraced by Tsow-Tun Le Lum. Elders are respected in all Aboriginal cultures, and their presence is significant to the diversity of Aboriginal clientele. Elders speak from experience; many have been afflicted by trauma and suffered the secondary consequences of childhood trauma

⁴ Tsow-Tun Le Lum Society (2000:8). Qul Aun: Trauma Program. Aboriginal Healing Foundation proposal [unpublished].

through substance misuse, violent experiences, and cultural alienation. Thus, they stand as role models for the efficacy of healing. Elders themselves participate in healing programs and therefore can empathize with the clients.

Diverse knowledge and spiritual beliefs of the Elders resonate with the philosophy and mission of Tsow-Tun Le Lum's holistic approach: "holistic programs and traditional methodologies have incredible power for healing ... healing begins with the individual, extends to the family and restores health to the entire community."⁵ Holistic programming embraces Aboriginal and non-Aboriginal techniques; healing circles, sacred ritual, men's and women's groups, psychodrama, daily journals, and physical activities provide the diversity needed to address the cultural, spiritual, physical, and mental elements of well-being and the spiritual reclamation Tsow-Tun Le Lum sees as the centre of healing.

One indication of the significance of place is the meaning of Tsow-Tun Le Lum "helping house:" it is not only the staff, the program, or the ability of clients to embrace change that is necessary to healing, but it is also experiencing the complex social, psychological, and spiritual relationships that arise in a peaceful and beautiful environment. In their application for funding for the Qul-Aun program, Tsow-Tun Le Lum staff stressed the significance of the facility to residents and visitors as a place of safety where the presence of the Grandmothers and Grandfathers is sensed. The emphasis on the physical world does not stress territoriality, but the Aboriginal connection to the earth; therefore, the healing house constitutes the vital elements of the environment by evoking multiple meanings that resonate with acceptance of a greater power as expressed within enduring Aboriginal cosmologies. Terminology used to articulate sacred connections includes the term *Mother Earth*, *Creator*, and the *Great Spirit*.

The emphasis on Aboriginal spiritual ties to Mother Earth rather than on territorial bonds is important as clients come from many Aboriginal cultures and from urban centres where they have been alienated from their ancestral roots. Tsow-Tun Le Lum primarily serves clients from Vancouver Island and the coastal mainland of British Columbia and secondarily from elsewhere in British Columbia and from the Yukon. Presently, it runs two distinct programs: one for addictions and one for trauma. The two programs are complementary, and many participants in the drug and alcohol program proceed to the trauma program. Qul-Aun, the trauma program, is the subject of this study.

Qul-Aun: Moving Beyond the Traumas of Our Past

Clients come to the trauma program through referrals from a range of social and health agencies and Correctional Service of Canada. The intake process reflects the general healing principles discussed below and the social and cultural practices of the house. The general goal is to offer clients a treatment program that will aid them in ending abusive cycles that are the source of their trauma.

Tsow-Tun Le Lum serves individuals who are over nineteen years of age and who have been substance free for a minimum of six months. Potential clients are assessed in terms of their general health, lifestyle, and special needs due to disabilities. Clients of the trauma program are assessed for their commitment to addressing unresolved issues related to physical, emotional, sexual, mental, and psychological abuses arising from residential schools and their intergenerational impacts. Clients may be suffering from the impact of domestic violence, community dysfunction expressed in violence and family breakdown, family neglect, depression, unresolved grief and loss, and from inflicting violence and abuse on others.

⁵ Tsow-Tun Le Lum Society (2000:11). Qul Aun: Trauma Program. Aboriginal Healing Foundation proposal [unpublished].

A team of workers provide assessment services that include pre-admission services and also offer follow-up aftercare services. Outreach staff assist in developing links to community resources for participants who have completed the program.

Women and men are assessed for gender-specific needs. Women may have suffered domestic violence or lack parental skills. Men are assessed for aggressive anti-social behaviour and anger towards women. Potential clients are considered on an individual basis. However, given the belief that treatment extends from the individual to family and to the entire community, potential clients need to have community support in place prior to and following treatment.

Consideration is given to their family and social context, to the nature of their secondary symptoms of trauma, and to their cognitive capacity to understand and respond to the program. Treatment for trauma and its secondary characteristics is complex and often uncertain in its outcome. Hence, the program will have repeat clients who continue with their healing. Repeat clients are welcome to return and are guided towards dealing with issues unresolved in earlier treatment. Ideally, all clients will have had some prior treatment for addictions where appropriate or other forms of counselling. Therefore, few clients will enter the trauma program without having an earlier experience with Aboriginal and/or professional healing practices.

Tsow-Tun Le Lum has a contract with Correctional Service of Canada. One staff member travels regularly to federal institutions in the Pacific Region and meets with individuals prior to release. A formal request is generated through the local parole office. A screening committee consisting of two community members and staff review the file and discuss the staff person's assessment of the potential client. Most often clients who come from the federal correctional system have completed a number of programs in prison such as anger management, substance abuse, and sex offender programs. Known sex offenders are only accepted to treatment if they have completed programs and are accountable for the harm they have done to their victim(s). There is a specific protocol for *known* sex offenders to agree to prior to admission. There is a statement in the intake package used by community referral workers indicating that there may be known sex offenders attending treatment at Tsow-Tun Le Lum. All clients sign this part of the intake package as being aware that known offenders may be in treatment.

Assessment processes for all potential clients are intricate and must consider individual needs in the context of the well-being of all residents and staff members. As the staff review individual profiles, they must consider if a particular individual could pose a threat to the general well-being of the house. They must also consider the safety of applicants and what it might mean to them if they are away from family and community for long periods of time. The program serves ten to twelve clients at a time. In addition to its regular program cycle, special modules of treatment are offered to Elders.

In keeping with the philosophy that healing is a lifelong journey, staff enter an annual two-week training seminar that not only provides time to focus on trauma treatment approaches but also allows respite from the stresses and demands of the job. Seminars are open to Elders, outside service providers, and community members who support Tsow-Tun Le Lum.

Qul-Aun is grounded in the philosophy and mission statement of the Tsow-Tun Le Lum Society. Since its opening almost two decades ago, Tsow-Tun Le Lum has been offering in-patient treatment programs guided by

a belief “in the dignity of every individual” and a commitment to “a non-judgmental view of individuals, families and communities.”⁶ The guiding philosophy stresses individual capacity for change. The society asserts:

We believe that every individual, family and community has the inner character, strength, potential and resiliency to realize emotional, mental, physical and spiritual health and wellbeing. Accordingly, the Qul-Aun program will ensure the program is highly participatory and interactive in order to be effective and utilize the knowledge, skills and strength of the participants.⁷

The society’s mission statement for the trauma program stresses the role of Aboriginal identity in the healing process.

The Qul-Aun Trauma Program is committed to assisting, supporting and promoting the ability of Aboriginal People to move beyond the trauma of their past and live healthy lives that affirms their Aboriginal identity.⁸

In the application for funding, Tsow-Tun Le Lum describes the program as

a holistic balanced program of traditional and contemporary treatment methodologies. The program addresses emotional, mental, physical, and spiritual health and well being of First Nations Peoples who have suffered from Residential Schools abuse or their intergenerational effects. The experienced and trained staff guide participants through many carefully interwoven culturally sensitive therapeutic experiences.⁹

The goals of the trauma program as set out in the original program proposal are:

- i. To develop lasting healing from the legacy of physical and sexual abuse from the Residential School system, including intergenerational impacts.
- ii. To develop the pride of identity and a healthy state of wellbeing through the use of culturally embedded healing approaches.
- iii. To initiate a healing process that will lead to the emotional, mental, physical and spiritual health and wellbeing of Aboriginal People.
- iv. To develop the capacity of individuals, families, service providers and communities to address the legacy of abuse from the Residential School system.

The specific objectives of the program are:

⁶ Tsow-Tun Le Lum Society (2000:11). Qul Aun: Trauma Program. Aboriginal Healing Foundation proposal [unpublished].

⁷ Tsow-Tun Le Lum Society (2000:11).

⁸ Tsow-Tun Le Lum Society (2000:11).

⁹ Tsow-Tun Le Lum Society (2000:3).

- i. To offer through an intensive residential program opportunities and experiences which permit individual, group and psychodramatic treatment the release of blocked emotions and unresolved trauma.
- ii. To provide consistent support for the validation of trauma and resolution of trauma.
- iii. To identify the relationship between unresolved trauma and defensive mechanisms, coping devices, survival techniques and destructive behaviour.
- iv. To provide impactful approaches and healthy practices for addressing the challenges of life and acquiring health and wellbeing.
- v. To transfer knowledge and skills to individuals, families, service providers and communities to assist them in addressing the legacy of abuse and restoring the health of Aboriginal People.
- vi. To train Aboriginal People and communities to become skilled in providing action focused state of the art trauma treatment.¹⁰

Healing is not seen as curative; rather, healing is a treatment process that is designed to “promote residents release from the chains of their past. This includes intensive psychodramatic experiences, specialized individual post-traumatic stress therapy, group therapy that actively engages the residents in ‘hands on healing’ and self-discovery experiences, and recreation therapy. These approaches promote break through for residents within a psychologically safe and supportive team approach environment.”¹¹

Tsow-Tun Le Lum is a residential facility. There are no programs for drop-in or day clientele. Therefore, to fully appreciate its treatment principles, one must integrate into the routines of both staff and residents and participate in healing sessions, cultural events, and leisure activities off and on the site.

Methods

The research was undertaken in two stages. During the first two weeks, the author attended the trauma program and was integrated with a group of ten clients. For this two-week period, the author sought to participate with both staff and residents of the trauma program. Arriving early in the morning, the author joined with staff in their lounge for their sharing circle. The author read the daily log, which helped her to understand how individual residents were progressing in their program, enlightened her on some of the assumptions underlying healing practices and enriched her understanding of the practices of evaluating the healing process.

The author attended the spiritual room each morning with all others in the house, apart from staff whose duties kept them elsewhere, and shared thoughts and feelings with the group and came to know the members in the two addiction programs as well as the participants in the trauma program.

¹⁰ Tsow-Tun Le Lum Society (2000:12).

¹¹ Tsow-Tun Le Lum Society (2000:16).

The author spent the remainder of the workday observing and participating in the activities of the trauma group, spent lunchtimes with the staff, and dined in the staff room with the evening staff. This allowed the author to come to know the staff and to appreciate their personal circumstances that intertwined with their work, in particular the cultural and spiritual foundations they bring to their work. Under staff guidance, the author studied a number of texts that the staff draw upon for their various therapy practices. Questions were raised while respecting the cultural influences that are embedded in the accepted healing practices of Tsow-Tun Le Lum, in particular, the psychological therapies employed by the clinical psychologist and the psychodrama specialist. When possible, the author also participated in cultural activities, but kept these to a minimum in order to allow the residents time to socialize and share among themselves.

The author returned for the final week of the program to interview the group members and to participate in their leave-taking ceremony. The following week was spent interviewing staff and board members. With the exception of one participant in the trauma program, staff and residents were welcoming. They were cordial at all times, open to questions, and frank and firm in guiding the author away from inquiries of a cultural or spiritual nature where they felt it was inappropriate.

The interview guides utilized in this research were developed by James B. Waldram to be used in all five case studies. However, the very different nature of research at Tsow-Tun Le Lum as compared to an urban day facility meant that greater flexibility developed. Interviews were conducted in the second period of research during the final two weeks of the trauma program. At this time, the author did not work as closely in the group sessions with the clients; rather, more time was spent studying Tsow-Tun Le Lum documents and reading text that would inform the author of the healing practices and help conduct interviews. All ten members of the trauma group agreed to interviews. The one client with reservations declined to be tape recorded, but did offer some key insights respecting the program and her experiences with it. Several of the ten clients had attended the addictions program at Tsow-Tun Le Lum prior to entering the trauma program. Their earlier experiences allowed them to provide a range of insights into the healing practices and the social ambience of the facility that others were unable to comment on. The ten clients sought considerable latitude in presenting their answers and found relating their personal histories to be redundant as they had presented and worked on their life stories in the sessions that were observed.

The narratives of the clients have been edited to remove identifying information. Where identities would not be compromised, excerpts of narratives are differentiated by speaker: clients, board members, and therapists and healers for staff, which will allow readers a greater sense of the clients. In some instances, this has not been done because interviewees requested that portions of their narratives not be identified in this way or because identity has already been indicated. In other instances, paraphrasing or summarizing the substance of their stories has been done when the client has related a particularly disturbing moment that was expressed with difficulty or when the expression might be ambiguous to the reader.

Ten staff members were interviewed, and they were provided with copies of their transcripts to be commented upon prior to completing this report; only one transcript was returned. Three board members of the Tsow-Tun Le Lum Society also participated in interviews. Several have been affiliated with the society since it was first formed and have carried multiple roles: board members, staff, Elders-in-residence, and participants in the program. Board members are devoted to the society and to the staff and residents. They speak highly of the goals of the facility and take great pride in the beauty and tranquility of the setting. Their views offered a retrospective of the impact of Tsow-Tun Le Lum on their own and their families' lives and on the importance of treatment for their communities, in particular for younger generations.

Data analysis comprised an eclectic approach grounded in an ethnographic profile of Tsow-Tun Le Lum and in thematic analysis of the interview narratives. No software was used in the qualitative analysis, and verification of the analysis comprised of having an independent researcher review the findings, comment on inconsistencies, and probe possible biases in the initial analysis. These biases were found to be grounded in the author's deep appreciation for the staff and clients, with respect to their generosity of spirit, their kindness, and their enthusiasm for their work and for their clients, even when the clients expressed themselves in contrary ways. While working through the analysis carefully, there was recognition that the author may not have been able to remedy this bias. The author can do no more than offer this caveat without denying the strong emotional response felt during the field research and a continuing strong sentiment of respect and appreciation for the care provided to the clients by the staff, to the staff from Elders and board members, and from all of the above to the author.

The research began while the author was a member of the faculty of the University of Northern British Columbia and was completed after taking a position at the University of Lethbridge in Alberta. Thus, this project underwent two ethical reviews and followed the ethics protocols of the Aboriginal Healing Foundation.

Participant Profiles

Six women and four men attended Qul-Aun during this research project. Ages of the clients ranged from the early twenties to the mid-sixties. Three of the men had been in residential school, one of whom knew only a few of his family members and subsequently lived at a considerable distance from his community, visiting his home community only rarely. Two of the women had also attended residential school. All of the participants had family members attend the schools at some point. One of the men and one of the women described lives of substitute care that were marked by instability, cultural loss, and loneliness.

I was very lost with myself, since I've been brought up jumping from foster home to foster home. My mother being an alcoholic did her best to raise me, and my dad was hardly ever around 'cause he ran away all the time ... he was in the school, and he ran away from there ... I felt really lost within myself, about my culture ... about who I am. 'Cause alcoholism and that all started in my home a long time ago (Client).

Several clients reported chronic alcoholism and violence in their families:

I need help to deal with stuff from my childhood that kept coming back and coming back. And even with all the stuff at the treatment centre it still wasn't helping me to deal with all the things that I had gone through when I was a kid. And trying to understand my mom and the way she treated us when we were children, and trying to get her to talk about what she went through as a kid, and I find out she was in the residential school, and so was my grandmother before that, and ... and then I started talking to other people trying to understand my mom, because of the way she was. And you know, just trying to get a handle on why we were treated the way we were when we were kids.

... my counsellor, the one I was working with here, had made me, or helped me realize that, 'cause growing up, I grew up in an unhealthy, dysfunctional family, like alcoholic household

and then going to residential, but that's one of the things that's kind of, I was scared of was going back home to family who were still kind of living in their unhealthy ways and ... And I can see a lot of why [pause] because a lot of my family, or my mom's family went to residential school and they haven't dealt with their past.

And as we grew up, we—as in my family—we lost our culture. My mom lost out as a woman. She did not know how to teach us how to be women. Um, she had lots of alcoholism in her life because of that. She didn't know how to be a mom, I guess, because of her past, down from generation to generation. [We lost] what our ancestors were taught, my grandmother. There was no teachings after my mom to her family, thanks to residential school. So we lost our ability to speak our language, to know our culture and our way, which to me means my language ... my potlatch system teachings, which now is very out of whack I find, and the Elders don't teach us like they used to do.

Childhood trauma had affected all of the participants. All of the women disclosed having been sexually abused and how they carry fear and shame as a result of being victims of incest, stranger rape, and other sexual violence. Two spoke forcibly of childhood abuse:

I am twenty-eight years old right now, and I have to suffer the consequences of my mother, of my father, without protecting me. I got abused in my home. There was incest in my family from my oldest brother. Um, my sisters moved out at a very young age, some of them, and it was crazy living like that. And to this day people think it's okay at home to abuse. They've been through the residential school, and these people haunt them to this day. And there's ... how are we supposed to stop it? Sometimes I wonder, is it too late to stop it? [long pause] I'm really angry because thanks to the residential school my husband got molested there, and my brothers ... lots of people I know have been ... I feel punished sexually by [name of priest convicted of abuse]. And it's sad that I have to live with the consequences. I pay for who hurt them ... I feel like I've been punished because they sometimes ... with my brother, he reacted in sexually abusing me and my sisters, and my husband ... he was a very early child abuse victim. He didn't know where to turn his anger to (Client).

One of the men had been sexually abused in the residential school, and he disclosed a history of violence to women and an inability to foster and maintain a healthy relationship with his wife. In relating his memories of the school, he found that the trauma of sexual abuse dominated all his other recollections:

Mainly my sexual abuse experience, which happened to me from the Oblate brother, from the supervisor [of the dormitory]. And then later on when I came home ... it was at school that they told me ... you know, they teach you there that sex is dirty, sex is a sin and it's evil and everything else, and the priest sexually abused me, so I didn't know what's going on. If sex is a sin then why is he hurting me there? So when I went home there I was totally confused.

He went on to describe his relationships with women:

Sometimes I have a girlfriend or sometimes a woman that gets in my way there, and I don't know what happened, and I'd be hitting them or pushing them or something ... saying get out of my way, don't touch me.

The other two male residential school Survivors spoke about physical and emotional trauma, the pain of family separations, and their struggles with alcohol and anger. Neither grew up knowing their parents well or having a clear knowledge of their grandparents and other members of their extended family. One had little association with his children and has suffered the loss of one child through suicide.

The women all spoke of painful relations with intimate partners, and one feared returning to her partner but acknowledged she feared being alone even more.

They came from across British Columbia, with four from the interior, two from Vancouver Island, and the rest from coastal British Columbia. For most, knowledge of their ancestral languages was weak; two women from the region were relatively fluent in their shared language, but recognized they were not as competent in conversing as they would have liked. The loss of their Aboriginal language was felt deeply by the participants, in particular the men who had been punished for speaking their language in the school. Their stories mirror those reported in many books on residential schools and in the report of the Royal Commission on Aboriginal Peoples. One client shared a horrifying moment:

But once I got to the residential school, the supervisors and the priests and the nuns, they'd all say, "You can't speak your language here, it's forbidden." And sometimes we'd forget there so we'd speak our language, and then we'd get caught and then we'd get severely punished, when we'd get caught speaking the old language. You'd get slapped in the head there, or you'd get backhanded right across the mouth there when you tried to speak your language there, and get your ears or your hair pulled, or they'd grab you around the neck. They'd do a lot of things that hurt to stop you from speaking the language. I had to experience it. We were up at a hillside on a Saturday and we were on like a walk. We were walking around in a big group, and again I forgot about my language. I'm not supposed to speak, and the next thing I knew the supervisor, he got really angry with me and hit me around in the head a few times there, and then grabbed the back of my head there, walked right over and then, he was looking around there, and then he found some cactus. And he stuck some cactus in my mouth. "You cannot speak ... you cannot speak your language. Do you understand? You hear me?" And he forced my mouth open and he stuck that in my mouth, and then held my [...] he had his hand underneath my jaw and his hand on top of my head, and then he pushed my jaw closed on the cactus. And it hurt. It hurts pretty bad, that day. I couldn't eat anything there for three or four days ... my mouth was swelled up there from those cactus. And they were just torturing me. The treatment was pretty bad there when they tried to refrain you from speaking your language or practice your other traditions or whatever.

Two of the women lamented on the loss of language due to mixed Aboriginal ancestry, the dysfunction of family relations, and pressures to speak English in order to assimilate into the dominant society.

Through the genogram exercises, which involve tracing intergenerational trauma and its origins, participants revealed details of fractured family backgrounds, with parental separations and frequent moving from home communities. Several had little knowledge of their grandparents and/or extended family. Loss of family ties and living in chronically unstable homes marked a sense of identity as being lost.

When we did the genogram, it was the very first time I ever noticed that I was the only one in our whole family that never graduated. And I never knew that until we did a genogram

downstairs, and it was the first ... and to look at that, and I go ... wow, that's incredible. To realize that, and then to be able to look at both sides of the family, the ones who went to ... and lived with their parents, where they are in their lives. You know, they're settled, they're successful, they're on and on ... very few family problems and stuff all the way up. Their kids are just dynamos. And from me up that went to school in ... there's alcohol problems ... and I was also the last one to quit, and I quit February thirteenth of last year, so ... So there's ten of us [brothers and sisters] now that are sober. It's just amazing to look at that on the geneogram and realize that stuff ... that's a real visual impact of the school (Client).

Three of the clients disclosed instances of conflict with the law, which they described in varying terms as frightening and humiliating. However, only one client agreed to have any reference to these experiences recorded in the interviews.

Aboriginal identity was significant to all the members. The two eldest in the group expressed the greatest sense of cultural alienation. One had been strongly influenced by evangelical Protestantism and, in consequence, struggled to accept many Aboriginal teachings and practices. The other had been separated from his large family early in life; half of his siblings had attended residential school, the others had not. The parents had moved a considerable distance with the youngest children so they could avoid sending them to the school. Having moved away from his community, he attached himself to Aboriginal people in his new home and acquired cultural knowledge there, which he stressed was very different from that of his childhood.

Clients expressed a range of reasons for attending the program. In broad terms, they shared common goals for well-being: to find ways to achieve and sustain a healing practice that would be lifelong and to build a strong sense of self and positive self-esteem. More particular goals included two members seeking to redress violence they had suffered and committed. One struggled with grief over the loss of a brother who had been a caregiver in his youth. Others wanted to release the pain of intimate abuse and to find Aboriginal meaning to their lives. They were committed to making changes within themselves and saw this program as a continuation of the healing journey they had begun in other treatment programs. While several were there because of referrals from their community, others had actively sought to enter Tsow-Tun Le Lum because of its reputation for success. Through their pre-admission assessments, they anticipated the time would be difficult and were frank in expressing fears and anxiety at the outset—they knew that the work would challenge them.

The Work of Healing

Healing processes, whether guided by group therapy, cultural and ceremonial activities, or individual psychotherapy, are seen as “work,” a label that encapsulates the difficult tasks the clients face and the underlying principles of commitment and sacrifice that makes change possible. To work at healing means, among other things, to embrace the process, to give it full attention, and to struggle with emotion with respect to internal disorder and to face challenges in social relations. By conceptualizing healing as work, the healers seek to focus attention on the difficulties everyone faces in a lifelong struggle to avoid negative behaviours. Throughout life, one must routinely apply skills learned in the healing treatment to upsets, temptations, disappointments, and grief. Healing work thus constitutes learning skills and developing the capacity to apply skills and techniques in a conscious manner in all that life brings normally and abnormally in times of trauma and personal distress. Healing work engages clients and staff in inner struggles and in completing routine tasks undertaken in a supportive environment that nonetheless is never completely free from social tensions.

While the helping house concept most clearly suggests a place of familial relations marked by nurture and guidance, it also implies a broader community of relations. What makes healing work for the clients is the fact that the residents form a community that mirrors the commonplace world from which clients and staff come. Within the house are victims of violence and perpetrators; women who have suffered violence of misogyny (the hatred of women) and men who have inflicted sexual and physical violence on women. Confronting and learning to share the healing process with one another is thus challenging. One technique is to cultivate personal bonds within the healing group (the same as is done for the alcohol and drug program). Group members address one another as brothers and sisters and choose a name by which they will be known while in the program. The group name signifies a shared identity, a common purpose, and represents the groups' healing goals and their ideal source of strength. Group names are drawn from Aboriginal cultural symbols, often animals, and evoke a sense of empowerment.

Strategies for creating a sense of community, shared identity, and belonging are chosen carefully. Healers offer suggestions to the residents for developing similar strategies when they depart the program and return home.

Integrated in the healing activities is the conviction that purposeful activity is essential to well-being. The work of healing, therefore, is seen to include household chores and craft activities. Craft sessions are held routinely as part of the program. Production of crafts contributes to the healing process in three ways: it teaches clients pleasant ways to pass time in solitude, it provides creative moments that offer release from the stresses of the healing program, and it allows them to contribute craft items to the Tsow-Tun Le Lum gift shop. Daily chores are assigned with a similar purpose in mind. Chores aid in the running of the house, create moments of community between staff and clients, and encourage habits that can be carried into one's personal life. Crafts and chores are also physical expressions of accomplishment that are taken as symbols of internal progress along the journey to well-being. The use of the term work to stand for the challenges clients face in their efforts to achieve well-being is but one of the many rich verbal expressions used by healers and clients to capture experiences of healing.

Metaphors of Healing

Clients and staff regularly use language rich in imagery to express their understanding of healing, trauma, and life experiences in general. Clients have acquired some of this language in their earlier treatment experiences, either in the Tsow-Tun Le Lum alcohol and drug program, in prison programs, or in other treatment centres. Metaphorical language provides ease of communication as the metaphors and images are well-known to the clients. Motifs are drawn from Aboriginal specific symbols and teachings and from the established healing discourses used in psychotherapy and counselling.

Several motifs repeat themselves in a number of contexts. Key metaphors include the sense of movement, as in moving beyond trauma of the past, breaking through chains of trauma, and discovery of self that leads to reclaiming a spiritual and cultural identity and restoration of the person. The keystone metaphor is of course *trauma*. Taken from medical terminology to mean a wound or bodily injury, through the language of psychoanalysts trauma has come to mean a disturbing experience that affects the nerves or mind. Trauma has taken on a common usage as a mental wounding, not only in counselling discourses, but also in general conversation. For clients at Tsow-Tun Le Lum, meanings of trauma and healing are shaped by the public and political discourses generated by the residential school movement. Trauma is commonly understood as a severe

psychological injury or wound from abuse, violence, or loss that remains unresolved. Trauma in childhood fragments identity and prevents healthy psychological growth; the injury continues to affect behaviour long after the initial impact. Trauma results in a child experiencing a feeling of helplessness. Trauma can arise from either a single experience or cumulative experiences that have created stimuli too powerful to be mastered in a normal way and remain unresolved. Post-traumatic stress disorder is the common outcome of unresolved trauma.

Trauma of colonization, in particular of residential schools, is understood to have been experienced across generations as former students struggled in their adult nurturing roles as parents and grandparents. Lateral trauma emerged as these students returned to communities where families mourned their absence and confronted new conflicts in identity and personal relationships with children who had been taught to abandon the ways of their people as they coped with loss of language, essential survival skills, and inadequate knowledge of their cultural ways and beliefs. Colonization thus wrought complex and contradictory understandings of the world that distorted traditional teachings and undermined social foundations from which family structures and child-rearing practices took meaning.

The concept of trauma anchors Tsow-Tun Le Lum in its holistic approach to healing. A number of assumptions organize the integrated Aboriginal and non-Aboriginal models of healing. First, childhood events explain adult actions and symptoms due to blocked processes of stress from traumatic events. Second, trauma affects the body and the mind, and therefore healing must include an understanding of the neurophysiology of pain and fear. Third, stress triggers or reactivates disturbances of the initial incident. Fourth, implicit in the understanding of trauma is a view that trauma fragments the individual; in consequence, memory is also fragmented. Fifth, healing can only take place when a strong, coherent sense of identity is achieved.

A coherent identity arises from and is sustained by cultural belonging. The concept of trauma as a severe wounding, both of the individual and of the collective, frames the historic narrative in which colonization is explained as the origin of collective trauma suffered by Aboriginal people. Understanding one's own and others' symptoms depends on understating the historical and cultural context in which trauma originated and in which healing can be achieved. Therefore, understanding and treating trauma and post-traumatic stress disorder is a political act: it seeks to restore well-being to individuals and to Aboriginal people as a whole through reclaiming Aboriginal identities and healing the individual, family, and community. In the Qul-Aun program, healing begins with the historical context that stresses the impact of residential schools and intergenerational transmission of trauma.

Healing takes place when the individual is able to hold in balance the spiritual, emotional, psychological, and physical aspects of self. Integration of self will occur within cultural stability and transformation of cultural identity; thus, models of healing that address holistic concepts are used. Holistic premises emphasize healing and well-being as relational, that is, healing can only be achieved within a social and cultural context where there is balance and harmony within oneself and between social members. Culturally appropriate and meaningful techniques are needed to train clients' self-control and to guide them towards assisting one another. This led Tsow-Tun Le Lum to adopt a multi-dimensional understanding of healing and to use multi-modal approaches to achieve it. Within the dynamic approaches lies a foundational assumption that well-being is sustained by daily rhythms and patterns of behaviour.

In summary, trauma is both a clinical concept and a term used to frame historic narratives. Understanding colonial violence as a source of trauma not only mobilizes a sense of shared history, it gives a moral purpose

to the work of healing. It moves the work of healers from solely helping individuals to confronting the social, cultural, and political legacy of colonialism.

The Inner Child

Alongside the metaphors of trauma, the therapists use the metaphor of the inner child to label moments of early childhood development that remain through adulthood. This term, now popular in psychotherapy and self-help movements, speaks to confronting core issues that arise in childhood and continue as unresolved conflicts that require healing. The idea of the inner child is somewhat vague and is described by the therapists and healers in a range of ways. The notion of the inner child comes mainly from psychological theories that explain present behaviour as being caused by unfulfilled needs of childhood. At Tsow-Tun Le Lum, the therapists use this metaphor in speaking of the inner child as a voice that speaks from the past expressing feelings that were never resolved. In childhood trauma, feelings were frozen or denied in order to survive. Trauma forced the displacement of positive feelings of joy and love with shame, anger, and other negative feelings. The therapists suggest that when the child self is not acknowledged and the unresolved issues linger, emotional trauma results. In adulthood, everyday life is experienced in a state of confusion and chronic anxiety that leads to unhappiness.

The inner child is described as carrying the memories and telling the stories of the past. Emotional distress in adulthood is triggered by past unresolved feelings and childhood patterns of behaviour. The feelings of the present are in fact the feelings of the past. When negative memories are revealed and reshaped in more positive ways, past pains are released and the controlling childhood behaviours learned in self-defence are shed. As the inner child is confronted and nurtured (through the use of childhood toys and expressions of love) the adult takes charge and new behaviours emerge.

Two intertwining approaches are taken to address the inner child: a cognitive understanding and a cathartic release through psychodrama, as described further on. The former provides understanding of how the trauma came to be within the social experiences of family and community, the latter is a reliving of the initial trauma. The goal of both approaches is to teach the clients that they are not to blame for the abuse and trauma they have suffered and to find new ways to love themselves. The overall goal of healing the inner child is to release the client from the past while presenting new tools to live in the present.

The Road to Recovery

A central metaphor of Tsow-Tun Le Lum is beautifully pictured on its society's website: a road leading downward to the ocean and the mountains beyond. Along the road are Aboriginal symbols associated with identity, power, and well-being: the drum with the split wolf head and an eagle feather. Roadways and pathways evoke the sense of journey that compresses the lifelong quest for recovery and personal transformation.

Healing is described as a life journey undertaken by staff, clients, and board members. A sense of journey towards well-being in a holistic fashion finds expression in physical symbols of the journey: the good road, the red road, and other references to pathways offer a sense of the tangible nature of the healing journey. When well-being is achieved, one is walking the good road; the red road is held out as an ideal Aboriginal lifeway. The power of the metaphor lies in the sense that following a particular path requires choices that narrow the life course. Negative behaviours, harmful associations, and unhealthy practices are avoided by following the right path. The healing path is physically represented at the site of the sweat lodge. Here, a path winds from

the building and gardens through the shade of a grove of trees and then to the lodge. In preparation for the sweat lodge, this path is followed. Healing therefore is a way of being, a life pattern of relationships that are held in balance with the cultural, social, and spiritual worlds.

Just as pathways and roads signify healing as an ongoing journey, so too is healing expressed as a lifetime process of transformation as individuals work from stages of victim, through survivor, to thriver. In their roles as healers, counsellors and recovery workers disclose their own journey through these stages, describing traumatic incidents from childhood to adulthood and giving testimony regarding their life choices that took them from the “good road” and back onto it. Metaphors offer a vision that for some is tangible. Through likening life to a journey, clients’ life narratives often take form through a reference to “climbing mountains,” “falling into pits,” and other features of landscape that represent their life challenges.

Healing is also equated with the cleansing of body and soul and the clearing of the mind through sharing in talking circles. In the morning circle in the spiritual room, sharing takes the form common to the practices of Alcoholics Anonymous. Clients and staff introduce themselves by announcing their name and identifying themselves by their addiction (My name is ____, I am an alcoholic; My name is ____, I am a survivor of trauma, for example). This identity marks the focus of their treatment. Clients from Correctional Service of Canada may be obliged to disclose a history of being sexual abusers. This prompts them to acknowledge the wrongs they have done and to provide a feeling of safety to other residents. Sharing and clearing are considered vital to emotional, mental, physical, and spiritual health. Given that healing and the quest for inner harmony of well-being is a lifelong journey, staff members engage in daily talking circles and spiritual activities to sustain their own health. Language rich in commonly used metaphors bridges the roles between healers and clients and allows them to share common experiences and goals.

In addition to central metaphors, a range of additional metaphorical expressions is used to convey the healing goals of the house. In sharing, clients and staff seek to “listen to learn and learn to listen.” Since healing is seen to embrace the well-being of the Aboriginal community, the term warrior is used to express success in the struggle with trauma and addictions. Clients are reminded that healing is not readily explained in language nor is it easily seen or measured. They are asked to trust the process, to be open to others, and to put away personal behaviours that are barriers to healing. The bead ceremony is the physical representation of the “putting away.” Clients package beads to represent these behaviours and hang them on the wall where they remain until their healing program draws to an end.

Models of Healing

As stated in the funding proposal and demonstrated in practice, healing practices of Tsow-Tun Le Lum are diverse and draw from a range of Aboriginal and non-Aboriginal models. In order to accommodate clients’ traditional practices and to introduce them to the power of a range of Aboriginal healing models, Tsow-Tun Le Lum embraces an eclectic approach. As indicated above, this is symbolized in the sacred sites within the grounds.

The Sweat Lodge

One such model is the sweat lodge, which is not a traditional healing practice of the First Nations of Vancouver Island. The sweat lodge is one of several healing practices incorporated from other cultural traditions that have

been integrated into Aboriginal healing in treatment centres, prisons, and in Aboriginal institutions. Sweat lodges evoke strong emotion and spiritual expression through the use of colour, ritual movement to and from the lodge, and through vocal and physical expression. According to a healer at Tsow-Tun Le Lum, variations can also occur depending on where and when a particular healing is offered and the specific affliction (e.g., grief) that the clients wish to have addressed. Grief ceremonies are held for individual clients to help reconcile feelings of loss for a loved one who has passed on or for the loss of stillborn infants.

Explanations of the meaning and power of the sweat lodge are provided by the staff and a healer who is hired specifically to hold the sweats. The teachings tell us that the sweat ceremony channels with the spirit world. The lodge and its immediate surroundings are therefore sacred and to be respected at all times. The lodge itself is a physical representation of the feminine; dark and closed, the lodge symbolizes the mother's womb. Lying outside the lodge is a cord representing the umbilical cord. The four elements are represented: air, earth, water, and fire as are the Four Directions.

Hanging from trees surrounding the lodge are bright coloured scarves holding tobacco. Each color has a particular meaning; black for grief, for example. The stones are physical representation of the ancestors, and once heated by the fire the ancestors are awakened. Like the Medicine Wheel, the sweat lodge is a physical representation of the sacred circle.

Weekly sessions are held; at the time of research, they were led by a healer conversant in a mixed Cree and Anishinaabe practice. The healer works with Correctional Service of Canada in a local correctional facility. Thus, he not only has empathy for Aboriginal healing practices, but he also has experience working with clients who have experienced incarceration. He explained his role as one of assisting the clients to channel with the spirits:

The sweat is focused. My role is to lead the channelling ... they [the clients] are letting go, going over to the other dimension ... Lots of them are doing grief work, the black print. A sweat leader guides them ... channels the spirit world to them.

He went on to describe himself and his female assistant as helpers who guide the clients on an inward journey, which is symbolized by the coloured scarf each participant has chosen.

The day of the sweat is one of meditation. All clients in the trauma program are asked to participate. Women who cannot enter the lodge due to menstruation gather at the outer edge of the clearing holding the lodge in support of their sisters and brothers within. The day of meditation offers concentrated time to look inward and focus on personal disruptions of intimate relations, grief and pain of loss from the death of a loved one, and broken relationships.

Preparations begin before the day of the sweat. Men, one of whom is the fire keeper, work at the lodge preparing the stones and the wood for the fire. One young man chose to work at the sweat lodge as a way of healing. Working with the ancestors in the form of rocks allowed him to place negative energies into the physical world while he found positive energy coming to him from the ancestors.

The sweat lodge is a place I can be on my own. It's sacred. I handle the ancestors, clean the ground, and fix the gravel. It's an act of healing. I do it on my own, but I am also waiting for ... He will be my helper (Client).

In group sessions, women and men are instructed in the meaning of the lodge, the symbols of the scarves, and how to personally prepare themselves. No jewellery or artificial items are taken into the lodge, and women are given modest robes to wear. Sweats are very demanding. Careful preparation is needed prior to the event as the focus is on regressive stage trauma that is working back to traumatic experiences at regular seven-year intervals. The experience is cathartic.

Rituals guide the participants through the sweat. Prior to entering, each participant will present a gift of tobacco, and then they will smudge. Once they have cleansed, they enter and move clockwise to their seats. The fire keeper presents the heated ancestors to the healer, who has them placed in the centre of the lodge and covered with water. The healer leading the ceremony will call upon the spirits as the steam rises. As the spirits respond, the healer interprets the messages. The ceremony is lengthy, it can last several rounds as each of the participants' needs are met. The healer leads rounds of prayers for the ancestors (Grandfathers and Grandmothers) for relationships for women (the life-givers) and for men.

The challenge for the healer is to ensure all who enter the sweat lodge feel safe. He and his assistant achieve this in a number of ways: teachings prior to the event, private meetings with clients to share views on the spirit world and the channelling that will take place in the lodge, and ensuring that clients retain control over their environment through being able to sit near and/or control doorways. When clients spoke of their experiences in the sweat lodge, they stressed their initial nervousness and the subsequent care they received from the healer whom they speak of as Uncle.

There's something about this sweat lodge ... it's really good. The way that he speaks to people that haven't experienced it before and helps them to feel safe. And he helped one lady to even close the door; she had control over the door. So I went along with everything he does with the new people too, and I think one time he asked somebody to put their hand to their heart and to know that they're safe and that we're honouring each other in sweat and everything's confidential. And it's really a safe place (Client).

In addition to the scheduled sessions, the healer will hold sweats upon individual request. Often, these are grief ceremonies as clients seek to reconcile their feelings with those who have passed on to the other side. One client who has a history of violently harming women turned to the sweat lodge to come to terms with the harm he had done to a woman now passed away:

One time I did participate in there was when we did the thing called the black print sweat. And at first I wasn't too sure, because you know, there was like a week before the print was going to happen and it got closer and closer and closer, and the day got closer, and then the night before, and then we were sitting in a group downstairs and ... was talking to us, and she asked us, "Is there anything that you want to get out of your system or you want to talk about?" And I said, "Yeah." I said, "I am thinking about all the people I hurt during my drinking days." I was a real wild person, and some of the women there I slapped and I punched and I hurt them. And I said, "some people are alive but they're drinking." And I said "there's this one person there that I hurt there. I slapped her and I punched her and she's dead." And I says, "I didn't have a chance to say sorry to her." And she told me, "Well it's a good thing you could do this new black print." So right away I said okay. And then I said, "okay, I'm going to go do the black print sweat." So when the time came and I was thinking about it for a while,

and then I asked some questions about what the black print was all about. And then they told me, and then they told me that you have an option of all the people that you have some unfinished business with, and you could name those people, but there's only one person you could work with. So, I had several unfinished business ... there was people that had passed on, but I didn't name that young girl I did hurt. She wasn't there. Then I worked with my best friend. He was shot and killed, an accident, an accidental shot. But I wasn't sure 'cause the person that shot him was drinking too. So nobody knew exactly how that story went. But the sweat there, it helped me pretty good there. I'm able to feel more released now, you know 'cause I told him I loved him. I said, "go ahead, you can go to the spirit world, and don't worry about me ... I'm okay down here ... go on, go. Go to the spirit world."

Although it does not agree with all Aboriginal principles of appropriate gender conduct, the sweat lodge sessions were not gender specific. This caused problems for some of the residents; however, healers guided them to make choices based not only on practices with which they were familiar, but also to engage them in activities based on other Aboriginal practices. Thus, in teaching women and men to respect each other, women are required to wear modest gowns. Men and women enter the lodge separately, with the men being taught to avoid looking at the women. These practices alleviate the anxiety some participants feel and underscore teachings clients have learned elsewhere.

Similarly, not all clients are familiar or comfortable with Aboriginal healing practices grounded in sacred teachings and traditional rituals. Clients who arrive with strong teachings in evangelical Christianity face conflicts between these teachings and Aboriginal practices promoted at Tsow-Tun Le Lum. Some, for example, have been taught that sweat lodge practices violate God's commandments; others have been instructed to avoid ceremonies that evoke powers other than those sanctioned in Christian theology. These personal spiritual conflicts are addressed individually by healers in such a way as to alleviate feelings of conflict and wrongdoing while enhancing an Aboriginal sense of identity.

The sweat lodge thus offers a physical site that reinforces Aboriginal identity and a healing practice that is intensely individualistic and yet grounded in relations of people and in spirituality. Like other Aboriginal and non-Aboriginal healing models, it is holistic. Through the colours of the scarves and the symbols surrounding the lodge, the healing practices of sweats offer physical, social, mental, and spiritual healing that is integrated with other healing models and metaphors such as the Medicine Wheel. Other clients embrace practices outside of their own traditions and experiences.

The healing at this centre, like for one the sweat lodge, I love going into the sweat and that helps me release a lot, um yeah, it helps like a lot, with how ... has worked with us, like the black print and the different colours and just the way he does things ... not only that, his helpers also, like ... she's taught me a lot, like especially around relationships and ... the thirteen moons that she explained today in the sweat lodge teachings. Yeah, I like learning different ways (Client).

As the seasonal cycle flows so the sweat lodge is renewed. At the spring equinox, the lodge was renewed with fresh-cut willows, new prints hung from the trees, and a general cleansing of the site. At each stage of renewal, ceremonies were held and men and women assumed their own duties. At the same time, new prints were hung at the spiritual pond, and thus once again the integration of Aboriginal cultures with the healing program was made tangible as the fresh scarves fluttered in the spring breeze.

The Medicine Wheel

The Medicine Wheel, like the sweat lodge, is not a tradition of the West Coast First Nations. At Tsow-Tun Le Lum, therapists stress the harmony of self that the Medicine Wheel represents. As with other models, the wheel makes tangible in a visual way a sense of the integrated self and an understanding of Aboriginal teachings.

The Medicine Wheel is brought to healing practices as one way to address cultural diversity of the clients. Because it is so widely incorporated in healing treatments at Aboriginal and non Aboriginal institutions across Canada, many clients are familiar with it. An image of the Medicine Wheel hangs on the wall in the trauma group room. The Medicine Wheel offers a clear visual representation of the perception of balance and harmony necessary to living a healthy life. While the Medicine Wheel is presented as a practical teaching tool rather than a sacred representation, it is used to model relations that are linked to a greater power. Clients can invoke their cultural and personal understandings of the sacred in using the Medicine Wheel. One of the therapists explained that the Medicine Wheel is particularly useful for clients whose needs are best met in non-verbal teachings and who are struggling to find their identity as an Aboriginal person in urban environments.

The Medicine Wheel reinforces healing principles that organize the Tsow-Tun Le Lum trauma program. It is holistic; not only does it depict the balance of the physical, mental, spiritual, and cultural as represented in the Four Directions, but it also demonstrates foundations of healthy living within healthy relations between women and men, between individuals and community, and between the social and the spiritual. The Four Directions—north, south, east, and west—are represented by four colours, which also represent the world's people.

The Medicine Wheel can offer clients a personal approach to understanding their own needs, their life journey, and what has brought them to their healing. At Tsow-Tun Le Lum, therapists stress the harmony of self that the Medicine Wheel represents. As with other models, the wheel makes tangible in a visual way a sense of the integrated self and an understanding of Aboriginal teachings. Visual representation of the Medicine Wheel as a healing model resonates with experiential approaches, notably ceremonies that incorporate a range of cultural practices and healing principles.

In interviews, only one client spoke of the Medicine Wheel as being central to personal healing. For this client, the Medicine Wheel best represented his concept of healing. When asked what healing meant to him, he responded:

Healing, it could be. What I think about is, the first thing I could think of is one of those, the Medicine Wheel, that people use as a medicine to keep themselves balanced. Whether it's the physical or the spiritual, or whether it's the mental or the emotional. And then, how to begin with it, you know? Many of our people were torn away from their homes and torn away from their families and their traditional ways, and they're torn away from the Medicine Wheel. So in order to get back to the Medicine Wheel they're going to have to work at all areas: the physical, spiritual, emotional, and mental. And you have to work on all those areas there, and you have to be conscious of which areas you're working on. Like if you're more spiritually than physically, then maybe your physical and spiritual might be some off balance. If you try to keep all four areas balanced as much as possible.

Ceremony

As indicated above, ceremonies and rituals serve to transform identity. When these take place in sacred and spiritual spaces, ceremonies and rituals take on deep meaning and resonate in personal transformation. Thus, at Tso-w-Tun Le Lum, ceremonies held in the spiritual room are integral to healing. Through ceremonies of welcome, completion (graduation), and leave-taking, clients experience within a community an awakening and/or a renewal of Aboriginal identity.

The core belief shaping all Aboriginal healing practices is the faith in a higher power—the Creator, the Great Spirit. Ceremony is both culturally specific as in the sweat lodge practices and pan-Aboriginal as, for example, the welcoming ceremony. The healing power of ceremony is implicitly relational. At the onset of the trauma program the residents gather in the spiritual room for a welcome ceremony. Working on the understanding that residents have been lost to their culture and spiritual foundations through foster care, residential schools, and transgenerational transmission of trauma, the welcoming ceremony speaks to the inner child and welcomes each resident back to the Aboriginal community. The welcoming ceremony gives back to the clients what has been taken away and validates the need of children for family and home. Identity is ceremonially restored as clients reclaim what was stolen as they come back to their true selves from being away. Residents who are halfway through their alcohol and drug program are presented as the old group and form a circle of welcoming. Having been in residence for some time, they reassure the newcomers that the house is a home and seek to alleviate fears and nervousness of the incoming clients. Through their welcoming, they instill a sense of community and well-being that reinforces a feeling of home shared with a family.

While the welcoming ceremony is organized for the incoming clients, the closing ceremony (graduation) is presented by the departing clients before staff, board, community members, and invited family, friends, and other guests. During the last week of treatment, clients are prepared for their departure through a number of activities that help them withdraw from the tight bonds they have formed. Graduation celebrates their healing work and prepares them to think of themselves within a framework of a new identity. Metaphors of recovery, surviving, and thriving frame their sense of self and their hopes for a new life in their home communities. This ceremony is truly a celebration: working in smaller groups within their therapy class, they assert themselves through music, artwork, and speeches. Family and friends share a meal at the close of the ceremony and help the clients make the transition back to their former lives.

Ceremonies incorporate a range of sacred and non-sacred items: candles, sage, sweetgrass, eagle feathers, drums, rattles, medicine pouches, medicine stones, and cedar are all used. The physical presence of these items speaks to individual clients whose knowledge of these items arises from either or both of culturally specific training of their culture of origin or of broader, very possibly urban, Aboriginal practices. The physical use of these items for cleansing once again underscores the holistic principles of healing and, when added to ceremony, stresses the social or relational core to healthy being. Staff lead clients in smudging and prayers.

Prayer is central to ceremony and may be used to open and close these special events. The serenity prayer is frequently drawn upon in times of crisis or to offer comfort. Elders lead prayers at the spiritual room, and clients may open and close their group sessions with prayer. Staff members join in the serenity prayer during their own morning circle, and will offer prayers for one another at times of mourning or other moments of sadness and need.

Healing is symbolized in a number of ways that evoke consciousness of a greater power and the physical and emotional shedding of pain and grief. Staff use a prayer pot; names of persons in their hearts are placed in the pot and prayers are said for them. Tissues used by staff and clients to dry tears are carefully collected in baskets and carried to the spiritual room to be burned in the fire there.

The spiritual nature of healing cannot always be addressed through shared practices of the sweat lodge or ceremony. Physical pain, for example, may be the manifestation of spiritual affliction. This is acknowledged by therapists and psychologists using Western models of healing and is treated by Aboriginal staff and Elders in appropriate ways. One client was directed to the spirit pond to address her physical symptoms, which she associated with holding back her cries and with a spiritual crisis:

My first four days I was here I went to the spirit pond and then I took a rest for a week and then I went again, I think, probably after psychodrama. But I got sick because I held back my cry that one time, and then I got a really sore throat, and then I started spitting up all that sadness, sickness, and sorrow. So I was spitting for about two weeks, and then ... [cultural information on spirits deleted at client's request] I'm finally clearing up now.

In true holistic fashion, the spiritual is never severed from the emotional and mental. While ceremony calls upon clients and staff to share spiritual moments that unify the community within the house, other activities fostered healing through emotional expression that is validated in the small groups. Experiences of the spiritual for some are linked to and inseparable from their growing awareness of the inner child and a longing for release from the past. For several clients in this study, psychodrama allowed them to seek spiritual release from the psychological torments they had carried since childhood.

Psychodrama

The language of trauma reveals a Western psychotherapeutic foundation for understanding, categorizing, and treating afflictions arising from severely disruptive life events. Counsellors draw from the work of Jane Middelton-Moz in their understanding of trauma, the afflictions arising from it, and appropriate treatments to alleviate suffering and achieve wellness. Middelton-Moz,¹² a clinical psychologist, has specialized in working with children of trauma and in particular the pathos of intergenerational trauma as it affects children of minorities. Her work highlights the lingering suffering of denial and unresolved trauma that are experienced as grief. Adopting a perspective shared with Middelton-Moz, the therapists at Tsow-Tun Le Lum work to guide clients “to re-experience the original trauma in order to integrate it and work it through.”¹³

The keystone healing model for addressing trauma is psychotherapy and, in particular, psychodrama. The entire healing program leads to the week of psychodrama. In psychodrama, clients move from the mental understanding of their trauma and life patterns to the emotional expression, that is, from the thinking about themselves to the feeling of their trauma. In preparation for the emotional stresses of re-enacting traumatic moments, the psychodramatist explains to the clients how feelings can be harboured in specific bodily sites.

¹² Middelton-Moz, J. (1989). *Children of Trauma: Rediscovering Your Discarded Self*. Deerfield, FL: Health Communications, Inc.

¹³ Middelton-Moz, J. and Dwinell, L. (1986:5). *After the tears: Reclaiming the personal losses of childhood*. Deerfield Beach, FL: Health Communications, Inc.

For example, painful breathing may be the consequence of unreconciled feelings. She explains the body can freeze and hold onto emotions so that efforts to release the pain and tension may not succeed.

The preparations for psychodrama include the psychologist working in private sessions to assist clients in identifying their inner child. Inner child is both a metaphor and a working concept of psychological and emotional stress that has inhibited advancement to the adult state where the client is able to exercise healthy choices and to be resilient in the face of ongoing emotional stresses and social disruption. Presentation of psychodrama in this program stresses a cathartic experience in which the client seeks to escape the power of the inner child by recognizing and confronting a past traumatic experience. Through the carefully staged re-enactment of a selected traumatic experience, the client is enabled to imagine a different outcome that is empowering. Through recreation of the trauma, clients can create a dialogue and “say what was never said.” The therapist may also lead the client to an empathetic understanding of individuals who have caused the trauma. This is particularly relevant as clients come to recognize and resolve the impact of colonial violence suffered by parents and grandparents. Through these new insights, clients can set aside feelings of anger and grievance.

Psychodrama that seeks to release the inner child and to confront past pain must proceed carefully. During such processes, the clients are watched closely to prevent the emotions from overcoming the present-day situation. Clients are reminded to stay in the present, to stay in touch with the adult body, and to return to the present when they appear to be retreating too deeply into their pain. Staying within the adult body is prompted by a number of physical practices: the therapist guides the client in physical awareness of the body through having feet on the floor, sustaining eye contact with the therapist and others, and through affirming the body by touch and action.

Through psychodrama, clients physically release emotional pain. Release comes through shedding tears or vomiting and physical actions such as striking out, screaming, yelling, and sobbing. Physical release is encouraged through striking out with soft objects such as pillows or cloth bats and other such paraphernalia that are kept in the group room. The focus on the physical reinforces the holistic approach of Aboriginal healing practices and complements similar cathartic processes that take place in the sweat lodge. Clients describe the psychodrama as particularly effective in understanding themselves and in achieving emotional and spiritual release.

That was very hard and difficult. That was a rough week, very rough, rough week. But I lived through it ... that's one thing ... I lived through that. It was very emotional ... very emotional, the stuff that came up with me. My psychodrama was about how I was abused as a child and how much I grew to hate my brother, as I said, fairly early. Just somebody role-playing as me as a little kid ... I didn't even want him near me when I was a kid. Just seeing all of that ... I didn't see the people playing as me. I didn't see the people playing as him ... it came to reality for me, that I seen me and I seen him, and it was just too real, and I freaked out and I lost it and I cried and they all said it was awesome, the screaming and yelling and the power of how much I hated him. And I could've did another week, really ... a week of that kind of group was very helpful for me, 'cause I packed around that pain and that shame inside me and the dirty feeling always needing to have a bath because of my sexual abuse. I got rid of it ... it's not my fault anymore. I learned that it's not my fault. This is awesome. That was very awesome for me. And very helpful to my spirit, to my body (Client).

Another woman also spoke of releasing shame after her psychodrama session:

It was really good. I was so worried about it and I was so nervous ... I jumped in though. Usually I wait until the end, but I jumped in, and I said, "I want to do mine because I need to get it over." So I was in the middle. It was really good because I found out that I was carrying a lot of people's shame and all of that, and that I didn't need to do that, and I was making myself sick. And that I don't need to always wanna make things better, or to control people's lives, or you know, to just to try to focus on myself and what I'm doing, because I get so sick, you know, because there are so many dysfunctions in my family and with my own son, and people around me that I live by. It's too hard to carry everything. So I need to learn how to just focus on myself and to pray for people. It's easier I guess to watch other people. And I thought, I didn't even have anger, but I really beat that red thing up. I really went to town on that. Yeah, my hair was flying ... I could feel that thing on my back, and I thought I would get tired, but I didn't, I just really let it go. And to see all the good work that the other people have done, I was really happy for them. You know, the ones that were really truthful and true to themselves, and really did the good work (Client).

Psychodrama always takes place within group sessions. Thus, once again, clients experience affirmation of their feelings. The group members commend one another for courage in revealing their traumas. Through hugs and other physical gestures they offer mutual comfort and support. Most importantly, through staging the re-enactments, clients are able to once again find commonalities of experience and family history. Their selected childhood events were remarkably similar: three addressed grief and the quest for spiritual interventions, two worked on issues of abuse they had suffered and had imposed on others, four worked on issues of estranged child/parent relationships, and several of the women linked abuses suffered to fears of being alone. Like other therapy models, psychodrama links the action of feeling and sharing within the group in order for individuals to gain feedback, which can be supportive and challenging.

Psychotherapy does not work well for all clients. It requires the clients to be able to work abstractly on their issues and to express their emotions in conceptual terms. Within an integrated approach, individual clients not served well by psychotherapy are identified and their needs are taken up in other ways by the healers and therapists. Some methods, in particular, ones addressing physical aspects of healing, can more readily meet the needs of the full range of clients.

Emotional Freedom Techniques (EFT)

Holistic healing focused on the physical is further complemented in the practices of emotional freedom techniques. This approach is used by the psychologist and introduces principles of energy psychology that has its roots in Asian healing practices. Early in the program, the psychologist explains brain structures and principles of energy healing. She teaches the clients the relationships between physical pain and trauma and the basic ideas of how to release pain and restore the body's balance. The underlying principle is that, like physical illness, psychological problems are caused by disturbances in the body's energy system. There are two parts to the application of EFT—the *tapping*, which is the physical part used to rebalance the energy centres, and the verbal part, which involves making the appropriate statements that direct the body to correct the relevant imbalances. These are statements that affirm love of one's self and one's surroundings even as they acknowledge negative feelings.

EFT is a do-it-yourself therapy that is a cross between acupuncture and pressure point massage. It is introduced as a technique clients can use when feeling emotional stresses such as anxiety. Clients learn how to use their fingers to tap on a series of specific points on the body that correspond to the energy meridians used in Chinese medicine in a practice known as acupressure. Tapping is done in a sequence that includes a set-up phase of affirmation and a finishing action of deep breathing. Once practiced with the therapist, clients quickly learn the routine and find that they can use the techniques at any time and in any place.

EFT is readily integrated into the program of healing; it is applied within a language of holism and balance, which appeals to a range of healing and therapeutic approaches. An underlying premise is that most emotional issues arise from specific events rooted in the past. These specific events triggered strong emotional responses. However, it does not have clients reliving past experiences; rather, it teaches clients to develop an understanding of emotional control and a technique to help achieve it independently.

As with other techniques, EFT offers opportunities for cognitive shifts; that is, as clients gain emotional control from the technique, they can reframe their feelings and gain new insights into their issues and their feelings. Cognitive shifts can also occur through other practices, notably storytelling.

The Power of Storytelling

Oral and written narratives are critical components of the healing program. Narratives offer structure for naming experiences and feelings. Naming gives voice to trauma and to the causes of it. Through storytelling, clients learn to identify the nature of trauma and come to understand personal experience and feelings within social and historical contexts. As clients name their sorrows and pain they build a new sense of identity that recognizes the dual sides of themselves as nurturer and destroyer. The stories they tell themselves and others build the foundation for a new consciousness of their nurturing self and their healing process as a lifelong journey that will bring them to a new identity.

Through sharing stories in the healing circles, clients witness each other's pain, affirm their efforts to heal, and help one another to envision a new future. Stories make sense of trauma in culturally appropriate ways. For those who have harmed others through violence, stories of disclosure offer release from the past and open the future to self-forgiveness within an acknowledged responsibility and a commitment to change.

Storytelling provides structure for the healing journey through the use of metaphor. It offers insights into the passage of time marked by signposts of change, for example, from victim to survivor to thriver. Metaphors such as warrior shape new identities that emerge in the healing journey and provide images of who the client may wish to become and how to achieve this goal. Victims' stories of abuse, anger, and pain become interwoven with the seeking of cultural identity and spiritual awareness.

The healing process demands self-reflection, and storytelling offers the means to achieve it. Survivor stories allow clients to name their experiences and to reclaim what they have lost through the trauma. Storytelling reinforces the identification of what the client needs to address in the healing process. Stating "I am a sex offender" provides the focus for healing, and stories give a means to do so. In stories, the clients confront the issues, refuse denial, and create a sense of renewal that signifies "I am not what/who I was before." Storytelling also allows clients to re-envision the roles of others. Former inmates and parolees, for example, can speak to prison experiences through naming in alternative ways their relationships with prison personnel and others

in the legal system. As this naming takes shape in storytelling, the client builds a new sense of the past and of self.

At Tsow-Tun Le Lum, storytelling is guided by therapists and counsellors. In the morning gatherings in the spiritual room, staff members introduce themselves as survivors or thrivers, which gives focus on transformation of self through time. In the group healing circles, the same staff members tell their healing stories and thereby model a form of storytelling for the clients. The stories told by the staff reassure clients of the possibility of healing from serious trauma and even from multiple traumas that unfold throughout the lifetime.

Healers begin the trauma program with historical narratives of colonial abuses and explain the transfer of abuse down through the generations. Clients present family narratives along with their genograms that describe their particular story of abuse and transgenerational trauma. The historical narrative of colonial abuse provides cognitive frames that are used to link individual traumas within families to structures of colonial violence.

Through testimonies and narratives, clients share with one another and are able to provide each other with insights. They affirm what each other has experienced, question one another's interpretation of events, and identify common themes and meanings in their life experiences. They may also challenge one another to not deny the past or their personal responsibilities for destructive acts. They also honour one another's efforts to confront and overcome personal barriers to healing.

Metaphoric language can link clients through common expressions that give individual experiences shared meaning. Metaphoric language can also signal to the healers a lack of progress. Rich colourful language used to describe traumatic experiences can mask true insights and feelings and may be used in manipulative ways that are persuasive and emotional while evading the specifics of the trauma that the therapists need to address. Clients who speak of the "mountains" and "avalanches" they confronted in the past rather than specifics of their personal traumas (for example, sexual abuse) are perceived as avoiding what has harmed them.

When clients are perceived to be manipulative in oral expression, they are asked to write their experiences. Therapists find that written stories often reveal the particular details they are seeking. Clients' narratives are also analyzed by staff for evidence of minimizing or denying harm they have done to others. Storytelling, whether written or oral, reveals in diverse ways clients' commitment—or lack of it—to healing work. In short, through storytelling, clients reveal to others their progress along the healing road and their capacity to sustain the changes they are experiencing.

Cognitive Foundations

Tsow-Tun Le Lum healers stress the need to understand the historical and familial contexts in which trauma occurs in order to understand the nature of trauma itself. For Aboriginal clients, trauma is multi-dimensional: trauma of colonization that leads to erosion of self-esteem as they are treated as lesser than the dominant society; and trauma of disrupted cultural identity and multi-generational trauma experienced by extended family members. In order to feel safe through the treatment process and in their lives beyond, clients need to have some intellectual understanding of their childhood, family, and community. Clients need to understand that they do not suffer because they are inadequate or crazy, but because they have survived childhood trauma. They also need to know that they share common experiences with other residents and with the healers. The healers' goal is to develop clients' understanding of trauma so feelings of shame wither as their emotional lives are validated.

Underlying all healing practices is the recognition that trauma is both individual and collective. Residential schools, prisons, and other colonial institutions can be readily identified as sites of traumatic encounters that not only harm the individual as an individual, but also deeply harm the collective through denigration of cultural practices, values, and beliefs. Healing begins with the understanding that colonization is the causal factor in traumatizing Aboriginal people. The particular roles of residential schools in the process and how transgenerational trauma has resonated throughout families and communities are confronted throughout the sessions.

Healers use a number of approaches to guide clients through understanding the external influences that have stressed community and family relations and disrupted Aboriginal cultures and identity. One technique used to understand transgenerational trauma is the genogram or family map. The genogram identifies the legacies of trauma through generations and shows how pain is passed from one generation to another. As the clients chart a three-generational genealogy, they name the suffering, addictions, and other behaviours associated with individual family members and come to see both the causes and results of multi-generational trauma. They list family losses through death, removal of children to foster care, divorce, and breaks in family relations. They mark history of abuses and traumas such as survivors of acts of violence.

A depiction of family members and their particular afflictions, residential school experiences, addictions, and so on helps clients focus on understanding themselves in relation to family history and to particular family members. This is not an easy task as many families have been fragmented and cannot function in healthy ways. As group members meet this challenge, they come to see commonalities of experience and support one another during painful moments.

That was really hard for me ... I didn't want to do it, and I didn't want to begin it, and I walked around, and I pouted, and I thought, "Why do I have to do this? I don't like it." I've done it before though, a couple of times. But this time I had to have the help of one of the counsellors, and she encouraged me, and she talked me through it. And the one thing that came up was that my mother, when she was born, her mom put her in the river two times, so that ... because she couldn't afford her, to look after her, she was put in the river to drown, but she got saved both times. And I think that was hard for me to look at, in that there was nine of us children and four of them got adopted ... all younger ones, and the oldest brother got given away, and then I always remembered that when the oldest brother was little my dad used to beat him, and he'd zoom under the porch to sleep because he pooped himself because my dad beat him. And he said it wasn't his son. So I just didn't feel like thinking about all of those things. And the sexual abuse that happened to my brothers. And yeah, the alcohol and the drug [long pause]. It was really hard. I guess because I'm getting deeper to my core, or you know, the onion peelings are coming away, and it's like oh, I didn't want to face it (Client).

Another client found this equally challenging:

That was a little bit difficult, 'cause my life is really mixed up about my dad being married before, my mother being married before, and trying to figure out who fits where and trying to really remember about my childhood and about how many are on both sides of the family, and my roots. Fortunately I know, like, I didn't know my dad's mom and dad. I don't know them, I never, ever did. But my dad talked about them. And my mom ... I don't remember my grandmother, but I knew my grandfather, I remember him, so, just knowing where they

came from, how far back the residential school system led us in my family, in my family tree ... it just blew me away. It didn't start just with my parents. It started a long time before that. And it just, like I said, it's a shame ... very shame that it had to lead this far.

Facing these difficult moments draws the group together, and several clients identified these social bonds as crucial to their developing sense of self and well-being:

Just hearing people talk and sometimes the similarities I had with them really hit home and the triggers that they hit me with ... some of it really opened my eyes. 'Cause you look at them and some people look so perfect and you don't think that nothing happened to them, 'cause their outer shell says they look fine and perky and just like nothing happened to them, but when you sit in a group of people, four or five of them, you grow to love them, learn to love them, and respect them and sometimes help them on the guiding hand and then nurture them the way they gave me. So love and nurture and respect them.

Oh yeah, that was really, really, really fantastic. The whole group ... I remember most of us, when we first got together, we were all scared of each other and we didn't trust together, and we just had this energy going all over the place and we wasn't too sure about who each other was there, and then as time went on there and a lot of us, we let our tears go, and then later on time went on and we still let tears go, and then pretty soon it seems like we felt a sense that we were crying together. And then later on we gradually bonded ourselves together so it seems like now we're one big circle there that wouldn't break there. And we stayed together all through this program and we've gotten used to each other's energy and we've gotten used to each other's voices and we've gotten used to each other's presence. And so we're just all together now, and then we sometimes sit together, you know, or go to town together and go for walks together, and we've just got this big huge hall of just like brothers and sister. We're just like one big family in this house here. It's like, you know, my feeling right now ... I've got no brothers and sisters who are alive today. They're all passed away. And when I'm here, I get this feeling of brother and sister love from the other people in my group, and that bond is really strong and that energy is just beautiful. I think right now we're almost like one big sacred ball and we're all together. And at the end of the week that's going to be different. We have to go our separate ways, and that's going to be hard to go our separate ways, 'cause we've grown to love each other and trust each other (Client).

Group Work

As the client quoted above states, clients become very attached to one another through their group activities. Working in a group is a central part of the healing process since an underlying principle of Aboriginal healing is relational. As mentioned earlier, Tsow-Tun Le Lum replicates a community. The formation of small healing groups of up to twelve clients intensifies feelings of belonging and also makes confrontation of victims and perpetrators, of women and men, unavoidable. Through fostering emotional bonds between group members, healers guide the clients toward new understandings of working with one another.

Working in groups serves a number of purposes simultaneously as healers lead clients through the various healing models and techniques. One, clients come to understand a shared history even as they learn from each other the cultural variations in ceremony, healing, and social practices. Two, clients learn to support one

another through appropriate expressions of emotion, such as verbal praise or hugging one another. Three, clients listen closely to one another and learn acceptable ways of challenging each other to be honest and to face their pasts without fear. Four, clients learn that confrontations and anger can be expressed and reconciled in healthy ways. Fifth, and perhaps most integral to all other features of healing, clients learn that they do not have to face life alone. They learn ways of meeting strangers, of building on past relations, and finding a place for themselves in a community. One client, who had taken two sessions of the drug and addictions program before entering the trauma program, stressed the importance of social support:

And this is one of the places that I feel that is a good support system. Along with the AA and so many other things, volunteering, and just the fact of meeting so, like I've met so many people coming through here, so many good friends and just basically knowing that I'm not alone.

Another client, who had not attended a residential program before, also commented on her growing confidence in building new social relationships:

Like I'm not from here, you know, I'm from up north and we don't do things the same. Our feast is different and we don't do the Medicine Wheel or the sweat lodge. So I was scared when I came here. And then all the ones from prison and everything, I thought I wanted to run right back home. But now I feel different. I can get along with my brothers and sisters in my group. Even the men, I can reach out to them. So that's what will be what I want to take back with me, making friends, not fighting with people, not being angry and alone.

Learning to trust is perhaps the biggest challenge healers and clients face; they must go beyond accepting each other at a superficial level to developing a deep trust that allows them to disclose intimate details of their lives and personalities and to believe that the truth will be told. This can be emotionally exhausting for everyone, but it is most difficult for those who have seriously harmed others. Clients of Correctional Service of Canada feel that the greatest tension is working in groups. One client was on a temporary absence from prison and had been at Tsow-Tun Le Lum for several months working through the programs. During this time, the only stability this client knew was through the staff as the residents changed every few weeks. The experience of having to disclose being on a temporary absence from prison, and having to live within stricter confines than other clients, forced this client into new social behaviours that included volunteering at events attended by individuals indirectly harmed by the crime. Through these efforts, the client was building the courage to face responsibilities for past actions and an understanding of what the future might hold when the prison sentence was over.

By working in groups, clients are enabled to disclose their crimes to others in a safe environment constructed through relations of trust. Healing is measured by this capacity to disclose the past and to demonstrate remorse and responsibility.

Although clients express strong attachment to one another while in residence, these relationships are rarely sustained after they depart. This may be because clients feel the need to move on with their lives and to concentrate on their present-day relationships rather than those from Tsow-Tun Le Lum. Other factors are also likely to contribute: long distances separate most clients when they leave and very few have personal resources to afford travel. However, in their routine follow-up of clients, staff have learned that the emotional ties are not broken. Clients will often mention group members with particular fondness and request staff to convey a message of well-being on their behalf.

Group work is both challenging and comforting. It forms the social foundation from which other therapies can be effective. Observations of clients interacting with one another provide therapists and healers with insights that are fundamental to evaluating individual progress. Group work also provides a social setting in which clients can practice social skills that lead to healthy recreational routines, which are developed more explicitly in recreational therapy.

Responsible Activity Therapy (RAT)

Integrative therapy practices grounded in holistic, relational principles of healing address the need for clients to develop positive social practices that can be readily incorporated into daily life under any circumstance. RAT stresses healthy balances of self-reliance and social contribution. Activities that are both recreational and task-oriented can achieve this goal. In Tsow-Tun Le Lum, chores have significance beyond the immediate task. Kitchen chores, for example, draw clients into relationships with the kitchen staff and with residents in other programs. Whether it is assisting with food preparation, serving, or clearing up after meals, client participation provides routines that can give rise to personal healthy habits and satisfaction in contributing to the well-being of others, all of which provide each individual with a role in the community healing process. As with other activities and the overall organization of the house, participation in chores reflects community life, a central aspect of relational healing. One client explained what these activities meant to her:

I guess, going for walks and going for the swimming at the pool are things that mean the most to me. I was telling one of the young women that all the good things that we're doing is we're making new memories. You know, even going to the mall together or going to the show together, we're making new memories so that we can have something good to talk about, and all the successes that we've had, even in the art room, like you know, the art that we're doing ... beadwork, embroidery ... the embroidery that I'm doing is, it's a new memory, and being able to take the time out and just slow down and do all the fun things, and even making new friends or learning how to spend quiet time and focusing and re-energizing, and journaling, and doing the positive affirmations.

RAT also stresses sports and games. These offer recreational time with others, physical well-being, and training in ways to distract oneself from problems and anxieties. The small gymnasium is used both for free time for residents who create their own impromptu games and for organized activities that bring together members of all the healing programs with staff. One male participant expressed the purpose of games in the following terms:

The one I could think of really quickly that we always do is the house activities, where everybody's involved. Like if we go in the gym and play some kind of sports in there or some different games that our counsellor thinks of. That's taking the risk and challenge of participating with new people or different people, or getting to know people, so it gave me a sense of getting to know people, or knowing how to get to know people, or just going in with the people or like not be scared, just go up to a person and say "hey, want to play tennis?" ... So, being with the people would be one of my number one things that this place helped me with for healing, and especially with the thirty of us that's in the house.

Other activities contributing to healthy recreation include daily walks. Participants are encouraged to walk through the neighbourhood each morning, which takes them to streets overlooking the bay. In the interests of encouraging socialization, staff promote group walks, but also support the needs of individuals who seek moments of solitude. As in other activities, participants are discouraged from forming pairs. Staff members are ever vigilant in preventing the formation of couples as development of such strong attachments distracts from the healing process and creates potential sources of interpersonal jealousy and conflict.

Activities outside of Tsow-Tun Le Lum include trips to the beach and swimming pools and cultural activities with the nearby First Nations. These organized trips offer relief from the stresses of the treatment sessions and provide models of activities that can be taken up upon the return to home communities.

Healing requires clients to accept solitude as well as to seek healthy relations. To this end, craft activities form an important portion of the healing program. In the downstairs craft room, clients are guided in producing work that carries multiple meanings. Crafts symbolize cultural identity; when contributed to the collection for sale held in the lobby, they offer clients a meaningful way to express themselves and to aid the healing house. Crafts also build self-esteem through personal achievement, provide skills that can be utilized after leaving the program, and teach clients ways to manage stress by diverting themselves with pleasurable activities. As with other healing approaches, holistic balance is expressed as the desired outcome. Craftwork not only demonstrates success at managing stresses of loneliness and addictive desires, they offer visual representation of the healing experiences. One client summed up her appreciation for the craft program:

We do like beading or dream catchers, headdresses ... it's kind of like relaxing, like therapy, like you said, to get our minds off of like things going through our mind, to focus on something else and, not only that it's like ... I guess you could say healing too because you get end results of what you make and to know that you did it yourself and that the hard work that you put into it and, like ... had said things like be proud of the work that you put into what you're making and the fact that you can see the end result. I like arts and craft, there's not enough of arts and crafts. And we keep telling her that too. Yeah, and we joke around and laugh and we help out one another too. Not only that but we teach other clients, especially if they've never done crafts before, and I think that's really neat that they're willing to take that time to learn something else. Like I didn't look at it that way before as like something to take your mind off of it, and because I can think back to when my grandma was trying to teach me how to bead and I had no patience at all. I don't know, it does teach you a lot of patience, but to also enjoy it too.

In summary, RAT has the dual purpose of building relationships and focusing on individual activities that divert clients from their addictions and stresses. In crafts and games, clients have opportunities to seek out individuals with whom they are comfortable and to form close bonds. This opportunity contrasts with the need to work in the group sessions or to socialize in a community setting.

Community

Implicit in all healing practices is the modelling of community relationships. At all times, the community of clients will include members who have been abused, who have been abusers, and whose abusive behaviour has resulted in imprisonment. The community model challenges clients and staff members to confront the extremes of trauma as victims and perpetrators are brought face to face in intense emotional moments. This can be difficult as men who have abused women or children must work with women who have survived violence from family members and intimate partners. Clients from Correctional Service of Canada will, from time to time, include individuals who have been convicted of manslaughter or murder. Other clients may also have been extraordinarily violent. Healing goals include voluntary disclosure of these acts as a measure of commitment to change and acknowledgement of responsibility. These stressful relations reflect what clients have experienced in the past and what they will need to face upon return to their home community.

Violence can be understood as a consequence of trauma. For staff members, dealing with the clients' violence can mean having to confront evil. As one staff member explained, the evil can reside in what clients have endured and in what some clients have perpetrated. In a community of mixed needs, clients must confront and adapt to situations that are disturbing and have the potential to break open in emotional confrontations. By building safe procedures for community interaction, Elders, healers, and therapists can guide residents through such moments and, in doing so, teach them to understand both the causes and consequences of violence.

Various practices are used to alleviate the stresses that arise from the co-residence of perpetrators and victims. Separation of women and men provides some release from stressful interactions. When the exercise room and craft spaces are used during free time, for example, women and men do not mix. Some sex offenders may have individual therapy routines that include exercise regimes for anger management and stress release.

By imitating community relations experienced in the daily lives of clients, staff seek to achieve very specific healing goals. As victims and perpetrators are forced to face one another, they must address sexual control, learn respect for the other sex, and reflect on their own sexuality. Victims relate past violations in an effort to heal. As they tell their stories, it is hoped that offenders will develop understanding and empathy and come to understand the harms they have inflicted in the past. They are called upon to recognize the impacts of their violence, not only on an immediate victim, but also on family and community relations. In this way, the community model underscores the foundational philosophy that healing must extend from individual to family to community.

Community relations are also fostered carefully to foreground positive human relations. This is done in ceremony, in sharing of food, and in celebration of special events. Tsow-Tun le Lum staff seek ways to bring residents into broader community relations. An example of this was the healing ceremony held in August 2004 to receive apologies from the United Church for residential school abuses. On other occasions, staff respond to events that occur in neighbouring First Nation communities or to unexpected potentially traumatic events, such as accidents on or near the centre. These events engage staff, residents, and neighbouring communities in shared actions and sentiments. Building a sense of community that will provide reciprocal support is also routinely done through outreach with other services and First Nation communities.

Liaison with Other Services and First Nations

While community within Tsow-Tun Le Lum is stressed, social relations beyond the healing house are also very important to the healing practices. Links are created with the local Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups. Residents in all three programs join together to travel to local meetings in the evening or to host meetings within the centre. These meetings help clients to extend themselves socially, to find support beyond their program group, and, for some, to maintain routines they have developed prior to coming to residential treatment. For a few, the evening meetings offer a release from a sense of confinement at the centre. Relief was felt by one client who had attended AA for several years. He looked forward to the meetings outside of Tsow-Tun Le Lum because he met men with whom he felt comfortable:

I have done that for a long time now, and it's more what I am used to. And here we don't have the same Christian connections. Back home I go to church, the street church some call it, and then we go together to AA. Like I'm an alcoholic and that's why I am here. And I still need to have my meeting. In town there are guys like me, we share that [the church].

This client went on to suggest that while he found Tsow-Tun Le Lum truly amazing, he also felt out of place because he had no age mates in the house. The meetings brought him into contact with men who were his age, and he also found less pressure in the outside meetings because "It's hard with the women; it's easier with the men there. The men are more like me. It's hard to talk to the young girls, they make me shy." However, moments later he added:

Well, they're all friendly, my group and my AA group. They're all friendly people, 'cause when I'm in with them or at AA they treat me good. It takes time. But I'm more open than before I'd come here. You know what, I'm so shy, I wouldn't be talking, 'cause when I first came here I didn't talk to anybody. Now look at me, a talking man. This place brought it out. Before I was quiet. 'Cause I didn't know ... I didn't know that I was hurting.

Ties are also built with local First Nation communities. Visits to the longhouse can be of particular significance to clients from the local area. Such visits may occur during events carrying spiritual significance. Non-Aboriginal therapists on staff affirm the spiritual element in healing even as they acknowledge that this lies outside of their scope.

Personally, coming here, I had had only Aboriginal cultural experience in working with people who were in an urban environment. I didn't have the knowledge of this particular coastal culture without living here and being here, and meeting people here, and being invited to participate in family events and traditional ceremonies and just observing and learning. I'm not sure how to, you know how cultural training per se can be offered as a preparation. But I think just an openness probably to learning about that is important in working in an environment like this. They're [the local First Nation] such a strong part of the whole situation (Therapist/Healer).

Non-Aboriginal therapists develop relationships with the neighbouring communities through establishing trust. They attend ceremonies, make personal friends, and maintain an open attitude as they learn cultural traditions and local approaches to healing. They stress that formal teaching in college or in cultural awareness

classes can help prepare a therapist, but neither is sufficient. Learning from the community takes time and can only develop with experience.

I think it's sort of a natural process that people who are valued will eventually be given that within that environment, by the people who are responsible for disseminating in whatever form it's communicated. Here it tends to come by ceremony, being involved in ceremony. And it also comes by way of Elders. It comes by way of even clients, you know, people that come in and request that you help them with something or that you are recognized by them as having given something that they really value they give you something back. Its knowledge or a gift of some kind ... the other thing about coming here is that being hired here involved being interviewed by a panel of Elders. So it's more than just sort of a resume and the typical questions of an interview. You know there was a real, there was a different kind of evaluation that takes place even at the beginning, for people to know whether they think this would be a good idea to have this person come into the environment or not, regardless of what's on paper. Credentialing is important ... and there was a process of psychological evaluation from a very Western questionnaire, standardized measurement point of view. But probably the most challenging part of that whole process is sitting in the room with the Elders and having them really scrutinize, not just ask questions but sit and watch you, look and see what they can feel of it. And as time goes on there is also that periodic evaluation of how are you, how are you doing, how are you feeling, not just you know what kind of work are you doing, but they check in. They get to know you, if you let them, they will (Therapist/Healer).

The spiritual element to healing more than any other marks distinctions between Aboriginal and non-Aboriginal perceptions of healing and of the holistic integration of approaches that seeks to achieve and sustain the well-being of clients and staff.

The Meaning of Healing

Staff members were asked to differentiate between Aboriginal and non-Aboriginal therapeutic approaches and, in doing so, to define what healing meant to them and how they marked its achievement. For one psychologist, the most significant distinction lay between what she saw as cognitive approaches of non-Aboriginal mainstream therapeutic counselling and the spiritual elements of the holistic Aboriginal approaches. She stressed that she was not a healer, a role she ascribed to Aboriginal Elders and practitioners of cultural ways. Her views were shared by an Aboriginal counsellor who stressed that while she turned to healers in the local communities for her own well-being and learned from them, her work differentiated from theirs:

I'm not a healer, I do practice a lot you know, ways of a counsellor. I practice, and I've been in it for years and I have practiced my own ways [to] look after myself and a lot of that is the cleansing that I do, the traditional cleansing ... I really do believe in that. They help me to keep my balance and they do other things, which I don't want to talk about because that's very, it's mine, you know? And it's, maybe that's a little stingy but I'm really, really uncomfortable sharing it with you.

Traditional healing is clearly a matter she cannot publicly discuss nor can she discuss her role in assisting clients through traditional means. She goes on to explain that she will, when asked by other counsellors to do so, assist clients seeking traditional healing techniques:

The other counsellors will come to me and say, “you know so and so, you know are they open to it,” and he says “yeah,” so I’ll do the traditional. This is, so and so is having a really hard time so, and this person is open to it, the traditional ways then I’ll do that.

One staff member clarified the distinction between healers and counsellors by reference to the spiritual practices of the sweat lodge and pipe ceremonies:

The people that I’ve worked with can read, you know, your mood or your energy, you know, and they get help. You know, if you do sweats with people, you do get help from the other side. I’ve been in a sweat before where, you know, they called him your helper, to come and be with whoever is doing the sweat, and come through them. And that’s done in many different ways, you know, with the pipe ceremony and different things that they work with, the other side, and that’s where we get their help and their guidance from. That’s the difference I think, that they don’t really direct the show ... the other side does somehow. That’s how I see it.

Another staff member differentiated healers from counsellors:

[A healer is] someone who has gift or a capacity to understand at various levels, what is out of harmony in a person, whether that is an emotional kind of thing, or a cognitive experience, physical experience, or spiritual experience. That’s just my personal way of working and to be able to understand also or have some way of knowing what to do about that, how to assist the person to generate what they need to generate to overcome that disharmony, wherever it may be, has come from in the past or is being maintained by the decisions or the life that they’re living. A healer is likely someone who is born with those kinds of talents, they may or may not grow up to use them, but I think it’s more than just training.

For this staff member, counselling is achieved through training and effective applications of skills and techniques. Counsellors may have the gift of healing, but cannot achieve healing through training. This view is not shared entirely by another staff member who sees more of an overlap between the roles:

Well I think some of this dovetails, I mean probably when I think of healer it means to me someone that has sort of a natural ability or natural inclination, some gift. But a good therapist or a good counsellor I think is a healer as well. The therapist counsellor to me is someone who is more trained in Western traditional methods or Western therapies, but the best therapists always have, to me, a sense of this healer quality.

When asked if healers and counsellors would therefore see the clients differently, this counsellor went on to say:

I think it depends on the individual therapist and the individual healer, where they come from. I mean some healers would be, I would think, probably much more concerned about spirituality or sort of the internal structure of a person, whereas a counsellor might not take as much time with the spiritual aspects of a person. But I think that’s an important part myself, so you can’t really escape. I, you know, I think we’re very complex, but the spiritual part of a person needs to be addressed in therapy, so I think probably in a way to me a healer is less inhibited about what they do ... if you are trained counsellor or therapist you have a set of

ethics that you have to follow. You have to follow protocols pretty closely to the way they're meant to be followed and so that can sometimes hamper a therapist. I think a healer to me is more intuitive, and I think the good therapists are intuitive and yet they may be held back. They may have to reign in the intuitive part of their work with a client because they have to be able to substantiate why they did something to their governing body, you know, or to their supervisor.

For this psychologist, the differences in knowledge and treatment not only lie in the differing attributes of the healer, but the greater freedom a healer might have working with the clients. An Aboriginal therapist made a similar distinction:

There are people who I know, for example, come to this centre who do work with people and they work in ways that are not the ways that are traditionally taught, say if you went to university or you went out to get trained. So for some of those, for some of those people, I would think of them as healers more than therapists. I'm trained as a therapist so this involves a specific way of working with people. So maybe that's it, there are certain ways of working with people that I would say might fall under, who might be classified as healers, and other people might be classified as therapists. So I think we all have basically the same goal, helping people feel better about themselves, being able to function better as human beings.

Despite feeling challenged when asked to differentiate between healers and therapists, the staff members clearly stated what they understood healing to mean and why it is important to embrace Aboriginal and non-Aboriginal approaches. The most often-repeated distinction lay in the need for spiritual healing, and all agreed that this was the role for Aboriginal healers and not for counsellors trained in other methods. However, all agreed that the approaches taken must always support spiritual healing. Non-Aboriginal staff, including the psychologists, recognized the need to refer clients who were seeking spiritual direction to Aboriginal healers. Physical illnesses were referred to the staff doctor; however, healers would also be called upon when counsellors had reason to believe that the physical symptoms were manifested due to the presence of a spirit.

Staff members offered a variety of responses when asked, "What does healing mean?" and "What do you do to achieve it?" One attempted to articulate the meaning of healing within a strong and clear sense of self. For this therapist, healing begins with the therapists and healers knowing who they are and assisting clients to achieve the same knowledge:

I think being clear about who we, you are and being involved in doing the work for the better, betterment of the client more than it being about doing the work for yourself ... that you're taking care of yourself in a way that you come into the work ... feeling good about yourself and that you're not coming to the work trying to use the work to feel good about yourself.

Healing can mean assisting clients to find their own resolutions to the trauma they have suffered. To heal in this fashion, the therapists and healers need to offer the clients hope and the capacity to look forward in a positive way and with determination and commitment to change.

I think you have to be an optimist. I think you have to believe that the person is going to be the one that does the healing, that you are actually a psychological midwife, or you are there

to assist the process, but you are not going to do it for them. And for that I think you have to be a good, you have to be compassionate, you have to be flexible, and I do think you need intelligence. I don't think a person that's not too intelligent can do it, but if you don't have a good blend of the compassion, the flexibility, intuitiveness, you probably will miss the boat with people, with clients. But there really does need to be a belief that things can get better, and it may not get better in the way you were anticipating in that your resolution of your issue will be a certain way. But there is going, there has to be hope, and I think a good healer and a good therapist gives hope, and I think hope is very important. I don't know how you measure that very much, but I really think that's it. And my own personal experience, going to therapy when I need it, that I look that a therapist that conveys that, that you know is going to be further ahead in the healing journey than I am, and also is very optimistic and positive about my outcome (Therapist/Healer).

This same therapist spoke of healing in terms of being able to name emotions, to use new knowledge in order to understand emotions, and to bring to the client meaningful images and metaphors from which clients can draw on to achieve new visions of their lives. Thus, the therapist monitors clients' language and behaviour in order to mark progression on the healing journey:

[T]he therapist is really reframing a lot of people's experience. I talk about tears being healing and that you are actually stringing the pearls of honouring the losses and the grief, making necklaces of those pearls, those tears. And it's the metaphors that I think and the stories that help people that they remember. So I think a therapist really needs to be able to say things in a different way that connects with the person and be very quick to pick up how the person talks and what metaphors the client uses, so that you weave into that whole therapy process or the healing process things that are meaningful to the client, and ideas and pictures in their head that are meaningful.

Similar views on healing were given by another therapist: "I think it's way more of assisting a client in self-discovery and figuring out for themselves what they want to change about themselves, rather than if someone externally defines that for them."

The healing process is monitored from the initial assessments through to completion of the trauma program. Assessments, which are particularly crucial when accepting prison inmates, are grounded in this understanding of healing.

I really listen for language: the language of ownership, the language of responsibility. So I think what I am really assessing is if somebody's speaking from the heart truly, whether or not they're equipped to do what they want to do. That's our job. We help them and empower them to do it. So really it is just listening to language I think. And I know it. I mean I sit there and I usually get a room to myself for these guys where I know that I can eventually see the person, you know, eventually open them. They'll open themselves (Therapist/Healer).

In summary, the therapists distinguished between the work of Aboriginal healers and mainstream therapists and counsellors by referring to the gifted, intuitive capacity of the Aboriginal healers to address spiritual needs and the trained, skilled expertise of the mainstream therapists who focus on cognitive processes and social

practices. By distinguishing between these two practices, they highlight what healing means to them: transition within the client from a state of suffering to a meaningful commitment to change. Healing is marked for both groups by visible changes in language, personal habits, and evidence of self-discovery.

Board members shared similar views of the distinctions between healers and counsellors. They also spoke of what healing means to them. For one board member, healing is, first and foremost, overcoming addictions to achieve a healthy family:

The meaning [of healing] to me is that I'll go back to myself again ... To me, healing is sobering up or people becoming drug-free, whatever it is, and keeping your family together as well, and respect each other, respect your family, respect your spouse. And just hold your family together and grow up with your family ... I enjoy being a person that's stopped drinking. I enjoy the company of my family. To me that's healing.

For this board member, healing is also spiritual: "But prayer is also healing. I pray a lot ... nobody knows it, but I pray a lot. There are people that are in need that I pray for. I pray for my boy, for strength."

A second board member defined healing as "growing old without being bitter." She stressed the complex and differing Aboriginal practices of healing, pointing out that in her coastal world, Four Directions and the Medicine Wheel are foreign concepts:

I don't think we can talk about Aboriginal in the sense that I don't think that there's one. It would be like saying a white way of healing, right. So I think that if we looked at different territories we'd find different ways of healing. In high context cultures, there's probably more of a self-embracing environment, introspection, and meditation, and I think that's pretty common. So if I had to say Aboriginal then that would be a piece of it. I don't want to say anything about Four Directions. We don't have four seasons here. We have dead time of year and live time of year, so it's all about balance, it's not about physical ... well, I think that's a good model ... it's not about physical. I think that if I was to make a generalization and a stereotype, Aboriginal people have a spirit and an emotion. I don't think non-Aboriginal people have that same root. I don't think non-Aboriginal people connect with their spirit first. And culture and spirit being separate, I think sometimes non-Aboriginal people don't go that route.

She went on to suggest that the primary difference between Aboriginal healing and therapy lies in the process: Aboriginal healers and clients begin with the spiritual and move to the cognitive, while the non-Aboriginal therapist begins with the cognitive and may or may not embrace the spiritual. She also noted a similarity between the Aboriginal approaches and Eastern traditions with respect to the spiritual emphasis and the lifelong quest for inner balance.

A third board member addressed the meaning of healing in personal terms. She spoke of healing as living clean and sober. For her, faith in the Creator marked the critical transformation for her healing journey. When she attends meetings and functions at Tsow-Tun Le Lum, and most particularly when she is the residing Elder, she recognizes the clients' healing through "see[ing] them change. I think that's the key for me, is to see them ... seeing in their faces how life is making sense for them."

Clients struggled to explain what healing means to them. For one, it meant learning in a variety of sites and from a range of cultures. She stressed that healing is a lifelong process and it comes slowly. When asked if Aboriginal healing and non-Aboriginal therapy had different meanings for her, she indicated that they were inseparable as both provided ways for her to focus on herself and her need to “grow up:”

Healing is you're dealing with ... Like healing yourself and dealing with things in your past and learning more things. Therapy is like, I talk with the psychologist here and tell how I'm doing or where I'm at or, and like she's very helpful and ... she ... She's like, I like working with [the psychologist] here ... it's a hard question.

A second client also stressed that for her healing was learning from the staff and moving beyond bitterness and self-doubt:

I think here what they're teaching us is that we might have come from a hard background, from trauma, not only at residential school, but in our own families. But they're teaching us that we can have tools to remember that we are a good person, and that we are lovable and we can give love and we can receive love, and that we are safe in this world and we don't have to be afraid anymore. And I think that to be acknowledged for what I've been through in my lifetime has really helped. Just the acknowledgement and the sharing everyday, in the spirit room, and the sharing in the group room, and being able to cry and be angry, you know, and not to stay in that place, to move forward and know that we don't have to punish ourselves anymore or to self-destruct and that we don't want that for our children or our grandchildren. Like, it's almost like I hated myself. I could do good for a while. I could do good, and then all of a sudden I would go just into a great big depression of, “I'm not a good person.” So here, I think they really taught us, in the sweat lodge too, that, you know, the only way we're gonna get better is to forgive and to understand and to be able to love. And that's the main ingredient to be able to heal ourselves. Because if we're just angry and resentful and blaming, we won't reach to where we wanna go.

Although all the clients referred to a sense of self and cultural identity as important to their healing journey, one woman found this to be central to her understanding of healing. To become stronger, she sought her cultural roots, and she uses the inner child metaphor to seek a new way of being.

I'm bettering myself. I'm becoming stronger. I'm finding my roots. I'm grounding myself and finding myself back my inner child. And for me, healing is getting rid of past traumas, getting rid of the ugly feeling that I was too ashamed to talk about it. And I'm getting my power back, 'cause it doesn't belong to them, it belongs to me, my power. I'm getting my voice back where I could talk as loud as I want and about anything I want to anyone I want to talk to about whatever. That's healing my mind, body, spirit, and soul and picking up pieces I have lost.

When prompted to elaborate on what healing means to her, she went on to discuss the skills and techniques she has learned for caring for herself:

The tools I learned here was how not to take on somebody else's, I'll say garbage. And how to keep myself focused by anything ... Mother Earth, or the water, or any way I could. Just

enjoying myself everyday and enjoying life in general. Don't rush into things. I'm very looking forward to just trying to stay focused and talk to my Elders. And we have our healing cultural camp at home, so when that comes up I'll probably go there for a couple of weeks also. I'll go there and do whatever it takes. I'll be done some more healing there and enjoy my own traditional areas too.

The clients' reflections on healing mirror those of board and staff members. Clients speak to the holistic meanings they bring to the experience and the teachings they have found most meaningful to them in their personal circumstances. Like the staff, they seek to articulate a sense of personal transformation through taking charge of their own lives and reaching a new understanding of the world and how they can find greater contentment and purpose. This raises the question: If healing is experienced as transformation, how do staff members recognize the clients' progress in their healing?

Monitoring Healing and Measuring Effectiveness

Staff and board members speak to physical signs of healing within the clients. They seek in diverse ways to mark the progress in each client and to recognize when the clients fail to meet the program objectives. Signs of progress include the capacity to directly confront past traumas, to manage emotions, in particular anger, to participate in healing and social activities, to cooperate with staff and clients, and to address interpersonal conflict with others. Critical to the process is the willingness to trust, to be open with counsellors, and to "walk the talk" by demonstrating actions that are consistent with the stated commitment to change.

Among the measures used are tracking of narratives and language. As indicated above, staff members use a rich array of metaphors to assist clients in their development of understating the political and social causes underlying their trauma. However, a key component to healing is the ability to directly name traumatic experiences. Clients who appear to avoid doing so will often adopt metaphorical language. Thus, staff listen closely to clients as they share in the morning gathering in the spiritual room and in their group work. Written tasks, such as journal-keeping, assist staff in assessing the clients' willingness and ability to confront their issues directly.

How clients relate experiences indicates if they are coming to a new understanding of themselves and others. Examples of the healing process include the stories incarcerated clients tell about their prison life and their conflicts with legal authorities. Evidence of progress that indicate taking responsibility for harmful and angry behaviours lies in moving beyond the language of the prison to using more empathetic expressions. Because prisons are gender-specific, incarcerated clients must accommodate living and working with the opposite gender. The language they use and their demeanour in social circumstances are two indicators of progress towards gaining a new sense of self and accepting social responsibility.

Residential school Survivors and inmates are likely to find the institutional nature of Tsow-Tun Le Lum reminiscent of past traumatic experiences. The need for rules, regulated days, and shared bedrooms can all be very stressful. Nighttimes in particular can be difficult. Night staff do routine checks in each room in keeping with the regulations of the house. Acceptance and understanding of the rules indicate willingness to submit to the authority of staff and an awareness of the needs of others. Coming to understand the value of rules and regulations is a further step in healing as one male client explained:

And then when you think of this treatment centre, I can remember when I first came here, through all these rules and regulations ... what's going on with all these rules and regulations? The first thing that triggered was the residential school, 'cause all the rules and regulations they had, and then I thought about these rules and regulations they have now, and I think it helps you, you know. When you go home, you know, you go home and the first thing, you get up at six o'clock, I gotta do my chores ... I gotta do it before my nine o'clock meeting ... or when you think of rules and regulations as things that you can change, or think about the inside of yourself, your boundaries ... it's like when I mentioned earlier not thinking other people's garbage, that could be a rule for me. Accept my wife's habits or rules, whatever she's got. So that'd be number two rule for me there, so I've got to accept whatever she's got. Maybe she wants to keep, in the bathroom there, in the sink there, she wants to keep the soap there, but I have a habit of moving it over here.

The logbook is a key feature in monitoring clients. Staff use the daily log to record observations of behaviours that are contrary to rules or are symptoms of discomfort, anxiety, or spiritual and emotional distress. Interpersonal conflicts among clients and between clients and staff are also noted. These notations indicate in large respect what is understood to be progress in the healing; they can signal to the counsellors and psychologists the particular needs of individuals and provide necessary staff interventions. All staff members are required to read it carefully as it serves as the primary means for communicating with staff on other shifts. A board member stressed the importance of the log in the following fashion:

It's the centre's bible. That place wouldn't function without that ... I think that's a real neat idea. And you know the staff have to read it. They don't dare miss a page. And they have to initial it. I know 'cause I've been there and I've maybe talked to somebody and I think they're wishing that I would leave 'cause they need to get on with their reading. So I try to be mindful of that when I'm there. But they all have to read their log before they come on shift and then if they have any concerns it goes in there. I think every centre should have one, I really do. I don't know how any centre can function without a logbook because not all of us can be there all at one time. And if anything ... then they can sense if there's something going on in the air and it's written down, then they become aware of it. So it's really important that logbook. It's their lifeline as to what's going on in the house at all times. If there's somebody misbehaving then the next shift is aware of it, and they know about it beforehand so that it doesn't escalate into anything else.

Staff members also share their observations and concerns in weekly meetings. All members of the team gather to discuss problems and particular needs of individual clients. These meetings are particularly important for the psychologist as she works part-time on the program and requires staff discussion in order to assess which clients have the greatest needs and what problems the group may have encountered in her absence.

Management of interpersonal relationships is stressed. The centre has a protocol for sharing and clearing tensions. Clients are carefully coached in appropriate ways to express hurts they feel from others' actions and to alert others to what might trigger their stresses.

Therapeutic healing is never seen as a cure, but always as a process towards well-being. One board member reflected on her own healing journey that began with her time as a resident in the centre. She spoke particularly

about achieving confidence in herself as the key element of change that arose from her counselling experiences. She provided the following example of what she gained and how she measured her success. When she found herself attacked by a community member, she drew on the skills she had learned:

I was checking in to see how I was and I was calm inside, and I was in total wonderment of it. And I was just savouring that moment inside as she was talking at me. And she was really coming down on me, and I was checking in to see if I was okay and I was, and I'm just saying "wow." I'm saying to myself ... this is what it feels like when you've come to the place of total acceptance. I did deal with it the next day, and that was a biggie for me, and I've never looked back since then. I really got confident in myself after that. People would say to me, "How can you be so confident?" And I say, "Well, I would say with a lot of heartache and pain and lots and lots of tears." But that was a big one for me. I changed after that ... I think I really came into my own. A couple of incidences that happened at the centre proved that to me, you know. I could handle it with a diplomatic air and still get my point across, and no hurt feelings, you know, and that was neat.

When clients are able to achieve this confidence during difficult moments, staff take note as it is a very clear indication that they come to a new understanding of social conflicts.

Throughout the program, clients are encouraged to form strong bonds with one another and to express support through praise and to comfort with hugs. In the small groups, women who have been sexually abused must find the power to understand and support sexual offenders. At these critical moments, staff are alert for appropriate behaviours that signal empathy for the offenders and the capacity to assist them in their healing work.

Clients' self-appraisals are an important measure of effectiveness. Self-reflections that reveal a changing sense of self, a developing confidence, pride in identity, and courage indicate the positive steps that they have taken on their healing journey.

Through this close monitoring of clients and through the clients' self-appraisals, staff members are able to gauge the effectiveness of the program and to make adjustments as needed. Effectiveness is difficult to measure and articulate if it is based solely on the clients' response during treatment. Outreach workers do follow-up with their clients to assess their ongoing healing journey. Measures can never be exact; clients' self-appraisals are always in flux as they encounter new situations and find themselves in ongoing stressful conditions.

Repeat clients are seen as one measure of the effectiveness of the program and of the overall sense of safety and care Tsow-Tun Le Lum provides. When clients have the strength of mind and clarity of purpose to return and continue the work of healing, they are welcomed back into the continuing process. The very fact that they return shows they have trusted the process and have found it to be effective. As one healer explained:

Some of them are so happy that they want to come back 'cause I think that the program is long enough, but it's not. Like it's long enough for them to be here, like they feel like the five weeks was ... you know they got a lot out of it, but more than five weeks would be too long, so that's why they come back another time, 'cause they're at a place where, you know they could do so much more. I think the majority of them, it's a continuous part in their development, that a journey, you know ... just from what I read, you know they're like so excited to come

back because they've never felt this good. And then after they've been back, I know, like when they answer the questionnaires again, that they got so much more out of the program. They thought they did a lot the first time, but because you know they're so much happier and they did a lot of work, and they were doing okay, you know, out there, but they needed to do more. But there are a few who just aren't doing good. But there is more that are doing really good but they want more. But just from my personal opinion from what I read that there are a few that are not doing good.

When asked if clients returned because they were not doing well, the same healer offered the following example. When one former client received the questionnaire used by the outreach staff to assess the long-term progress of former clients, he had felt welcomed to return because he was not doing well:

Well one gentleman actually when he got his questionnaire he came back here. He said he couldn't wait to see somebody about his questionnaire because I don't know he was at [a] point where he really wasn't doing well and he wanted to come back and he did come back. But he did come back. And he hadn't been feeling really great, but I think getting the questionnaire gave him a sense that yeah we still care, you know, we're still here, that sort of thing. That's the impression that I got, because he wasn't doing well when he like, obviously from what I, from my understanding of it, he just, he wasn't doing very good at all.

For many clients, Tsow-Tun Le Lum is a special place and, for some, the only safe place they have resided in. One client attending the drug and alcohol program inquired about this research project. He shared his deep feelings of attachment for the house and his personal sense of serenity. He requested that I ask the question of others: What makes this a special place for you? There was little need to ask this because clients, staff, and board members volunteered expressions of deep attachment to the house. To provide a focus, they were prompted to consider if there was a particular feature that they could identify as to what makes Tsow-Tun Le Lum successful for their own healing journey. Their responses provide another measure of what healing means, how it can be achieved, and how it can be made tangible.

A Special Place

The beauty and serenity of Tsow-Tun Le Lum is integral to the healing process. Clients, staff, and board members all spoke of the special qualities of the house. Inseparable from the sense of Aboriginal identity and the power of healing, various aspects take on deep meaning to all who reside and work there. Board members often have multiple roles: their directors' obligations, taking healing programs, and acting as Elder-in-residence. Not all board members are Elders; some of the younger members bring skills drawn from professional and business careers. Whatever their background, they volunteered their feelings of attachment. An Elder and long-term board member had the following to share:

And the place itself here is nice and quiet. You don't have cars roaring by. You don't hear sirens going all day like you hear in town areas, eh? If we try having our own meetings at home or beside the highway, with freight trucks going by, that's no good ... It's nice and quiet here. You can concentrate on what needs to be done. And their burnings and their sweating ... their sweat lodge, whatever it is that they do here ... I did sweat once or twice. I enjoyed it. And it seems like everything's here that we need. It seems to me this is a powerful, powerful place. A beautiful place.

For another board member, the beauty of Tsow-Tun Le Lum is inseparable from the culture of the Coast Salish First Nation. She spoke hesitantly about her feelings, focusing on spiritual aspects without revealing cultural knowledge protected by her people:

The pond is ... I mean that's ... squishy. There's parts of our culture I'm not allowed to talk about. So we believe strongly in the healing power of water, running water. And I think that's in lots of cultures ... I mean, Jung talks about water, right. Cold water, not warm water like a bath, cold running water. Have you done it? When I used to bathe, before I was a dancer, it's like you get in the water and it's a shock, and so it's like this energetic poof. And so stuff comes off you and it gets washed away in the water, and so the breath of your body carries your smell and if you've picked up bad stuff from other people, it attaches itself ... you'll carry that smell too. And so part of it is washing that piece away. But it comes from ... I mean, the water is cold. So it comes from inside as well as outside. We have a really rich language around spirituality that's multi-layered and stuff.

For another board member, the ceremonial food burnings for the ancestors, a local cultural practice, gave her solace and renewed ties to her community, to her ancestors, and to her younger family members. She credits this practice for bringing change to her family and for sustaining and renewing the well-being of Tsow-Tun Le Lum staff:

I really believe in their food burning ... I think that's very, very healing. We've just now started to do that in my family. We've done maybe four. We just did one not too long ago. I really believe it makes a change ... we just had ours maybe two weeks ago, and lots of changes have happened in our family, in terms of healing going on. Changes, you know ... I've acquired my granddaughter and lots of letting go, you know, in the process of food burning, so it's important. To the non-Native person that don't understand it they would probably think it's very extravagant and to them it's probably really, what's the value in it. If they're very Westernized, they wouldn't understand it. But because I'm always open to learning, I'm finding out that this practice has been practiced among First Peoples for years. Africa, I hear. And I think the Orient ... I think it's part of their culture too. So I'm just finding this out and I'm sixty-five and I'm saying wow, I didn't know that. So that is very important. So they do a lot up there with cultural [practices] from our people.

Linking the sense of power that lies in the spiritual practices to the social atmosphere, she stressed the house is a *home* that offers safety to those for whom secure housing is unusual:

And so in terms of the house, and I've heard people say this ... it's like a family, it's like a healthy family. The rules are clear. There's no games. You have to be upfront. And so I think that part of what happens is that people come from chaos and come into this structured environment that's safe ... that's probably one of the biggest pieces. And it's long-term, it's not a week or ten days. It's long-term, so you have to feel that squirmy piece, and the discomfort in trying to find and explore what it's like to live in a healthy space. 'Cause I don't think that's the norm for most of the people that are here. And I remember somebody saying, "I came in, and everybody was so nice, and I kept waiting for them not to be." 'Cause they believed there must be something wrong. And so I think it's sticking to the rules that's significant when

people come and they can't function outside of chaos and try to make chaos, and they have to go, right, 'cause chaos can't exist.

A third board member and Elder identified the spiritual room as the central feature of the house. Speaking also of the need for a calm, regulated atmosphere, she found that this could most readily be achieved in the spiritual room:

And the spiritual room I think plays a big, big part with the success of the centre ... there's something about that room. There's a lot of respect in that room, and even when it's empty you never see any of the clients violating it. It's always approached with a lot of reverence, and even the way they keep it clean and everything ... it's just like walking into a church. I think anything that takes place in there really heals whatever ... even when they've had to deal with problems, that's where they congregate is in that room, and I've seen ... I remember I think one time on my shift, it seems to me I was there for two weeks, and I think we spent maybe six days of my two weeks there in that room, because there was so much going on. Just, it happened to be that kind of a shift where, I don't know, the energy ... it was probably a real testing, I know it was for me, to stay grounded, and for me that likes to talk a lot, to sit for hours on end and stay focused on what was going on in the room made me think about a lot of things about how I use my being busy as a way of avoiding sometimes. And it was a real learning lesson, just watching the dynamics that was going on in that room with different clients, and lots of coming to terms.

Conflicts and stresses upset the balance of the house, and this is restored by ritual cleansing and smudging.

They do a lot of cleansing in the house ... they probably do that when there's a rest period. Periodically that will happen when they need to do that, and that's okay too, and they usually bring somebody in to do that (Board Member).

The care given to the home atmosphere of the house and the tranquility of the surroundings give some staff a deep sense of peace. After commenting on the smudging and other rituals undertaken by the Aboriginal staff, a healer described what Tsow-Tun Le Lum means to her as a place of work:

I think safety, peace, it's sort of like quite often, when I come in here, I feel, that it's a haven and I, I'll be driving down the hill yesterday and thinking wow, I'm so fortunate to work here ... that we're all here, and you can go to the pond and you can go to the sweat and you know, you can be brushed off, you know, all sorts of things, and that's very powerful. The spiritual room is a very important part of this home, this house ... A lot of thought and preparation went into it. A lot of thought went even into choosing the land and I'm sure you've been told, so you know, I won't belabour it. But I just think it's just, it's just so comprehensive, I just wish there were facilities like this more for non-Native people because I don't really think they get all of it in other places. There may be some, but I'm not sure about what that would be.

Similar thoughts were given by another healer:

One unique feature, okay. Well if I was just going to use one thing I would say it's the spiritual aspect what happens here. You know ... and that's not just the ceremonial aspect of it but just

the fact that it's here. Like it's always here; it's always around us; it's part of the way people present. Things happen, coincidences happen. You know it's just, it's just a very evident present aspect to what we do and I don't think we're too fundamentalist about it, like we force people to adopt anything that they don't want to. They don't have to receive. People aren't forced to go and do things ceremonially if they don't want to. They have the choice, what this is. What they're being exposed to is the Coast Salish way, and actually the sweat is probably in some sense more in a general way because the sweat leader is Anishinaabe ... I would say that is probably the main difference of other environments that I have worked in or do work in. So that component is very strong and very evident and taken, just taken at face value. You know that you will have dreams where you visit with your ancestors and you will hear voices. I mean diagnostically, you know things are a lot different here in that regard, that they're understood in a totally different way than they might be in another setting, if someone starts to have those experiences.

The taken-for-granted spiritual essence of the home captured another healer's sense of what makes Tsow-Tun Le Lum successful in its healing objectives. For her, it is the element of safety that allows clients to succeed in their goals and healers to persist in their stressful jobs:

[The clients] you know they really feel at home here, and accepted, you know, and that was a big thing that I got out of it. They felt safe and at home, etcetera, like they hadn't felt in a long time, you know, a lot of them.

Clients also speak to the beauty of Tsow-Tun Le Lum and the spiritual atmosphere:

Everything about this centre is very beautiful and ... I can't say it's God's country, 'cause all of Canada is God's country. But this is a very beautiful place. I'd love to see this open for a long time. Just, it's so nurturing, this centre. It's nurturing in every aspect that I've looked at. The people are very welcoming, the counsellors here are very understanding and caring and nurturing ... This whole place is spiritual ... I'll say it's unique in its very own ways. This one I think I'm going to have to come back to.

Everything we do that's physically healing, spiritually healing, like the walks we do ... you know, that's pretty fantastic there. People need to keep their connections there with Mother Earth, with the plants out there, with the sky, with the water.

Several clients identified the spiritual room as the most meaningful site of peace and strength. They described a reverence for sacred space, the felt presence of the ancestors, and feeling safe in the process of the morning gatherings as critical to healing. One male client spoke of his initial fear of the large group meetings and then appraised his own healing process in light of his sense of comfort and safety among those he had first feared:

In the spiritual room it feels good now, it's an awesome place. The Elders and everything and the focus on the Creator. I can cry happy tears now. I speak up. When I got here, I was afraid all the time, but that room, it made me safe. Like now I can feel good anyplace.

He went on to identify the spiritual pond as a site for his own spiritual journey. Initially, he had resisted visiting the pond and sweat lodge due to Christian teachings that such practices were of the devil. But as he worked with the Aboriginal counsellors he came to seek solace at the pond:

I go there now, in the morning on my own. It's not a bad place at all. I get strong there. It's quiet and I can cry out my tears, you know, the happy tears because I am here and I am healing now.

For this client, a sense of place is inseparable from his awareness of change within himself; intuitively, he links a healthy tranquil setting to his own sense of peace.

Some clients link a sense of place to the routines and personalities of the healers. Clients associate their trust in the staff and an emerging deep affection for them with the beauty of the home and gardens and with routines that provide security and meaning. One client spoke of a particular counsellor who she felt had a very strong impact on her and linked this to his role in "the whole centre, all around helps, like I said, he sets up that structure that I didn't have growing up in my life."

Others derive intimate meanings from a particular practice, which they associate with its placement. Thus, for one board member and former client, her sense of well-being is most closely associated with the prayer pot in the staff room. Here, staff members place names of those who are in their prayers. The staff room, where work talk is prohibited and where people share social interests and affection for each other and pray together, takes on a special meaning for this person. The image of the room, its memories, and her own prayer pot provide unique sources of strength and well-being grounded in attachment to "that very, very special place."

For one client, the burning of tears in the spiritual room fireplace provided a sense of *letting go* and *moving on* that she could share with others.

The presence of the Elders is also associated with the overall sentiment of attachment to the helping house. The very fact that Elders reside in the house, maintain an open door policy in their suite, and participate in a range of activities means that they become inseparable from the atmosphere of family and community. While some clients spoke in passing of the homelike atmosphere of sharing meals and private time with Elders, others spoke of the Elders' engagement in a range of activities and of how their own loss of grandparents was eased by the presence of older community members. One male client identified the Elders as the central feature of healing within the community. He contrasted the peace and spiritual energy of Tsow-Tun Le Lum to residential school:

The Elders, because like in residential school we didn't have Elders, and when I was young my grandparents passed away ... my grandfather passed away when I was in the longhouse. I was eighteen or so. I missed the Elders. And this last weekend I talked to the Elder here and he's so gentle and kind. He really helped me to realize that I was having triggers here in that it's not really things happening here, it's the whole since I was a child ... if I get angry or upset, it's going way back, the triggers. I was grateful for the Elder.

One male participant described building a special relationship with an Elder who was a residential school Survivor and who showed the client particular understanding:

At first I wasn't, 'cause I was just ... I don't know, I thought, [name omitted] was the only one I was working with, and I don't know what happened there, maybe 'cause just the way he is, and he just, how do you say it, he was just ... out of all Elders I met there, he's the only that opened up to me I guess. He participated in all our groups ... every group he could participate in, he'd sit in the group or he'd go sweating with you or go for AA meeting with you. And that's the uniqueness of this Elder there. And right away I noticed him, and I says, "Hey, he's just fantastic there. He really cares ... and he's a residential school Survivor too."

This client went on to praise all the other Elders whom he had met and to explain why Elders are so important to his healing journey:

The other Elders are really good too. I listen to them, they had knowledge that they shared with us, and some of it I'll be able to remember and pass on to my kids. And every Elder no matter who they are, they are precious and they are beautiful and they are our teachers ... And then there's some of them, some of them there might be more outstanding. And that is because it depends who you are in your mind, whatever. Like [name omitted], a residential school Survivor, and in my mind because maybe he was a man ... and when I think of [name omitted], she was a beautiful person too, and she was a residential school Survivor. And the only thing different about her and I, she was a lady and a residential school Survivor so she'd have a different point of view, from her point of view being a Survivor. Every Elder here is fantastic.

Yet another client identified having Elders engaged in so much of the programming and social life as the key to being able to settle into the residence easily:

Them having the Elders, like I said in the interview ... I love my Elders, and them having an Elder here was spectacular. To talk to our Elder that we have in the five weeks ... the Elders that they had while I was here, was just awesome.

For yet another client, the presence of Elders eased the loss of her grandfather and allowed her to reconnect with the older generation from whom she had been separated for several years:

Hearing from the Elders, like the Elders are a major part of this centre too because some of them know where you're coming from. Like the alcohol, the residential schools, and not only that, some of the Elders have been through this program also, so I mean it's really neat to have the Elders because that's what I miss is some of my, like my Elders at home, my grandmother and ... I was really close to my late grandfather and I really miss him a lot and ... coming here, I'll never forget one of the Elders [name removed] had said, "always remember that you're never alone," and that's when I really started believing in like praying and asking for help because it's not something that I did, or I knew how, or that I was ever taught to ask for help. And, it just really helped, to know that I'm not alone.

The Elders played a central role in the clients' progress. A feeling of being cared for sustained many in the difficult moments of being triggered and in being challenged by the therapists in their group and individual work. Being cared for in this fashion is equally important to the staff members. When asked about their

well-being and the underlying foundations for the success attributed to Tsow-Tun Le Lum, staff and board members spoke of the care given to staff throughout the year.

The Healers and Their Relationships with Clients

The board of the Tsow-Tun Le Lum Society place great emphasis on the well-being of their staff. From the structure of the daily routines through to an annual cycle of ceremony and seminars, healers are provided with a nurturing and supportive environment. Board members are particularly proud of the stability of staff, measured in the long-term staff members, the good working relations among staff, and the commitment of staff to their own personal healing journey. While Aboriginal and non-Aboriginal members seek different routes to personal affirmation, they share common principles and reflect openly on their personal traumatic experiences as victims, survivors, and thrivers. In various ways, they share with one another their understanding of spiritual empowerment, seek healing in sessions with their own healers and psychologists, and reflect on the daily routines they maintain for a holistic balance in their lives.

The morning sessions held before working with their clients set the mood for healers for the day. As mentioned above, the morning sessions of sharing allow them to set aside their personal lives and to affirm one another.

Board members encourage staff to be flexible in their work schedules when possible. Their contracts permit days to be taken for their own well-being. The well-being of staff is central to the board members' perceptions of successful healing practices. One member of the board has been serving for twenty years. He strongly asserts the need to care for staff members:

Me and her are the originals that started an office here. She always got burnt out when she was trying to keep this place together ... like, the board of directors together. She was working an awful stretch, she was working daily. But she's a strong lady, but she has ... you know, you can't overwork an individual. As a board of director, I watch and see ... "Oh, you're looking tired. You having your rest? Take a break, take a break. We can find you some time to take a break. You're human. Take a break ... get away for a few days and try to gather yourself up again, and we'll deal with issues to be dealt with here." You should always deal with your issues first. Don't push your issues away because you're working for the treatment centre. You've got issues of your own? Deal with them, the best you can. Don't push'em away because you're working here. Take care of your issues and get them straightened out, 'cause if you don't deal with them they're gonna be there tomorrow, and tomorrow after that, and then you've become a burnout.

A second board member stressed self-care for staff and the need for healthy, supportive relationships among the board, director, and staff members:

And this place and one other place in Alberta uses really strong examples of healthy organizations. And I think a big piece of it is how the staff are looked after by the board, and I don't mean that in the sense of we look after them, but we provide tons of opportunities for self-care. We don't negate anything cultural or spiritual. We ... really clear communication, so that when any of the staff members are feeling uncomfortable about stuff or are getting

triggered by what's going on in the group that there's tons of opportunity for healing within that, and that somebody's not fired if they do something wrong. And I think that when the board is healthy and the staff is healthy, the clients are in a safe place. And I would think that's ... And so I've worked in other treatment centres and other organizations where staff aren't looked after. I worked in one organization where the staff was terrified of the director, who changed the rules daily according to her whim. They couldn't provide service for their clients effectively because they were always on guard themselves. The rules were always changing. They didn't understand from one day to the next that it was a safe place to work or not. And I think that that makes a huge difference. And if staff weren't looked after then they couldn't look after the clients.

The third board member praised the past and present directors for their care of the staff and for ensuring staff members have not only the time but also the necessary resources to care for themselves:

[He] was really, really good, right from the time he came on. He had the staff be aware of the fact that if they needed to do any growth programs it was going to be offered to them, and I think it still holds true today with the staff. And he's always made sure that the staff have places to go if they need to deal with their own stuff. Plus, when I'm there as an Elder, what the staff do is they all get together first thing in the morning, long before they even see their clients, and they do their own little healing or just talk about how they're feeling. And I think that really helps them because they know that they have to deal with their own personal stuff at that table, and they get rid of enough of that for them to function to meet their clients for the day.

She went on to describe several positive interactions she has had with the current director and observations of how the staff work well together and support one another:

The staff are really respectful towards one another and they're really supportive of one another. They're very loving towards one another, respectfully. They're really there for each other, to listen to each other. And I see that when I'm there as an Elder, I can see that going on. And it's always good for me too because it makes the picture more clear for me as to how the staff operate on a daily basis, and it's a privilege for me to witness that because I also sit on the board. So when I go as a board member, I can give feedback as to just exactly what's going on on a daily basis with the centre. And the staff, they do their own healing journey ... they're encouraged ... they all have to have their own place to go when they're being triggered, and they're encouraged to do that. They all have to have their own personal counsellor of their own. A counsellor, a good counsellor, has to have a place to go to debrief if they hang on to it. They're no good to their client or themselves ... they have to go to a place where it's safe where they can get rid of what they hear all day because what they hear all day is not a bed of roses ... it's pretty heavy-duty stuff a lot of the times, you know.

Naturally, staff cannot always avoid differences and conflicts among themselves. They find themselves having to hold clearing sessions to resolve their differences and to restore amicable relations. The director and assistant director guide the staff in these meetings and will direct them to turn to outside counselling when the situation requires it.

Staff use other techniques to sustain their well-being and focus on their challenging work. In the morning gatherings in the spiritual room, they share their feelings and introduce themselves in relation to their healing journey. Some acknowledge being recovering alcoholics, others residential school Survivors, while others speak to myriad traumas that have left deep wounds. Routine acknowledgement of their own healing journey serves dual purposes. It builds empathy between clients and residents and serves to give hope to residents that they too will achieve a similar stage of healing. But this acknowledgment also serves to ground the staff members in their own lives by affirming for themselves what they have achieved and the multiple rewards that come with this.

It is important to note that neither staff nor board members identified burnout as a critical problem for the healing house; rather, they identified the importance of staff recognizing their own needs and taking care of them. They also stressed the caring relations among staff members as one reason for the presence of long-term staff. This is not to suggest that either board members or healers did not appreciate the emotional toll of healing work. Indeed, some comments were made regarding staff who showed signs of fatigue or stress. These were neither overlooked nor dismissed as part of the job. The stress exists, but the board gives priority to finding effective and caring ways to manage it.

The care given to staff members by the board is, in turn, given by the healers to their clients. Compassion, empathy, and respect are presented as the primary qualities of a good healer in establishing a non-judgmental atmosphere. These qualities, staff and board members asserted, are what links the work of Aboriginal and non-Aboriginal healers in a common goal and what makes an eclectic practice successful. The staff members and board representatives stressed the quality of a person, the gifts of insight, and capacity to learn were the most significant when asked a series of questions regarding how to ensure clients and healers were well-matched by age, gender, culture, and other distinctions. One therapist suggested that, for her, having a therapist older than herself and further along the healing journey was most significant. But this, she agreed with humour, reaches an impasse as we age. Who will counsel the Elders if we must always have someone older to do so?

While some situations might best be met by having a client work with a same-sex counsellor, in general, this is not seen as necessary. In any event, clients have opportunities to meet with several Elders and staff, so they can seek out individuals who best serve their needs. In interviews and in observations of the clients, it was clear that gender-specific needs were readily met. Yet, when clients described healers who were most significant to them, they identified individuals primarily by personal approaches, by shared life experiences, and by a sense of bonding with the staff. Clients spoke frequently of seeking out staff members for specific issues, but only one man spoke of the need to work with men, ideally Elders, who had experienced residential schools.

It would appear, therefore, that the healers' self-care and the care bestowed on them by a compassionate board provide a foundation for client/healer relationships. In the eclectic practices of Tsow-Tun Le Lum, strategies for self-care are fundamental; staff engage in a lifelong healing journey they hope their clients will emulate and will eventually integrate within community life.

Best Practices

Research comprising the individual programs in these case studies is meant to identify best practices in Aboriginal healing. The quest is to define and evaluate healing practices that are perceived and/or experienced as being Aboriginal and as best meeting a broad spectrum of clients.

Within a residential setting where the founding principle is to address holistic healing and to integrate a variety of healing models, isolating a singular best practice seems contradictory. The answer to the question, “What is the best practice?” might be simply “A carefully tuned eclectic approach.” To meet holistic goals, Tsow-Tun Le Lum relies on a number of healing models as described above. The eclectic, integrated nature of the program can, to some extent, be examined as having Aboriginal and non-Aboriginal approaches; however, this is somewhat misleading. Within the rich cultural environment of Tsow-Tun Le Lum, so-called mainstream approaches are given Aboriginal meaning and are taken up by clients within that frame. Moreover, the non-Aboriginal therapists are sensitive to distinctions between themselves and Aboriginal healers and work to bridge their cognitive approaches with gifted healing that resonates with Aboriginal spiritual traditions and the wisdom of Elders. This distinction does not present itself in terms of contradictions, but in terms of complementarity. Thus, psychotherapy as practiced by the non-Aboriginal staff is particularly applied to contribute to and balance the work of healers whose gifts lie in spiritual healing.

The approaches taken at Tsow-Tun Le Lum suggest the following practices are fundamental to effective healing models. Residential facilities need to mimic the real-life circumstances of staff and clients. The approaches directly confront the stresses of everyday life as women and men, offenders and victims, elders and youth live and work in close social relationships. A balance is needed between meeting the individual needs of seriously traumatized individuals and the common needs of all for a safe environment. Cultural coherence underlies formation of strong identity; for a residential centre, this means seeking commonalities within a range of Aboriginal cultures and presenting them in diverse ways so individual clients can come to understand themselves in relation to community.

Working within a flexible approach that is client-centred, healing programs need to direct clients to life patterns that can sustain them in times of stress and crises. This means offering clients ways to be self-directive in their accommodation of family and community dysfunction and, in doing so, to develop and sustain recreational activities that promote well-being within social situations and in periods of solitude.

By stressing healing as a life journey and personal transformation, a flexible approach gives clients an understanding that life changes are neither immediate nor absolute. This prevents unrealistic expectations and develops a sense that, while the degree of suffering and its causes may differ, healing is a common experience complete with failures and successes.

Integration of Aboriginal and non-Aboriginal staff is a model that again reflects the everyday world. By working together in a team that shows respect and care for one another, healers and therapists offer implicit models of healthy and productive social relationships. A balance of female and male therapists and healers also provides clients with healthy models of community life and allows individuals to seek out staff with whom they are particularly comfortable.

With diversity in cultural background and training, non-Aboriginal staff can offer a range of practices that can be integrated with Aboriginal practices at an Aboriginal-directed healing centre. This assists clients in allowing a range of healing approaches while at the same time fostering an understanding of them from an Aboriginal perspective. This must be carried out, however, in a manner that is responsive to and supportive of Aboriginal healing so that clients can carry non-Aboriginal models back to their community in a meaningful way.

The premise that healing is a life journey undertaken by staff and clients is supported by the care bestowed on staff by the board of directors. Success in healing requires such care, and any healing practice, no matter how well-grounded in Aboriginal principles or therapeutic skill, will not be effective if staff face burnout or other adversarial consequences of their work. Clients and board members spoke of the need to have individuals on staff who have experiences similar to those of clients. While this may increase empathy and enhance staff members' capacity for understanding their clients and evaluating their progress, it also means that staff members are likely to deeply feel the suffering of their clientele. A best practice, therefore, will include appropriate responses to staff needs.

Unanswered Questions

Studying the elusive nature of healing and seeking measures of effectiveness force us to rethink what healing means and to raise a range of questions on how to apply what is learned in one healing centre to other situations. In this study, participants in the research stress the role of place in effective healing. If that place is fundamental to healing, both as experienced by clients and sustained by staff, one needs to ask:

- Can the social, cultural, and spiritual meaning of place so carefully developed at Tsow-Tun Le Lum be transferred to non-residential healing centres/programs?
- How can a sense of spiritual place be developed in urban centres that lack either the needed space or cultural cohesion?

One important limitation of studying healing through qualitative work is the inability to apply objective measures. Healing, as indicated throughout this study, is an elusive, personal, and ever-changing concept. Working with clients during their treatment cannot provide retrospective measures of effective practices. While this suggests that quantitative studies are needed to generate measures of success, it also indicates that measures frozen in time may not generate the answers sought. If accepting the principle that healing is a life journey, how can one find the right moment in clients' lives to measure their position within this journey?

The legacy of colonialism has been trauma. The residential schools and other forms of institutional and substitute care are, for many Aboriginal people, the most harrowing of traumatic experiences. For others, the deepest traumas lie in the dysfunctional relations of family and community. Measures of treatment effectiveness that focus on individual change and coping skills cannot address this socio-political context and the ongoing barriers to Aboriginal health that are embedded in it.

Conclusions

Healing, said one board member, is intangible. What Tsow-Tun Le Lum accomplishes is making it tangible. Drawing from his own experience, he offered the insight that healing is a process that can be seen, heard, and felt. One can see in others their success through their life choices, their facial expressions, and their manner of speech. But this will not happen, he believes, without the physical manifestation of well-being at the place of healing. Tsow-Tun Le Lum, in his view, works because it is a place of beauty where clients and staff alike respect and love one another. The two other board members echoed his views. Their experiences and understanding of healing link identity and place. While Tsow-Tun Le Lum itself is a bounded (enclosed) place, it represents Aboriginal links to Mother Earth and to the holistic balance sought by clients, staff, and board members.

In seeking a new understanding of healing, the most elusive qualities of treatment are the most difficult to define and the most difficult to measure. For Tsow-Tun Le Lum healers, healing begins with themselves. The healing journey as a lifelong quest and as a practical development of self-care is the metaphor that links the personal and professional qualities of the healers to their clientele.

Measuring success challenges staff and board members when they seek to define the process and its consequences. One important measure is the return of clients who continue to seek guidance in their lives; another is the successful reputation the centre has earned. A third measure lies in the monitoring of the lives of clients after their departure. This measure has several facets: recovery from addictions, continuing participation in counselling and other non-residential healing programs, and self-reporting of lives lived better than they had been prior to treatment.

Best practices for Tsow-Tun Le Lum cannot, nor should be, sought through efforts to disentangle the complex web of integrated healing models. Aboriginal healing models stand as distinct from, but always linked to, non-Aboriginal therapeutic models. Indeed, the latter take on Aboriginal meanings through the experiences of the clients who merge the language and practices of mainstream models with their Aboriginal expressions of holistic well-being.

Best practice in this instance lies in this integration. The acknowledgement of diversity of knowledge, of the need for skilled technicians to work in harmony with gifted healers, and to modify and expand existing models to make sense within Aboriginal world views underlie what the therapists and healers view as a truly holistic approach. But underscoring this diversity of approaches is a common theme: to offer clients new understanding of their past, a new language to express their experiences, and a new way of thinking of the future. This emphasis on the cognitive allows clients to re-conceive their own lives and behaviour of their families and communities within a frame where positive action can be taken and change can occur. Within this new frame of understanding, clients can take responsibility for their own lives. This is particularly significant for clients who have histories of violence and harming others. Taking responsibility while being guided to new life patterns allows these clients to move beyond their anger, resentment, and fear.

Through this integration, clients' diverse needs can be met. The range of work from cognitive therapies through instructional practices aimed at decolonization to visual representation and physical action all make healing tangible for clients. Uniting the most intense of work in the sweat lodge and in psychodrama is the common precept of catharsis. While in the sweat lodge, this is a spiritual catharsis as the healers bring clients into the spiritual realm; in psychodrama, it lies in emotional and mental release.

Individual healing is elusive; it may be experienced in rich reality of sensory and emotional experience and in changed behaviour. But individual transformation cannot be readily chronicled to represent a generalized and common understanding without recourse to metaphor. Here lies the power of healers, therapists, and clients to voice their own healing journey, to create shared meanings, and to find new visions of an individual and collective Aboriginal future that will bring new ways of living, whether these be coping skills that provide day-to-day survival or an enriched capacity to thrive and truly move beyond a traumatic past.

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Most of all, I am grateful to the staff, board, and residents of Tsow-Tun Le Lum. I am indebted to their compassion, warmth, and enthusiasm for the project and, most of all, for their patience during the long period when I had to withdraw from this work.

This work is dedicated to William Antoine Lightfoot and Jocelyn Antoine Lightfoot.

Moving Towards Healing: A Nunavut Case Study

Christopher Fletcher
Aaron Denham

Introduction

This report provides a comprehensive review of the meaning, experience, and processes of healing in an Inuit community in Nunavut. The emphasis throughout this report is on the constructive and positive elements employed by Inuit to come to terms with a variety of individual and collective traumatic events; the emotional and social repercussions of sexual and physical abuse are the most common of these. The researchers worked with participants in an Aboriginal Healing Foundation (AHF)-funded healing program. The case study presented here is based on interviews with individuals involved with this healing program. It does not take into account social and medical services and church-based or other healing programs, although the participants in this study made reference to some of these. Their commentary on the conceptual and practical overlaps and differences between these programs is included.

Like most Inuit communities in Northern Canada, this community is marked by a rapid inclusion of its population into the mainstream Canadian social and political influence that began in the 1950s. While the transition from Inuit cultural and political autonomy to Canadian incorporation brought many benefits, and these are readily acknowledged by Inuit, there were and still are many repercussions of this process that contribute to a high degree of social suffering generally. In essence, Inuit were strongly and variously encouraged to abandon pre-existing principles and practices of social organization and to adopt those supported by the state. Everything from housing style, mobility, subsistence, reproduction, child-naming practices, political structure, and familial authority have been profoundly impacted by Inuit inclusion in the Canadian state in the space of a single generation. In this case study, healing focuses on the individual effects of traumatic experience, and it is critical to note that these individual experiences are situated within a broader generalized context of disenfranchisement and cultural diminishment that accompanies powerlessness. Healing in this context is a complex process linking collective and at times subtle experiences with overt, singular, and violent experiences of individuals. Additionally, given the high rates of suicide, violence, and other tragic events many people may be suffering from multiple traumas of which some are ongoing.

Today, this community is relatively large but not a regional centre. It has a mixed economy dominated by service-sector wage labour, social assistance, hunting, and arts production. Sharing networks that circulate food, goods, and cash are a fundamental feature of Inuit life. Figures from the 2001 Census show that 52.8 per cent of the working age population had been employed. The census also shows that the largest employment sector is "Art, Culture, Recreation, and Sport." There is a strong ethos surrounding the centrality of family to everyday life, and family is constituted by Inuit norms of naming, child adoption, and use of kinship positions. Elders in the community are powerful mediators of opinion and decision making, although their influence does not extend as widely as it once did. Government services in health, policing, and education are pervasive in community life as well. The median age of the population is 20.4 years, and 2.6 per cent are 65 years and over. Inuktitut is the dominant language in the community, with 92 per cent of the population who speak the Inuit language. One would expect the 90 English-only speakers to be primarily non-Inuit residents of the community; however, in this community, 75 people claim to have no Aboriginal status or heritage.¹

¹ Statistics Canada (2002). 2001 Community Profiles. Released 27 June 2002. Last modified: 2005-11-30. Statistics Canada Catalogue no. 93F0053XIE. Ottawa, ON: Statistics Canada. Retrieved 4 July 2007 from: <http://www12.statcan.ca/english/Profil01/CP01/Index.cfm?Lang=E>

Methods

James Waldram developed the overall orientation of the interview guides used in each of the case studies in this research. Chris Fletcher modified the interview guides based on his knowledge and experience of working within Northern communities. Vasiliki Douglas undertook two field sessions and was able to hold 18 interviews as well as gather contextual information on healing in the community. Lena Ellsworth, a community support coordinator for the Aboriginal Healing Foundation, was present during the second field session greatly facilitating community contacts, conducting interviews, and helping with the overall orientation of the interviews. Local contacts within the community helped recruit participants and schedule the interviews. Aaron Denham and Chris Fletcher undertook the coding and thematic analysis. The interpretation of the content was grounded in a thematic review of the interviews, the literature on Inuit society, culture, and health and on Chris Fletcher's 10 years of field experience in Inuit communities in Nunavik and Nunavut.

While the authors have tried to conduct this case study in a way that maintains the comparability with the other studies, they had to balance that interest with the local context and processes they were attempting to understand. A number of changes to the overall method were made, and perhaps the most significant emanates from the relative lack of distinction between healer and sufferer in this program. Maintaining a focus on this distinction would have been an artificial methodological imposition on the healing process in this community. Although some participants emerged as counsellors, no official distinction emerged between counsellors and program participants, as individuals working in a helping capacity are currently involved with their own healing journey.

In an effort to clarify and define participant-related designations within this report, the term participant is defined as referring to both a person that is undergoing the healing process and, if warranted, a person working within a helping role. The term counsellor refers to individuals who identify as or speak from a counsellor perspective or who self-identify as a counsellor. The term helper refers to individuals working within roles that are not specific to counselling per se, but are supportive of the healing efforts.

Interviews were conducted at the community centre offices and mainly conducted in Inuktitut with a translator present. Despite the quality of the translation provided, and the time and patience shown by the people interviewed, accurate translation from Inuktitut to English is extremely difficult, particularly when dealing with complex emotional and social issues. A major methodological shortcoming of this report concerns the inability to explore in detail the linguistic constructs that are employed in healing. This report recommends that a follow-up focus group be conducted with local language experts to develop a conceptual framework for healing and suffering as they are expressed in Inuktitut. It is noteworthy to mention that participants preferred a more conversational interview style rather than a question and answer format.

The tape-recorded interviews were transcribed and a coding schema was developed. The narratives were examined and quotes were extracted that spoke to the overall coding scheme and objectives of the study. Within the final report, the voices and identities of the research participants were edited to clarify meaning and to protect identities.

Ethics

The required ethical and research permits were obtained from the Nunavut Research Institute and the University of Alberta Research Ethics Board. Additionally, the Hamlet Council supported the research through two separate resolutions.

The first field session was marked by some confusion arising from poor advance work on the part of the authors. While the research permits were secured, and these involved a community consultation and acceptance process, some members of the community had some initial concerns about the objectives of the study. In other cases, people associated with the healing program were concerned that the study was an evaluation designed to impact any ongoing or future funding. This study does not include objectives directed at funding decisions, and those people were assured this was the case. Given the difficulties around the first phase of the research, the decision was made to not persist with the interview objectives and to concentrate instead on community knowledge of the study. There was concern, even with the proper permits in place, that the ethical context permitting the interviews was not well enough established to allow the project to continue. Insufficient information about the project prohibited collective and individual decisions regarding participation. Consequently, the few interviews that had been conducted were erased before leaving the community, and no other record was maintained. Subsequent to the initial field visit, the Hamlet Council passed a resolution supporting the project and more information was circulated to people associated with the healing group. A second council resolution reaffirmed the community's support for the project, and the second field session was very productive and positively received.

Participant Profiles

Given the size of the community where this case study was undertaken, it was opted to not provide detailed demographic and social profiles of the participants in the project. Most of the people interviewed were female living with a partner or married. All were parents and/or caregivers to children and/or grandchildren. It should be noted that customary adoption, occasional fosterage, and other social/familial practices are widely practiced throughout Inuit communities, and this may serve to provide multiple helping environments to children in times of difficulty. Family and social organization practices were not explored closely because of time constraints on this study, but the importance of dense networks of kin in child rearing and the mitigation of problems when they do occur is noted here. All program participants were of Inuit heritage or were married into Inuit families while the research was undertaken.

Community History of Healing

The program, which currently receives funding from the AHF, is the manifestation of a community-directed healing effort that began in earnest in 1995. The community became involved with the AHF when it sought funding to continue their healing circles and related support programs. Their initial motivation was to find funding sources to continue the work they had been doing and to find ways to involve more men within their healing circles. The applying agency, the Community Justice Division, originally sought to provide individual healing; healing to the community; support for workshops and training programs; development of community awareness projects; expansion of healing programs for women, teens, Elders, and men; and "plan and deliver healing gatherings on the land at least once a year for targeted groups." The recent funding application expressed similar goals, such as the need to work towards a balanced community; work to heal from the effects of physical

and sexual abuse in the residential schools, including intergenerational impacts; help develop individual self-knowledge and self-care skills; foster healthy relationships both within families and within the community; and ease transitions for offenders from correctional institutions into the community.²

During the interview process, participants indicated the importance of outside individuals in helping to establish a movement and process for community healing. The local social services staff helped facilitate and organize the initial interest, and a community meeting was held to discuss the impact of trauma and abuse on people's lives. Although this initial meeting was characterized by raw collective pain and grief, the community's efforts were successful in mobilizing around these events and beginning to transform pain into action.

Of particular significance during the first meeting was the simple recognition of shared experience and subsequent pain and suffering. This recognition resulted in a series of workshops conducted by non-Inuit facilitators from southern Canada. A participant remarked that at one such workshop, a role-playing exercise allowed her to recognize her own emotional state and see herself through the eyes of others. In this case, as well as with others, the acknowledgement of personal trauma was offered through a perceptual shift that was facilitated by the role-playing.

With this initial experience as a guide, workshops became the preferred way of working through personal experiences and soon a variety of workshops facilitated by professionals outside of the community took place. The experiential model offered within the workshop paradigm was preferred to "sitting there and being lectured." In other words, *doing* was favoured over more abstract forms of learning. The preference for experiential forms of learning and healing is a theme that appeared throughout the interviews and is consistent with the broader literature on Inuit education generally.

While the earlier workshops had a significant benefit, the periods between them were long, and it was clear to the people in the community that it was not enough to rely only on this method of addressing pain; more needed to be done. Participants were frustrated by feelings of progress followed by periods of inactivity and waiting for something to happen. In response to the need for a consistent healing project that involved facilitators from the community, non-Inuit facilitators and key individuals within the community moved their ideas into local action. A strategy was developed whereby people who had begun to understand and gain coherence over their experiences were brought into a healer role. This model, termed "heal the healer," became a central strategy for building a healing program within the community.

An important outcome of this period involved helping individuals who were suffering to build the courage to verbalize their pain and publicly speak of their specific experiences. This was a key point within the community, as the small population and interrelatedness of community members made anonymity impractical. For example, when people spoke about their experiences of sexual abuse, most could infer who the perpetrator was when it was not stated explicitly. Such direct articulation of the past experience was difficult as it challenged the community to see some of their neighbours and kin in a new and distressing light. Speaking out required significant courage in the early days of the healing movement and encountered resistance within the community for these reasons.

² Aboriginal Healing Foundation (n.d.). Funded Project. Retrieved 13 July 2007 from: <http://www.ahf.ca/funded-projects/north-nunavut>

Healing in this community has also involved learning about healing as it is understood and practiced by other Aboriginal groups and within non-Aboriginal health and social services institutions. While not foreign to Inuit social practice in the past, people said that the concept of voicing pain was not conceptualized as a healing act as it is now. The authors would suggest that the concept of healing encountered in the interviews was, at times, clearly borrowed from various media, literature, and sessions people had attended. While there has been some uptake of the ideas of emotional recovery and re-situation of past experiences, the healing process itself remains an external concept. Part of the Inuit conception of healing is a cultural adaptation of discourse-oriented psychological healing characteristic of southern Canadian and mainstream popular culture and views of trauma and recovery. The sense of healing employed in the community brings together Inuit notions of self and society, popular culture and clinical concepts, and the healing traditions of other peoples to create novel and idiosyncratic versions of process and concepts. It is not meant to belittle these but to point out the dynamism and constructed nature of healing in this instance.

A number of other healing projects within the community coexist and interpenetrate with the AHF-funded project and with each other. Specifically, the efforts of the local Christian churches, primarily Pentecostal and Anglican, play the most significant role in all dimensions of healing. Additionally, the AHF has not been the sole source of funding for healing programs, as additional funding has come from programs such as Brighter Futures and the National Native Alcohol and Drug Abuse Program (NNADAP). Conceptual approaches and methodologies are shared between the various healing projects, as individuals apply skills, practices, and ideas they have acquired from a variety of personal experience and sources that they feel are useful.

Group and Individual Healing Approaches

The healing model adopted by the community members did not employ strict distinctions between healers/counsellors and those being healed. Instead, a continuum of role and practice was acknowledged. Healers were also individuals on their own healing journey. Upon reaching a specific point in their own healing process, individuals could take on group leadership responsibilities and begin to have talks, or what could be termed counselling sessions, with other individuals in the healing process. Individuals in need would approach persons recognized for their ability to overcome and heal from similar experiences. Individual counselling sessions rarely took place at the community centre because of privacy issues and did not consistently occur at any other designated location. Individual counselling, often characterized by spontaneity, occurred over the phone, as meetings within people's homes, or when going for walks. This is not to say that healing efforts are ad hoc, but that they reflect normative Inuit social action characterized by quiet and incremental consensus building.

It was uncommon to use the designation of healer when referring to individuals in the helping role. Likewise, people helping others did not refer to themselves as counsellors; however, they would often use the term to describe others fulfilling the role. Participants working in a counselling capacity were more comfortable with the designation of "helper." Additionally, the term helper represents a more accurate reflection of their local categorization. Further elaboration on the difficulties of using the term healer occurs in a later section.

The local community centre usually held the healing circles (group healing sessions). Individuals with the most experience usually led these sessions, and others would facilitate the sessions when those with experience were unable to attend. Unlike individual counselling sessions, which could occur spontaneously, healing circles and similar group events are regularly scheduled. Typical group themes and activities include: weekly healing circles

for women, men, teens, and girls; land-based activities for all age groups and sexes; and specific workshops conducted by outside sources concerning topics such as:

- Male Victims of Sexual Abuse
- Men's Healing and Healthy Relationships
- Community Awareness
- Grieving
- Women's Group Process and Sexual Abuse Training
- Healing for Couples
- Teen Group Process

Often, the women's group holds healing circles once a week. Individual counselling, scheduled with the participants recognized as counsellors within the community, occurs when needed. Individual counselling sessions frequently take place either within the home of the counsellor or of the participant. Frequently, privacy is an issue, as close living conditions means that family members are often in the next room. A participant indicated that:

If I have problems I call her up and then she comes to my house or I go see her at her house. I have never talked to them in the office surroundings or the centre. People are open to having clients come to their homes, but admit that a office would be nice because it is difficult to get privacy within people's homes.

Tradition and Healing

This study was designed with the idea that traditional Aboriginal practices may be experienced as highly effective and distinct from those of non-Aboriginal health services. Consequently, the interviewer consistently inquired about the use of traditional practices in the healing group. People presented a strong case for the role of Inuit culture as a resource in healing yet downplayed the idea that traditional practices were a significant part of the healing process. At first this seemed contradictory, but on closer examination one could see the logic presented. In effect it was found that the distinctions around traditional and non-traditional practices were not particularly evident in this case study and that the notion of tradition is complex when linked to healing objectives. It is important to note that in this community, like most in Nunavut, Inuktitut is the language of everyday life; it denotes the integrity of Inuit language as a coherent and persistent form of communication and social interaction. Through dialogue in their language, people are enacting cultural continuity, tradition in other words, at every moment. This is unlike the situation in some First Nation communities where English has become the language of everyday communication, thus shaping and constraining dialogue as a result. Language use is a consistent indicator of identity for Inuit. One's ability to express and be understood within a specific linguistic framework is both positive—in the sense that people have a broad and widely shared vocabulary with which to express themselves—and problematic, as many of the health and social service professionals are not Inuit and do not have strong Inuktitut language skills. The linguistic integrity of this community strongly suggests that tradition is not located in the past but part of an ongoing engagement with the world.

Tradition, in this context, is not embodied in a set of ceremonies or in key texts; rather, tradition is found in the landscape, language, and social organization that encompass everyone. Within many of the Inuit communities there is continuity in social, cultural, family, and intellectual life over time, rather than an absolute break

between the past and present. Although during the interviews some individuals would comment that various traditional practices have dissolved, tradition is not conceived as a thing of the past being recast in the context of today. It is continuing despite, and in many cases comfortably within, the obvious and considerable changes and influences that come from the outside.

As a result, inquiring about traditional methods of healing, as done by all investigators in this study, provokes some ambiguous responses. It is clear that the use of the term traditional as a collection of Indigenous ideas, practices, and discourses that are distinct from, yet produced in contrast to, those of the dominant culture is not always pertinent in Nunavut.

The semantics of tradition, as understood in this study, point to categorical differences between past and present. For most Inuit, those differences are not well-defined nor particularly relevant. As a result, when people state that they “Don’t use traditional methods,” this does not mean that they are only using practices borrowed from other people; rather, they are indicating the incomplete fit of the idea of traditional in this context. With that being stated, some of the healing models within this context include adaptations from non-Inuit psychologies and *Allait* (First Nations) traditions. Community members are aware of the various tools available to them and readily adopt and adapt such outside methods to local situations. Indeed, the authors suggest that Inuit culture and society is marked by an openness toward the incorporation of novel non-Inuit things and ideas where they are shown to be useful, contributory to, and consistent with Inuit lifestyle and thought. Transcultural borrowing is thus a form of tradition, and a hybrid or pluralistic approach to healing does not indicate a weakening of Inuit values or engagement with the process.

What is Healing?

The colloquial definition of healing, which suggests a repair or joining of separated parts within a specific bounded temporal space, does not correspond to how the term was used by study participants. For this community, healing is not something that has a particular beginning and conclusion nor is it an activity that one frames outside of the mundane dimensions of life. The common perception of healing is that it remains a long-term, lifelong process or journey. “Healing is lifelong. I don’t think we stop healing. I think we come to a place of recognition and it’s time to move forward and it’s time to change” (Participant).

I don’t think anybody totally ever really will be healed, as long as we’re on earth. As long as I’m alive. I don’t think I’ll ever totally be healed. I’m healed from those things that I was talking about, but there’s always new things that are coming to hurt me (Participant).

During the interviews, participants were asked to describe or define in their own words what healing means to them. Commonly, healing was described as movement from one state of being to another through a journey metaphor or, for example, movement from a place of pain to a place of well-being. Participants remarked that healing involved movement to a better life: “Healing to me, as I understand it, if not used as a medical term, the way I understand it is to see if you can get to a better life, to lead a better life,” and “To a better, better life ... a better life group, or to a better life organization ... a healing process to a better life.”

Healing is conceptualized as an active process, a journey or movement along a path. The goal of moving toward healing involves the removal of pain or establishing and maintaining a balance in one’s life (Participant). Additionally, healing is also a question of organizing life experiences into a coherent and functional sequence; of getting things into “their proper places ... Like a puzzle” (Participant).

The fragmentation of self and of one's social relationships is a potential consequence of a painful or traumatic past experience. The need for healing is often recognized by the identification of such fragmentation.

Even if they've gone through a very tragic bad experience that hurt, that have separated their emotions, spirit, all those things. Even if they've been separated, you can combine them to get and use them again. That's how you know you're healed (Participant).

The dualistic separation of mind and body, in a Cartesian sense, is not a common element within Inuit notions of a healthy self. A person's mind, spirit, and body are not mutually exclusive; rather, they are interdependent, with good health being a result of a proper integration and balance of life domains and the maintenance of social responsibilities and proper action. The separation of one's body, emotions, and spirit in a manner that is similar to the puzzle metaphor described above, necessitates unification, a placing of things back into their proper places. For the individual, healing is recognized as occurring with the unification of the separated facets of self and upon being able to properly locate or position misplaced experiences.

Participants remarked that although a person may look like they are healthy, "we may be missing out on a part of them," as individuals attempt to bury painful experiences and the fragmented pieces of themselves. Counsellors work to help uncover, confront, and identify the pain that a person is carrying, often a pain originating long ago. "The hurt that they're carrying is bothering their lives. So we have to, if we start, we cry with the person that we're counselling, because it's hard to talk about it, especially with those people that have been sexually abused when they were small" (Counsellor).

When speaking about an Inuit sense of a unified or ordered self, it is important to make the distinction that this form of selfhood is experienced as individual and relational to one's social group. Thus, when we speak of a fragmented sense of self, we are not limiting the scope of self to the common notion of a discrete individual; rather, we expand this notion of self to include the relationship to one's social world. Conceptions of health or healing exist beyond the focus of the individual, as health or one's healing experience exists in relation to and is dependent on the larger community.

Many participants emphasized that a person cannot sit back and wait for healing to happen, as healing requires the individual to make an active choice to engage in the healing effort. For example, people can "do things to make their life more happier, more easier for them. They, if they just sit back and wait for things to happen for them, that's not going to work neither, they have to want to be able to heal" (Participant). It is necessary for a person to take responsibility for their healing (Counsellor). The interview participants emphasized that someone may assist a person; however, healing must ultimately come from within.

I have to be careful about this healer thing or how I find, or who does my healing. It has to be me; I have to take responsibility for me. Somebody might show me something or might say something that helps me to understand me, or make me see me. And then I, something might come clear to me that I need to make some changes in my life, but I'm the one who has to do it. Nobody can change my life, only me (Participant).

Participants emphasized that healing can only be accomplished if an individual truly wants to be healed and works at it. A counsellor noted that "healing means taking responsibility." Without the desire to heal, a person will not improve, but if someone wants to be healed they may be (Participant). The desire to heal, combined with appropriate external support, is perceived as a fundamental foundation for the healing process.

“Healing” is a complex term in this community; multiple forms, sources, and meanings of healing coexist. However, the various meanings do not appear to designate discrete categories of events, processes, or social groupings, with the possible exception of faith-based healing. No one interviewed described discrete healing groups or methodological factions within the community; rather, they simply described a diverse array of methods. When asked specific questions regarding a local definition of the term “healing,” most people were not comfortable trying to articulate a specific set of terms describing what it means to heal. In effect, there is no single term in Inuktitut that corresponds to the English use of the term. In the early days of their healing efforts, the group used the term *ilagijaujut mamisaqtunut* for people who were participating in healing groups. However, there were objections from members of the Pentecostal Church who used the same term to indicate healing through the force of God. Conceptually, it appears that these are not directly equivalent processes, although there was considerable discussion of the links and interactions between religious and psychological healing.

Throughout the interviews, questions referring to healing as a self-oriented process tended to be refocused as a process of collective interaction with shared manifestations of “healthful” sociability. For example, most people relied upon notions of shared activity and being together as evidence of healing. Comfortably sharing social space and talking gently or, in some cases, simply sharing space without conversation, were frequently cited parts of healing. In fact, relatively little distinction was made between healing talk and other forms of talk. Although the talk may be of painful experiences, it does not mean that healing will occur, as mundane conversations are also healing events when they permit the person to situate themselves comfortably with others.

For many men, silence while in the presence of another person who understands can have a healing effect. Talk itself is not a prerequisite to healing in these instances. Likewise, while important for its specific content, the subject of individual narrative is subordinate to the importance of social interaction as a contributor to healing. The importance of collective action in Inuit healing, as illustrated in the interviews, was exemplified through significant discussion surrounding the logistics of organizing healing group meetings. Many, if not all, community members were aware of group meetings, as numerous individuals contributed to the organization of the meetings. Additionally, frequent local radio³ announcements concerning healing and the healing group meeting schedule occurred.

They encourage people to attend, and they make sure they say it’s to try and find a better way to live than the life that they are living now. They announce it on the radio any time there is a healing, woman’s healing group, or teenagers’ healing group going on (Participant).

At first glance, discussions concerning the logistical aspects of healing groups may seem superfluous to the real issues at hand. However, when we examine healing as well as pain and trauma as a collective process, then the actual organization of a healing meeting is a public demonstration and recognition of the history of abuse. The authors suggest that simply mobilizing social action around healing has a healing effect.

Healing does occur on an individual level, and individuals must make an effort or decision to engage in the healing process. However, for individual healing to take place it must be supported within the community as a socially acknowledged objective. Individual healing is less likely to occur without a significant community effort. The success of these programs stems from the fact that community members make the decision to

³ Local radio broadcasts in each community are an important source of information for all households. Local radio is somewhat analogous to the CB radio where listeners are active participants in providing and seeking information.

initiate healing and put forth the effort to organize and shape the healing experience. The collective effort to situate healing within a supportive community context creates adequate conditions for individual reflection and work. Individual healing is thus a socially situated activity. Framing healing as a social rather than an individual project is an important approach within traditional Inuit social organization where socio-centric renderings of the individual are fundamental to Inuit personhood. The interview participants suggest that healing is underpinned by the idea that vigilance over self in relation to others, vigilance over the decisions one makes, and vigilance in one's awareness of and ability to empathize with others, are the precursors to a healthy and productive life. Healing, in this perspective, is not limited to repairing something that is broken or fragmented within self. Rather, healing is concerned with reorienting the social dynamic towards positive interactions and effective functioning within the encapsulation of self.

This way of thinking about healing upends the concept of an identifiable end point to the healing process (if one is healing, it would be expected that at some point one would be "healed") and substitutes an unbounded process of social interaction centered on mutual caring that can, according to participants, coexist with a great deal of personal pain. It is, as one person said, a question of arranging life's events into the proper order and understanding where each of these belongs. There is no end point to vigilance, it is a social quality that must be nurtured and protected. This does not mean that pain will not end or that the cycles of abuse will not be broken; rather, it demonstrates a degree of realism about the unpredictability of life and the fact that exercising absolute control over life events are close to impossible.

It's hard to admit that, but I don't think nobody ever gets healed completely. There's always other problems. Whether it's your child or your spouse or your relations with your immediate family, or the abusers. It's very hard to forgive abusers. And the day will come I hope I'll be able to forgive another human being, but not, I don't think I'm ready now. I would make a big farce out of it if I do it now. Because I know I can never forgive those two (Participant).

[A person still] can let loose a lot of the things that causes you pain and problems. But you're always healing everyday (Participant).

Fundamentally, healing is a lifelong event enmeshed within a social quality. It is concerned with constituting the social milieu as a place of sharing experiences comfortably. Healing is enacted in the present, although it cannot be entirely completed within the present. Perhaps this accounts for the common usage of journey metaphors in the interviews described earlier. Life is a voyage and healing is part of that voyage. Additionally, knowing how to navigate the landscape of one's life is critical to living well in the company of oneself and particularly others.

Just as southern Canadian notions of healing incompletely reflect the Inuit experience of organizing the parts of one's life, the term "healer" is also problematic. First, there is no correlate term for healer in Inuit tradition. While some would suggest that the Shaman held this role, this is unclear within the ethnohistorical literature. What is apparent is that many individuals within Inuit society held a broad distribution of medical, social, and ecological knowledge. Although there was not a culturally defined healer, some communities recognized some individuals as having a strong understanding of, and capacity to, facilitate healing. In some cases, specific individuals were recognized at a young age as being particularly good listeners (see section below) and were sought out by people experiencing distress. These individuals may be listeners or helpers throughout their lives, but their skills are not formalized into a culturally determined office or status. Simply put, individuals hold particular gifts, and it is incumbent on all Inuit to share what they have with others.

Currently, within the community, individuals that are not healers or actively engaged in counselling others may contribute to the healing process and efforts at the community level. Individuals with specific skills, for example, accounting or management, often use their socially recognized skills for the benefit of the healing process within the community. Therefore, individuals can act, albeit indirectly, in the effort to heal.

If there's a need to do something that they may not be able to do, such as budget-oriented, you know making a budget or something, I'm quite able to do that, that's a skill that I have, so, those kinds of skills I contribute to the team. Other people are counsellors. Other people are Elders, you know, come with their wisdom, and some of their traditional games or memories of how things were; their teachings (Participant).

People who participated and facilitated group work through the AHF and other projects did not designate themselves as healers and systematically downplayed their positions. They preferred to see themselves as simply helping people as everyone should. Most people's approach to helping others is from the perspective of having experienced suffering themselves. Indeed, some may consider healers as self-identifying sufferers.

Many Christian individuals who helped with workshops insisted that their role was to act as conduits for God's actions. Thus, they refused any suggestion that they were personally responsible for helping people; healing was considered God's work. Overall, it would be awkward and untoward to claim the role of healer within the community. People would find it strange at best, arrogant perhaps. A better analogy is that of an emotional helper or facilitator. The blurry distinction between helpers and participants is exacerbated by the fact that most helpers are also afflicted by the same trauma as those they help and who are on their own healing journey.

In an effort to venture a concise definition of what healing means, based upon the interviews, the authors would posit that healing is a process of putting one's life experiences into their proper juxtaposition so that one can live comfortably—first, in the company of others, and second, with one's self. Both of these idioms find their manifestation in outward behavioural and verbal expression. Fundamentally, healing is synonymous with the cultural notions of what it is to live a good life and be a good person, which is an ethos firmly grounded within one's social relationships and actions.

Just as healing is not a singular concept for Inuit, there are multiple models at work in the effort to come to terms with abuse and its destruction. The following sections will discuss and elaborate on themes that emerge as particularly important. Specifically, the importance of listening and understanding; maintaining confidentiality; the role of personal experience and aboriginality; the role of faith; and, finally, the importance of the land in healing models.

Listening

The ability to listen emerged as a key characteristic within an interdependent matrix of qualities and conditions that must be formed or maintained for an effective healing relationship or comforting shared space to thrive. The ethic of helping another person involves a significant degree of listening as well as understanding. Listening and understanding are significant parts of what one may view as a healing milieu consisting of various interdependent elements positioned and enacted within appropriate settings and times.

Participants working within the helping role emphasized their positionality in relation to the words of others. Proper listening is a critical skill in this effort and is one that carries a significant nuance for Inuit. Participants consistently noted that a good counsellor is someone who listens appropriately or has good communication skills. When a counsellor is with a client, “they just let the person talk and listen to the person until they’re certain they have to say something in order to help” (Counsellor).

I listen to them first, and then if I feel that I need to jump in, yes. I do (Counsellor).

When she’s with an individual she asks them if they want to talk and she will just listen. Or, if she has to say something, then it’ll come up when it has to (Participant).

At first she doesn’t, like she has to listen first. She doesn’t talk before the client (Counsellor).

She listens to them first before she can talk back to them or give them advice (Counsellor).

In fact, one participant remarked that some counsellors know that they are helping the participant by simply listening to them. Listening may seem like an easy skill or counselling style to use; however, a skilled listener is often hard to find. “I’ve gone through that experience of looking for someone to listen to me. And nobody paid attention when I was really, really looking for someone’s attention to listen to me” (Participant).

Good listening requires that the listener hear the words of the one talking empathetically. This process is not like simple reflective listening nor stoic disengaged listening. Perhaps it is best to describe the listening process as a non-judgmental engagement of the narrative of the afflicted. A speaker must feel her words impact the heart, the seat of painful emotions (and conversely love), of the person listening. The words must not only impress upon the heart, but also reflect from the heart of the listener. To enter into such an empathetic, common space of sharing is to penetrate into the exacerbation of suffering felt by the speaker. The listener is able to achieve a deep empathetic response, as the narratives of pain often touch upon similar pain experienced by the listener.

Listening carries its own risks. During the interviews, it was emphasized that emotion can spread, carrying joy or pain, among people and through social groups. Listening in an effort to help someone requires a degree of resistance to emotion that is balanced with empathy if the listener is not to be harmed or enveloped by the narratives of suffering he or she is witnessing. Thus, to help through the listening process, one must hear well, empathize, and remain strong. For lack of a better term, this can be characterized as a form of *hard listening* in which the helper assumes a responsibility to listen with strength or firmness. One must be a strong listener or have the fortitude to listen to an individual’s narratives of trauma and pain, as showing weakness creates the opportunity for the manifestation of the pain encountered. One must be able to listen and recognize another’s pain without succumbing to the pain of the other. In psychodynamic terms, the power and potential to transfer pain to a listener is great, as the social and historical characteristics of the community foster social contagion.

Program counsellors and participants often use silence to allow time for reflection and to provide adequate time to allow the person to express all that they feel is important. Frequently, listening and even silence can be healing if these are properly contextualized by a comforting, shared social space. Counsellors and participants

make use of what many non-Inuit would perceive as uncomfortable silences. A participant described that a counsellor and a participant may “have an understanding through not by talking, but there’s a communication” (Counsellor). Such an understanding may form a strong interrelated connection between a counsellor and a participant. “When you work well with a person you have only one mind” (Counsellor).

It is necessary to recognize the importance of silence and shared space, as many personal experiences are difficult to articulate or render meaning to. Despite the particular type of shared activity or degree of interpersonal silence, simply being in the presence of another person who understands or has experienced a similar trauma can be comforting and contribute to healing.

Silence, specifically within group settings, often occurs during sessions or when various types of physical activities are taking place. This is why the healing group meetings often involve sewing, craft making, berry picking, eating, and other activities. In addition to being in a shared environment where people understand their pain, people doing things together is a demonstration of the importance of a healthful social context and is a celebration of that kind of life as well.

A further dimension of the listening process implies that genuine hearing or understanding takes place. A person must not only be able to listen with strength, but also understand what the individual is expressing with characteristic silences, non-verbal cues, which recognize latent meanings. For a participant, being in an environment that holds an ethic of strong listening and understanding in high regard fosters an atmosphere that allows participants to feel comfortable, safe, and understood.

When you’re working with a client, you listen to them, listen to what they’re talking about, and you think you have an understanding of where their pain really is, that’s where you’re aiming. And when you start talking nice things or that to get the emotions out, they start opening up (Counsellor).

The interviews illustrated many remarks concerning the importance of understanding. “The counsellor should be an understanding person” (Counsellor), or the counsellor needs to “be cheerful and kind and understanding” (Participant). Through a translator, an additional counsellor remarked, “She tries to always, like she understands them, the abused and abusers. You should always be at the level where that person can understand you” (Counsellor).

The narratives often place listening and understanding together within the same process. It is understood that proper listening is a prerequisite to developing a proper understanding of an individual’s experience.

When you’re counselling a person you have to understand what they want to get out first, and you pay attention to what they’re saying and then you can answer some comments to give when that person is done expressing themselves (Counsellor).

The process of understanding or sharing in an individual’s personal experience at a deeper level helps that person resolve the difficult condition of being in pain, feeling alone, or isolated with the pain and the experiences causing this condition. Knowledge that another person is familiar with or can identify with one’s painful emotions connects the sufferer to the listener and, potentially, to a larger group that is unified by similar experiences. Simply expressing one’s emotions and experience to an understanding other is a significant part and often the first step in the healing process. A counsellor remarked:

When she first started, she didn't think the healing program would help her. Even if she went to church that's not enough because she has to be amongst people who understand what she went through and how she is. And, being in the circle does help with what other people are going through too.

Characteristics of Effective Helpers: Using Personal Experience

During the interviews, discussions highlighted what characteristics participants felt made an effective counsellor or helper. Several themes consistently emerged within the narratives, particularly, the need for counsellors to live a good life and the importance of a counsellor's personal experience. The primary determinants of a good counsellor rest firmly upon one's social relationship and behaviour within the greater social milieu. Community members are invariably tied together—the beliefs and behaviours of counsellors as well as other members of the community are frequently under close scrutiny by the family and community members. In other words, most individuals are keenly aware of the actions of others. The close-knit nature of the community, when viewed from the vantage of this study, results in community members placing an emphasis on living what they view as a clean or good life.

Additionally, participants accentuate the importance of maintaining confidentiality. The close social and physical proximity of community members presents a unique challenge to the maintenance of confidentiality, and a lack of meeting space and offices frequently complicates privacy issues. Additionally, many counsellors meet within people's homes, often with family members in the next room. Overwhelmingly, participants noted that the ability to maintain confidentiality is a sign of a good counsellor. A counsellor remarked, "Anybody can be a healer. As long as they can keep confidential, then anybody can be a counsellor ... A person who can keep confidentiality is always the best counsellor."

During the early stages of the program it was difficult to maintain confidentiality. "In a healing process, gatherings ... it's supposed to be confidential, but at first it used to leak out and we came across problems like that at first, but not as often anymore" (Counsellor). Some individuals do not attend group functions because of the risk of privacy violations or "backstabbers." Counsellors continuously emphasize the importance of confidentiality within individual and group meetings; all information shared during individual discussions is considered confidential. "You have to be really open with them. You have to let them know that there's confidentiality in this, you have to make them feel that" (Counsellor).

Effective counsellors must practice what they preach. Within the community, counsellors as well as other individuals have the potential to function as a living example to others. The way in which a person leads one's life and goes about one's work, particularly if that person is a counsellor or other public figure, serves as a public example. One's degree of skill, success, or failure holds a noteworthy degree of transparency within the community. Participants remarked that:

You have to work on your stuff first and clean your life before you can do any counselling ... Because everybody sees what you do, you have to clean up your life first. Really clean it up, because everybody sees what you're doing and your workings in this place. People tend to say, look at her or look at him and she's working in that place. So it's better to be problem-free if you're going to be a counsellor (Participant).

A good counsellor is a person who has a clean life. You can't be a counsellor when you're doing exactly what they're doing (Counsellor).

You have to really counsel yourself first. And because people see who you are and they know how you react, but you really have to heal yourself first (Counsellor).

In addition to being socially responsible, participants indicated that a good counsellor is someone who you can easily relate to (Counsellor) and communicate with on a more personal rather than a purely professional level. A good counsellor is "someone who's in healing, who's willing to pass on their wisdom, their teachings, has a good sense of themselves, who's sober, good leadership qualities" (Participant). Amidst these other characteristics, it is the ability of a counsellor to connect with and relate to a participant's personal experience that arises as a central element in determining the qualities of a good counsellor. The significance and characteristics of a counsellor's personal experience appeared in several variations.

- ✦ First, personal experience, as either having experienced a similar event or having experienced an event that resulted in a similar emotional response, is essential.
- ✦ Second, having a similar personal experience acts as a common sharing ground for a counsellor and participant to mesh, thus creating a space for the counsellor to guide the participant on his/her healing journey.
- ✦ Third, participants identified that having an Inuit counsellor, thus having what the authors view as cultural experience, is advantageous. However, having an Inuit or local counsellor is not always completely necessary, as non-Inuit counsellors do have the potential to be effective healers. A similar attitude was expressed in relation to age differences between helper and participant.
- ✦ Finally, a counsellor must also know how to use personal experience in a clear, helpful, and engaging manner.

Around the world it is not uncommon that the training of cultural healers of various sorts began with healing themselves or experiencing a significant illness that required specialized healing. The process is similar for helpers within this community, as community members also prefer to work with someone who has been through the healing process as well. All individuals involved with or who are a part of the healing team have experienced the healing process or are involved with their own healing journey.

Personal experience is preferred over book knowledge. This fits within a common Inuit cultural characteristic that values direct experience over indirect knowledge acquisition. A person who has experienced a similar event or similar feelings can act as a guide for others. "If somebody's been there, then they know the way. They can teach me the way, or which way not to go" (Participant). Participants and helpers use their life experience as an example to help others. One participant remarked: "I think it helps people to identify things and see the same things in themselves or similar things." Both the counsellor and the participant learn and grow from sharing their experiences and resilience strategies.

So I can share my own stories, you know. I think that's the thing about healing, the way we have done, is sharing your stories is a way that one person heals. But, by hearing somebody else's story, it may also give other people hope about or give them something else to think

about a different way of seeing something. If we all felt very ashamed about being sexual abuse victims and there was nobody else to tell us otherwise, and we would always feel ashamed. So it's very good to hear people's stories as they're healing and going through the different stages of healing (Counsellor).

As discussed earlier, sharing or simply knowing that another person has had similar experiences can help an individual feel that they are not alone in their struggle. Due to the personal hardships that are experienced and often surmounted, counsellors remark that they have their experience to pass on or offer to a person in need. The following narrative excerpts illustrate the importance of knowledge gained from experience as well as the use of personal experience to help others.

Like if my life was all pleasant and good, I wouldn't have nothing to pass on to anybody (Counsellor).

If he's counselling me and he's using a life experience as an example, and I say, "oh, okay, he's gone through that and I'm going through that so I should do what he did." That's the kind of response you get from experience talking (Counsellor).

Well, I only can understand people that have gone through that abuse. I don't understand other abusing things because I have not gone through them. The experience that I have is that I can use as a tool to help the people because I've gone through it and I know exactly what they have gone through (Counsellor).

A good counsellor is supposed to be able to use herself as an example or their self as an example from life experience. From their life experience they are able to be able to make a kid understand (Participant).

A good counsellor, either Inuit or a *Qallunaat*, is someone who had bad experience from the past before and they are healed from that. And they can use themselves as an example (Counsellor).

A participant remarked that they have seen counsellors that have not gone through similar life experiences work effectively with people; however, the same participant stated, "But, to me, the people that have gone through a lot of things, I think are more effective" (Counsellor). Others have noted that it is possible to be an effective counsellor without having similar experiences as the clients; however, one's words are "not as solid as what you want to get across. It's kind of like floating in the air" (Counsellor). One participant believed that a person could still be effective if they have not had similar personal experiences, but have participated in the healing workshops. "If you've taken workshops regarding healing, it's not so much a problem" (Counsellor).

Personal experiences of trauma and recovery are often conceptualized as tools. Counsellors and participants employ these experiences to help others work through their pain or challenges. Within this community, there is a social and cultural expectation that people learn from their direct experiences. Healing workshops can serve to bring personal experiences into focus and provide specific tools for participants to gain a perspective on their life and help them frame their own past in a way that can help others.

He already has knowledge, but from the workshops, he's got more tools to back up what he has already. It helps a lot to get in the workshops because it helps your abilities and your ideas and your direction (Counsellor, via a translator).

Yes. There's something that we might not have experience in our life, but through training we could understand how this person is going through his or her own life (Participant).

She's healed from that. Now she knows how to deal with it and other problems that come by better because she's learned some tools that are in her (Participant).

He uses those examples as to help other people because he didn't realize that those things that he went through weren't good. He didn't realize when he was going through that. Now he realizes them, he can use that tool to help other people (Counsellor).

The transformation of difficult life experiences into helping tools is consistent with the value Inuit attribute to innovation and situational adaptation—to make something useful when in a difficult situation. The ability to produce tools from experience also underscores for all concerned that there is a positive potential within all of life's events. Many participants and helpers made it clear that they were only speaking from their personal experiences regarding the healing program or life and that other people's experiences may be different. Individuals were unwilling to speculate what other participants believed to make a good counsellor or discuss other participant's experiences with the program. Additionally, individuals were adamant that they were not speaking for the community or on behalf of the healing group. A participant remarked via a translator that "She can only tell you from experience, like she can't decide to say this and that when she hasn't really gone through it, like if it's not experienced. She only told you what she has gone through, like her knowledge" (Counsellor). The inappropriateness of the extrapolation of particulars to generalizations fits well in a society where direct knowledge carries more weight than second-hand information or presumptuous thinking.

Participants find it helpful when counsellors are able to make their sessions and the overall counselling experience enjoyable. A participant remarked that the best counselling happens when you do not feel like you are in therapy. Making sessions enjoyable is particularly crucial when working with young people. When working with younger participants, that is, adolescents or younger, counsellors must also be aware of their approach or style. Using a direct or confrontational approach, which may be effective with adults, may push adolescents away. A counsellor remarked that when working with the younger generations, "you can't use too strong words ... You have to be gentle with the younger ones."

When you want to be a good counsellor, you want to transfer your understanding and the feelings, the good feelings, the good knowledge that you have to a kid who doesn't really have that (Participant).

Healing in these contexts suggests that providing the opportunities to experience joy will foster the conditions of its continued expression. While similar life experience emerged as an important characteristic of a counsellor or person in a helping position, a counsellor's age and cultural background, although important, emerged as a less significant factor. Participants responded that they believe a counsellor from their culture is best, followed by someone from within the community. However, a counsellor from outside the community, although lacking a similar cultural background, has the potential to be effective. A participant remarked, "In my opinion, it

probably would be best [to have an Inuit counsellor] but I don't think ... it has to be that." Counsellors from different communities with different skills can be effective:

When you look at a person, they may be different colors but they have all the same stuff inside themselves as we do. Like emotions and anger and happiness and joy and stuff like that. They're human beings just like us, with feelings. It doesn't matter, it doesn't matter what kind of color they are, they have different tools that we might be able to use (Counsellor).

Non-Inuit individuals within the community, according to one participant, are in a position to help others. People can help each other "Because they live in the same settlement, so they have to be even, *Qallunaat* and Inuit" (Participant).

When asked if a younger person can work with an Elder, participants remarked that the ability to listen, understand, and work from personal experience is more important than the age difference between counsellor and participant. "Age doesn't count as long as like you did something that I've gone through before and I have an understanding of that. Yes, I can advise her if I pulled out of that and she's in it even if she's still older" (Participant). Another participant remarked:

Age doesn't count as long as they have an experience of ... similar feelings but different actions. Different incidents can be [cause the] same feelings. And they have gone through the problem before. Although I'm younger than her, and she's going through that problem, I can counsel her. It doesn't matter, age doesn't matter.

The potential for healing in this community transcends cultural and age boundaries. Experience and its positive transformation take the place of otherwise notable markers of difference fostering an ethos of shared humanity in the process.

Faith

The influence of charismatic Christian religious groups has been the most significant stimulus and influence on healing movements within Inuit communities. Thus, religious healing emerged as an important feature of the models at work in the Nunavut case study. Notably, the healing movement would not exist in its current strength and form or be as successful if the Christian religious movements did not play a significant role, particularly Pentecostalism, potentially the single most important social movement in the Arctic for the past 30 years.

The two primary churches in the community, Pentecostal and Anglican, provide not only religious and spiritual guidance, but also act as a central organizing theme for the community and function as a primary element in social life. On a wider scale, Christianity unites people from various Northern communities into a broad spiritual collective that transcends cultural identification and in which healing is a central organizational feature for the relationship between God and people. Additionally, it assumes that each individual is in some way in need of healing.

Part of the success of the evangelic Pentecostal movement is a result of the openness and flexibility it allows in local contexts. Although the Church is clearly a global media phenomenon, it is readily domesticated into the

local culture. Christian traditions are not an Inuit tradition per se, but it is certainly an Inuit church. Through the development of Pentecostal churches in Inuit communities, people are fashioning their interaction with modernity and an Inuit place within the global religious landscape. Importantly, this transformative process is occurring on their terms. The Pentecostal model of healing is popular as its structure reflects normative Inuit social structure. The Church is not hierarchical, and anyone may feel the effects of God in their lives. Likewise, the example of Jesus' suffering provides strength and example to people today. Healing within and outside of the Church underscores the collective ethos of Inuit social life by positioning individuals who effect healing as mere supplicants to God's will.

There is no need to locate power of an individual's ability to make meaningful choices, as everyone may feel healing power and be God's conduit. Specifically, counsellors often feel that the origins of healing come from beyond themselves. They are simply a channel for the healing power of God, Jesus, or the Spirit as these higher powers lead them to counsel and help other people.

Us Inuit, or the Aboriginal people or any other culture, there's no healer. The healing that I have, that I understand, is coming from God. We, us people, are used by God to heal people. We're not healers (Counsellor).

Because I have heard people [say], you know, "you healed me when you prayed for me." But I always tell them, "it's not me that healed you. Consider God as a healer that you cannot see, that you don't touch," you know? The people that you can see and touch and talk to are not the healers. God heals through us (Counsellor).

Well, I tell them, maybe God is using me to tell them, but sometimes, or sometimes and lots of times, the things I say come through me. But it helps that person and it's helping me that the things that I was going to say sometimes I don't say it. But when the spirit or God leads me to counsel, then it helps me to help that person (Counsellor).

She always prayed to God to help her for strength. And that's the only survival she knows about when it comes to counselling other people. Like first thing in the morning she prays to God and says "Help me through the day, remind me to be good, or remind me to be patient with a client if there's one today" (Counsellor).

Like God had a purpose when he formed the healing group. And those people that you're working for, and putting you in there so you can help save somebody else's soul too. God works in mysterious ways through people only (Participant).

Even if I'm surrounded by healers, or counsellors, and they're trying to counsel me, they're never going to correct what's inside me. It's between me and God (Participant).

When he talks to him and they say that's the first time I let it out. And they say thank you God, thank you to Jesus, or God, that's why he said that it's a bit different (Participant).

In this respect, healing is a process that cannot be fully known to people. It is beyond the means of human intervention and can only be affected by a higher power. Healers do not stand in a different position than those

who suffer, they simply stand with them before God. Within individual and group counselling sessions, prayer often plays an important role, and participants will usually initiate counselling sessions with prayer. Prayer works not only to obtain support and guidance from higher powers, but succeeds in comforting participants and providing a familiar space for listening and sharing. Additionally, it helps focus participants and sets the tone for the session. Often, when a person begins their healing journey, prayer may be the only thing that they are able to do, and counsellors and participants will often spend time praying together (Counsellor). The foundation for prayer and healing sessions often rests within the importance and power of the Bible. The Bible is regarded as providing the teachings to properly guide one's life (Counsellor).

It shows him what good life can be. What a life that is good can be, that's where he learns his. If you don't include Jesus and God in what you're doing, nothing can be done. There's nothing good in what you're doing unless you include the two (Counsellor).

We have to base it on the Bible. God's words. And that's we could talk to them in a special way, but we have to base it on the Bible all the time. As a priest, especially. I don't know about other healers whether they base it on the Bible or not. For me, if somebody comes to me for talk, or talking on what we call healing, I have to base it on the Bible, because that's the root of everything (Counsellor).

The degree of one's faith also plays a role, as a person may overcome considerable obstacles by means of faith. The ability to overcome difficulties through faith also contributes to a helper's authority in regards to faith- and healing-related spheres. The ability to accept or grant forgiveness for oneself, for others who have caused suffering, or accepting forgiveness from God is a powerful healing tool. A participant remarked: "Like I'd prayed about it, and told God to forgive me and all that stuff, eh? That's all it took. And then after that, no of course I got so very emotional. I was punishing myself for hurting myself."

Counselling Techniques: Tools of Understanding

In Northern communities, particularly within hunting camps and, in general, areas with limited resources, tools, tool making, and resourcefulness or ingenuity with what is available take on a significance that is not as prominent in Southern communities or large cities. The use of good or appropriate tools to accomplish a task is highly valued and, indeed, necessary for survival. The designation of the term tool is not limited to material items, as personal characteristics, skills, experiences, resiliency, social ability, and various other interpersonal skills are all considered and can be employed as tools. As mentioned in an earlier section, the use of tool as a metaphor within the interviews frequently arises, particularly when participants discuss the process behind individual or group meetings and workshops.

Thus far, this report has discussed some of the larger social or behavioural characteristics that are associated with what determines a good counsellor. Within this section, the report examines specific techniques or tools used when working with participants. It is difficult and unnecessary (for the scope of this report) to categorize their counselling style or offer a generalized summary of the therapeutic paradigm as being primarily non-Aboriginal, psychodynamic, traditional, or faith based. Counsellors and helpers take a practical and eclectic approach in adopting techniques that they feel most comfortable with or that are most appropriate for the person they are helping. Frequently, counsellors will use a combination of approaches and tools. A counsellor noted, via a translator, "She can use the tools from her tradition as well as the Western."

Healing circles have emerged as one of the more prominent and valuable tools used during group meetings. A participant remarked that healing circles, although originating primarily from First Nations cultures, are very useful in their program. She remarked that the circles have allowed many people to speak up and that many abused children are no longer ashamed. She continues:

Because of the healing circles, they are not afraid to come out anymore. When a child was abused long time ago the parents would find out about it, and if it's a close relative, they didn't say anything. But healing circles are a must now up North, they have to because too many young kids are dying, committing suicide, because they're not sure as to where to turn to with their problems or they're too embarrassed.

Each person heals in his or her own way and within one's own timeframe. Despite the different styles of healing within the community, each individual who embarks on their healing journey or is currently healing has a noteworthy impact upon the community.

There's different ways of healing, you know, not everybody has to come and do healing in the same kind of workshop method that we use, or coming to groups. But as more people in a community get healthier, the things that we teach our children are healthier ways of looking at the world about behaving with other people. The relationships that we have with other people hopefully are healthier and more honouring and more respectful, and accepting and so on and so forth. So, in each of those things, we can be more healing in the way that we act towards other people. So I see that as having a great effect⁴ (Participant).

Each counsellor has his or her own particular style or pattern of working with others. Emphasis was placed on the importance of preparation before each counselling session. A counsellor noted that it is important to have a clean mind and soul before working with someone. She likened it to freshening up before each meeting. She also emphasized that she and her husband communicate before sessions; open communication helps each partner understand where the other is at emotionally and clears any pre-existing tension.

What they do is they, like they meditate, they try to put their feelings in a good spot, like talking to each other, praying and like more like meditating before they start counselling. In counsel, as a counsellor, there's lots of little bad things creeping up on you without you realizing it. So you have to be right to be counselling other people. Feel good about yourself and be secure and ... Unless you feel that person's feelings, you can't really counsel them. That's why you have to be prepared. Prepare yourself first before you counsel (Counsellor).

Counsellors also work with couples experiencing marriage difficulties. A counsellor describes her approach:

I deal with one first and then the spouse, either wife or husband, one to one, and then I bring them together and talk to them and find out just what the problem is from each side of the party. And then from there healing can start because up here, lack of communication is a big

⁴ As mentioned earlier, a significant area of research the authors were unable to address in this study concerns the language of emotional constructs in Inuit communities. Is "embarrassed" a cross-culturally adequate label for a culture-specific emotional constellation or, as the authors suspect, does it serve to gloss over emotional experience that is fundamentally grounded in culture and, consequently, not necessarily transparent between cultures?

problem up here with the girlfriends or spouses or wife and husband. Some people don't communicate at all.

Other specific techniques emerged. A counsellor remarked that during a counselling session it is important to "have eye contact. Like friendly eye contact, because people tend to open up." The use of touch is also helpful. "By being touched, young kids, like teenagers, men even, open up to her like that" (Counsellor). A participant described her counsellor as being

very gentle. She had this natural insight, like she could see me and I didn't have to explain myself. I didn't have to. Things just happened, didn't even have to ask many questions, it just came out. Some of it, I can't explain.

An open, warm, and reassuring gaze is an important feature of interpersonal communication and can be indicative of progress towards a better arrangement of life experiences. A closed and unforthcoming interpersonal gaze is conversely a sign that one is troubled and suffering.

Beyond the obvious skills needed to help individuals and groups, counsellors are also skilled in maximizing existing community, cultural, and social support networks for participants. For example, a strong ethic of sharing is a common cultural practice within the community. A non-Inuit counsellor describes this characteristic:

I really treasure their sense of sharing, where if I'm having a hard time, if I was an Inuit thirty-year-old and I was living with twelve people in a one-bedroom apartment, and I was having a really hard time, I could go live with my sister down the block and it wouldn't be a big issue.

Hands-on activities are often central to group counselling sessions. Participants work with various handcrafts, and both create and work with carving tools. Keeping the hands busy often allows the mind to open up, making it easier for participants to talk about their feelings and experiences.

Despite the various approaches and techniques used by counsellors, the therapeutic tools applied by counsellors primarily foster a supportive, understanding, friendly, and most importantly, a safe space for sharing. The diverse therapeutic tools work to create and maintain an atmosphere that cultivates and supports the essential elements of listening and understanding.

Elders and Traditions

The interviews illustrated that defining traditional practices or attempting to characterize a traditional counselling technique often resulted in blurry or inconsistent descriptions when examined as a whole. What one counsellor may consider being a traditional healing practice another counsellor would not, as there appears to be little homogeneity in how people identify traditional practices or roles. There are no formal ceremonial events that specifically address healing, and little distinction is made between the healing that occurs during everyday interactions and within the healing process of the healing group. The authors suggest that healing is not a radically different process than it is to lead a good life, generally. The advent of *Inuit Qaujimajatuqangit* (Inuit knowledge and ways) within the policy and programs process of the Nunavut government suggests that there is movement towards a formalization of Inuit tradition within the territory at large.

Despite the existing variation in determining what are traditional practices, using Elders to talk with, to guide, or to help others emerged as an important historical, if not traditional, role. Additionally, participants are increasingly recognizing the power of older approaches to health and healing and are eager to work to integrate and balance Inuit and *Qallunaat* forms of healing. “Because right now, right now, there’s more *Qallunaat* ways in healing. There’s no Inuit ways in healing. So they have to be equal, *Qallunaat* and Inuit” (Participant). Participants are open to using a variety of healing traditions or styles. In reference to the strength of healing circles, a participant commented that “There’s so many things, good things that other people can say to you, though it may not be of our culture, it does, that’s one thing that works, healing circles work. However, a participant noted that if it comes down to a healing tool, the Inuit way is better than formal government ways.

The relative informality of Inuit healing has at times undermined the legitimization of an approach to the same. Nevertheless, there is frustration with the status quo approaches to dealing with trauma in the territory. Inuit are demanding that they have more of a voice and play more of a role in making decisions. A participant responded that although the Inuit do not have official reports, the government must realize that Inuit people can do what the *Qallunaat*’s do. He continues:

Right now, Inuit people, they want, they just don’t want to be silent, silent. Because many years they’ve been silent because they don’t know where to go. But now they have government, Inuit government, Nunavut, they want to talk more about their traditional ways.

When speaking of traditional practices, participants often mention the role of Elders within the healing program and the community. In the past, Elders played a significant role in leadership, healing, and mediating social relations. They still do, but in some cases not as a significant role as they did in the past. Traditionally, Elders have also held the greatest authority in Inuit communities.

Elders before my time I think were the authority, and the people that were looked up to survive. But, when the RCMP and Social Services came up, they lost that, not lose it, but they weren’t used anymore afterwards. They were told probably by the RCMP that their law was better than ours (Participant).

Historically, people turned to Elders for their knowledge and experience. Additionally, people held a great deal of respect for them. A participant noted, while laughing, “there’s only a few of us now who have respect for our Elders.” Later, she remarked that “the traditional ways [are] coming back slowly to Elders, Elders and youth.”

Elders often shouldered the responsibility for talking with people about their problems or disruptive behaviour. When asked to describe traditional counselling methods, participants would often describe the role that Elders played in mediating conflicts and advising people on proper behaviour.

In the old days they didn’t have any healings, healing groups, but, they didn’t have any healing groups but if a person noticed that this person is having problems at home or just staying out because he’s mad or he’s hitting somebody, then an older person would ask him to come in and have some food and then they would talk to him. The older people would go to the same place and talk to this person and then that was the only healing (Participant).

As long as the people who, when Elders know that the core of a problem between those two people, they invite them over and let them know that they know their problems, how their problems started and all. So they invite them so the person doesn't have any reason to hold back. Like they know what they're talking about. The Elders and the group always know what they're talking about before they approach a person (Counsellor).

Counsellor, traditional counselling. If two people are having a conflict between the two of them and you're living in a small community, like in a little camp, two people that, people in that little community know that those two are having difficulty communicating or they're disliking each other or they're not respecting each other, and the rest of the family or the Elders know about this. They get together and decide what to do and correct them. They invite them over and talk to them. And they had no choice but to confess ... like why they are like that (Counsellor).

An Elder would often approach a problem between two people by getting the two together and saying:

"Alright, tell us your problems." And they'll get the two people talking together. They may not, if there is any animosity then they won't show it because then they'll be people around looking at you, listening to you talking about your problems. There won't be any animosity. And the two individuals can't lie, not with everyone watching, because these other people might have information that they are probably not saying. They don't do it this way anymore with the RCMP and Social Services and their policies in town. If they were approached to do that, I think they would give it a try, because we've been saying get your traditions back, get our culture back, let's do it our way. If they were approached like that, I think they would try, but I don't know if it might work or not. It'll be interesting (Counsellor).

In the past, Elders were able to use what may be described as uncharacteristically direct, powerful, and absolute language when working with or confronting an individual in need of help. The words of Elders carried a great deal of weight, emphasizing the strength of their authority within the community.

In the old days they really talked to the person without worrying that they might hurt their feelings, but today they have to be very gentle with the person that they talk to because they're more like they're on thin ice (Counsellor).

If you talk to an Elder, their words are strong. If you don't grasp them at that moment, but after some years later and the person you once talked to has passed away, their words tend to come back. They come out clearly (Participant).

In those early years, if a person is misbehaving, the parents tend to talk to them, but they don't listen, so the parents give up on that person and talks to the other older people. And the older people talk about that person and then meet with that person. And that's how it was then (Participant).

In the olden days when older people talked with the younger person, they were more open and direct to the person, but today when they're working with a client, they're more like

talking to a child than an adult. And they have a lot of encouraging to do with the person (Counsellor).

The sense that traditional authority embodied in today's Elders is slipping away is a potent reminder of how much has changed and how much needs to be done to retain tradition in all its forms. The words of Elders that have since passed still live within community members. A participant remarked that the words of an Elder that had passed away many years ago still come back and keep her on track. Another participant recalls her grandmother telling her to help other people. For example, "If I see someone who needs help, not to just watch, to help. Physically help them if they need physical help. Or like to respect other people so I can be respected" (Counsellor). Unfortunately, there is the persistent danger that the role and knowledge of Elders will disappear. A participant noted: "We're losing our Elders too, so use them before they all vanish because one day I'm going to be an Elder and I'm not going to know too much."

An Inuit approach to disturbed and disruptive individuals has always closely involved extended family networks or the greater community in helping others. The behaviour of troubled individuals has social repercussions that upset the balance needed to be productive and cooperative. In this perspective the distinction between personal and group concerns are arbitrary due to the physical, social, and emotional proximity of the residents. In this study the involvement of the community emerged as a significant healing theme.

The use of traditional relationship customs and communication styles to help reduce and prevent social stress and interpersonal strain within families is an important tool. A participant identified that adopting specific traditional customs helps reduce stress in crowded or tense situations, as family members are often living in close quarters and living arrangements are often over-crowded.

Community events and other family or small group interactions commonly coincide with feasting and food. The simple act of sharing food and companionship with others can contribute to healing.

It can be like gathering some like being with a person somewhere else or even have a feast together with lots of other people. Like eat together with people (Participant).

When a person is having problems, the older people would encourage him to be more positive and happy. If they noticed if that this person is having problems they would invite him to come into the house and eat with them and then talk to him also. In groups, like a community (Counsellor).

Involving the community is central to the success of any healing effort. A participant described that everyone has to work together to help improve the community: "As a whole community, if everybody starts working on their problems, we'd have a better community than we have now." Recognizing individual suffering at the community level has an impact on healing for both the individual and the community. A participant noted that it is helpful when younger generations realize that many Elders have had similar experiences and are in pain too: "They feel that they are not alone." This recognition of a shared or common pain brings people together and creates or solidifies individual and group ties.

Participants enjoy various types of hands-on activities or handcrafts. Words tend to flow much easier when one's hands are busy. Participants have found that men will participate in healing programs when activity-based

programs are introduced. For example, healing program organizers are planning to create a men's workshop on tool making. A participant remarked that Inuit men enjoy activities such as making *ulus* (crescent-shaped bladed knives) or other tools. Additionally, men tend to respond to meetings that are activity-based. Women of all ages also enjoy working with handcrafts during group and individual meetings.

Community members are not interested in solely working from Inuit traditions. They are seeking a balance and welcome outside methods. They want their traditions to be known to *Qallunaat* so that they can work together, not against one another. Strength lies within cultivating a balance and recognizing the power of self-determined healing techniques.

They want their traditions to be known to *Qallunaat* too. So they can work together, Inuit and *Qallunaat*. It looks like we're against *Qallunaat* because we don't know about their traditions ... We're not against you. We're glad we're here with you (Participant).

Healing Through the Land

Traditional and contemporary cultural and subsistence practices are important healing activities within Inuit communities. Beyond the apparent physical connection or dependence on the land, community members, particularly men, cultivate and maintain a strong sense of themselves through the interdependent perceptions and understandings of place with notions of self and community. Maintaining a connection to, and practices on, the land remains a challenge for the community. The important relationship community members share with the land significantly influences local conceptions of healing and healing practices.

It is natural to include the use of land as a metaphor or an active component of healing practices, as it is closely involved in other life domains, particularly socially valued, productive activities and Inuit identity generally. Active engagement with the land emerged as a feature common to the discussions of healing. Land use practices provide salient metaphors used to describe the sensation of encountering and managing the emotional contexts and experiential fallout of abuse suffered. Additionally, participants often describe going out on the land or following a hunting lifestyle as being an effective way of helping people. Not surprisingly in a hunting society, the land and skills required to effectively move through and subsist from it remain core features of healing. An "eocentric" disposition in Inuit social organization is also seen in the constitution of a healthy sense of one's self. Going out on the land also represents, strengthens, and reaffirms connections to the past and to the ancestors. It bridges the traditional with the modern, strengthens connections, and supports factors influencing resilience.

What they did in the past was like, they go out on the land, they take them for walk and people talk ... Whoever wants to speak out was able to speak out. Going out on the land, they take a walk, and like they have this session of, talking session, among the people. That's one way they've done it (Counsellor).

Many participants considered going out on the land to take walks, hunt, or to engage in other land-based activities as being a traditional form of therapy for Inuit people.

Their traditional therapy is like taking walks and talking to each other, like if, it does work, it does work, outdoors, you can take them outdoors or go hunting. Or just go for a walk and talk to each other. That's part of therapy (Counsellor).

Events like going out on the land or just outside of the community ... makes you feel good, it affects your emotions, your feelings, and your spirit to go out on the land ... Everybody knows that makes you feel better. [You] feel good when you're out there, out in the open (Counsellor).

This illustrates a perspective that regards the individual as an interactive constituent of the landscape. While interacting with the land, a person is not simply a distinct or independent entity; rather, one travels through a landscape imbued with historical, collective, and cultural significance. To experience or travel through the land is to connect with something that is greater than oneself. A mastery of land skills equates to an ordered and productive self. In the Canadian North, permanent housing and village living are still relatively recent phenomena and signify the various disconnections that Inuit have suffered as an internal colony.

Considering this important distinction in meaning, one can begin to see that the land represents more than an open, contemplative space or a place to take a break from the oft-cramped conditions in the community or camp. On a more elaborate level, the land is inscribed with a web of meanings and a collective history illustrating the strength and resilience of Inuit people. The land represents survival not only in the food it provides, but also within the knowledge that generations have lived with the land enduring and confronting various challenges. In a sense, we can begin to see that the land holds a symbolic quality that acts as a reminder of strength and tradition.

There's things they use that they've used for centuries. Way before my time. Like you just take a walk down to the park, you can see rings there that are ten thousand years old. You know, it's a symbol of the strength of the ability to heal themselves (Counsellor).

Re-establishing connection to the land is becoming more important as knowledge of traditional activities is slipping away.

And there's a lot of herbs and roots out on the land, you know. Here that are probably better than any medicine you can find down South. You know there's roots that you can boil that [can] probably make you feel better a lot faster than taking an aspirin. You know what I mean? That has been lost (Counsellor).

Recognizing the importance of the land in the healing process, program organizers frequently attempt to integrate trips onto the land for all participants. Designed and guided by volunteers and sometimes supported by program funds, although not frequently enough, separate land-based activities exist for men, women, adults, and children. Participants remarked that every spring, summer, and fall they go out on the land for a weekend to fish or hunt. Some have built and slept in igloos. Traditional land-based activities, such as hunting, berry picking, and clam digging, gather people together on the land. Involving the entire community in land-based activities has proven to be beneficial. "It keeps the group happy" to go for walks, have campfires, cook, and have picnics (Participant).

At the end of one year we had a picnic which we just all hiked to, all the women that were involved in the healing programs, or who was available. We went on a hike to the waterfall, and we had a canoe ... building fires and cooking food and that kind of stuff (Participant).

As part of the program involving the land, a participant talked about bringing people to a hill where they can walk up and shout, cry, pray, or do whatever came to mind to help with the healing process.

The healing group usually takes the clients out on the land. And when they're out there they climb up a hill, they can either cry themselves out or loud as you want to. You have a free spirit up there to do what you want, either cry out or yell out. It has helped so much, so many (Counsellor).

Participants understand that gender and age influence preferences for healing activities. For men, going out on the land, often alone, is a primary and preferred method of healing. When compared to group or individual talk therapy, men find it easier to go out on the land and engage in activities, rather than to sit and share in a group. Most importantly, being out on the land provides a space to think.

Go out hunting on the land or just go out right on the land. I think that's how men heal themselves. They go out hunting a lot. This is a hunting place, so they go out hunting a lot so they have time to be alone with whatever out there, then I think they do a lot of healing themselves that way (Participant).

He says you know when he's out hunting or he's doing those kinds of things he's really thinking about a lot of those things too. Especially for guys, his preference is to do it on his own (Participant).

While discussing the gender-related differences in healing, a female counsellor commented on common cultural notions of what it means to be an Inuk male. She remarked:

Men are more stubborn than women. Particularly Inuit ... Men are taught to be tough. Inuit tough, Inuit are taught to be tough ... They're not supposed to cry because they're men. Their emotions, they don't have emotions because they're men. They're the strongest, they're taught like that.

Gender-related preferences for healing are most apparent in how men approach hunting and being alone as an opportunity for understanding and organizing painful experience. Hunting often requires a considerable amount of time spent silently waiting for animals, which results in a significant portion of time spent in purposeful reflection. Conversely, men are less likely than women to be comfortable in attending and participating in healing groups. However, men often will initiate self-healing after an introduction to healing through the healing groups themselves or indirectly through conversations with their spouses who attend.

The relative lack of male participation in healing groups is not an indication that they are not benefiting from the efforts of the healing groups. The impact of a spouse or other community members engaged in healing has a significant indirect effect. It is not that men are averse to the healing meetings specifically; rather, men are often uncomfortable indoors for extended periods of time. Consequently, men use purposeful waiting involved with hunting to work alone on the understandings of experiences. These approaches are effective, particularly if combined with support when needed. For men, healing is ultimately a self-motivated internal act that requires time and activity to accomplish. While land use is clearly one route to achieve healing, it is important to note that many men within the population are simply not adept at being on the land, thus adding an element of diversity that this model is unable to cover.

Involving the land in the healing process of women is also important. Women will often go berry picking or go for walks, during which they often will talk about personal issues.

The other times is when me and my friend went out berry picking, we always talked personal. I have a very close friend who I talk about inside out of my heart, what's in my heart, inside out. And just by talking with them, so much healing, like we cry, like scream our heads off because there's no one else around to hear us, like we can cry all we want without someone thinking that you're going crazy. Let all our pain out, it's, ah, it feels so good afterwards (Participant).

Youth in particular are being encouraged to take part in planned journeys with the healing group.

Elders have taken youth that are having a bad time, they'll take them out on the land and they'll talk about the land, they'll talk about their role as an Inuit person in the community, you know those things like that. Not like a therapy session, but like, man to man, or youth to man, or woman to woman type thing. That tends to be their method. That's what they do. They sit around and they just talk about who they are to each other, and that works really well. It appears to work really well because those kids come back. Those are the success stories I hear the most about (Counsellor).

Despite differing age or gender preferences for land-based activities, participants conclude that the land is helpful to everyone in the community, although activities are not frequent enough. Barriers preventing participants from engaging in land-based activities range from the expense of organizing a trip to a lack of specialized knowledge needed to conduct a hunting trip away from the community. In addition to funding, more volunteers are necessary. "I've tried to start a whole bunch of programs, based on Inuit culture, although I can't get funding for them half the time, but that's okay, we piece as much as we can" (Counsellor).

In all cases, the therapeutic effect of being open to the landscape is as equally important as the conversations or talk that may occur while out on the land. There is an important and poorly understood dimension of human relationships with the land relative to the healing process. It is not surprising that for people of the North, where conceptions and meaning of land differ when compared to other regions, invoking land-based healing is a preferred healing method. Being on the land should not be viewed as supplemental to good counselling; rather, for this Inuit community, it is an essential element of the healing process. Ultimately, being out on the land helps people "raise their spirits" (Counsellor).

Emerging From the Burden of Darkness

Notions of weight, or that which is heavy or light, and the experience of darkness and light are fundamental to the characteristics of misplaced experiences and descriptions of pain and healing transformations. The reordering of emotions and shame ascribes new meaning to painful experiences and places them in the proper position or order. Being able to position emotions within their proper place produces an embodied lightness perceived by the individual and is readily identifiable to others within the community. A counsellor remarked, via an interpreter, "She knows that they're going through a heavy, a hard time just by seeing their expression."

A participant noted that before beginning the healing process, she often feels a sense of heaviness and darkness on bright sunny days: "Why am I heavy when it's so nice, like there's nothing to be heavy about." When one's

physical burden is relieved, it can produce a new experiential framing of everyday life. When people are carrying a burden, a participant remarks, “in their mind or in their actions it’s dark, because of the hurt that they carry. But other times when they go out [and say] ‘oh I never noticed the sun for a long time.’”

A sense of lightness, a freedom of sorts, is apparent after the lifting of one’s burden. “Yeah, it’s something lifting and joy. Because they have got rid of the thing they have carried, say for twenty-five years” (Counsellor). Being relieved of one’s heavy burden fosters a perceptual shift. People remark on the presence of the sun, moon, or stars.

I never noticed the stars. Never noticed the moon. Lot of times, because of the hurt that they have carrying is out. They even say I’m lighter then, you know, even if they have no change in their physical body, they say I’m lighter (Participant).

The ability to see again as one emerges from emotional darkness to a renewed sensation indicates a new appreciation for the present. This illustrates one of the most important features of Inuit cultural models of healing: the distinction between the inside and the outside and the role of the outside world (*Sila*) in healing. Participating and acting in one’s world is conducive to achieving and maintaining health. Providing people with the opportunity to move from the confines of a dark inner world to the outside is a critical component of the healing process.

When people say they are lighter, maybe not fully recovered, healed, but that’s what they mean. And then they are open more to some discussions and talks after they say I’m lighter, but I know I can get more lighter than I am now. And then they can reach that root. The first root that they got hurt with. Then finally they reach that, and they’re totally different sometimes [in] their talk, and their actions, and in their mind (Participant).

Participants will often cultivate that sense of lightness when necessary. For example, before counselling sessions, a husband and wife team will often talk things through or voice their concerns to clear any misunderstandings between them and to bring the state of lightness into being.

They lift each other up by agreeing upon something, like they, something that would enlighten their emotions. Like, to feel security before they start counselling on anybody. They have to have agreement, like enlighten each other, talking and lifting each other up (Counsellor).

During individual or group sessions, counsellors will often use humour and games to lighten the mood and restore hope in an effort to “balance each of the sessions, you know, because if you’re just talking about the sadness, people have to have some hope or feeling light at the end of it” (Participant). Others have remarked that dwelling too long on the negative events in life and not inviting happiness is to amplify the negativity and help it remain fixed solidly in place. By playing word games, singing, and using other forms of pure fun, laughter can push pain aside and help balance the sadness.

If we met and we all went through an unhappy phase for awhile, but at the end of the meeting we tried to make jokes and make everybody happy so we’ll leave the bad ones behind to the building before we leave (Counsellor).

With the Inuit there's also different games that they play that are around some of those like physical games or just different things like having fun too is part of it. People have to have some hope or feeling light at the end of it (Participant).

A person must confront and unload the layers of their burden in order to experience a sense of release, freedom, or lightness. The healing process is much like unloading a sled to reach what is essential or to lighten a load. Healing takes place in stages. In other words, it is necessary to examine the layers of one's life experiences, as pain can layer or pile upon other experiences. One must strip away each layer and position it within its proper context or place. Often, it takes many sessions for participants to open up or be able to reach the underlying cause of their burden.

But if you are open, if you meet them regularly or once a week or every second week then they can open up more and more all the time, because they come up with, they take today's problems, and then the next meeting can be last year's problem, and the year before problem, and the year before problem. Because we have to unload things. Like today's problem is going to be on top of everything. You have to take that out and go back to the next one. Like last year's, or two months ago problem. You take that and then you'll finally reach the problem, the first problem that you had, and then unload it, like you're unloading *Qamutik* [sled] (Counsellor).

A counsellor, commenting on how she counsels others, remarked that a person should start at the top of one's life and address each layer as they work towards the core or root of their problem:

Healing can be a long, long process. Because even if you meet everyday or every week with the same problem unless one gets rid of the first root, the things on top would get away. But if you don't reach the bottom, or the beginning of the hurt, then one time pretend that he is healed, but still carrying the hurt.

Needs and Barriers to Service

The obstacles confronting the healing group are not unlike many of the difficulties that similar healing programs face. However, some of the unique therapeutic activities, particularly those that are land-based, require additional resources or resources that outside agencies or planners may view as unnecessary or superfluous to the healing process. Within the interviews, participants clearly articulated current needs and barriers to the healing program. The needs of the healing program fall into four categories: needs that require additional space, funding requirements, volunteer-related needs, and requests related to governmental policy changes.

The program is in need of a dedicated space for individual and group counselling sessions and a facility for activities, such as carving, and a space to store their tools. A participant emphasized: "Another thing that makes offering programs very difficult, from the community point of view, is the lack of space." Another person said "We really need a building of our own to heal people." Having adequate space is not only necessary for comfort and convenience, but is also important for maintaining confidentiality, a significant concern for all involved.

Like many other healing programs, funding needs are always paramount. The healing program wishes to establish more activities, particularly for men. However, funding for hunting and other land-based activities are expensive. For example:

Getting a caribou will cost you over five hundred dollars. Because you have to travel a hundred and fifty, two hundred miles ... First of all you've got to have your skidoo, you have to own one, or you rent one it's a hundred bucks a day, even for the locals. You've got to fill it up with gas, you've got to have food provisions, you have to rent a cabin out there or have a tent with you. So it's very costly (Counsellor).

The healing program would not exist if it did not have the extensive support of volunteers. However, the program is always looking for additional volunteers, particularly those with outdoor skills and equipment.

We have to look for volunteers from out there too, who, if we're going out on the land we let the public know that we're going to go out and if they could help us with transportation like canoe or snowmobiles or people who can drive snowmobiles (Participant).

Another participant identifies that volunteers are essential, particularly for the programs involving younger generations. "People should counsel the younger generation more voluntarily, without having to be paid for it all the time, because it's helping another person. People should volunteer more to counsel younger generation" (Counsellor). Additionally, it is difficult keeping the younger participants interested.

They're trying to keep them interested ... the first week they're sewing, the second week they're kind of sitting down reading pamphlets and that. And girls open up to her about their siblings or their relative has committed suicide, like they open up and tell how they feel about that (Participant).

Program participants have positive hopes for their healing team. Team members are also enthusiastic about integrating additional traditional skills and techniques. "If they find more tools in traditional ways and that, they can counsel the clients in that way too, like in their own way, in the future. That's her goal, because there's so many people out there who needs help" (Counsellor).

Participants are looking for increased recognition and validation from the government and mainstream healing programs. The biomedical-based models and the popular mainstream psychotherapeutic models that often fail to account for dramatic cultural differences have always overshadowed traditional or valid non-empirical forms of healing. A participant discusses the impact of biomedicine and the Canadian government on healing practices:

The nursing station is the busiest place in town. How come? How come? What's that about? Oh, because they've got the magic pill. If I'm feeling sick, the Government of Canada told me that I need to go there. I don't know why, but I go there, because that's what they told me to do. And so it becomes a symbol of healing that I go to the nursing station, I get a note or I get a pill and I'll be alright. But these are systems that were brought here (Counsellor).

Participants clearly feel that the healing group has been successful. The hours of hard work, planning, and effort is paying off. People are benefiting from their activities and they are able to attract more participants; however, the threat of closure due to lack of funds or volunteers persistently looms on the horizon and participants are doing what they can to keep the healing groups open. "This healing group should keep on going. It can't stop now" (Counsellor).

Conclusions

As the authors have come to understand it through this research, healing is both an individual and a collective process that links the physical body, the mind, and capacity for clear thought with the social world of everyday life and the unseen and spiritual worlds. The healing process from within this broad perspective involves the proper ordering of one's life experiences, living comfortably in the company of others, being within the proper place on both a social and a physical level, and being fully aware of, and moving in, the appropriate trajectory through the world. It is with this particular vision of what health and healing are that this report has identified potential best practices in the provision of health services and fostering healthy living in Inuit communities.

Of primary importance to people the authors have spoken with is the potential that all people have in helping others. Listening and talking while sharing comfortable situations with others are the primary skills of those who help others toward healing. In this light, the distinctions between counsellor and participant are not clear-cut or particularly relevant in this case. All people have the potential to live well, to suffer, and to help others. Many people move through each of these possibilities within their lives, and this is simply how life takes its course. This realization has served to build up the healing group's capacity and approach since the initial and occasional workshops that began the healing process in the community. It is simply not enough to rely on specialists and programmatic approaches to health services when the means to foster health are already held by the people in the community. This is not to say that people reject formal mental health services and counselling; rather, they seek to enhance the services available with a socially viable approach to community health that builds on the values that Inuit place on the caring between friends, community members, and family.

Likewise, there are infrastructure and organizational requirements in contemporary communities that are needed in order to allow for community members to help each other. Facilitating the development of space and human resources for community-organized healing efforts remains critical. A healthy social environment and physical context combined to create possibilities for mutual caring and positive interpersonal experiences will in turn reinforce the quality of the social environment.

A best practice approach to healing then requires the acknowledgement that all social environments are dynamic and self-reinforcing spaces that reflect and contribute to the individual experiences of health and suffering. By this logic, an approach that focuses solely on a clinical or other site of healing will be less likely to produce the overall changes required for good living. Similarly, the distinctions made in medical practice between secular and spiritual approaches to health and healing were not pertinent to the people interviewed. Indeed, faith underlies all of the success that is generated through the healing group and serves to remind people of their secondary role in helping. A strong faith in the power of God to provide strength during suffering and in healing is paramount. In the research literature there is relatively little understanding of the relationship between faith and health for Inuit, and this area deserves more study in the future.

Helping involves coming to an expressed and shared understanding of what has occurred to cause pain. Trauma, as with any significant life experience, requires that others be open to listen and act appropriately and acknowledge and recognize the significance of what has happened. The sense that one is alone with pain and troubles undermines the ability to speak openly and generate the conditions for recovery. In the model presented here, those who have taken the courage to speak openly and publicly about their own experiences have had an important impact on others who have remained closed and weighed down by their thoughts. Avenues for people to speak and perhaps write or otherwise disseminate their stories of pain and healing are

helpful in that they build a literature of recovery so that others may see themselves within. Caution must be exercised to not move too quickly or without reflection on the possible repercussions of disclosure, as periods of unburdening may be followed by a return to pain. In some instances, a workshop-style environment with a small group is the most appropriate place in which to initially share positive experiences.

One is left with a sense that those suffering feel as if they are stuck, unable to move forward, and unable to acknowledge the past. People who need help find it very difficult to seek acceptance or recognition of the experiences that have brought them pain within themselves. They may also be very reluctant to acknowledge and express themselves. Consequently, it can be difficult for others to see the pain that some are experiencing and to assume that all is well because they have not heard otherwise. This is another reason why fostering supportive social environments that are unthreatening and encouraging to speaking out or even just listening to others without fear of being challenged are so important. Places where people can go to share time with others are critical to fostering the healing process in a community. In acknowledging this, several of the people who participated in this research pointed to the activities that the healing group organizes and adopts as part of building the right kind of social milieu for people to reflect and to speak. In effect, this model reproduces normative social spaces where the activities important to everyday life are undertaken within and during a therapeutic encounter. People concentrating on the physical tasks of sowing, netting, building, and repairing things will be more fluid in their thoughts and their responses to others than if they have little else to do. The emphasis placed on the comfortable spaces of sharing is of primary importance and lends support to the widespread observation that resources supporting various social activities within and outside of the community contribute to healing even when these are not formally designated as healing events.

There are important distinctions in healing approaches between men and women, and these need to be considered within the development of best practices. It was suggested that women are more comfortable indoors than men and that approaches to healing reflect this distinction. Men are more likely to seek opportunities outside of the community in the company of only a very few people. In the physical requirements of hunting and travelling, men find the opportunity to think deeply and without distraction that comes within the community. Hunting companions may help them realize their efforts at healing through sharing activities, talking, and listening. Women are understood to be more comfortable with larger groups of people inside homes and other community buildings. The relative lack of men involved in the healing group should not be taken as a sign that they are not engaged in healing as a personal exercise nor that they do not contribute to helping others. The authors have presented examples to show that husbands and wives will work together as a couple to share what they have learned in their different activities and will share deeply personal thoughts in their private lives. The importance of the complementary roles of men and women in Inuit society is paramount and underappreciated in healing efforts. Consequently, rather than seeing men's and women's roles as distinct and separate, it is more accurate to see them as complementary and interacting. The distinctions between the genders in their approaches to healing reflect the social organization of labour and production in Inuit society, and these do not indicate any form of social dysfunction. This is not to say that all relationships are healthy and productive, but indicate the importance and potential of men and women helping each other and contributing through their bond to the health of other people. Building healing programs that reflect the organization of Inuit society and build on the strength of relationships between men and women is an important area to develop in healing efforts.

The healing program emphasizes that counsellors are individuals that have made substantial progress on their own healing journey and have been able to place their life experiences, particularly painful emotions, into the

proper perspective. A counsellor must work through many of his or her issues and experience a form of healing before helping others. Counsellors also have the responsibility to maintain their health while actively helping others. A best practice approach acknowledges that there are heavy demands placed on those who are able to heal others and that they too may need to withdraw from these demands to preserve themselves, receive special support, and be acknowledged for the efforts they make in helping others and for the progress they have made in their own lives. The skills required of those who counsel regularly are specialized, as in the case of being able to *listen hard* and not be judgmental. These conditions exist within a framework of emotions, personhood, and suffering that is particular to Inuit culture. There is little understanding of these in the non-Inuit medical and clinical professions, and this highlights the importance of the role of helpers who may not have formal training, but are widely acknowledged within their communities as experts nonetheless. Better awareness and acknowledgement of the importance of cultural helpers would help bring better integration of community and health centre efforts to address the burden of suffering. Likewise, the role of Elders and others in contributing to the informal healers should be acknowledged and highlighted.

In this case study, the authors have seen how healing is synonymous with sharing and is embedded in Inuit culture. Sharing one's healing experience and personal healing process or journey illustrates success in the face of challenges and motivates other participants to help themselves. Sharing allows others to gain insight into their own life experience and to learn additional coping or interpersonal skills. The impact of sharing experiences is also beneficial for those sharing. Sharing and narrating personal experiences place one's life events into a particular perspective and has the potential to provide order, meaning, or sense to painful experiences. This recognition of a shared or common pain brings people together and creates or solidifies individual, family, and group ties. Healing efforts through the various means described in this document and through the tools of Inuit culture and vision are a significant testimony to the determination of the community to find solutions to the difficulties they face on their own terms. Ultimately, the best practice in healing is to understand and build on the principles inherent to Inuit culture and society that people themselves identify as meaningful and effective.

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**The Pisimweyapiy Counselling Centre:
Paving the Red Road to Wellness in Northern Manitoba**

Joseph P. Gone

Introduction

The Pisimweyapiy Counselling Centre (PCC), originally funded as a one-year pilot project by the Aboriginal Healing Foundation (AHF) in 2000,¹ is one of three programs administered by the Nelson House Medicine Lodge, a regional substance abuse treatment centre located on the Nisichawayasihk Cree Nation (NCN) in Nelson House, Manitoba. Designed to round out the continuum of care provided by the Medicine Lodge, the PCC is characterized as an outpatient/residential school program that has evolved in structure and function during its five years of funding by the AHF. According to the published brochure that is distributed by the Medicine Lodge to advertise the PCC, the program's mission is to "Promote and enhance wholistic healing of residential school impacts on Nisichawayasihk utilizing traditional and contemporary practices."

An elaboration of this description submitted to the AHF as part of the PCC's renewal application summarizes the purpose of the program:

The Pisimweyapiy Counselling Center is a community-based, nine (9) week, two phase outpatient counselling service. It offers services both in the Cree and English languages. The program will admit a new intake of program participants every 10 weeks. It entails individual and family therapy plus structured group sessions designed to normalize, universalize and depathologize the program participants' negative life experiences symptomatic of the residential school syndrome. The service will assist in addressing unresolved and often untreated grief characteristic of posttraumatic stress disorder.

In addition, the stated goals of the PCC are threefold:

- (a) A resourceful community healing place that maintains our Cree language, culture and spirituality.
- (b) To provide direct purposefully designed culturally appropriate community therapeutic support services.
- (c) To provide an integrated and holistic therapeutic approach to healing and wellness for individuals, families and the community utilizing western and aboriginal practices.

Finally, PCC program efforts were expected to achieve concrete outcomes:

[T]o have the program operate to its full capacity ... [with] 15 individual participants and/or their families per intake ... [To supplant] unhealthy survival patterns ... with life empowering behaviours ... [To provide] participants ... [with] an expanding network of support ... capable of responding to survivors' needs borne of the residential school legacy.

Probably no better introduction to the community-based therapeutic activities of the PCC—named for the rainbow and its inspiration of hope—might be provided at the outset of this report than a few summary descriptions offered by its staff:

We see ourselves as paving the Red Road to wellness. The imagery is significant. Paving the Red Road might be regarded by many people as heresy. "You're messing with age-old customs.

¹ The PCC was originally named as the Nisichawayasihk Healing and Wellness Program, but changed its name in 2002.

You're revamping age-old processes that have demonstrated their utility over the years." But in my humble opinion, the reason ... why our people have left in droves from the Red Road, [is] because it's hard. It's a hard way of life. It is really difficult to be an Indian. That coupled with the presumed mysticism of the Indian way of life. So paving the Red Road speaks of an attempt to demystify Indigenous processes and make it a lot easier to grapple with this monster called identity (Administrator).

I try to make people understand about the Medicine Wheel concept ... It's a philosophy. It's not something that you can carry around with you in your pocket. And ... you can use that concept ... You can use those teachings in every aspect of your life because it includes the whole universe. In the whole universe, we are but a speck of that whole universe, but we are interrelated, and we are part of that whole universe as we see it (Counsellor).

The red, white, black, and yellow. In the Medicine Wheel, each [of these colors] symbolizes something. There's an animal that sits in each direction, and it symbolizes that love, humility, and whatnot. And then there's a plant [associated with each direction]. So it shows everything is connected and interconnected, that no one is above or below another, that we're all equal, that the human is not more important than the rest of the animals and the elements of the earth. That because everyone is connected and interconnected, that we have to learn how to respect Mother Earth (Administrator).

Given its place within the service ecology of the Medicine Lodge more generally, the PCC focuses upon delivering culturally sensitive programming on an outpatient basis to Aboriginal clients. These clients typically need assistance with a host of personal challenges and difficulties attributed either directly or indirectly to the colonial legacy of Canada's residential school system. As a result, the potential clients of the PCC's holistic therapeutic services were described first as "any Nisichawayasihk member who is a residential school survivor," then as "children of parents who survived the residential school system," and finally "any member of Nisichawayasihk." This latter category was deliberately inclusive of the entire community, principally because all residents of the community were perceived as suffering from the intergenerational impacts of forced assimilation, Aboriginal religious suppression, and disrupted family relations wrought by compulsory residential school experiences. Although clients of the Medicine Lodge's other programs routinely include First Nation individuals—and occasionally a Euro-Canadian—from throughout Western Canada, in fulfilling its mandate as an outpatient program, the PCC was primarily concerned with serving the local needs of the NCN members who live nearby (either on-reserve or perhaps in the adjacent Métis settlement).

The PCC staff was comprised of three full-time counsellors and a program coordinator. During the first three years of the project, the PCC team evidenced remarkable continuity, but prior to the site visit both the program coordinator and a counsellor resigned from their positions. A new program coordinator assumed that position a few months prior to the site visit and a new counsellor was selected within the timeframe summarized by this report. All four staff positions were filled by NCN members. The program coordinator holds a bachelor's degree in social work and has over a decade of experience working in human services with Aboriginal people. She was responsible for the day-to-day management of the PCC program, including staff supervision, program development, activity scheduling, event planning, project reporting, community outreach, and other administrative tasks. In addition, an important part of her charge was to identify alternate funding for the PCC in order to ensure its continuity once the AHF's financial commitment expires. She

reported to the executive director of the Medicine Lodge as well as to the six-member Residential School Advisory Committee (distinct from the Medicine Lodge's board of directors) that provided direction to and accountability for the program.

The counsellors reported a variety of educational experiences, but routine training opportunities offered by the Medicine Lodge to its staff helped to ensure that each counsellor had earned or would be able to earn a certificate in applied counselling (equivalent to six credits of university coursework). One counsellor had worked in higher education for many years before returning to Nelson House, another had worked as a parole officer, and still another had been a cook at the Medicine Lodge before accepting a position as a counsellor-in-training; she later went on to complete her certificate with Medicine Lodge sponsorship. Counsellors were responsible for providing services to clients, including group lectures on weekday evenings, one-on-one therapy sessions as needed or desired, home visits to encourage and support clients, transportation of clients to program activities, and community education and outreach. Counsellors were expected to be flexible in their schedules (within the typical 38-hour workweek) and reported directly to the program coordinator.

Three staff members were themselves residential school Survivors, and one had spent two years in reform school as an adolescent. In terms of age, the youngest was in her early forties and the oldest was in her mid-sixties, with the remainder in their fifties. All had experienced poverty, domestic violence, physical and/or sexual abuse, family disruption, alcohol or other substance dependence, identity confusion, or cultural loss as part of their own life trajectories. All reported remarkable life events that had ultimately placed them on their own healing journey, resulting in abstinence from alcohol or drugs, improved coping skills, greater self-awareness, clearer direction in life, and renewed compassion for others. All but one emphasized the importance of Aboriginal cultural participation as fundamental to their own healing and recovery, and at least two explicitly identified themselves as traditional pipe carriers.

The PCC staff conducted many of their activities within the Medicine Lodge proper, an accomplishment in its own right following a building expansion that permitted the program to relocate its offices from a nearby trailer. Each staff member was furnished with a private office in which to counsel clients, return phone messages, complete paperwork, and so on. A large front room provided space for lectures and other group meetings for staff and clients. The location of these offices within the Medicine Lodge routed PCC clients away from the in-patient or treatment side of the facility, thereby protecting confidentiality and possibly reducing embarrassment or stigma. The building itself is striking in design, with lofty rafters, roomy spaces, countless windows, an open-air terrace, and a group dining area that overlooks the shores of Footprint Lake. As the grassy slope recedes from the Medicine Lodge towards the water's edge, a sweat lodge stands close to the lakeshore, partially hidden from view. Stands of trees adjoin the grounds, lending a pleasant and relaxing, almost retreat-like atmosphere to the surroundings. Nevertheless, a significant portion of the PCC's activities occur elsewhere, whether in various community forums, training conferences, traplines, fasting camps, medicine wheel sites, or the sibling community of South Indian Lake, not to mention routine visits to Thompson, Manitoba, the "Hub of the North," for consultations, celebrations, or supplies.

The Medicine Lodge, established in 1989,² is principally funded by Health Canada and fully accredited by the Canadian Council on Health Services Accreditation. Despite its location in the traditional territory of the NCN, the Medicine Lodge initially operated independently of band authority until interested parties agreed that program responsiveness and accountability was best served if the NCN chief and council appointed the

² For further information, see: www.medicinelodge.ca

Medicine Lodge's five-member board of directors. At the time of the site visit, the Medicine Lodge operated a 21-bed, long-term (17–20 weeks) in-patient, non-medical alcohol and drug rehabilitation program that employed a treatment team of eight individuals; the AHF-funded PCC that employed four individuals; and a National Native Alcohol and Drug Abuse Program (NNADAP)-funded prevention/referral service that employed two individuals. Finally, in addition to the professional staff, the Medicine Lodge also maintained an administrative team as well as other support staff, bringing the total personnel employed by the Medicine Lodge to approximately 25 individuals. With perhaps one or two exceptions, all of these individuals are Cree—the exceptions were First Nation individuals from non-Cree communities—and the majority of them are affiliated with NCN.

The decision by the AHF to fund the PCC was viewed with great excitement within the Medicine Lodge administration, in part, because most Aboriginally oriented substance abuse treatment programs in Canada are apparently unable to provide outpatient services. As a result, the PCC was seen as an important opportunity to develop and modify an outpatient program that could round out the community-based service delivery options beyond the prevention, referral, and in-patient offerings that were already established at the Medicine Lodge. The commitment by PCC staff to advance holistic healing by utilizing traditional and contemporary practices exemplifies the vision and mission statements of the Medicine Lodge more generally:

Vision Statement: Paving the Red Road to Wellness

Mission Statement: Medicine Wheel Firekeepers Empowering Healthy Lifestyles

These statements, officially adopted shortly before the site visit, were deliberately intended to capture the distinctive Aboriginal cultural orientation of services provided by the Medicine Lodge. One administrator elaborated further on the significance of paving the Red Road to wellness:

How are we moving towards the paving of the Red Road to wellness? The mission has been revised to state that we are medicine wheel firekeepers empowering healthy lifestyles. I mean those statements are memorable. They're imbued with the symbolism of our people. The Medicine Wheel takes in everything that we know, have known, and can accommodate what is to be known. The Medicine Wheel is that encompassing. Firekeepers are simply helpers. And that's how we view ourselves as not the keepers of the medicine wheel teachings, but rather the helpers keeping those teachings alive and well and palatable for a growing number of our people.

Much will be written in subsequent sections of this report about the significance of this approach to healing as it is understood and practiced in this setting, but for now the point is simply that the treatment philosophy of the PCC is part and parcel of the Medicine Lodge as a whole.

The Medicine Lodge itself was situated within the broader NCN community and stood as one of several important institutions concerned with the welfare of the NCN's members. NCN is located west of Thompson and northeast of The Pas in northern Manitoba. A paved highway runs from Thompson to within a few kilometers of the reserve, at which point all roads become gravel. The community itself is comprised of nearly 6,000 hectares (nearly 15,000 acres). Several housing clusters consisting of approximately 400 homes in various states of repair organize residential life in the community, and are situated on various points of land that help to outline Footprint Lake. At the time of the site visit, band membership was approximately 5,000

members, with around 2,400 residing at Nelson House and a small number residing in the sibling community of South Indian Lake farther to the north.³ Numerous buildings house the various activities of NCN, including governmental offices, an elementary school, a high school, a police station, an education centre (provides vocational counselling), a local sports arena, a café, a state-of-the-art nursing station (provides round-the-clock care for the elderly and/or disabled), and the stunning Family and Community Wellness Centre. The Wellness Centre was designed to integrate community services under one roof and includes a community meeting hall, a pre-school, a daycare, and most of the band-controlled social service programs. These programs include counselling services for community members provided by resident therapists as well as therapeutic consultations provided by an itinerant psychologist who travels to the community twice per month. PCC counsellors routinely consulted, coordinated, and supported therapists from these other programs as part of their community outreach activities. Finally, several Christian denominations have established churches at NCN as well.

The NCN population was characterized by most respondents as confronting a host of daily challenges. Like many First Nation communities in Canada, the on-reserve population appeared to experience higher poverty, lower employment, and increased prevalence of substance dependence, domestic violence, family intervention, suicide, and black market activity by alcohol bootleggers and drug dealers. Much of this community distress was attributed to the historic impact of the completion of the paved road to Thompson in the late 1960s (rendering the community less remote from the influences of Euro-Canadian society), the flooding of many family hunting and trapping territories by Manitoba Hydro, and, of course, the residential schools, which were estimated to have directly affected about 240 NCN members. The NCN chief and council recognized that economic development was crucial to the future well-being of the community. One contemporary community venture with relevance for this report was the contracting by NCN Human Resources and Development of Mr. Tulshi Sen, “one of the World’s foremost lecturers in the field of home based business development,”⁴ to train 21 community members—including four members of the Medicine Lodge staff—as life skills trainers who could then go on to educate their own people in the habits and abilities best suited for gainful employment and even entrepreneurial leadership.

Methods

The interview guides used in this research were developed by James B. Waldram, with the expectation that the standardized interview format would be adapted to the particular needs of the respective research sites. No formal modifications were necessary in this study, though interview respondents were almost never asked all of the scripted questions owing to the length of their responses to earlier questions and their unavailability for follow-up consultation. This led to a fluid give-and-take during interviews in which relevant information was solicited at appropriate points during the interview, even if the requested information was officially scripted for later in the interview sequence. In addition, routine, unscripted follow-up questions requesting confirmation or clarification of respondent perspectives was typical. All interviews were conducted by the author of this report in private settings, and all interviews were audio recorded, transcribed, and subsequently checked for transcription accuracy prior to analysis.

³ Source: NCN data provided by author.

⁴ For further information see: www.tulshisen.com

The author initially arrived in October of 2003, but due to a family emergency departed the community one week later. He returned a second time in November of 2003 and remained in the community for about three weeks before the approaching Christmas holidays began to interrupt the regular rhythms of service delivery for the PCC program. The author undertook a final site visit in May 2004. One of the difficulties that further complicated time spent in the community was the shortage of lodging at Nelson House proper. Thus, during the 2003 visits to the community, the author lodged in Thompson, requiring a commute of two hours per day just as winter was settling into the region. Fortunately, by the 2004 visit, arrangements had been made to board with an influential family in the community. Such close contact with high-profile community members in itself afforded additional observations and insights about the NCN healing context more generally. Altogether, the author spent a total of seven weeks in northern Manitoba over three visits spanning seven months to complete this study.

Through consultation with Professor Waldram in preparation for this study, it became clear that the process of review for research conducted with human subjects by university institutional review boards (IRB) in the United States was apparently much more bureaucratic and inflexible in comparison to Canadian university norms. For example, proposals to sit in with clients during confidential group sessions at the Medicine Lodge required sustained negotiations in a creative effort to identify a process suited to IRB ethics concerns as well as to study logistics. One result of this and other negotiations was the designation of the research as a program evaluation in the IRB proposal for this study (which enabled some flexibility and open-endedness for research activities that would otherwise have required advance specification in restrictive detail). Unfortunately, documents using this terminology unwittingly and erroneously signalled to the Medicine Lodge staff that the research was more evaluative than descriptive. The significance of any potential evaluation of the PCC was further pressured by the pending discontinuation of AHF funding for the program and the understandable desire within the community for either renewal from the AHF or the procurement of continued funding for the program from other sources.

Efforts to reduce this evaluation anxiety included reassurance that the AHF had already selected the PCC as one of a handful of promising programs to be studied for the purposes of identifying best practices in Aboriginal healing from the residential school legacy. This reassurance, in turn, was interpreted by some as evidence that the PCC was superior to other AHF-funded programs in regard to design, efficacy, administration, and so forth (when in fact several indicators including geographic distribution, type of service setting, and so on were used to select programs for detailed AHF description), thereby perhaps raising expectations that continued funding might be forthcoming. The research was undertaken in the context of performance anxieties and pressures that undoubtedly led staff and clients of the PCC to place their “best foot forward” and celebrate the achievements (while downplaying the limitations) of the program. As a result, access to certain aspects and realities of the program was rendered more difficult. One significant instance of this was the evident staff discomfort (communicated very indirectly) with the author’s plan to routinely observe their evening group lectures. Out of sensitivity for reducing stress in that component of their services for which PCC staff already acknowledged performance anxiety during their interviews, the author limited his observations to an occasional lecture with the most experienced counsellors.

It is important to remember that the site visit occurred within months of a major administrative transition following the resignation of the original PCC program coordinator. The result was an understandable lack of administrative continuity in regard to specific program milestones and institutional memory (e.g., precise summaries of client participation over the years, including the number of clients who recycled through the

program or the exact number of PCC program graduates, was never determined). Furthermore, the site visit coincided with the resignation of an experienced counsellor who had been retained by the program since its inception. As a result, the PCC staff was shorthanded for the 2003 portion of the site visit, though the author was able to glean invaluable insights by observing first-hand the hiring process undertaken to replace this veteran counsellor. Finally, the PCC program entered its fifth and final year of AHF funding during the site visit, which involved to some degree a shift in energy and attention away from the intensive efforts of prior years to recruit clients and engage the community toward securing a sustainable future for the program. Not surprisingly, PCC activities unfolded at a measured pace during most of the site visit, commencing with a staff sharing circle for an hour or two each morning, continuing with on-call, planning, or catch-up activities during the afternoon, and concluding with the group lectures four nights per week after suppertime.

The PCC staff was quite helpful in recruiting clients of the program for study interviews. Owing to the unavailability of personal transportation for many of these individuals, counsellors routinely embarked from the Medicine Lodge in search of respondents who could be persuaded to come in for an interview. Given the interpersonal nature of life in this face-to-face community, most respondents were known (or even related) to the staff (and each other) prior to participation in PCC activities and were perhaps predisposed to participate in the study as a result of these relationships. Generally speaking, while these respondents participated fully and willingly in the interviews, few of them seemed especially comfortable with the endeavour. In addition, interview responses were generally terse, concrete, and lacking in detail. Furthermore, despite the PCC staff's best efforts, client interviews were catch-as-catch-can, yielding a small fraction of respondents from the 162 names entered into the PCC contact database. Thus, formal interviews with other recommended respondents were undertaken, including a handful of residential school Survivors from the community who were informally associated with the program, as well as other counsellors in the Medicine Lodge programs, many of whom were seamlessly involved in the larger healing effort at NCN. In fact, the routine and comfortable interactions among counsellors, therapists, and cultural practitioners throughout the NCN, combined with PCC staff encouragement, led to an occasional invitation for other proponents of this larger community healing effort to share their perspectives and observations about healing through a formal interview during the site visit. Early efforts during the study suggested that a rich understanding of healing in the PCC was most likely to result from additional consideration of the opinions and perspectives of those who were best able to articulate and describe pertinent healing activities, namely, the therapists and service providers (along with the visionary administrators) employed throughout the community.

Thirty-three formal interviews were conducted as part of this study, including interviews with eleven PCC clients, fourteen service providers at the Medicine Lodge (including all PCC counsellors and nearly all of the service providers employed by the Medicine Lodge), three administrators at the Medicine Lodge (including the PCC coordinator as well as the current and former executive directors of the organization), one member of the support staff at the Medicine Lodge, and four additional community members with experience or expertise pertaining to healing in the community (e.g., a PCC board member, a residential school Survivor, a counsellor in another NCN agency, and a cultural practitioner with ties to the PCC program). It is important to note, however, that the author's understanding of the healing activities undertaken by the PCC program specifically, and the Medicine Lodge more generally, was crafted by routine participant observation in the daily activities of the PCC staff (including morning sharing circles, staff meetings, cross-agency consultations, sponsored community gatherings, hiring efforts, a client graduation, and various cultural activities such as sweat lodge and pipe ceremonies; the principal exception was routine access to evening group lectures for the reasons already explained). This was an especially vital source for learning about the program and the community early on, as the

community was regularly described as in crisis following a handful of suicides and suicide attempts as well as the death of an infant resulting from an attack by local dogs. Finally, an additional source of important information was the many documents and records pertaining to the PCC program and the Medicine Lodge. Due to issues stemming from the administrative discontinuity previously described, important background information on the early years of the PCC was obtained from the 2002 AHF case study report on the PCC.

Data analysis was undertaken by the author, with intermittent assistance by graduate students Carmela Alcántara and Erin Graham, as well as lively engagement with various undergraduate students in the Culture and Mental Health laboratory in the Department of Psychology at the University of Michigan. Additional funds for the laborious effort of transcribing interviews were obtained as part of the author's research fund provided for his use during his time as a post-doctoral Kellogg Scholar in Health Disparity at the University of Michigan's Institute for Social Research in 2003–04. The principal analytic technique used in this study is thematic content analysis of transcribed interview material. The quotations from interviews cited in this report have been edited to enhance clarity and protect identity in accordance with the assurances guaranteed during the consent process undertaken with all respondents.

Participant Profiles

Demographics: the median age of the eleven clients interviewed was 30 years, ranging from 20 to 62 years in age. Five of the clients interviewed were in their 20s, four were in their 30s, one was in her 50s, and one was in his 60s. Seven of the clients were male, including all five of the respondents younger than age 30. The four youngest of the seven male respondents were single, while the older three were married. Two of the four female respondents were single, the youngest was married, and the oldest was divorced. Only two of the younger male respondents reported an absence of children in their lives. At least eight of the eleven clients were graduates of the PCC program, representing a non-trivial proportion of those clients thought to have actually completed the program during its years of operation. According to the 2002 case study, 19 clients had completed the program during its first two years, and one PCC counsellor who had been with the program since its inception did not think the total was much higher by the time of the site visit.

Aboriginality: all of the eleven clients interviewed were affiliated with NCN. All reported that they spoke the Cree language minimally, and eight reported speaking the language fluently. When asked to describe their Aboriginal background, most clients were quite reticent. Characterizations of their cultural identity or community participation ranged from one word responses such as “solid” or “alright” to affirmations that they had been born in Nelson House, reared in a trapline or hunting camp or lived off the land through hunting and trapping. In response to this question, one client volunteered that he had learned the Cree language from his grandmother who had raised him, and another mentioned a brief list of traditional activities with which he was familiar. Still another replied that he was not really traditional.

Most of these respondents had lived not unusual lives on or near the community. Nevertheless, while it may be tempting to conclude that interviewed clients had thereby actively embraced and expressed affirmative Cree cultural identities, this attribution would oversimplify the dynamics of cultural awareness and participation among the resident population of NCN. Owing to the longstanding but ever-increasing suffusion of Euro-Canadian societal influences at Nelson House, including the devastating cultural impacts of compulsory residential schooling life on the community, was frequently characterized by PCC staff and administrators as requiring pervasive education and awareness in order to re-socialize the resident population into the lifeways

and thought ways of their ancestors. For example, one administrator explained that community healing will ultimately depend upon a process of creative indoctrination, the goal of which is to “indoctrinate our people in our own [Aboriginal] practices and processes without them even realizing that that’s what we’re doing.” Furthermore, the intersection of therapeutic practice and Aboriginal cultural participation that was enacted by so many of the Medicine Lodge’s service providers was additional evidence of the explicit link made in at least one segment of this community between ancestral cultural preservation and revitalization and healing. Indeed, PCC staff reported that nine traditional pipe carriers and six sweat lodge holders from the community were employed by the Medicine Lodge alone.

The meaning of Aboriginality as expressed by the interviewed clients must be interpreted within the community context in which certain forms of Aboriginal cultural familiarity, participation, and practice characterized as sporadic by Medicine Lodge staff nevertheless served as markers of secure identity and holistic wellness. Not surprisingly, the absence of such markers in one’s personal life frequently signalled the need for outreach, education, and healing.

Substitute Care Experiences: first-hand experience of residential schooling, foster care, or adoptive placement was not typical among the interviewed clients, with six respondents disavowing placement in any of these substitute care arrangements. The two oldest respondents were the only interviewed clients to report attendance at residential school (for four and five years of their adolescence respectively), and two additional respondents indicated that one or both of their parents had attended residential schools. Three other clients reported placement in foster care, two of these on one occasion each for about three months during their early adolescence and the third for about three months at a time, twice per year, until he was adopted by a First Nations family at age twelve. This latter individual reported the only instance of adoption in the study. In contrast, all of the PCC staff reported substitute care experiences, including either attendance at residential schools or, in one instance, judicial confinement to a juvenile reform school. Although first-hand experience with the residential school system was typically associated with older members of the community (precluding many of the young adults sampled in this study), it also seemed apparent that PCC activities had involved greater numbers of residential school Survivors in the earlier years of the program.

Beginning in the late nineteenth century, perhaps 100,000 Aboriginal children throughout the nation were removed from their homes and enrolled in residential schools aimed at assimilating First Nation individuals into mainstream Euro-Canadian society. The schools were typically inhospitable institutions, at least for most Aboriginal children, and usually emphasized learning by memorization, Christian religious instruction, and preparation for agricultural and domestic trades and all sustained by a regimented routine and harsh corporal punishment. As in other kinds of authoritarian institutions, abuse and exploitation by staff members of their dependent charges were unfortunately commonplace. Upon discharge from these institutions, many Aboriginal individuals—some of them quite wounded—found it difficult to return to their home communities where life was less regimented, often economically impoverished, and structured by cultural routines that were now unfamiliar to former students. Thus, the legacy of the residential schools includes displacement and disruption of generations of First Nation individuals, sometimes resulting in substantial personal and interpersonal distress and dysfunction that has lately been referred to as residential school syndrome. Following the proceedings of the Royal Commission on Aboriginal Peoples in the mid-1990s, the federal government has attempted to reconcile with First Nation citizens, in part by redressing the residential school legacy (through the establishment of the AHE, for example). Today, many residential school Survivors harbour hopes of government initiatives that might financially compensate them for their childhood ordeals.

Based on interviews with Survivors in this study, the lifelong impact of the residential school system on the individuals who experienced it was profound. One client who experienced four years of residential school beginning at age fifteen described his experience as follows:

Oh, it affected me a lot, especially [in the] years when I came home. I was abusive myself because of what happened to me over there. I wanted to just get even with other people. That's how I felt. I was ... fed up of getting beat up all the time, couldn't do anything. Right away they'd jump you and beat you up. Even the principal was pretty strict too. I got whipped once there just for talking Cree ... You'd talk your language, the others like Saulteaux and Sioux ... when they hear you talking your language, they'd go tell the principal right away. And you'd go to the office and that's it, come out of there crying. And I was only fifteen when I went there. They'd get me a lot. It's gone now though. I try to forget about it.

This client noted, however, that forgetting about his experiences in residential school was a challenge at times:

First ten years. It's affected me a lot. Even when people yell at me, I respond right away ... But it's gone now. It's gradually been fading. I just hid it away, start missing it. [Laughs] And then I talk about it ... especially when the lawyers were here. They wanted to compensate the kids, the residential school Survivors. I had to go through all that again with the lawyer then. I thought about it for the next two months after that, came back to me, so I don't like talking about it. I just want to forget about it. It's over.

Even decades later, talking about these experiences for the purposes of obtaining possible reparations led a respondent to reiterate that he would prefer just to forget rather than go through those experiences again. Another client described her residential school experience in much greater detail, noting at the outset of her story a sense of anticipation upon her arrival to a residential school at age twelve that soon turned to loneliness and alienation:

Well, for the first three days it was exciting exploring the place where you're going to stay all that year. But then after that, everything settles down. All of the excitement turned around and I was starting to get lonely, lonely for my family. Being there and living with all these strangers, except for these people from your own hometown, it was really hard for me to adjust to that kind of environment, moving from the reserve to that residential school.

Initiation to school life among strangers was marked by persistent difficulty in finding social connections with fellow pupils from other First Nation communities.

Most of them didn't speak English. They spoke their own Native language, and I couldn't communicate with them because they speak Ojibwa, and they speak Dene ... And there was some Cree ... And it was confusing ... Fear was in with me. All these people, and I didn't understand a word they're saying. So we went into little groups. There's a Cree group, there's a Dene group, there's Ojibwa groups. Separated (Client).

Creation of new social ties for this client was extremely difficult during her years at residential school:

There's no sense of belonging ... No sense of belonging there. You all are different people. We speak Cree. They speak a language different than I speak ... And it was hard to build up those communication skills.

These differences not uncommonly led to inter-group violence.

Every night I remember I beat the shit out of the girl next to me. Even if I beat up this Dene, and I beat up this new [student]. It was crazy sometimes among us, among our own Aboriginal people. And a Dene didn't like a Cree. The Ojibwa didn't like a Cree. The Crees were in the middle of most fights. Nobody liked us. We used to fight amongst each other as Aboriginal people. "Oh, go fight that that Dene." Of course, I didn't understand the words they were saying to me, and you shouldn't when you couldn't learn their language (Client).

If violence commonly coloured peer relationships in residential school, the source of such altercations was frequently the abusive actions of the residential school staff.

I was always in fear because ... when I was going to school here, we had a teacher that was very strict and was very abusive when we did something wrong ... If we speak Cree, we would be physically punished ... And this is where I encountered all forms of abuse ... Because this priest, the form of discipline he used to give us was physical discipline. Used to get strapped, and oftentimes my hands were like this, they were numb. Other times my thumbs were just like this. It's so hurtful, and they still expect us to go to the classroom and learn, and you can't learn. I was in so much pain, can't even hold a pencil (Client).

Fleeing the school only seemed to make matters worse.

We used to run away too. I was trying to run away from that pain, and we were trying to run away from the way we were treated. But when we run away, and we were caught, they used to shave our head ... And they used to have a movie at that school. We used to sit there. [They] displayed us [as part of our punishment] ... And this priest and nuns thought it was funny putting us in front of the screen while they're watching the movies, and they would not allow us to watch the movies because that's our punishment. And the priest punished us like that too (Client).

Furthermore, harsh discipline sometimes shaded into monstrous violations.

I'm the victim of sexual abuse too by the priest. It was hurting. And I couldn't study and I couldn't concentrate across all that pain I carried there, and that hurt (Client).

Reporting such violations to other staff members could be met with wanton disregard.

I should try and tell the Sister. She says, "Oh you can't say that to this priest, he's a man of the cloth. You'll go to the chapel and say your ten Hail Mary's to be forgiven." It wasn't me that asked for forgiveness, it was that priest who did something to me that later on in my adult life would affect me (Client).

To properly appreciate the developmental consequences of this form of criminal violence upon school-aged children, it is important to remember the dehumanizing institutional context that served as the backdrop for such activities.

I remember my number was 52. I guess [it was] the year I was born. I was numbered ... I remember 52 because I'd sleep in number 52 bed. Everything we were doing, clap, clap, clap, [and] they all lined up. Line up to go to bed, and line up to go to school, and line up to go to church, and line up to go for meals. We were always in line. Going on like that for five years. The first year was the hardest (Client).

Not surprisingly, the emotional development of children in such an impersonal setting was affected in negative ways.

Why should I tell somebody that didn't believe me what was going on? "It's not nice for you to speak like that!" It wasn't even nice to express your feelings. It wasn't nice for you to cry. If you cry you'd be punished. And sometimes when you have to be punished, they shut me in the dark room. They used to give you water and bread for two days. And it was where you got sent sometimes. When I was there, that's where I used to sleep and think, when I was in the dark room ... In order to go to the washroom [you] start hollering ... You know what I did? Well, they didn't hear me knocking, knocking ... So there was the punishment [for not making it to the washroom too] (Client).

Emotional expression in the residential school setting was sometimes met with punitive measures, compounding children's sense of anger, isolation, and despair.

Nowhere to run to. No one to talk to. No one cared for us. That's how I see that residential school ... And they provide you shelter, clothing, food, but they never like to hear how you feel. There was no love (Client).

Once emancipated from years of confinement in such loveless and abusive environments, many Survivors predictably emerged with no sense of belonging that would chronically trouble their adult years. One Survivor described her troubled life as a cycle of distressed interpersonal relationships in which abuse figured prominently:

I'm divorced. I've had numerous unstable relationships. I didn't have parenting skills ... [I] became a single parent all my life. I don't want to remarry. I know that's sad for us residential school Survivors ... They get married, divorced, single parent, married, divorced. It's a cycle where we're living ... It's a cycle of abuse. Got married, became an alcoholic, divorced, remarried. Then, finally, I go through the healing journey, while I'm trying to get away from all forms of abuse (Client).

Low self-esteem, too, was described as a consequence of the residential schools.

Our low self-esteem. Go down [to its root cause], and it's fear and anger and all that emotional hurt. The mental hurt, too, that goes with it if you think about it and you feel about it. Basically, you want to punch someone? You began to be a violent person because you're so angry about

all that abuse you went through. Emotional abuse, physical abuse, sexual abuse, psychological abuse, even spiritual abuse. Meaning that they didn't want me to practice my own culture and spiritual practices (Client).

The resulting ignorance of Aboriginal cultural knowledge and practice was bitterly lamented by some respondents.

I lost my culture. In 1985, when I attended the university, that's the first time I saw a powwow. Oh, [that] was amazing to me! I was too traumatized. I was too drunk ... I never used to see sweats. It's only now, when I was about forty years old, [that] I'd seen my first sweat. It's only now [that] I start learning my culture, half a century after [residential school]. Because they taught me a religion that was in Latin. And I had to read in Latin, when the priest says Mass. I had to read in French. They wanted me to read in French. That was [the] number one subject. If you don't pass French, you'll fail your grade. They tell me to speak French, tell me to speak and write French. Today, I don't even know any French words. I don't even want to read a French word. I resented it because I was forced to learn that language, to read, to write. And once again, [what] I didn't learn was my culture. I didn't know [about] the sweat. I didn't know the meaning of the sweat. I didn't know the meaning of the symbolics of our culture, instead I know the symbolics of the Catholic faith (Client).

With regard to the residential school legacy for this latter client in particular, it is illuminating to consider the centrality of language in her narrative of her years in residential school and beyond. Her life before school was grounded in family and community where the Cree language was the principal means of communication. In contrast, her school years were dominated by seemingly any language but Cree: mandatory English throughout the routines of school life; Latin in the daily Mass and during religious education; French in class as she was prepared for future citizenship in multicultural Canada; and a host of other Aboriginal languages that characterized a contentious student life when beyond staff surveillance. Under different conditions, exposure to such linguistic abundance might have produced an accomplished polyglot, someone who speaks several languages and is at ease in cosmopolitan circles, with a range of resources for meaning-making and self-expression at the tip of her tongue. Instead, it would seem that the horror of the residential schools was that they were actively organized to suppress self-expression, indeed, to dismantle Aboriginal selfhood altogether and thereby erode the possibility for any cultural continuity in meaning-making. Unfortunately, for those Survivors contending with residential school syndrome, the legacy of their experiences may well leave them without enough fluency in any "language" (that is, a coherent system of shared meaning-making) adequate for embarking upon creative, competent, and coherent lives. It is this pervasive disruption of existence (including even spiritual abuse) experienced by some Survivors and their family members that the PCC sought to holistically redress.

Life Narratives

When asked to recount the stories of their lives up to and including involvement in the PCC program, client interview responses were as diverse as the individuals who provided them. Some offered terse, straightforward summaries of hardships they had encountered and subsequent actions they had taken without any clear resolution to these narratives of chronic distress. Others offered detailed and meandering accounts of challenging life circumstances that continue to disrupt what seem to be genuine personal commitments to sweeping changes

in lifestyle. A few recounted experiences of remarkable personal transformation that have dramatically altered their lives for the better. Respondents' life stories also varied a great deal in terms of comprehensiveness and coherence. For example, one client narrated the entire story of his life in remarkably abridged form:

[There was] just a lot of drinking when I was growing up because my parents used to drink a lot. And I started staying with my grandmother. I'm still staying with my grandmother. [I] didn't start drinking till I was thirteen years old. That's when I was in foster care. So they send you to treatment. I got alcohol poisoning, and I almost froze that year too, passed out in the bush in the winter time when I first started drinking. And I stayed there [in treatment] for about six months straight, came back, started drinking again, and I'm still drinking today ... I stopped for a couple of years, the drinking, till my grandmother passed away. The one I was staying with at first. So I started drinking again, and they sent to me [to another treatment program]. I just put myself in there. I was drinking too much. At [that program], I learned a lot there [about] sun dances, sweats. I made dreamcatchers. It was alright. At first I didn't like it, I just wanted to come home. AWOL'd a couple times and went back here. The reason I went to PCC, later on there, because it was court-ordered. I assaulted someone and I had to do that program. Ten weeks. Now [I] completed [the PCC program] and my charge got dropped. That's about it, that's all I can remember.

Keeping in mind that no single narrative can adequately represent the variety of life stories obtained in this study, this client's fairly condensed account of his difficulties contained many elements that were commonly found in interview responses: childhood family disruptions, early substance abuse, compounding consequences of substance abuse that carry over into adult life, voluntary and involuntary efforts to address substance-related problems through recurrent treatment, and exposure to Aboriginal cultural practices as part of the therapeutic endeavour.

The narratives differ the most in relation to the effects of recent therapeutic experiences on current lifestyles. For example, even though the majority of PCC clients interviewed for this study did not report formal or extensive substitute care experiences as children, almost all respondents, both clients and staff, described familial chaos at times during their formative years. One client reported trying to cope with household drinking as a child by hiding under his bed. Another client explained how she deliberately avoided placement in residential school because of all the negative things she heard about it, only to remain in a chaotic family environment while growing up:

Before [my parents] started drinking, I remember it was always happy in the house. We were always smiling and playing games and whatnot. And when I turned six or seven is when my mom and dad started drinking. Well, my dad did. And then he just changed dramatically. He was violent. He was very violent towards my mom and very abusive ... When they drank, I used to take my mom and I used to hide her in one of my tree houses there, and we used to spend the night there. Or I'd take her places, to my auntie's or cousin's or whoever, where she can spend the night [instead of] her getting beaten up ... And as I was growing up, I hated my father. I really hated him. I wanted him dead and things like that for hurting my mom. He did so much damage to her ... And I always wanted to move out of my parent's house because of my dad's drinking.

A third client was encouraged by a relative to escape his own chaotic family life, resulting in his adoption by another family, leading to a different but more manageable set of challenges:

My family was on a destructive era in their life, I guess. They were going through a lot of drinking ... And through those twelve years I was with my family, I met one of my uncles ... and he said, "You got to go, otherwise you're going to end up like us." I said, "Where do I go?" He says, "Just go up there, you'll find something." So I found a family and they adopted me.

Another client described how the local Hydro development project disrupted his family life while he was still a youth:

I remember a lot of times growing up in camp, being with my parents and my other siblings. And my father was the provider. He was a trapper and he was also a fisherman. We sort of lived off the land. And basically, they would come to town and buy the basic stuff that they needed to survive out in the bush. And every so often we'd come and live in the community. I'd seen a bit of drinking back then but it wasn't so bad. The land was nice there. It was beautiful out there. But then I started noticing a change, the water rising, and I heard elders and older men talking about Hydro. I didn't know nothing about Hydro back then, but the land was going to get flooded ... And then, I guess, basically, it gradually led on to a little bit more drinking out there ... My parents started drinking, my older brothers, and I'd seen the older adults starting to do the same thing. And they were working, bush cutting, cleaning out trees, and stuff like that. And they were making money, I suppose, and it was all right to them. But then, as the water was rising, I think there was sort of a grief and loss because a lot of times I heard my father complaining about what Hydro was doing to the land and their trapping grounds ... And I guess they sort of started to depend on the welfare system ... And to make a long story short, there were ups and downs. I'd seen some things happening that, I don't know, I didn't understand back then. And I'd seen some abuse going on. There were adults arguing and fighting and I heard guns going off that night, and there was drinking going on ... It was getting kind of depressing for me to be out there. It wasn't the same any more, once you saw the trees in the water, and there's no more places that were nice. You couldn't walk around the shore no more ... I guess the adults were grieving. Sometimes I saw the adults cry when they were drinking when the spring flooded, and I guess that was when one of my older brothers was telling me, "It's time to go back to school and get some education, because the environment is getting ruined. You can't move along or live off the land no more like in the old days" ... Sometimes I went to school hungry, but I wouldn't tell anybody. Sometimes there's still drinking going on in the morning. I wasn't too happy about that. And I would go to school and sometimes my dad would get mean and loud, and sometimes I used to see him abusing my mother and I didn't like that. I didn't like my home life.

The life narratives offered by interviewed clients frequently recounted how such early disruptions in family functioning (including displacement to residential schools in two instances) were later followed by sustained, and sometimes pervasive, personal, and interpersonal distress and dysfunction during their own adult years. Every client interviewed in this study struggled with substance abuse—often beginning during adolescence—that predictably increased the likelihood that relational and family problems first encountered in childhood would recur in the domestic arrangements of clients as they became adults.

Well, there was always abuse with my common-law ... That time when I was on probation, I didn't let him inside [the house]. I wanted to be through with him, but he didn't understand, and he kept on kicking the door ... And so he comes inside. But there was a mop there, a plastic mop. He hits me right on my nose. That's where I got this scar from. And I couldn't tell the cops because he was saying, "If you tell the cops, I'm going to say this and that about you, so you'll go to jail right away." And I was scared of jail. I was scared to go anywhere because I had my children ... So I didn't report the incident. And all this time he's been so abusive. And one time, too, my cousin stopped by to visit ... but my common-law was on the couch. We thought he was passed out. And then, it happened so fast. My cousin went under the table and I was standing there. I didn't know anything. I was just standing there, just blood all over me. This cut here, scar, he hit me with a frying pan ... And he took off ... And they took me to the nurse ... I don't know how many stitches I had. I think I had about thirteen or twelve. So he went to prison right away without even going to court [because he was already on probation] (Client).

Such domestic turmoil, in turn, could impact clients' own children in negative ways as well.

So I went out to go look for my [eleven-year-old] son, but I found him at a party, a wild party. And one of the kids that he was hanging around with was probably drunk, fighting his mom ... And I asked [my son], "Let's go home?" And then he said, "No, I don't want to go home. I want to stay here." "Why, so you can see this?" He said, "No, I was just going to sleep over." "You can't sleep over. Look what they're doing. Nobody can sleep!" ... And he didn't even want me to smell his breath, but I knew right away. His eyes were small. You see, he was stoned, and I figured he was drinking, too ... And I grabbed my son, "Let's go home!" And [he was] crying all the way, and hitting me, because I was holding him right here. So when I got to the house I told him to go to bed. "You're grounded!" ... And so I gave him a licking with my hand on the butt. And then he took off on me again. He ran out ... [I] couldn't catch him. And I guess he went to the police and said I gave him a licking with something [besides my hand] ... So the cops came over and then they said, "You're being charged with an assault" (Client).

Such cycles of substance-induced relational dysfunction typically yielded a range of increasingly severe challenges for many clients (including criminal activity, jail sentences, family interventions, and court-ordered treatment). For example, the client who was adopted as a youth reported a more recent history of chronic legal problems related to drunken altercations:

And my first charge was when I was twenty years old. I assaulted a guy who belittled my family. I come from a very poor family ... So he said something about my family, and then I just reacted without any thinking, just reacted. Boof! Scarred him up pretty good. And that was my first charge. And right up until two years ago, I was charged probably about twice a year for assault.

Sometimes such substance-related assaults could be deadly serious.

So we went to a baby shower, but I knew I had a bottle at home waiting for me. So we went home after the party, but I lost my partner, my common-law ... So I went back to my house

and then looked for that bottle. It was gone, and I got so mad that it was gone ... So I went back ... I met up with [my partner] walking [along] there, and I said, "What did you do with the bottle? Why did you?" And then ... he swung it at me, and banged my head ... But I blacked out ... And I guess I stabbed him. And I told on myself right away. I went to go phone. Where did I get this [knife]? And I was still carrying it ... And then [my partner] fell on the ground and I started screaming for help ... I almost killed him (Client).

Another client described a death within her immediate family that led to an alcoholic binge, ultimately resulting in a suicide attempt and, eventually, her children being removed from her care:

I guess it started in '96 when I lost my sister ... It was just a shock to me because we were very close, and she was my mentor, my confidante, my sister, my best friend. Just like a mother ... And then it really hit me hard, and I went on a [binge]. I think I drank for a whole year. And then in 1997, I slashed my wrist. And that's when I woke up. I thought, "What the hell? I have children. I'm young. What the hell was I thinking?" ... After I had my baby [sometime later], I just went on a drunk. And that's when I lost my kids to CFS. I didn't care. I didn't care about my life or anyone, I just went drinking almost every day.

If pervasive distress and dysfunction characterized the adult lives of most clients interviewed for this study prior to treatment, accounts began to vary when considering the effects of treatment upon current lifestyles. Most clients praised the PCC program for its therapeutic efforts—and some continued to participate in program activities and services—even as they carried on their struggle with substance abuse.

I tried following the sweetgrass route, but I put my stuff away recently. They've been wrapped up and put away because I started smoking dope again. So I put them away for the time being anyways. I haven't had a smudge in awhile. And every time I have smudge, it feels like a new day, a new beginning, of course. But I put them away because I started smoking dope ... I feel bad if I touched them if I'm smoking dope because it's kind of like abusing it. So slowly I'm trying to get back on track. I've been slipping here and there (Client).

I must have drank about three, four times since I left [the PCC program]. But I haven't touched liquor for a while now ... There's some times, I can't resist it, especially [with] friends. Yeah, it's like they're forcing you to drink, and you can't say no ... Since I graduated here, I've been back on my feet again, back on the road again, so it's been okay since. Well, occasionally I drink, but [it] doesn't bother me, except for weekends, mostly weekends, but before, it was just about every night (Client).

I was sober for two years. I recently started partying in July when [my foster kids] went back to their biological mother ... It was time for them to go home so I was in my house and I have my roommate there that drank ... So what happened is I tried everything to keep my mind off the girls, and I cleaned up my whole house ... By the time I was done cleaning up, say about four in the afternoon ... I was sitting at the table wondering what to do next. Sitting there and I thought, "Well, here's a six-pack in the fridge." And I got up, went to get a beer, held it for awhile. About an hour I held it, played with it, put it down, go to the washroom. This was going on for about an hour, go get it, look at it ... And I thought, "Well, if I drink this beer,

I'm not drinking it alone." So I had to go wake up my cousin. I said, "Get up. Come and have a beer with me" ... She sits up on the bed. "A beer?" And then she starts crying. "Why me? Everybody is going to blame me!" ... She started crying because everybody would blame her for me having a beer. Then I said, "It's nobody's fault but mine" ... She cried all through the time I opened that beer. It was funny, too. I was standing by the window and I opened that beer. As I was taking my first sip, I could see this big bolt of lightning, and it started raining. And that's what I remember, that day when I took that first drink, was that lightning and my cousin crying, bawling away (Client).

Others acknowledged a transformation in perspective, if not lifestyle, as a result of their experiences in the PCC.

And I've always been confrontational against healing and therapy and counselling. Always like, "You don't need that. It's up to the individual himself" ... So when it came to counselling, [the court] recommended it. I was like, pfft! ... And then one day they said, "Hey, listen, [you can] go to jail or you can do this, plus counselling." Sure, why not? I was like, "Oh, cool. I'm here [in the program] for [the] courts." Whatever. "Give me what you got." And I left there crying that same day. Since that day, man, it's been very uplifting, I guess, to be able to try to understand what you went through, what our ancestors went through, to be able to see what our parents went through ... So it's been great (Client).

A few respondents did report remarkable experiences of personal transformation as a result of the PCC that had set their lives upon a better course.

I started drinking beer and all that stuff [when I got back to the reserve] and I got into some trouble. I got into a couple of fights and I got charged, and that's how I got introduced to this PCC program. I got charged and it was by law for me to go there. And I'm real grateful for them sending me there ... It opened my eyes quite a bit. I see things a lot differently from the way I used to when I came back (Client).

When I look at the time I went back to university there, where I failed, because I wasn't on the healing journey 'cause I still had unresolved issues. I still had something blocking. Then I started disclosing and I learned [about] myself. I say the hardest thing I had to disclose was when I was sexually abused by the priest. That was the hardest. I cried. Today when I tell it, I can speak it. Before, I used to cry. So angry ... When I went back to the university [after treatment], I look at my marks, they're all As, Bs, B pluses. Even now I'm still going to university, learning ... It's never too late to learn and to go back to school. And whereas then I had poor marks, 'cause there was ... so much stuff in my feelings and my body that I wasn't healed. Those things kept bothering me. I couldn't read, I couldn't even concentrate. But when I started my healing journey it was just like my body was light, my feelings were light, my thinking was cleared, my spirit was really clean (Client).

Finally, even among those clients who continued to struggle with substance abuse and the associated havoc it created in their lives, the PCC had reportedly provided them with perspectives and skills that helped them to manage the chaos around them a little more effectively.

Well, I feel a lot more confident about myself. I don't feel like I'm worthless or anything like that. I don't feel like I'm never going to amount to anything because today is the only day I look at sometimes, and today's the day that I'm doing something positive. And I don't beat myself up if I can't succeed in something ... I'll just say, "Okay, I made that mistake but I can still go on." Pick myself up here. And it's given me that encouragement to just [keep] on going ... Sometimes, I guess, I'm living in the past, where I'm at a point where I start feeling hopeless. But in reality there is hope (Client).

Even in the midst of ongoing difficulties, small victories were celebrated.

My [eleven-year-old] son, my oldest, he never usually gave me a hug or a kiss or say, "I love you" to you. But all of a sudden I feel that love in him. He gives me this giant hug. "Mom, I love you." "I love you too" ... He's so happy seeing me and that I'm healing. He knows that I'm doing my best and I feel happy about that (Client).

The life narratives offered by PCC clients interviewed in this study typically detailed lengthy histories of family instability, relational dysfunction, substance abuse, violent altercations, legal problems, intergenerational impacts, and formal treatment experiences. Different clients remained in various stages of the personal change process, ranging from a few who still did not seem particularly concerned about their substance use to a few who had proven records of abstinence following transformative experiences in treatment. Most were somewhere in between, waiting to decide to quit altogether or relapsing in the face of earlier commitments. What seemed clear from the life narratives provided during the interviews was that almost none of the client respondents remained untouched in some significant way by the people and activities associated with the PCC.

Client Problems

The life narratives of PCC clients interviewed for this study revealed lengthy histories of relational turbulence and personal distress. Certainly, substance abuse figured prominently in these tales of turmoil. Even when clients abstained from alcohol or other drugs for significant periods of time, the effects of grief, loneliness, unemployment, poverty, domestic violence, and family disruption continued to batter them. Several had cycled through treatment programs prior to arriving at the Medicine Lodge, and a few had sought additional treatment as a result of personal insights gleaned during their involvement with the PCC. Several agreed to participate in PCC activities as a means to avoiding jail time or having their children back from protective custody of Child and Family Services. In the face of such pervasive and overwhelming distress, PCC staff members commenced their therapeutic efforts with at least some common understandings that guided their approach to client difficulties.

The inescapable reality that substance abuse had derailed the lives of many PCC clients was one ready point of access for counsellors as they formulated their clients' problems. After all, an emphasis on substance abuse necessarily structured the activities of counsellors in an accredited substance abuse treatment centre. Moreover, the PCC counsellors' own personal experiences with substance abuse, treatment, and recovery informed their perspectives on client problems. Thus, one common understanding of client distress emerged from the presumed reasons for prolonged client substance abuse and the bevy of attendant problems: deep personal pain and the inability to cope with such pain in adaptive ways.

So, they come to learn that they drink because they carry pain and to identify where that pain comes from ... And then they learn new skills, new tools in how to handle their lives in a more positive way. Yeah, they get an awareness [of how] that way of life, like drinking and doing drugs, isn't going to help them nor their children ... So that's what they learn here in PCC, that they need to take responsibility for their own lives. And sometimes, yes, it's good that they're forced to take a look at themselves because sometimes we have to be forced. Even the universe forces us to do things that we don't want to do. So that's what I show them anyway, that they need to take responsibility and accountability for their own lives (Counsellor).

By implication, client substance abuse problems were seen to involve more fundamental processes than drinking or drugging, including maladaptive attempts to cope with personal pain, lack of insight about the origins of such pain, and unwillingness to accept responsibility for one's actions. Once the sheer unmanageability of their lives forced them to take a look at themselves, novel practical skills and tools were offered to clients so that they may be better able to deal with life experiences in a more positive way. Thus, client problems at the individual level were seen to result from inadequate self-awareness and deficient coping skills in the face of enduring emotional pain. Not surprisingly, clients who sought help through the PCC would oftentimes have preferred immediate solutions for these problems.

They want to hear an instant solution to their problem ... They want to be able to walk out of your office and say, "Well, now that I've seen [the expert], now I know what to do." Oftentimes that's the case. And because I'm aware of that, then I'm very cautious in my approach to them. I let them know right away, right from the start, that I'm not here to solve your problems. That's not my job, that's nobody's job. That's your job. I'm only here to guide you, to give you some options, to give you some alternatives, and try things differently. If that doesn't work, try something else, because sooner or later you'll find something that will work for you ... See, what our treatment here does is equip them for the real world out there. That's all it does. Now whether it [works] for them, it's entirely up to each individual (Counsellor).

Professional guidance in discovering what learned skills work for the individual client was a goal of treatment, though the assumption of personal responsibility toward use of these skills outside of treatment in the real world was necessary as well. This formulation of client problems at the level of basic personal awareness and behavioural self-control did not seem altogether different than in substance abuse treatment more generally. Nevertheless, even the problem of substance abuse among specific clients was discussed in terms of larger community pressures and expectations.

There's a lot of alcoholism in our community, and of course, the people want them to drink and drink ... A lot of peer pressure ... Even now, fourteen-year-old [kids] see their parents drinking too, and of course they follow in their footsteps (Counsellor).

As a result of such widespread pressures, descriptions of client problems quickly became descriptions of community problems, that is, the contextual backdrop that informed the therapeutic activities of PCC staff remained distinctively Aboriginal, grounded in the history and experience of the NCN community. For example, origins of alcohol abuse and related problems in the community were attributed to alcohol's alien cultural origins.

Alcohol was introduced to our people. What I've heard over the years is alcohol wasn't meant for our people. If it was, then they would learn how to use it, but they don't. When they drink, they drink to get drunk. They don't drink just to be sociable and then know when to say, "That's enough." And then when they're drinking, there's family violence a lot of times when they are under the influence. Sometimes they end up committing a crime when they are under the influence or killing someone. The children end up experiencing scary situations, where they experience fights like I did. They go hungry because they use up their paycheque or their welfare to drink. So there's a lot of problems that go with it too, and we have to be able to try and get them away from that practice and tell them it's not a part of our culture. "Throw it away!" And we have to stop that family violence in our community. It's going to take a lot of work. And then when our people come through the treatment, we can't stop there. That aftercare is really important so they don't fall off. They need ongoing support ... It's really hard sometimes when people sober up because they get discouraged, because they think, "Well, why sober up when I don't have a job to go to, when I don't have a training program to go to?" So they get discouraged and fall back (Administrator).

This explanation for alcohol's virulent effects on the community included reference to the harmful effects of severely constrained community resources. Even when community members decide to stop drinking, local opportunities for meaningful involvement, reliable income, or upward mobility remained so scarce that discouragement may well lead to relapse. As a result, ongoing support of these individuals in the form of programmatic services was urgently required.

The nature of local social problems was frequently described in collective terms by PCC staff, focusing less on specific troubled individuals than on the community as a whole.

Well, the community needs a lot of healing. There's a lot of drinking in here, a lot of drugs, even though we have a treatment centre here ... There's still a lot of healing work for us to do for our people to also get out of that welfare dependency mode. So I've talked with [another administrator] about that, and I said, "We need to come up with a life skills program for them that has Aboriginal content." And then from there they need to take upgrading ... for their education or going to some kind of a training program. And then from there, they can go out into the workforce. That way they get out of that welfare mode (Administrator).

In addition to unresolved pain and maladaptive coping strategies, client problems were also seen to involve more general deficits in life skills conducive to healthy lifestyles and stable employment. For instance, one administrator described the kind of life skills needed by PCC clients and community members:

About family, about grooming and whatnot, about leisure activities, like how they can spend their money when they get their paycheques and to have family outings. How to take care of themselves, to eat properly, to eat nutritious meals, to exercise, to get involved in community activities and sports, things like that. I talk about [these things in lectures], to learn how to write a resume, a cover letter, to know what it's like to work, working as a team, and the different skills that employers look for, and what it's like in a workplace, to learn how to talk to somebody if you're concerned about something, not to keep it to yourself. I tell them in there to learn what the difference is between being assertive and aggressive.

Promotion of such skills was one objective of the NCN Human Resources initiative involving Tulshi Sen, which explicitly targeted community-wide limitations and deficits involving life skills.

Clearly, these and related client problems were understood to merely reflect more widespread community problems. The origins of these problems were explicitly grounded in the history of Euro-Canadian colonization, with an important goal of treatment being to educate clients about this history.

And then our lectures ... talk about the history, and what our people went through. That way they're educated and they know what happened to them, because that really helped me. I was able to know what happened, the different governmental attempts that were made, and the reasoning for that. So I also include that in our lectures ... And what the future goals and aspirations of our leaders are, in terms of trying to strive for self-government and economic self-sufficiency (Administrator).

The hope is that greater awareness of the historical origins of contemporary social problems within the community will facilitate greater cultural and political awareness that might then motivate commitments to personal recovery.

Perhaps the most significant and unambiguous expression of the colonial encounter was the residential school system, designed to assimilate whole generations of Aboriginal people into the lowest echelons of the Canadian economic system. As a result, a primary source of community social problems was seen to be the residential school legacy that the PCC was instituted specifically to address.

Every single pathology evidenced in our communities today can be linked back to the residential schools. Whatever form that pathology takes, you can implicate the residential school system ... To help [program clients] to understand why they use whatever they use, it was because of the stuff that went on in residential schools, if not the actual things that happened, the intent, the design of [what the] residential schools were [supposed] to produce ... I call them apples, essentially, people who are red on the outside but white on the inside ... We want people to understand that a people who lose their identity will be a lost people, and lost people will make some mistakes (Administrator).

The logic here was clear: as influential expressions of colonization, the residential schools succeeded in eradicating the cultural identities of their student charges while still consigning them to the margins of Euro-Canadian society. The result was a lost people, whose pathologies are best understood as the mistakes of so many reeling survivors of a ruthless existential assault.

Disruption in cultural identity, then, was perhaps the chief predisposing factor related to client difficulties in the context of widespread social problems within the community.

The single most significant opportunity for me [in this therapeutic endeavour] is that represented by, I guess, cultural identity, for lack of a better word. And that was probably best captured by our vision statement ... So paving the Red Road speaks of an attempt to demystify Indigenous processes and make it a lot easier to grapple with this monster called identity. Because I believe, and nobody has been able to convince me otherwise, that a person

who knows who and what they are simply makes healthier lifestyle decisions. So we need to find ways to allow our people to embrace their own practices, to reclaim, to make the whole process of the cultural renaissance of the Red man, if you will, more palatable to the Dick and Jane on the streets? (Administrator).

If client problems might be attributed to this “monster called identity,” its conquest will result through finding ways “to allow our people to embrace their own practices.” The official mission of the Medicine Lodge was an expression of this commitment on behalf of client recovery.

And we live in a First Nation reserve, so that in itself is unique. Even our vision statements, we wanted to make them unique to the Aboriginal. That’s why we said, “Paving the Red Road to Wellness.” That’s why we said, “Medicine Wheel Firekeepers, Empowering Healthy Lifestyles.” And we’re going to put that Medicine Wheel there because we don’t just want a vision statement that any white person can use. We want it to be unique. We want it to stand out too, so that when they read it, they’ll know it’s an Aboriginal vision statement (Administrator).

Our mission, in looking at who and what we are right now and how we are doing that, how we are moving towards the paving of the Red Road to wellness. The mission has been revised to state that we are Medicine Wheel firekeepers, empowering healthy lifestyles. I mean those statements are memorable, they’re imbued with symbolism of our people (Administrator).

Thus, reclamation of the Aboriginally unique “symbolism of our people,” along with institutional promotion of related practices, formed the basis of all activities of the Medicine Lodge in the effort to reconstitute a robust cultural identity for the entire NCN community that should, in turn, lead to healthier lifestyle decisions.

This turn to Aboriginal cultural practices yielded additional explanations for community distress that extended far beyond the conventions of formal counsellor training. Prior to the site visit, the community hosted its first ceremonial shaking tent in several decades. After consulting with knowledgeable spirit persons who entered the tent, the ritual leader identified a spiritual source of community problems.

Well, we’re doing a lot of work with our culture. Some are interested and some aren’t ... I was telling you about that shaking tent. The chief went in there himself, and he mentioned that there’s a lot of alcoholism going on in our community, a lot of suicide going on in our community, a lot of things are happening to our people, so that the Elder that was in [the shaking tent] got the message. [The Elder] was saying that, “The reason why you people are turning to alcohol, and a lot of things that’s happening, there’s a black spirit around your community ... Some other people meet him, shake hands with him, and that’s why they’re becoming alcoholics. So the best thing you can do is to have a [sacred fire].” Well, they’re going to open [the ceremony] today to get rid of that black spirit. They’re supposed to have it for a whole week during our National Drug Awareness Week. People got to offer tobacco for that fire burning. But I think they started one night, and you seen a person going around there, [his] face was black. Dressed like an ordinary person but his face was black. So they met the spirit (Counsellor).

In conclusion, PCC client problems were directly associated with substance abuse and related problems, but these difficulties were further explained with recourse to intra-personal factors (underlying pain, maladaptive coping skills, and disrupted cultural identity) as well as community-wide contextual factors (peer pressure, dark spirits, and Euro-Canadian colonization). This ready juxtaposition of the personal and the communal in conceptualizing client problems afforded treatment that grounds the call to personal awareness and responsibility within the politics of community restoration and cultural reclamation.

The Medicine Wheel Model of Healing

Throughout mid-western Canada, circular arrangements of stones known as medicine wheels have dated to prehistoric times. These wheels usually consist of a central pile of rocks surrounded by a ring of stones of several meters in diameter, often with lines or spokes marked between the central cairn and the external ring. Archaeologists who have studied these ancient North American structures acknowledge their Aboriginal origins, but hesitate to speculate on their precise significance for this continent's earliest inhabitants. Today, these ancient material artifacts continue to harbour profound significance for the Aboriginal people who reside among them. Members of the NCN community are generally aware of those inspiring structures situated in proximity to their recognized territories. Ritual gatherings at these sites in recent years seemed to be on the rise, and attention to the medicine wheel as a material expression of an age-old Indigenous philosophy is increasingly prevalent within the Aboriginal therapeutic discourse of Canada and the United States. As one administrator explained, "The Medicine Wheel takes in everything that we know, have known, and can accommodate what is to be known. The Medicine Wheel is that encompassing." A counsellor elaborated further:

I try to make people understand about the Medicine Wheel concept ... You won't find a Medicine Wheel anywhere, other than the rocks that have been placed there by ancestors to illustrate the Medicine Wheel concept. The Medicine Wheel is a concept, it's an idea, it's a philosophy. It's not something that you can carry around with you in your pocket ... You can use that concept ... You can use those teachings in every aspect of your life because it includes the whole universe. In the whole universe, we are but a speck of that whole universe, but we are interrelated and we are part of that whole universe as we see it. As we see it, and as we [do] not see it, because there's also the unseen. The spiritual part is the intangible ... It's like the teachings from the Bible. Say, for example, the Bible teaches about the good way of life. Okay, the Medicine Wheel teaches us the same thing, the good way of life, only it teaches us about all of our being, not just our mental, not just our physical, not just our emotional, not just our spiritual, but all of it.

So central is the Medicine Wheel concept to the approach and activities of the Medicine Lodge that following the site visit, the NCN community sponsored the ritual construction of a stone medicine wheel on the grounds of the Medicine Lodge.

The Medicine Wheel is a powerful metaphor for understanding human existence. Conceptually it represents the holistic balance and integration of four constituent parts within a unified whole. The emphasis on four basic constituents was linked to the very essence of Cree personhood.

I mentioned earlier this evening that a return to the Medicine Wheel teachings entails a return to everything that is, that was, and that can be known. That entails a certain open-

mindfulness about what is and what isn't Indian. It commands an understanding of the term Indian. When you look at Indian, what is an Indian? You interpret that word in any of the two hundred and fifty plus languages of Canadian Indian people, the three hundred more in the United States. Invariably it's going to become "human being" ... And in former times, an Indian person was an Indian person not by the color of their skin or by the fact that they had more than one wife or the fact that they had feathers or they wore buckskin, but they lived a certain life, they lived by certain values ... For us, we say *Naonoway* in our language, *naonoway*. When you ask a Cree speaker what this word means, ninety per cent of them will tell you "speak Cree" ... When in fact the meaning of that word is much deeper because it talks about who you are and what you are. *Naonoway*, there's a root word in there that speaks to a number, four. *Nao* in our language is four ... In other words, speak and think in the four ways of who and what you are ... What that means is we are a people who move and behave in four ways (Administrator).

Thus, the Medicine Wheel facilitates consideration of four ways within the context of a greater unity or an integrated whole.

The Medicine Wheel is represented as a circle bisected by two perpendicular lines that cross at the centre point and terminate at the outer edge. These lines yield four spokes at right angles to each other that demarcate four quadrants within the circle. The handout used in PCC lectures to introduce the Medicine Wheel to clients described the significance of the wheel:

In the way of our ancestors we are taught that everything in life is circular. We observe the change in the seasons, the travelling direction of the sun and the moon, how we develop from birth to death and the spirit world. We are one within the circle of life. The Medicine Wheel teaches us balance, to discover ourselves and our path (PCC Handout).

Thus, one significant aspect of the Medicine Wheel concept is the circular representation of life experience, whether as the cycle of day and night, or the four seasons, or the developmental path of a full human life.

In addition, however, the Medicine Wheel—also known as the circle of life—affords consideration of distinctive aspects of most of existence (usually distilling these to four components), while simultaneously acknowledging the integration of these aspects within an unbroken circle. The primary metaphorical template for such consideration is the four cardinal directions demarcated by the four quadrants of the Medicine Wheel, each with its own associated attributes and objects. For example, the eastern direction is often associated with the spring season, human birth, the color yellow, the Asian race, the sacred plant tobacco, and the eagle. The other directions harbour similar significance as well, moving clockwise to the south, then the west, and finally the north. A large, full-color poster of the associated circle of life was prominently displayed in the Medicine Lodge and other community spaces and listed, for example, the following attributes of the northern direction: wind, stars, trees, four-legged, old age, harmony, purity, and winter. In essence, the Medicine Wheel can accommodate a wide range of interrelated concepts and understandings.

It shows in the Medicine Wheel the four races in the world, the red, white, black, and yellow. In the Medicine Wheel, it each symbolizes something. There's an animal that sits in each direction, and it symbolizes that love, humility, and whatnot. And then there's a plant

[associated with each direction]. So it shows everything is connected and interconnected, that no one is above or below another, that we're all equal, that the human is not more important than the rest of the animals and the elements of the earth, that because everyone is connected and interconnected, that we have to learn how to respect Mother Earth (Administrator).

Thus, the evident metaphorical advantage of the Medicine Wheel is an explicit recognition that any element considered in detached isolation from the other three distorts reality, yielding disharmony and disintegration.

Given the ongoing significance of Aboriginal experiences of colonization by Euro-Canadians, the accommodation of race relations to the Medicine Wheel was one of the most cited applications of this metaphor among clients and staff interviewed for this study. More specifically, harmony and balance between peoples was seen as a likely outcome if only the gifts and contributions of each race were properly esteemed.

In our Medicine Wheel teachings, they teach us about the four races of the world and how each race was gifted a gift. And for our white brothers, they were gifted the reasoning, the mentality, the mind. And today it's evident through modern technology. And for the people in the East, that's the Orientals, the Asians, they were given the gift of emotion, feeling. And it's evident, like, for example ... the Chinese, and all the Asian people, they're very close-knit [in terms of] family, very disciplined. And then in the south we have the red race, which would be the Native people, and they were given the gift of spirituality, spirituality and the knowledge of creation, the knowledge of nature. And not so much prayer because prayer is for everybody. Prayer is a communication between our Higher Power. That's all it is, it's not a religion. And spirituality isn't a religion either because it's for everybody. And then in the west, we have that gift of movement, the black brothers, and it's evident that they're very athletic. So those are the gifts of all these four races as that Medicine Wheel teaches. And the responsibility that I was given when I was honoured with the [ownership of a ceremonial] pipe was to bring those four races together, because that's what we need in our individual lives. We need those four gifts in order to walk in balance, or close to perfect balance, in our lives (Counsellor).

Interestingly, in this instance, the gifts of the four races were seen not just as the foundation for interracial harmony around the world, but also as the foundation for intra-personal harmony within the individual as well: "Because that's what we need in our individual lives. We need those four gifts in order to walk in balance, or close to perfect balance, in our lives."

This application of Medicine Wheel teachings to individual lives was the most widespread use of the concept in PCC activities. More specifically, the therapeutic essence of this diversity-comprising-unity approach was the accommodation of the four basic constituents of the human being to the Medicine Wheel: "It just all boils down to mind, body, spirit, emotion. Mind, body, spirit, emotion. Those four aspects of our being have to be involved" (Counsellor). Throughout participation in the PCC program, specific attention to these basic elements of human experience guided clients and staff along their healing journey. Of course, the counsellors and administrators charged with facilitating healing at the Medicine Lodge were more articulate than clients when discussing the meaning of the Medicine Wheel, but some clients demonstrated definite familiarity with the concept following their graduation from the PCC. In response to a direct query, one client explained the meaning of the Medicine Wheel from his perspective:

Well I'm not really sure. There's a lot of different ways [that] different cultures, different people, traditional men and women perceive the Medicine Wheel. For myself, it's four directions of four nations, the white, black, yellow, and red. And from going around, it's from birth, to youth, to adult, and to an elder, in a circle. It goes on from birth until you're an elderly. From an elder you go back to being a baby, I guess. You go back to Mother Earth and the circle goes on. What comes around goes around.

Here was the requisite attention to four essential components that comprise a greater whole as well as cyclical movement that has no marked start or end point.

Given the importance of the "renaissance of the Red Man" for Medicine Lodge activities, it is worth noting here, too, how conventional substance abuse treatment modalities might be "re-traditionalized" as expressions of the age-old Indigenous philosophy represented in the Medicine Wheel concept.

So that's basically in a nutshell the Medicine Wheel teachings, but there's a lot more to it ... Because, just for an example, the [Alcoholics Anonymous] program, which we're all familiar with, came from the seven sacred teachings of the Medicine Wheel ... It's the same concept. I do a workshop where I demonstrate that ... And it's been proven that that's why the AA program works, because it's based on the seven sacred teachings of the Medicine Wheel. So it was the Medicine Wheel before AA, not the other way around (Counsellor).

The Medicine Wheel concept provided the central metaphor for the therapeutic activities of the PCC in particular and the Medicine Lodge more generally. Its ability to facilitate distinct consideration of the constituent elements of human existence and experience without losing sight of the ways in which they articulate and integrate into greater unities provided a holistic perspective for addressing client problems. Furthermore, conceptual representation of the many cycles that structure and govern human life grounded the Medicine Wheel in an Indigenous philosophy with continuing relevance for contemporary NCN community members. As a result, the Medicine Wheel appeared to provide an ideal metaphor for an Aboriginally distinctive approach to healing.

Therapeutic Approach

If the Medicine Wheel provided the overarching metaphor for the therapeutic services provided by PCC staff members to their clients, the actual techniques employed by counsellors were an eclectic mix of Aboriginal and Western practices (in accordance with the officially stated goals of the PCC, which included utilizing traditional and contemporary practices). The PCC program was instituted as a community-based, nine-week, two-phase outpatient counselling service within the Medicine Lodge, complementing the activities of the seventeen-week in-patient residential treatment on the one hand and the assessment and referral activities of the NNADAP prevention program on the other. The PCC aspired to enroll fifteen clients from the surrounding NCN community in each treatment cycle (which had been expanded to a ten-week duration by the time of the site visit), with an emphasis on the recruitment of residential school Survivors. Although outreach to residential school Survivors within the community was designed to involve them in program activities well beyond the scope of treatment per se, the location of the PCC within the Medicine Lodge inevitably associated PCC services with substance abuse treatment (with its attendant implications) in many people's minds. For example, immediately prior to the site visit, a telephone call to the Medicine Lodge resulted in the author being placed

on hold for a minute or so. During this hold time, the local radio broadcaster was heard to announce a PCC activity with a tongue-in-cheek flourish: "You want to quit your drinking and drug habit? Go on down there and they might be able to help you!" Countering such misconceptions about the PCC program within the community seemed to be a persistent task of the PCC staff.

Of course, most clients who participated in the PCC program did in fact have enduring problems with substance abuse as previously described. As a result, many of the structured therapeutic activities in which they engaged during their time in the program were not all that different in content from the activities that were organized for residential clients in the in-patient program. Therapeutic activities in the Medicine Lodge were generally categorized as workshops, seminars, lectures, group sessions, and one-on-one counselling. Workshops were multi-day affairs structured around a common theme or approach, including related hands-on activities.

There are workshops. And when we first started, there was only two workshops that we delivered. One of them was the inner child that you talked about, and the other one was personal portraits where they take a personal portrait of their life and childhood. And part of that fits with the intergenerational theory and the intergenerational impact. And those were the two workshops that worked well with clients. And you could tell it made a difference in their life, especially when the workshops are happening. Clients were tense during the workshop, they'd go outside for a smoke. But by the end of it, they were just really light and flying and [they] became so much more aware (Administrator).

Seminars involved intensive coverage of more focused themes for a day or less, facilitated perhaps by a guest speaker, about a wide variety of therapeutically relevant topics such as communication styles or sexual abuse. Lectures were shorter instructional presentations of treatment-related information, sometimes including a hands-on component as time allowed. Group sessions were structured opportunities for clients to share their personal experiences with one another in a supportive and confidential setting.

We deal with a variety of topics in our sessions. Our sessions consist of looking at the notes on the overhead, and then after that we would form a circle and we'll discuss what we just read off the wall either on a flip chart or on the overhead. And then following that, we have what we call a sharing circle, where we share with one another our own personal experience of whatever topic that we're on, whether it be grieving or loss, sexual [abuse], whatever the topic is (Counsellor).

One-on-one counselling involved private meetings between clients and their assigned counsellors to personalize lessons from treatment through the discussion of pressing personal matters, often of a more sensitive nature.

The one-on-one works best for confidential matters. Some examples would be sexual abuse, another example would be suicide, another example would be a death, grieving, even domestic violence ... For example, it might have been a person that contemplated suicide, and maybe even attempted, and that's why it's so meaningful to them. And they just can't bring themselves to talk about it in public in that group. But they realize that sooner or later they'll have to talk about it in order to address it. And for that reason, when they talk about it on one-on-one, then they can really lay it on the line (Counsellor).

Selecting from this palette of therapeutic modalities, the PCC program offered nightly lectures and associated group sessions, supplemented by one-on-one counselling as needed (or required for case management purposes). In accordance with common staff formulations of client problems, these activities were typically oriented to the development of self-awareness and the adoption of more effective coping skills (“new tools in how to handle their lives”).

Still, there’s that heaviness in my heart a little bit for a lot of those people out there that are still suffering in that community. I know that I reached a few ... I just gave them some tools ... And I explain that to them. They can’t do nothing without tools. A carpenter, he’s got to have a saw, hammer, and everything. “I gave you a few tools and you’ve done very well with [those tools]” (Counsellor).

Some clients explicitly acknowledged the therapeutic benefits of increased awareness and alternative coping strategies.

And the way it helped me is with the drug abuse and alcohol abuse. [Explaining] why people do their drugs and their alcohol and all this bad stuff, I guess. It tells you lots, and it tells you how to handle it, how to feel about it, how to approach it. Like when somebody puts you down, you don’t have to go fight him or anything, just walk away. It’s his problem, it’s not ours (Client).

In addition to these formal components of treatment, Aboriginal cultural activities were routinely encouraged and supported as a valued treatment modality in their own right, and elements of these were sometimes integrated into lectures and group sessions. For example, PCC clients might begin a group session with a smudging ritual in order to facilitate personal reflection and emotional expression.

The first time I smudged, it just felt different. My body felt different. All the things in you just went down. You just felt so light. Man, [I] did that and felt better about myself, and I could speak better and say whatever ... You don’t think about what you’re going to say, you say what you feel. That’s what I learned in there too, you don’t think from your mind. You just say what you feel, your emotions, how your emotions feel. Your emotion speaks for you (Client).

Most Aboriginal activities, however, were stand-alone affairs that required planning and participation outside of the lecture and group session formats.

The backbone of PCC services was the lectures (inclusive of related group sessions) offered Monday through Thursday in the evenings in a large room near the front of the Medicine Lodge. At the program’s inception, PCC activities were offered during the weekday, but over time it became clear that clients were better accommodated through evening gatherings that neither conflicted with work schedules nor required early morning awakenings. PCC counsellors might drive through the NCN community in advance of the lectures to transport clients to the Medicine Lodge. Some clients arrived early to share supper in the Medicine Lodge cafeteria, and others hired babysitters with a PCC subsidy in order to attend program activities. Once convened, a wide variety of topics—drawn from a curriculum of over 40 self-contained modules—were addressed in the PCC lectures, which typically lasted from three to four hours per evening. Lecture themes, accompanied by printed handouts and sometimes related exercises, were quite diverse, including personal awareness (e.g., anger, identity, self-

esteem, communication skills, self-care, love and relationships, sexuality, developmental stages, world view), therapeutic challenges (e.g., alcohol and drugs, depression, co-dependency, abuse, grief and loss, fetal alcohol syndrome, suicide), family relationships (e.g., family violence, marriage, parenting, divorce), and cultural practices (e.g., four directions, give-away, the teepee, powwow, songs, traditional practices).

There was some recognition by administrators that lectures were less ideal than workshops for meeting PCC client needs.

And in the client feedback, in their evaluations [of residential treatment], they said what they really liked about the program was that workshops worked well. They didn't like lecture style. They didn't like a counsellor or a worker to stand up there for one hour and talk to them and educate them ... Workshops are more participatory, where everybody's involved, and it happens usually over a three-day period. So that was what worked well. And remember, we're client-focused, and so we started doing more workshops [in residential treatment] (Administrator).

Unlike residential treatment, however, the PCC staff could expect to engage their clients for no more than half a day at a time. Given the time constraints associated with outpatient services, the PCC staff could not afford the luxury of the more participatory workshops.

The structure of the PCC treatment cycle evolved over time, but consistently included two phases spanning eight weeks. The two phases were initially intended to focus on individual and family treatment respectively, with each phase comprised of four weeks. Each week within its respective treatment phase was explicitly linked to a sacred direction and its corresponding attribute (e.g., "Week 1: South (Physical)," "Week 2: West (Emotional)," "Week 3: North (Mental)," and "Week 4: East (Spiritual)"). Lecture topics in any given week, however, were not exclusively keyed to the designated attribute. An additional week was reserved for graduation activities, which typically included a public celebration of client accomplishments marked by speeches, the presentation of certificates, a meal, and occasionally a pipe ceremony (if the graduates so desired). By the time of the site visit, the difficulties in implementing so structured a treatment cycle were evident. The integrity of the treatment cycle depended on a full contingent of new clients reliably participating in PCC activities from intake to graduation. Instead, by year four of the program, successful recruitment of new clients remained a challenge. Many who continued their involvement in PCC activities had originally begun their participation during an earlier treatment cycle, only to drift away for a variety of reasons in the interim before the PCC staff might persuade them to return. As a result, graduation from the program came to depend less on the number of weeks in attendance or comprehensiveness of the material covered, but on counsellor judgments about client readiness. Moreover, the second phase of treatment designed to involve clients and their family members together in therapeutic activities never really succeeded.

I wanted more families to come in for help ... It would be a process that would help those families recognize their own issues and be able to work them out, because you need a family. But it hasn't really worked out (Administrator).

Evidently, it was challenging enough for PCC staff to keep the actual clients consistently engaged with program activities. Adaptability to these kinds of unpredictable contingencies was an obvious strength of the PCC staff and administration.

In addition to structured lectures, groups, and individual counselling offered during the treatment cycle, other PCC-sponsored gatherings and events in the community were commonplace. Respected Elders, political leaders, and other community members were generally invited and encouraged to participate in all public PCC activities. Over the years, the PCC has sought to address the residential school legacy by coordinating annual trips for Survivors to return to these schools, now closed, for purposes of reflection, commemoration, advocacy, and healing. The PCC also sponsored seasonal fasting camps in which clients and other interested community members might collectively venture into the bush to learn and practice traditional ceremonies involving abstinence and inspiration. Furthermore, the PCC coordinated public feasts in honour of residential school Survivors as but one strategy to heighten community awareness of the residential school legacy and to educate community members about the prospects for healing. PCC staff also offered public lectures, workshops, training, and consultations to other community agencies engaged in the healing enterprise at NCN and South Indian Lake. At the beginning of the site visit, PCC counsellors joined forces with therapists in the Wellness Centre to staff a crisis hotline during a rash of suicides and suicide attempts in the community. Finally, PCC staff members were centrally involved in many local expressions of a renewed spiritual life, including participation in pipe ceremonies, sweat lodges, the historic shaking tent, and tending the sacred fire, to name but a few of these. In short, PCC staff members were engaged in a wide range of healing activities that bridged formal client treatment and informal community outreach and education as well as therapeutic pursuits both secular and sacred. Indeed, the extent to which PCC staff engaged in community outreach and interaction demonstrates the commitment of the program to healing well beyond the mere delivery of structured therapeutic services to a small portion of unusually distressed individuals.

Regarding identifiable approaches that guide and frame counselling activities, the diversity of therapeutic philosophies and techniques recognized and advocated (though not necessarily instituted for clients in every instance) by PCC staff was striking. These were typically classified as either Western or Aboriginal in origin or orientation. So-called Western therapeutic modalities included the Twelve Steps and Twelve Traditions of Alcoholics Anonymous, inner child explorations, grief exercises, anger discharge, energy work, guided imagery, meditation and visualization, relaxation training, genogram mapping, Reiki, neurolinguistic programming, acupuncture, and so on. Aboriginal therapeutic modalities included smudging, talking circles, blessing rites, tobacco offerings, pipe ceremonies, sweat lodge rituals, fasting camps, and the shaking tent (though programmatic incorporation of herbal medicines was not in evidence). Different counsellors were associated to different degrees with these modalities. At one point during the site visit, a counsellor explained that the PCC therapists maintained differential expertise with Aboriginal cultural approaches, Eastern mystical approaches, and Western therapeutic approaches respectively. The inclusion of Aboriginal cultural practices had genuine appeal for some clients.

Since I'd been going to treatment centres, and they were short term, and [I] did not know traditional things ... I figured maybe I need to find out a little bit about my Native background ... and learn a little bit about spirituality. And I was interested in learning the drums and the singing and the dancing. It appealed to me and I've been interested in it, like when you hear that drum, it sort of lifts up your spirit. It makes me feel like I want to get into it. It makes you want to dance, but you don't know why you feel like that, you just want to ... I guess I was finding myself, searching ... I figured that would give me some answers, I suppose (Client).

Among the PCC staff, these practices were understood to facilitate healing as effectively as the Western modalities.

Only our cleansing ceremonies, which oftentimes are commonly known as the sweat lodge ceremonies, it's a sacred ceremony, and it addresses all four areas of our being. It cleanses physically, mentally, and emotionally and spiritually. Because in our cleansing ceremonies, as we know them, we have that opportunity to share with one another whatever it is that's bothering us, whatever it is that's not right in our lives, that's hanging over our shoulders, so to speak, or the dark cloud above our heads. It gives us that opportunity to release that there. It gives us the opportunity to share with one another whatever teachings we've acquired in that time of our lives, the teachings that we have that have been passed down to us from our Elders. Oftentimes, if we're sincere about the ceremony itself, we come out of there feeling refreshed in all areas. The aches and pains in your body are gone ... The physical tiredness you feel, it's not like the tiredness you'd feel physically from hard labour, but it's a tiredness of releasing a heavy load, that kind of relief. Mentally, you feel okay because then you come to the realization that, "Hey, I'm not the only one with this problem. And yeah, I can see how I can work this problem out." They have a better perspective. They have a different perspective of whatever there was that bothered you when you first went in there. And then you come out with a clearer vision of how to go about whatever it is, whether it be a relationship or whether it be financial or whatever, you have a clearer picture as to how to go about it and you have the support of all those people in that ceremony, in that circle (Counsellor).

Although PCC staff were involved in promoting both Western and Aboriginal approaches, great care was taken to explain that participation by clients in Aboriginal traditions was encouraged but not forced, owing to the reality of religious diversity in the NCN community.

One of the ways [we include Aboriginal practices] is by smudging. Now we take into consideration that not all people are comfortable with that. So when we bring our smudge into our sharing circles, we ask that the people, if they're not comfortable with it, they don't have [to participate]. We don't force anything on anybody that they're not comfortable with ... Because of the Christian mentality that has been imposed on us, even to this day, we have still a lot of resistance from our own Native people [toward] our Native traditional ways. But that's understandable, so we make accommodation for that (Counsellor).

Nevertheless, one commitment of the PCC program was to educate clients and community members about traditional Aboriginal practices. In some instances, relating suppressed Aboriginal ceremonies to more familiar Christian understandings proved helpful in this educational process.

I'll explain a lot of the stuff to them first of all ... Like, in a group it's good to explain about respecting Christianity. But I'd say about seventy-five per cent of them will go into smudging. Some of them I'll give sweetgrass or cedar to burn ... And I'll explain it to them about the cloth [offerings]. I say, "Remember in the Bible?" I said, "They offered a lamb." I said, "We'd offer cloth, tobacco." So, once you get that understood, I said, "The pipe," I said, "I want to explain to you." You see them open their eyes ... "The pipe," I said, "is our crucifixion. In Christianity, [the parallel is] crucifixion," I said. "We fast four or five days. In the Bible, the Creator [sic] fasted for forty days, forty nights," I said. So there's so many similarities. Well, when I explain it that way to them, in a good way, then [I] see their eyes opening up. Some of them grasp onto it (Counsellor).

Sweat lodge ceremonies were conducted on Medicine Lodge grounds every Thursday, while occasional pipe ceremonies might be scheduled on Saturday or Sunday when routine program activities had ceased for the week. A full-time traditional counsellor was employed by the Medicine Lodge to assist with these and other cultural activities. This individual also engaged clients in more conventional counselling services, though he did so primarily through the residential treatment program.

The striking inclusion of such diversity in the therapeutic approach within the healing activities of the PCC staff was counterbalanced by the relative absence of mainstream evidence-based interventions or recognized best practice approaches to substance abuse and related problems (e.g., brief intervention, relapse prevention, motivational enhancement therapy, and so on). This was probably the case for at least three reasons. First, the culture of substance abuse treatment in mainstream society has been ideologically committed to the discourse of Alcoholics Anonymous (AA), which emphasizes a disease model of substance abuse, a spiritual program of recovery, and an anti-authoritarian, self-help approach to well-being. These assumptions, currently shared by many Aboriginal community-based treatment programs as well, have limited the role that pragmatic evidence-based interventions and training might play in substance abuse treatment in general and in Aboriginal programs specifically.

Second, a distinctive feature of the Medicine Lodge staff was that employees were all themselves Aboriginal in background and hired principally from the NCN community. Given the educational and employment disadvantages that characterize many First Nation communities, the commitment to remain as accessible as possible to an Aboriginal client population necessitated a trade-off between Aboriginal life experiences and formal education among its staff. In fact, the Medicine Lodge administration prided itself on the organization's ability to invest in the training of community members as they were hired to fill staff positions. As noted previously, such training was typically regional, part-time, and targeted to Aboriginal treatment contexts. Not surprisingly, the kinds of training opportunities described by PCC staff tended to draw more readily from popular psychology and alternative therapeutic approaches such that exposure to and expertise in mainstream or state-of-the-art treatments and interventions—including evidence-based ones—were unlikely.

Finally, the endorsement or inclusion of treatment approaches by the Medicine Lodge reflected the growing community consensus that spirituality remains at the core of healing. Indeed, this burgeoning consensus motivated the explicit commitment of the PCC to provide an integrated and holistic therapeutic approach to healing and wellness for individuals, families, and the community utilizing both Western and Aboriginal practices in the first place. As a result, secular treatments such as those developed, evaluated, and disseminated by Western researchers harboured minimal appeal in comparison to the sacred principles, unique insights, or mysterious energies that were thought to be manifested in complementary and alternative or even New Age therapeutic techniques. Reiki was one such technique.

I'm actually going to propose if I could do that, not to do the lectures but more so the hands-on healing stuff. I mean, [another counsellor] does an excellent job with [lectures]. But during the day, if they desire, if they want to come, [Reiki] is what I can do. And then they can go into the lectures with an open mind. Yeah, I mean meditations can help you with that too (Counsellor).

PCC staff members were not only open to such trendy or alternative approaches but actively pursued information, training, and even proficiency in such techniques. For example, one counsellor explained her interest in cosmotherapy:

I didn't really learn too much about that, but I learned it through [my Teacher]. It's similar to hands-on healing, but you're listening to different vibrations, different noises, different sounds and smells ... When you see a piano, it has different sounds to them, but she hits them with a noise and it just vibrates, vibrating noise, and it just goes into your body, and somehow it triggers something within your body. Wherever you're sick, it just opens it up or something like that, that's how she described it. And the smells, too, different smells can heal different parts of your body. So, it's quite interesting.

Such interest in novel approaches also accounted for the fact that several counsellors at the Medicine Lodge were learning to become life skills trainers under the guidance of economic development guru Tulshi Sen, who drew upon a variety of Eastern and New Age techniques to inspire community members to greater self-fulfillment and even entrepreneurial leadership.

In this sense, the therapeutic activities of the PCC were unusually eclectic, with staff participation in a wide variety of Western and Aboriginal approaches that frequently shared in common an overarching if somewhat imprecise spirituality. Taken together, this medley of approaches rendered an approach to treatment that was undeniably distinctive in the effort to reach and to serve an Aboriginal clientele.

Integration of Techniques

Despite incorporation of a wide variety of healing approaches and techniques, PCC staff consistently distinguished between Western and Aboriginal modalities. This is probably because many Aboriginal practices made available to PCC clients involve a ritual protocol that must be properly observed. Sweat lodges, pipe ceremonies, vision quests, and the shaking tent are all highly formalized endeavours in which powerful Grandfathers are beseeched for blessings and gifts. Owing to the very nature of these power-laden encounters, strict adherence to roles and procedures rendered formal integration of other modalities unlikely. Similarly, the contextual frame for many counselling activities served to limit the degree to which integration might occur. For example, even though every member of the PCC staff is religiously observant in some broad sense (sometimes in multiple traditions, including, say, both Roman Catholic and Aboriginal), none reported praying for or with their clients during their one-on-one sessions. Furthermore, in at least a few instances, tensions between Western and Aboriginal approaches were referenced:

I really believe in what I do ... But I question a lot of times my techniques in the field of social work because a lot of the work that I do has to do with our traditional way of life, and our traditional beliefs, our sacred ceremonies. But I have every faith in that way, not that it's any better than any other way, but it's just that it's natural ... And it's the way that we've been taught from as far back as I can remember, growing up ... With my own eyes I've seen it. I've had [contact with] the Ancient Ones they're called, the Elders that have gone into the spirit world. I've seen them, I've heard them. They've talked to me. But I know what they had to say to me wasn't only for me, it was meant for everyone that's waiting to hear. And that's why I strongly believe it, that there is a connection with the universe, that whole universe and everything is interconnected and related. And when one part of the whole is disturbed, whether it be mentally, physically, psychologically, spiritually, the rest of that whole is tampered with, it's broken. And I strongly believe that, and the Medicine Wheel teachings teach us that, and the Elders constantly remind us (Counsellor).

One client identified clear differences between the Western and Aboriginal approaches and evidently felt more comfortable with the unmediated expressions afforded by the latter:

The white man, they use the [Alcoholic's Anonymous] Big Book. It's like a Bible to them. There's the Bible too, but there's no book or Bible or anything written for traditional Native medicine, so it all comes from the heart and body, mind, spirit and soul. And the Creator, of course ... [the Spirits] can hear you instead of you writing it down, reading it, and whatnot. You just say it and they'll hear you and the message will go through. And you'll feel there's a change in you after you do a ceremony or something.

As a result, the integration of techniques in the PCC program more commonly involved routine and fluid shifts between professional and ritual contexts, both of which were valued as essential for client and community healing.

This is not to suggest, however, that instances of integration in less formalized activities were uncommon. The most prevalent of these was routine communication in the Cree language during the PCC activities conducted by the two counsellors who were fluent Cree speakers. In the instances observed during the site visit, these activities included a mix of English and Cree presentation, and even those in attendance who did not speak Cree fluently seemed to understand what was conveyed during the sessions. Other forms of integration were apparent as well; for example, smudging at the beginning of group sessions was not at all unusual, and inspirational lectures might accompany pipe ceremonies. Lectures and group sessions were typically initiated with prayer.

Usually we would open our meetings, our sessions, with a prayer because we have different denominations in our community. We have the Catholics, we have the Anglicans, now we have Full Gospel, and then we have what we call our traditionalists. We make reference to all of these top denominations, and we make reference to the fact that no one denomination is greater than the other, but they're all equal. They're all the same and we have respect for all of them. And in our prayer, we don't pray any certain way. We don't pray the Catholic way. We don't pray the Anglican way. We don't pray any denomination. We pray in the same way that you'd be talking to a friend, that's how we pray. And we don't ask for favours, and we don't ask for miracles, and we don't ask for this and that, we just give thanks ... There's a lot to be thankful for, but we don't ask favours ... And everybody's comfortable with that (Counsellor).

Here and elsewhere, the boundary between the Western and the Aboriginal was frequently blurred or even dissolved altogether ("They're all equal. They're all the same, and we have respect for all of them"). Western group sessions and Aboriginal talking circles might afford little to distinguish them beyond the explicit framing of these activities as either secular or sacred respectively.

Furthermore, Western therapeutic approaches might be attributed to Aboriginal origins through a process of traditionalization: "The [Alcoholics Anonymous] program which we're all familiar with came from the seven sacred teachings of the Medicine Wheel." This same PCC counsellor characterized Aboriginal ceremonies in the unmistakable terms of group therapy:

And this is the way we used to do it, through ceremonies, through the cleansing ceremonies, commonly known as sweat lodges, through fasting, through vision quests and through

healing circles or talking circles, whereby we express to one another in all confidentiality as to how we really feel from our emotional aspect, from our emotional being, how we really feel about whatever it is that's on the table. Whatever it is that's the issue. Whatever our personal issues are, whether it be in a relationship, in a marriage, or any other type of relationship, or whether it be family, whether it be community, any aspect of our lives we can talk openly to one another because that trust is already there. It stays in there [through observance of confidentiality] (Counsellor).

Similarly, New Age notions of auras and energies were interpreted as expressions of age-old Indigenous understandings of power and life. Another counsellor, an enthusiastic participant in Tulshi Sen's life skills seminars, offered a brief monologue extolling the virtues of stillness, space, and gravity and the significance of the seven sacred chakras during a sweat lodge ceremony.

By far, the greatest challenge to the integration of Western and Aboriginal techniques in PCC activities was not the mechanics of the techniques themselves, but the more basic spiritual or religious significance in which these were embedded. Religious diversity prevailed in the NCN community, such that constant care was taken at the Medicine Lodge to promote Aboriginal cultural practices without disrespecting (or imposing or intruding upon) Christian beliefs and practices:

Not everybody that comes in there is traditionally oriented. And you get Christian people that are dead set against traditional ways. So we had to be open to accommodate ... our own people who were Christian-oriented. So we had to somehow respect their practices because if you want to gain people's trust, you've got to respect the way of life that works for them. We don't want to impose our way of belief on them, you've got to respect the client's beliefs (Administrator).

However, tensions between faith traditions were not always cast as Aboriginal versus Christian. In at least one instance, this led to an amusing quandary for one administrator:

When I started [here] ... I had experienced one of my first challenges as a manager. And there was a cultural clash between two nations, the Cree and Ojibwa. Okay? The traditional counsellor was an Ojibwa woman. And there was a weasel that was running around the Medicine Lodge and she just freaked out. She said, "That's an evil spirit, that's an omen that's running around, that's bad news. The Medicine Lodge is going to burn down!" And it freaked me out, and then ... when I went to start working [at the Medicine Lodge], [my relative] was already employed there. So, she was right behind this woman helping her try to kill this weasel. They're setting up traps, putting hamburger and cheese in it, stuffing it with poison, setting it up. And then this other woman [announced the opposite, stating that this weasel was a Grandfather spirit] ... And to me, these two women were elders, and I thought, "Well how am I supposed to stand up to these two women?" Because one woman is saying, "She's killing my Grandfather! You can't let her do that!" And I'd say, "Oh my gosh, what am I supposed to do?" ... I wasn't very knowledgeable in Aboriginal practices ... so I said, "Well, I'm going to go talk to an elder that I know, that I trust." And I knew her since I was a child. So I went to her cabin, her trapline, and I told her what was going on with these two ladies. They were fighting about this weasel, one saying it's an omen spirit, and the other saying that

it's her Grandfather, and I said, "What am I supposed to do?" And she says, "That's [a pelt worth] ten bucks running around the Medicine Lodge!" And I thought, "Okay, that's what makes sense to me, that's the reality." Because that's what I grew up with and it's okay. And she says, "They're harmless." She said, "Every once in awhile I got a weasel coming to visit me and they just have a job to do. They're there to kill mice and that's it, they're gone." I thought, "Okay, that is such a relief. It's not an omen spirit. It's not a Grandfather. It's a weasel." I said, "Okay, I'm just going to let them fight it out, okay?" She said, "Yeah, just let them fight it out." Because what am I supposed to do, right? Two elderly women.

However, the situation reached crisis proportions before it finally was resolved.

Then this Cree woman, she just come marching down the hallway, just stomping ... into my office. "Come here," she said, "Come here!" So I went. It was a real crisis. We're racing down the hallway [toward the kitchen]. I told the maintenance man, "Come with me, come with me." So we went. She says, "Look! Look! She killed my Grandfather!" ... So me and [the maintenance man] are looking, and it's just a real shriveled up brown thing. So [the maintenance man] had his work gloves on, so he decided he was going to pick it up. And he looked at it and said, "This is a dried carrot," he said. So that was my orientation to a culture clash with our people (Administrator).

As humorous as this episode was in the telling, there was also the hint of tragedy to be found in the story of the Medicine Lodge weasel, for ultimately the subject of such great cultural consternation was neither omen nor Grandfather, nor even a casual medium of exchange, but instead simply discarded refuse. In the context of such ambiguities, then, thorny culture clashes were understood to come with the territory in regard to the distinctive vision of programs at the Medicine Lodge.

Such cultural contestations were perhaps unavoidable in a community engaged in reclamation and revitalization of traditional practices that were all but devastated by Euro-Canadian colonization. One counsellor described the cultural situation at NCN when he initially returned from his university studies during the 1970s:

I came back, that was about 1974. And like I've mentioned before, it was like the whole community had gone to sleep. The elders weren't talking, the young ones weren't learning anything cultural, there was absolutely nil, as far as culture. We had quite a few elders still alive then, but they were being quiet ... They were not teaching us the way that our parents before them, like a generation before, had spoken to us about the culture. And then it seemed like they didn't want to have anything more to do with it, for whatever reason. But later I found that it was the total oppression of them being prosecuted for practicing that way. And there was a time when the government of the day had banned our cultural ways, it was against the law in Canada.

This counsellor was subsequently instrumental in mobilizing the ongoing revitalization effort in the community:

So how we initially started was, I initiated a Native Cultural Group, is what I called it. A Native Cultural Group, whereby I was sharing what I had learned about Native history from the West Coast, and how those people there in the West Coast were proud people. They were proud of

their heritage. They were proud of their history. They were proud of their arts and crafts, and whatnot. And it was a struggle at the beginning ... But we had some people in our community that it was a reawakening for them, in a sense that there's something here. This guy seems to know what he's talking about. So I had a few followers, started off with five young men and they were all younger than me ... Because we didn't know how to go about our own ceremonies from this north region, we invited the Elders from down south, southern Manitoba and into the next provinces, Saskatchewan, Alberta, that were knowledgeable about the cultural practices of their own region. So we more or less adopted their practices, but in the process we were learning our own Cree way, different ways of addressing the same purpose, which is spiritual.

All of the five original participants of the Native Cultural Group, according to this individual, were involved in community healing efforts of one kind or another.

The adoption of cultural practices from different regions of Canada during this community revitalization effort gave pause to some community leaders, however, who worried about the incorporation of pan-Indian orientations and traditions that might undermine distinctive Cree principles and practices. For example, ceremonial use of peyote by local practitioners was controversial, all the more so at the Medicine Lodge where lifelong abstinence from psychoactive substances was a primary treatment goal. One administrator at the Medicine Lodge considered pan-Indian cultural synthesis to be a substantial danger to community well-being:

I think another significant challenge is that of pan-Indianism. It's a major threat, I think, to the unfolding of what can be a very significant and powerful healing process that could unfold in our communities. But it's a set of beliefs and practices that are dangerous in their appearance as being Indigenous, but are, in fact, a hybrid of too many Indigenous practices that could spell disaster.

Interestingly, while this hybridity of Indigenous practices was viewed with some alarm by this administrator, the combining of Western therapeutic approaches and Cree tradition within PCC activities did not seem to trouble him at all. Moreover, the gravitation of some PCC staff toward alternative and New Age therapeutic approaches—including the principles of stillness, space, and gravity espoused by Tulshi Sen—seemed to elicit understanding rather than condemnation from this administrator: “Our people, as lost as we are, will gravitate to anything that they see as being even remotely Indigenous.”

This tendency to readily incorporate even remotely Indigenous therapeutic approaches and practices inevitably fueled contestations of culture that affected efforts at therapeutic integration in the activities of PCC staff.

Nelson House has lost [a lot of its cultural traditions]. They're getting it from people that just got into it themselves a few years ago. Like [one guy] just got into it a couple years ago, and all of a sudden he's a pipe carrier. And that's what bothered me because a lot of them are getting the improper, inappropriate teachings. You have a group of women in there ... that just go to the very, very extreme on cultural stuff ... They have followers, and they teach it ... I finally talked to one of the counsellors. I told them, “That's terrible.” I said, “You shouldn't allow those women to do that. They don't know anything ...” And so, what happens is you have in the whole community a lot of these wannabe elders ... This community is lost ... Maybe that's why there's so many [terrible] things happening in this community (Counsellor).

The ready assimilation of potentially inauthentic traditions and practices in the name of cultural revitalization within the community was seen by a small minority of Medicine Lodge staff to actively endanger the well-being of the very community that they were explicitly dedicated to healing.

In sum, the integration of therapeutic techniques in the activities of the PCC involved the routine separation of Western and Aboriginal approaches, with accompanying segregation in the more formal activities of each, but casual integration in the less formal of these. More significant for the purposes of understanding integration efforts was the spiritual or religious significance in which any given technique was embedded. Not surprisingly, given the diversity of religious practice in the NCN community, respect and accommodation for non-Aboriginal belief systems were essential even as exposure to and appreciation for Aboriginal practices were valued. The contemporary community context of cultural reclamation and revitalization involved openness by many of those affiliated with the PCC to a wide variety of cultural approaches and practices that resonated with Aboriginal tradition broadly construed. These individuals anticipated that incorporation of such practices could be put to use for community healing. For a few others, however, this ready appropriation of elements that were not authentically Cree (or even authentically Aboriginal) instead posed an active threat to the well-being of the community. Thus, cultural contestation surrounding the spiritual or religious significance of healing techniques seemed the greatest challenge to therapeutic integration within the PCC.

Liaison with Other Agencies

To a significant degree, the PCC staff coordinated their efforts with other programs and agencies in the NCN community to better facilitate healing and recovery among their clients and potential clients. One obvious venue of routine collaboration was within the Medicine Lodge itself. The PCC staff comprised just four of the 25 or so Medicine Lodge employees, but the circulation and exchange of ideas, approaches, and support was commonplace. During much of the site visit, for example, the two NNADAP prevention and referral program employees joined the PCC staff each morning for a smudging and sharing circle to inaugurate the workday. In addition, techniques in use by the residential treatment staff often filtered into PCC activities. Indeed, the director of the residential treatment program was responsible in part for the training of the PCC staff in the early months of the program. Finally, staff throughout the Medicine Lodge might be friends or even spouses, and the lateral transfer of employees across programs into unfilled positions was not unusual.

Beyond the Medicine Lodge proper, the PCC staff maintained strong ties with other wellness efforts and counselling programs throughout the community. As previously noted, the NCN Wellness Centre was the band-controlled umbrella organization for twelve human services programs, including counselling services. The counselling services program employed three NCN members who provided crisis counselling and prevention services for the community. Individuals in need of more intensive therapy might be referred to the psychologist who visits the community twice monthly or referred to the Medicine Lodge programs if warranted. An additional counsellor was employed in Human Resources to assist community members with vocational matters. Other service providers at the community nurse's station and the long-term care facility were well-known to the PCC staff as well. Given the small, face-to-face nature of NCN community life, many of these counsellors and other providers were intimately familiar with the same clients. In general, cross-agency consultations and collaborations on behalf of the wider community were undertaken as a matter of course. For example, PCC staff were on call for crisis intervention alongside the counselling services staff during the rash of deaths and attempted suicides near the beginning of the site visit. At one point, PCC counsellors were summoned to the local constable's office to evaluate an inmate for suicidal tendencies. Finally, clients who

graduated from the PCC sometimes required certification of their successful completion of the program to their parole officers or the courts, which the PCC staff handled routinely.

Although the Medicine Lodge was funded principally by Health Canada and accredited by the requisite government agency, there did not seem to be any major challenges arising from the ambitions and directives of the NCN chief and council on the one hand or the respective federal agencies on the other hand. Indeed, the administrator of the Medicine Lodge was officially detached to work for the chief and council for the duration of the site visit. Perhaps such unusually harmonious relations stem from the fact that the local chief and council appointed the board of directors of the Medicine Lodge and that the Medicine Lodge employees were largely comprised of NCN members.

Working with Clients

Beyond the organizational nuances of PCC program structure or the religious significance of diverse therapeutic approaches lay the dynamics of counsellor-client relationships; that is, the effectiveness of any program such as the PCC will depend a great deal on the ability of its staff to effectively reach out to, connect with, and inspire transformations in self and behaviour for its clientele. In addition to their participation in the PCC program, many clients reported earlier treatment experiences in non-Aboriginal settings. Most felt that the PCC was more effective in helping them than these non-Aboriginal programs. One client described a non-Aboriginal counsellor she had consulted sometime prior to coming to the PCC program:

But she was white. I wasn't comfortable talking to her. It's not that I'm prejudiced or anything, it's just that I know that she can't understand what [life is like for me]. I know she's a counsellor. I know she's educated and whatnot. I know she been going to school. She should know [how best to] diagnose me, but deep down, I figure she doesn't know how we are. She's white, I'm Native. I talked to her about three times, and I cancelled all the rest of my appointments with her because I wasn't really compatible with her.

Thus, compatibility between counsellors and their clients at the PCC was undoubtedly due in part to their shared Aboriginal backgrounds. For some clients, such compatibility was more conducive to talking.

It bears noting that the principal means by which PCC staff hoped to reach and inspire their clients was through talk, whether in the form of one-way lectures, two-way one-on-one sessions, or multi-way group sessions. One initial obstacle to effective counsellor-client interactions was reportedly the reluctance of clients to talk during PCC activities.

What I haven't come to understand is the fact that our Native people have such a hard time talking about their emotion, how they feel. And I've seen that from as far back as I can remember. And even myself, it's just recently that I've been able to talk about how I feel, not so much what I think, but how I feel. And having worked in the last ten, fifteen years in social work, that ... with our First Nation people, our Native people, I find it's like pulling a tooth out of them (Counsellor).

Such reluctance among an Aboriginal clientele was further exacerbated by the fact that the PCC program served outpatients who typically resided in the close-knit NCN community.

Even in a treatment centre, where if you have too many people from the community coming into treatment all at once, they were very reluctant to open up and to share their stories because they know each other. And ... one of the evils of our people is gossip, and that's what that fear is [about] gossip. And that's a really challenging thing to deal with. So one of the issues at the staff level, an area that we identified that needs to improve, is confidentiality. How to enforce confidentiality, even with our staff. And there are some staff that gossip, and how do you get them out of gossiping? And [alternatively] some go to the extreme of not talking about [anything], and that could hinder their health ... So I would imagine that in the PCC program, that may be a factor in the low number [of clients] (Administrator).

Despite these challenges to PCC client comfort and self-expression, distinctive measures were taken in order to nurture therapeutic relationships between counsellors and clients.

Perhaps the most important measure taken by PCC staff to reach clients effectively was the creation of a comfortable, supportive, and non-judgmental atmosphere conducive to client self-expression. Although such traits are probably common to counselling in general, they warranted even greater attention in the PCC program as a result of potential cultural discord in the face of such services within the NCN community. Thus, sensitive accommodation by PCC counsellors of clients who were simultaneously orienting to unfamiliar PCC program expectations even as they were reeling from the chaos of their unmanageable lives seemed crucial to therapeutic success. One administrator who conducted occasional one-on-one sessions described her efforts in this regard:

My approach? Well, I would try and be as humanistic as possible. I would make them feel comfortable. I wouldn't put a barrier between me and that individual that way because that shows distance and that I'm not approachable. I'd make them feel as comfortable as possible and just let them talk and tell them I'm here as a helper, to listen and to help you in whatever way I can. Then I'd listen to them in terms of what they want to talk about. And I'd use my different listening and counselling skills that I've learned, by showing them I'm listening, by paraphrasing, and using the other techniques.

In the PCC setting, counsellor approachability and client comfort seemed to go hand-in-hand. Approachability could be signalled by a variety of concrete gestures.

But I always want to make people feel comfortable. I think that's really vital. I don't want them to see me as an authority figure, as the person who has all the answers, as the person that's seen it all and knows it all. I don't want to come out like that to them ... And then I spend some time right from the beginning just to get them comfortable, for example, even to offer them a cup of tea or coffee. Because I'm from this community and I've grown up in this community, I know most of the people in this community ... And then I tell them a little about me. I don't get too personal with them, but just to make them feel safe and feel comfortable. Maybe I'd share a joke with them. Maybe I'd share a funny incident that happened to me during my recovery period. Maybe I'd share with them an incident that, when I think back about it now, it brings a smile to my face, but at the time I didn't find so funny. So things like that (Counsellor).

The willingness to share stories from their own recovery periods clearly served as a strategy for counsellors to seem more fully and fallibly human to their clients. Furthermore, such honesty probably served to pre-empt fears of counsellor censure or judgment, which seemed all the more appropriate in light of general community awareness of personal histories and reputations. One client found inspiration in such awareness:

And I've seen [these counsellors] when I was younger. When I was teenager, I've seen them drunk. I've seen them piss their pants. I've seen them down in the mud, and whatnot. And I can see them now. That's just like, "You can change. It's up to you to make a change."

Portraying such foibles in a humorous light (a funny incident) also seemed to facilitate approachability and comfort.

And with First Nations people, there's a lot of humour ... They can laugh about things that are really traumatic, because it's already happened, right, and they can talk about and laugh about it ... I mean, that's just the way we are here in Nelson House. And I'm able to converse with them in that way here in the PCC program. And we can laugh about it, but we come back to it and say, "Okay, well, what did you learn from that?" Or, "How did you feel back then?" You've got to bring them back on board, to go through that feeling, yeah, but also to be safe. That's the one thing that they lack is trust, even amongst each other. And I always tell them that, "When you come here, you're a family ... You've got to trust one another" ... like in a normal family, anyway (Counsellor).

The strategic use of humour could thus result in greater trust and openness during therapeutic activities for PCC clients.

The PCC commitment to counsellor approachability and client comfort also involved early assurances that client communications in program activities were confidential in nature.

Because right away, I established that trust and that confidentiality with my client. "Whatever you say [is confidential] ... If you don't want to [share some things], that's good. But the only way I can help you is if you share some of the things so I can give you some guidance and direction ... What you and I say here today, it stays here. I want you to know that." So once you gain that trust, that confidentiality, behind closed doors, [then you can proceed] (Counsellor).

Beyond confidentiality, ensuring client comfort also involved careful attention to even the smallest details of the therapeutic encounter.

I always tell [my clients], "If you're not comfortable here, we don't have to sit here. We can go out and have coffee or take a drive somewhere" ... So they're okay with that ... The environment I feel has a lot to do [with it]. Even the physical environment has a lot to do with releasing this pain, whatever we're carrying ... For example, in our sweat lodges, in our cleansing ceremonies, people are more free to talk about whatever. When they come to an environment like with four walls, you feel closed in, and especially in a formal setting. What really hinders counselling is for a [therapist] to walk in here in a three-piece suit, and you're just coming off the street, maybe from their trapline. And you really have this problem that

you want to unload, but it's really hard ... It's not really comfortable. So an environment makes a big difference in the field of counselling ... And also even in some offices, you go in, and there's nothing on the wall ... There's not even a picture on the wall, it's just the four walls. It also brings memories of being incarcerated, being in jail, and there's just these four walls and nothing [else]. So you'll notice in my office I have a lot of artifacts, a lot of pictures, a lot of scenery there, and even plants (Counsellor).

Thus, an offer of tea, a personal introduction, a self-deprecating joke, a picture on the wall, and assurance of confidentiality all served in the efforts of PCC staff to facilitate client comfort during treatment.

Evident in these discussions of approachability and comfort were degrees of flexibility not typically associated with formal treatment programs (e.g., leaving the premises to conduct counselling). Perhaps the most significant indicator of this remarkable flexibility was the consistent prioritizing of client needs over the dictates of time and schedule.

When we have our evening sessions, we lose track of all time ... Particularly with my session, time is of no essence. We're in a time warp, where we can go for however long until everything has been said that needs to be said and everybody is comfortable, so we don't leave that room with people feeling that there's something missing here, or we don't want them to go home feeling more depressed than they were before they come here. So, we want everybody to feel comfortable once they leave ... We make a last round [in the sharing circle] to make a check, see that everybody is okay. "Okay, you're comfortable with what we just talked about? Yeah. Okay, how are you? Comfortable. Explain that a little more?" And they explain how they are feeling ... And if there's anyone in that group that needs to just spend more time, then we'll pull them aside and we'll get them to talk to another counsellor that's available (Counsellor).

Such flexible accommodation was cast in terms of respect by the counsellors for their clients.

I always show them that respect, that I'm here to take that time for them. Time is of no essence ... I have a clock above my desk, but I don't pay attention to it because it's not important. And if it's lunchtime, well, that's okay too, because I can always have lunch later. What's important right now is this person and to give them that time, as much time as they need. I'm always conscious of that, and that's how I work with the people that come to see us (Counsellor).

Even the scheduling of PCC activities was determined by flexible accommodation to client routines.

The other thing we thought about that had an impact on programming, in terms of flexibility [was that] people don't get up at nine, eight, seven in the morning, they get up around twelve, one. So, okay, we'll start delivering the program at one o'clock and go into the evenings. Staff didn't like that but that's the community norm, so we've got to work with the community (Administrator).

In addition, PCC staff recognized the discomfort experienced by clients in treatment or other recovery contexts when they were pressured to identify themselves as alcoholics. Thus, PCC activities flexibly dispensed with this common AA-inspired practice, which clients seemed to appreciate.

It's a comfortable place where I can go talk and say things that I don't have to worry about, like just let it out, and people are there to listen and understand ... I've been through [a non-Aboriginal treatment program] too, where I have to call myself an alcoholic in order to speak ... PCC gives you a place where you can just be yourself, and it gives you the significant aspects of life, like honesty, humility, truth, courage ... And it's amazing. And it's been applied to me twice, and honestly, I could never get enough (Client).

Flexible accommodation of clients appeared to extend even to staff expectations concerning participant abstinence throughout the PCC treatment cycle.

But you're regurgitating the same [clients] over and over again ... You kick this guy out after a week, you bring him back. He gets drunk, he doesn't come back. He comes back the third time, and that keeps going on. You get many of these guys four and five times that have come back, same ones try and finish the program. Some of them were drinking while on the program, but I said, "Well, we've got to bring them back." I said, "If we don't, then we'll have nobody. If we were to kick out everybody that drank, we wouldn't have anybody." See you've got to be flexible there, you got to use the common sense approach (Counsellor).

As a result, former clients at all stages of their healing journey were invited and encouraged to avail themselves of PCC services whenever they might need them.

But it doesn't stop there because we do follow-up, and it's ongoing. It's always ongoing. And we have a revolving door policy, like once they leave here, it doesn't mean that we don't bother with them anymore. They always know that they always can come back. So, with that knowledge we do have people that come back, and we do follow-ups ... A lot of times, see ... people come in for the wrong reason, so naturally it doesn't work. So we find a lot of people fall by the wayside. And when that does happen, we don't give up on them [then] either. And sooner or later we've had successful stories of people that have gone through our program that are doing well now in their relationships and their jobs, and they're contributing to the community (Counsellor).

Thus, programmatic flexibility extended even beyond the boundaries of the treatment cycle. Accommodations to client needs were rather far-reaching as PCC staff sought to encourage the sustained engagement of clients not just in program activities but in productive relationships with their counsellors. Such efforts met with remarkable success. One client described an effective one-on-one session with her counsellor:

I had that urge to go to the bottle, but I said, "Never mind. Not this. I'll just go run to [my counsellor]." And I came to [him] and I think I cried a little when I talked to him. And then he said, "Well, it's a good thing you came." But he understands because ... he knows us for a long time, me and my partner, and he knows that there's abuse. So ... he made me feel better, like, "Yeah, I think it's time for you to move on with your own life." I'm not saying he pushed. He talks to me real good, and he made me feel better. I don't have to turn to the bottle, I always have people around me that can help.

Another client observed that such comfort extended even to group sessions:

And [the counsellor] closes his eyes and listens to you talk. And he was doing that that day. And I even told the people that were present [in group] sometimes, I said, “Hey, you seen this [kind of experience]?” ... And what I really look back on was the comfort that was given, the comfort that was given as soon as you walked in, even if you’re hard-nosed. I’m the hardest-nosed ... on this reserve, man. If they can help me, they can help anyone.

A third client explained how the comforting “vibe” created by PCC staff led to his enthusiastic participation in program activities:

When I first began [the program] it was an uplifting deal. It was so uplifting, encouraging. I was there half an hour early every day ... And it’s a comfort ... Through vibes, you get vibes. Comfort, like this, and it’s amazing. That’s what they gave me. When I spoke, I spoke from the heart. I didn’t think of what I was going to say before I said it ... So I spoke from the heart. What I tell people is if they want to go in there [to the program], give it a shot. That’s best thing, give it a chance. You give everything else a chance, why not give healing a chance? And when you do that, speak from the heart. Don’t think about what you’re going to say or don’t try to say what they want you to say, speak from the heart. And that’s the best thing you can do ... I’ve never been a spiritual person, but you’ve got to believe in something too ... I’ve come to believe in a higher power, and it allowed me to make more responsible decisions.

As intended, PCC staff efforts to ensure client comfort yielded in this instance an infectious enthusiasm for the program, resulting in authentic self-expression, responsible decision-making, and promotion of the PCC within the community.

Once a comfortable therapeutic relationship had been established between PCC counsellors and their clients, a variety of counselling skills were employed in the pursuit of client well-being. Such skills were obtained by counsellors through ability, exploration, training, and experience. Given the programmatic emphasis on client self-expression, it should come as no surprise that such skills frequently were employed to facilitate mutual communication and understanding. One of these skills was keeping clients engaged in the here and now.

I’ve come to be able to detect if the person is sincere, if the person is hurting but not talking about it, if the person is troubled about something. Because you can always tell by the shifting of the eyes, the fidgeting, the restlessness ... And not really being here [in the therapeutic encounter], but being somewhere else, your mind being somewhere else, and not really concentrating on what’s happening here. The here and now. I can always detect that. And when I see that happening in a person, I always try to bring them back to the here and now (Counsellor).

Another important counselling skill was careful questioning or gentle probing to facilitate client participation.

Most counsellors have a knack of recognizing things, so they’re able to ask the right questions at the right time. So that, in turn, is to me ultimately up to the individual him or herself. As for me, I’m grateful for the way it worked out for me. Yeah, like I said, I was one hard-nosed guy, and if healing, counselling, and therapy can help me, believe me, everybody in this world can be helped. And with other people present, I was able to use them as instruments for [helping] myself (Client).

Part of the skill involved in such questioning was taking care not to “come on too strong,” thereby creating client resistance and discomfort.

When [one counsellor], through the sessions, he didn't come on too strong, not like other people [in other programs who say], “Come on, you got to spill it out! Let it out! Let it out!” Like, “I just got here anyway! I don't hardly know you guys” ... My problems. It's like come right out, sort of like they want me to brag about it. But people like to talk in there (Client).

Once clients did start to talk, active listening was another invaluable counselling skill. Clients emphasized the ability of PCC counsellors to attend to what they had to say:

And they'll help. So they'll help you the best they could. That's better than nothing ... Because [I'm] pretty sure nobody else would listen. Because that's what they're there for, to listen and help the best way they could (Client).

I think a lot of times my counsellor has been patient. I know she had some other things to do, but she gave me that time, she gave me her listening ear. She was understanding, very encouraging. A very polite woman, considerate, and she wasn't critical. She wasn't being judgmental and stuff like that. She was there just to listen, listen to me, what I have to say. Sometimes I would speak, and she wouldn't cut me off. Some counsellors do that in the middle of your sentence, they cut you off. You never get to finish your story, and after a while you don't want to talk no more. She wasn't like that (Client).

In some instances, considerable patience was required to ensure that client communications were not cut off.

I think we can get down to their eye level, don't try to dominate [the interaction]. And I think that's probably the unique way that a lot of non-Aboriginal people don't understand. A lot of non-Aboriginal people don't understand the silence. It goes as long as a minute even ... “Do you have anything to say? Do you want to say anything? Do you want to think about it a little bit more?” Let's take, for example, one person that I've spoken about. And I looked at my watch, about forty seconds. “Do you want to think about it a little bit more?” I thought that she wasn't going to say anything, and then she just nodded her head, “Yeah.” So I let it go for another forty and she started talking. “Do you want to talk?” “Yeah.” So, there's [time for] thinking ... You're taking [your time], because once they're listening and you've got them, then you got your audience here. And the hand motions, use hand motions. You just sort of maybe even exaggerate a little bit sometimes to make them [understand you]. That's the unique way with a lot of Aboriginal people (Counsellor).

Thus, familiarity with the patterns of spoken interaction unique to Aboriginal people was an essential ingredient to effective counselling with PCC clients.

Beyond the initial facilitation of client self-expression, and the subsequent esteem and validation conveyed through active listening, additional skills were also required by counsellors for determining how best to respond to their troubled clients. One therapeutic hazard, of course, was that desperate clients might expect counsellors to provide simple and unambiguous solutions to their problems.

And I make it well-known, well ahead of time, right at the beginning, that I don't have answers to any of their problems, but I can help them. I can guide them and that's all I can offer, and the rest is up to them (Counsellor).

Thus, explicit clarification of the counsellor role was one method of reigning in understandable, though inappropriate, client expectations. Another method used to counter these expectations was to distinguish between offering clients guidance as opposed to advice.

On the one hand, [advice is where] I'm telling a person what they should be doing. On the other hand, [guidance is where] I'm making them realize what they've known all this time, but they've missed out for whatever reason because they've only been concentrating from one point of view. They've only been concentrating on the other person and not concentrating on themselves. And once they can do that, then yeah, you can see where you can make changes (Counsellor).

Guidance was seen as superior to advice as a therapeutic response, in part, because guidance might facilitate insight, empowerment, and responsibility instead of client dependency on the counsellor. Furthermore, care to avoid the giving of advice seemed to have cultural precedence.

But then you go talk to an Elder. An Elder wouldn't say, "Do this" ... He or she will tell you a story, and in that story you have to pick up what it is he's trying to tell you ... So they don't give advice, but they will just tell you a story and you got to listen. But in a Western style, you listen when they give you suggestions. They suggest in the Western style ... Whereas in the Aboriginal style, they tell a story, and from that story you've got to [figure out] what he's trying to tell you. You've got to pick up words he's trying [to convey], and it's usually done in Cree because it's more meaningful. That's the Cree way, to speak your own language, more meaningful than using all these technical terms in the Western style (Client).

One key to understanding this cultural mode by which elders offered guidance to others may be the reluctance of these older individuals to risk infringing on the personal autonomy of others. In any case, counsellors' guidance of their clients might lead to innovations in interest and behaviour: "And another thing she gave me was an opportunity to explore and try different ideas, try different resources, talk to other people" (Client). Counsellor responses to client self-expressions required skillful navigation in their own right if therapeutic progress was to be facilitated rather than endangered.

In working with clients, PCC staff made every effort to cultivate trusting and secure relationships and used a variety of counselling skills to facilitate client self-expression in PCC activities. In short, effective counsellor engagement in these processes may well have determined therapeutic outcomes for clients engaged in treatment. What then were the qualifications that best positioned an individual to perform effectively in the counsellor role? One clear prerequisite was seen to be relevant life experience.

To me [the PCC program's] backbone is the people conducting the healing. Right now, that's been their [achievement], to me anyway, with the counselling. It's our culture. It's our way of life. It's there and nobody can change it. It's how we conduct ourselves as to other people that are in the desire to heal, because they themselves are healing as well (Client).

Recovery from difficult life experiences produced counsellors whose own healing journey could inspire PCC clients to a better lifestyle.

As a result, PCC staff, as well as Medicine Lodge employees in general, served as significant role models for both clients and community members of how to live stable and functional lives. One administrator elaborated on the significance of role modelling by Medicine Lodge staff:

The easiest way not only to lead a horse to water but to make him drink was first to make him thirsty. You've got to make him thirsty and that's where the role modelling comes in. People will see ... [my wife] and I. I make no bones about the fact that I love this woman. I'm always touching her, I'm always kissing her, I'm always complimenting her, and I'm sober. And true, people can do those kinds of things when they're drunk, but having the courage to do that when you're sober, it just, I think, makes it more real. So I think the role modelling that we try to do [is significant]. I carry myself the way I carry myself because that's who I am. I don't think I'm vain ... I'm proud of who I think I am, let's put it that way. And I think I'm an Indian man who's come to know a little bit about himself and his culture and his history and his traditions and his practices and defend those things and live those things (Administrator).

The commitment to employing staff that might serve as role models for the community was so important that it could seem unforgiving at times.

And part of that [Medicine Lodge abstinence] policy is because of the value, I guess, to be a positive role model. If you want people to change, you've got to be able to model that behaviour. There's some good in it, but on a negative side [is] the nature of the programs and services that the Lodge offers. We're there to help people, but when our staff violates this [abstinence] policy, they're immediately terminated from their job (Administrator).

During the site visit, one staff member was in fact terminated through the enforcement of this policy.

Specific qualities of effective counsellors were solicited during the site visit, yielding a handful of rather comprehensive lists describing the ideal counsellor candidate.

A lot of them don't have the life experience. And I would look for, probably the biggest one, is honesty. They must be honest. And the next thing is, are you sensitive? ... When you're interviewing people, my skill is eye and body language. Eyes can tell you a lot, body language [too]. Not too many people have that skill ... So you want to get a person like that who is serious. Or even if you don't, and you have someone that was really willing and wanting to learn, and then that's the kind of person you want, right? ... Of course, that person would be alcohol, drug-free ... You can have one that doesn't have the academics, but [still is] an excellent counsellor, a lot of the experience. And then you're going to have one that's very educated that doesn't have the life experience of maybe the other person, but has good ideas. Yeah, young, more than willing to learn. So that's a tough [choice] ... You should have at least grade twelve. If you don't then you're fighting an uphill battle ... [Another] thing you see with counselling, too, is you can't become a good counsellor if you haven't got your own act together. You can take all the courses you want in counselling, but if you don't got your act

together, then how can you help somebody if you can't help yourself. So you got to look at those things (Counsellor).

Here, the ideal counsellor evidenced honesty, sensitivity, interpersonal acuity, seriousness, willingness to learn, abstinence, at least a grade twelve education, and some combination of academics ("good ideas") and life experience while having one's own "act" together. One administrator offered an even more thorough catalogue of ideal counsellor qualities:

Ideally, it would be an elderly person who is very personable, who is both an [elder] and a healer, who is very people-oriented, very in-tune with their own culture and their own identity, who is not judgmental. One who, on the other hand, is very mindful of the demands of the funding agency in terms of administration, administrivia, not only being able to do the person-to-person work, but also able to do the administration stuff. To be able to do the treatment planning, and the aftercare, and the follow-up, and the lectures. To lead the ceremonies. To bring the person kicking and screaming, and ultimately laughing and crying with joy, to the end of a treatment program, and to send them out into a world of supports that they've identified in treatment and that they've nurtured in treatment ... The person would have to know the Cree language as well ... Because so much of that is hidden in the language, the spirituality, the intonations, the tools. There is some esoteric knowledge that comes into play in ceremonies that is just not fodder for everyday discussions. So this person would be aware of those kinds of things ... And it could be a man or a woman, easy to laugh. As for training in the Western world, well, they would have to have some but it wouldn't be the deciding factor ... If my choice was [between someone with Western training or cultural expertise], I'd definitely go with the Cree-speaking, non-university-educated individual.

Obviously, these ideal counsellor candidates were larger than life and embodied so many skills and abilities that probably no human being could ever measure up to them. Nevertheless, as idealized abstractions, they provided important insights into the variety of qualities that would make for both effective counsellors as well as effective employees in the programs of the Medicine Lodge. In fact, given the size, history, and location of NCN, what seemed most remarkable was the degree to which so many members of the Medicine Lodge staff exhibited these desirable qualities.

One emergent quality of an effective PCC counsellor that was not listed in the above citations was more difficult to pinpoint. More specifically, this quality seemed to involve an overarching sense of calling or purpose to engage in therapeutic work with other Aboriginal people. One counsellor described this larger sense of purpose:

And I think that's the responsibility of this generation to address the seventh generation from now, and the seventh generation from before us because that's what it's all about. To put it simply, we're not here for ourselves, we're here to be of service to others. It took me almost a lifetime for that to click in, but through the persistent teachings of our Elders and through their patience, I have come to understand what that teaching's all about. And, yeah, it's simple. Sometimes it's too simple for academic and professional minds, and we overlook that. We overlook many things in our everyday lives in our fast pace to get ahead. To get ahead where? The only place we need to get is here, now. And that's basically all it boils down to.

Other PCC staff members also invoked a spiritual or religious significance for their own journey of suffering that had been more recently transformed into a journey of healing:

What I was told, and what I have learned, is that a lot of times the Grandfathers and Grandmothers and Creator will choose someone who has suffered a great deal in life, because they would be more compassionate and would have a better understanding of the work that they have to do to help in healing. And I really, truly believe that was the reason I was chosen (Administrator).

I think the Creator brought me to this point in my life to sort of slow down and really reflect on my life now. And I always knew, even as a child, that I would become a helper somehow, to be of service to Creator, to humanity. And I think I've been well-prepared for that. Throughout my childhood, I've endured a lot of pain and suffering. But out of that, it has made me a very strong woman today. I find myself to be very strong now, more so now that I've begun my journey of healing, to find out who I really am. So finding out who I am, like I'm part of this creation, right? (Counsellor).

It was perhaps this larger sense of purpose that distinguished healers from therapists in the eyes of at least one PCC graduate, who was herself then training to be a counsellor:

A healer is a person [pause] I don't know. A healer has [pause] I'm not sure. But it has to be a gift ... And what do you call a therapist? Like he went to school, it was learned by books and written down. But a healer has a gift, it just comes out naturally for that person. But that therapist went to school years and years.

In the end, it would seem that a calling or gift for helping others, a revelation that often comes while on one's own personal healing journey, was the most significant qualification for effective work with PCC clients. Whatever the precise recipe for effective work with PCC clients, the resultant effects were sometimes quite impressive.

Labelling myself as an alcoholic, as a drug addict, to me, honestly, was uncomfortable. In PCC you don't have to label yourself. You come in here and you learn from what they have to teach you, and then you throw back at them what you think they've taught you and how you feel with the current subject, relationships, suicide, grief, stuff like that, whatever the subject may be that week ... I've seen guys in this program that never spoke a word, never unless they're drinking alcohol, speak for an hour straight, just with the atmosphere that's [been created] ... It's good, counselling is good ... If you desire spirituality, then you will go through PCC instead of [a non-Aboriginal program] ... But that's what they give you, that's what they show you, but they never, ever reject anybody, doesn't matter who it is. But they'll give them a chance. So with [the non-Aboriginal program], it was too set [on certain] things. It was always set. And that's the comfort I got from here, that's why I came back here (Client).

In conclusion, working with PCC clients involved a great deal of sensitivity and accommodation to the Aboriginal life experience of these vulnerable individuals. Cultural responsiveness to Aboriginal (and perhaps even Cree) patterns of communication and interaction was essential to therapeutic effectiveness, requiring

counsellor approachability, flexibility, skill, and perhaps above all, a higher-order therapeutic purpose. Taken together, these qualities combined into a formidable force for healing within the NCN community.

Staff Stress

The PCC program was in existence for almost four years prior to this study. Throughout that time, it had maintained a stable staff of three counsellors and one coordinator until mere months in advance of the site visit the coordinator resigned to return to university. She was efficiently replaced by another social worker who was instrumental in founding the Medicine Lodge some fourteen years earlier. Additionally, immediately prior to the site visit, a counsellor resigned his position, which was filled a few months later by a counsellor with thirteen years experience in the NCN family services program. In sum, the majority of the PCC staff consisted of experienced human services providers with long track records in Aboriginal settings. Burnout did not seem to be a pressing issue at the PCC, though the management of staff job-related stress was an organizational priority within the program.

PCC staff stress was a result primarily of the existentially (and even spiritually) significant but emotionally exhausting activities undertaken with vulnerable, and sometimes desperate, community members. Because such work was fundamentally interpersonal in nature, it was recognized as being culturally fraught with potential relational dangers (sometimes described as energy, possibly owing to New Age refraction).

Our elders, they always caution us, walk softly, walk softly. And that's what they mean, to be careful, be careful how you approach people, be careful how you address people, or even how you think about them. And that's the reason, too, because it is a killer, envy, all this negative energy, plus we send off negative energies even in our thoughts because our thoughts are energy (Counsellor).

Negative energy, then, represented a potential hazard to counsellors from their clients as well as a potential hazard to clients from their counsellors. As one means of mitigating these hazards, the PCC staff observed a collective morning ritual "to take away the negative energy, so as we don't carry it with us today in our work."

We have a good working relationship in the fact that we have this daily ritual where we smudge. We cleanse ourselves with our medicine herbs: sage, tobacco, cedar, and sweetgrass. And what that does in our belief is it cleanses our mind, it cleanses our body, it cleanses our feelings, it cleanses our spiritual being. So it cleanses the negative energy that we come here with at the end of a day or the beginning of the day. So once that's out of the way, then we have the opportunity to share with each other how we are today ... If there's anything bothering us right now, if there's something that we may have a disagreement with, that we want to table that, and we want to be rid of that, so as we don't carry it with us. We don't carry any grudges or any resentment towards one another. If there's something that I've done that the other people may question, then it gives them the opportunity to ask me. And by the same token, I will ask them of their behaviour ... So it gives us that opportunity to clear the air that way (Counsellor).

This ritual, which might endure for 60 to 90 minutes each morning, was observed to be relaxing, supportive, engaging, and encouraging for staff members who otherwise spent their time confronting the chaos of client lives.

In addition to this daily activity, the PCC staff was able to retreat into the community on some occasions as well as from the community on others. Retreat into the community through the numerous activities sponsored by the PCC for the NCN population afforded routine breaks from direct client engagement. Withdrawal from the community through Medicine Lodge staff retreats, trainings, celebrations, seasonal cultural events and activities, and even travel to South Indian Lake for outreach and consultation afforded at least some personal relaxation and rejuvenation. Additionally, some PCC staff obtained leave for personal devotion or ceremonial participation that might even take them to other provinces, sometimes with financial support from the Medicine Lodge.

Through these and perhaps other mechanisms, PCC staff seemed able to keep their own lives in balance, a genuine challenge given the limited availability of counselling resources in the community for other counsellors.

But what my friend found when she came here is that a lot of the professionals here, they work. But then they have a hard time to say no to their relatives that need their help, their support. And she said, "The professionals here need support too. They need to talk to someone when things aren't going well in their lives and there should be people available for them." And I said, "Yes, I agree with that" (Administrator).

In response, this administrator committed to making herself available for counselling to other service providers within the NCN community. Clearly, the PCC staff seemed effective not only in managing their own personal and professional stress, but also in assisting other counsellors in the community to manage their stressful lives as well.

The Meaning of Healing

The therapeutic activities of the PCC were designed to empower healthy lifestyles for clients and other NCN community members through an integrated and holistic therapeutic approach to healing and wellness. Thus far, this report has considered the nature of PCC client problems and the approach to therapeutic intervention adopted by PCC staff. The conceptual wellspring of the PCC approach to addressing client problems was the Medicine Wheel, a compelling Aboriginal representation that, in therapeutic contexts, symbolizes the holistic balance among the four constituents of personhood: mind, body, emotion, and spirit. Both Western and Aboriginal techniques were valued by PCC staff as indispensable for facilitating the individual pursuit of intra-personal balance by clients. Such pursuit, routinely referred to as one's healing journey, was generally assumed to yield some measure of healing over some period of time. With these parameters in mind, it is now appropriate for more direct consideration of the meaning of healing in the therapeutic activities and interactions of the PCC.

Many respondents, both staff and clients, were asked to explain the meaning of healing as they had come to understand it in the context of PCC activities. Clients discussed shifts in attitude and orientation that required sustained attention:

Healing? Well, I guess it's learning to appreciate life, learning to appreciate myself and my surroundings, and learning to appreciate other people ... Not to be so critical and say, "At least I'm not like that." And also other people's beliefs. Not be so judgmental, not to be so self-righteous, and not to be too proud (Client).

Healing to me, honestly, is understanding your past. Trying to accept the things that you can't change and dealing with things face to face, not ignoring them, not putting them aside, and dealing with them in the wrong way by blaming people, by reacting violently, [or] taking those short-term stimulants, like alcohol and drugs ... To me, healing is just trying to get to know who you really are, who you can be, what it is in life that you are here for, your purpose. And that to me is healing, living a comfortable life, not a perfect life, cause it's not perfect. Nobody can be perfect (Client).

Well, healing, eh, it's not something you can just go to and stop right away and say, "Oh, I'm healed." Healing's an everyday process thing, it keeps on going. Healing can take years, decades even, for a healing process to happen, to finish, right? And it's forever going on and on, it's an everyday thing. You just can't heal someone just like that overnight or in one day, two days, it doesn't work that way ... And the only way you can get healing is that if you want it, not because somebody tells you to, it's because if you wanted what's in [this program], if you want to do it yourself, you want it for yourself to be healed, that's the only way it'll work. It's the only way anything works is if you want to do it for yourself, not because somebody tells you to do it. If you want to be healed, you'll be healed (Client).

Within these descriptions, several qualities of healing were identified. Healing was seen to involve a cultivation of appreciation and a rejection of judgmental self-righteousness. Healing entailed an understanding of one's past, an acceptance of difficult realities, dealing with problems head-on, getting to know oneself, and finding one's purpose in life. Finally, healing was understood as an ongoing process that first required the expression of individual agency in the form of personal commitment ("not because somebody tells you to do it"). PCC staff echoed these descriptions of healing, but added qualities that pertained to the counsellor-client relationship more specifically:

I mean, healing is a lifelong journey. You walk through this journey of life, and then you experience all kinds of things in your life and you need some sort of support. And this is a support place for people to come, to come and find some healing for themselves, somebody that they can turn to for one-on-one, someone who they can trust (Counsellor).

That's my sort of interpretation of healing oneself. And I try to teach that because on the reserve, as I indicated before, there is so much damage done to some of those people in there ... So, having said that, you try to help these people to heal, to disclose, to gain that trust, that honest trust. And once you get that good honest dialogue, one-on-one, for me, that's my interpretation of healing. Then you're starting to dig [into people's issues], you're starting to probe [their unspoken pain], and I have those skills. And once you get to the [therapeutic] opening, then not to rush into it (Counsellor).

Here, gaining that "honest trust" with supportive others was seen as necessary for clients to find "some healing for themselves" through one-on-one encounters wherein they might be encouraged to disclose their personal pain.

Other PCC staff members emphasized the distinctive aspects of healing for Aboriginal people in particular. One counsellor indirectly invoked the Medicine Wheel concept in his description of Aboriginal healing:

In the way I have come to understand about healing is that in order for a person to heal, we have to be able to work on all four levels of our humanness. By that I mean we have to concentrate from the mental, physical, emotional, and spiritual, in all those areas. So to me that, in a sense, is the way I understand healing. And for Aboriginal people, that is very unique and the only culture that I know of that practices the healing in that respect. For instance, for a physical ailment, we'd go see a doctor, an MD that practices medicine. For the mental aspect, we'd go see a psychologist or psychiatrist. But there's no one in particular that we could go see for our spiritual well-being other than maybe the church or whatever denomination that we believe in. But when we work from our Native perspective insofar as healing, we address all those areas. And so that's how I believe [regarding the meaning of] healing in the full sense of [the] word.

For this individual, the cultural impetus to work on all four aspects of personhood was unique to Aboriginal healing contexts. Another staff member explained how the unique Aboriginal experience of Euro-Canadian colonization required this sort of unique approach to Aboriginal healing:

Well, in terms of our people, I think that their healing has to be different from mainstream [healing], because there was so much through history that was done to our people that it's important that the healing be different and unique. And with our people, because they have a culture, that it should be based on that to help them to heal. Because a lot of our people, we believe, were brainwashed. They were made to believe that their culture, their traditional practices, were evil. And then I remember in the boarding school they used to call us heathens and savages, they used to use those words. And then they wanted to make us into what they call ... [white men.] And that's why there's that saying by Chief Sitting Bull that in the eyes of Creator, I am good. That Creator made me who I am, why would I want to change? And then, it more or less says you can't change an eagle into a crow ... Besides that, our people, their first language here is Cree, and the second language is English. So a lot of times when our people talk to clients, they'll talk to them in Cree, they'll counsel them in Cree. That's why it's unique and different (Administrator).

Thus, Aboriginal healing in particular was seen to require unique therapeutic attention “in all those areas” of the person as but one expression of a more general approach based on cultural reclamation. Such reclamation, in turn, would foster healing through renewed tribal identities and cultural pride. Once “this monster called identity” had been subdued, healthy lifestyles would follow. One administrator described the connection between identity and lifestyle succinctly: “Because I believe, and nobody has been able to convince me otherwise, that a person who knows who and what they are simply makes healthier lifestyle decisions.” In essence, healing was described as a process of positive existential transformation stemming from activities and insights that effectively linked the imperfect and vulnerable self to a more hopeful and compelling sense of purpose. Such purpose, it was assumed, is conducive to valued and meaningful engagement in the world.

In terms of activity and approach, the PCC staff's commitment to provide an integrated and holistic therapeutic approach to healing and wellness by drawing upon both Western and Aboriginal traditions, respectively, seemed well-suited to the promotion of healing as described above. Nevertheless, keep in mind that this summary portrait of healing is a synthesis of many perspectives and experiences—no one individual interviewed for this study ever described healing in such an abstract or comprehensive way. In some sense, healing remained

an idiosyncratic and amorphous concept, evoking from individual respondents those qualities that resonated with their own personal and sometimes professional experiences. There was another sense in which healing was implicitly understood and latently practiced in the PCC that was shared by nearly everyone involved, whether as clients, counsellors, or administrators. In this latter sense, healing indexed the power of talk to purge personal pain toward the refashioning of a more functional self.

In describing PCC activities, everyone talked about talk. Perhaps the most difficult challenge for new clients entering the program was the dilemma of verbal self-expression. One counsellor discussed such reticence as being characteristic of Aboriginal people in general. He went on to describe the ability of his own parents to discern when something was bothering him and to support him without direct discussion of the matter:

See, if I had an emotional problem, I couldn't go to my parents because I just didn't see it done. At the time, I didn't realize that it was being done in another way. For example, I remember times when I would be hurt emotionally by something that happened, or [that I had] witnessed, or something that I had been bothered with, but I couldn't tell my parents. I just couldn't find the words to describe how I felt, so I couldn't tell them how I felt. But somehow, they knew that something was bothering me even though I couldn't put it into words. So what they would do, and I remember especially my mom, she would take me out in the bush. And she'd start telling me about a certain herb, even though I wasn't paying attention, and what this herb is used for and how to prepare it. And then she would be walking along in the bush and then would see a little animal, say, a squirrel. And then she'd tell me about this squirrel. [As if] I was interested in it, okay? What it's for, what it does, what it eats, how it survives, and how it sustained life for another animal ... And she'd tell me all about these birds. Who cares? And then pretty soon, I have all this new knowledge about all these animals. I forget about my problem. And then it made me realize that, hey, my problem's not so great. This little bird can get killed any time in a second. This little bird has no choice, but me, I could choose to feel this way or I could choose not to feel this way, and yeah, my problem's not as great as theirs. That's what it made me realize. And then all this time, what she was doing was making me realize that, hey, your problem's not so great and you can work your problem out ... What it did [was] it put my problem in a different perspective, in a way that, hey, it's not so bad.

This cultural inclination for indirect communication undoubtedly functioned well in the context of compassionate interpersonal interactions, but yielded a different result altogether in chaotic relationships wherein individuals were not bothering to attune to the interpersonal needs of others. Many clients described past romantic, family, and school contexts in which self-expression to significant others, particularly involving emotion-laden subjects, was neither desired nor allowed.

And I can't even talk to my dad about [the fact that he didn't take care of me]. He can't explain anything why he had to do that, give me up like that [for my grandmother to raise me]. And sometimes I want to talk to him, but he doesn't give me a chance because he knows I'm telling the truth of everything, and he can't hack the truth. He'll just get mad (Client).

Why should I tell somebody [about the abusive priest] that didn't believe me [about] what was going on? "It's not nice for you to speak like that!" It wasn't even nice to express your feelings. It wasn't nice for you to cry. If you cry you'd be punished [at the residential school] (Client).

And why people are like this today because of residential school and all that. And why white people are like that, wouldn't let them speak our language. And that's why people are like this today, our Native people. It's bitter like that, because they're angry about the past. And I always want to ask people about that, but they don't want to talk about it. Just the people that I know really good and I ask them about it. They don't answer anything (Client).

Basically, I experienced some abuse in my school over here ... from my teacher. I remember one particular time it was in grade two. He was humiliating me in front of the class. Because of the problems I was having back at home, I didn't tell anybody. I wouldn't share with anybody what was going on. Sometimes I went to school hungry, but I wouldn't tell anybody. Sometimes there's still drinking going on in the morning, I wasn't too happy about that, and I would go to school, and sometimes my dad would get mean and loud. And sometimes I used to see him abusing my mother and I didn't like that. I didn't like my home life. But back then, I could not disclose myself to anyone because I figured that it was only happening to us ... [Now] sometimes I have trouble with authority figures ... I can see myself like I'm a little kid again and that I'm still seeing that teacher, he scared me, and that's how I feel sometimes. And [I] want to talk back and I can't seem to say what I say because I get a bit upset and I start shaking, and words don't come out right. So maybe to calm me now, my head has to be clear, then I can be able to sit down and talk to someone, ask them what I really want, like I need this and that, just like everybody else (Client).

As a result, especially in regard to difficult life experiences, substance abuse became a primary means by which PCC clients not only sought to escape their pain, but also to verbally express it.

Before I used to just keep [things that were bothering me to] myself and hold a grudge, eh. Then when I get drunk I just [got violent] ... Just only the time I'd talk was if I was drunk (Client).

And I don't like [my relatives] bitching at me when I'm sober and they're high. They just let it all out. And when we're both sober, they don't say nothing, not one word ... It brings out your emotional, what you feel about it because alcohol makes you mighty, I guess, with your words and all that. So that's the problem with that anyway (Client).

We're grieving so much on this reserve, and nobody wants to hear how anybody feels. The only time they bring out their grieving and their frustrations is when they are drinking, and that's not right. They shouldn't do that ... And I like to reach out to them and, like, "It's okay, talk about it, we'll help you," instead of you bringing it on when they're drunk ... It doesn't help because they don't know what the heck they're saying. They don't feel it because it's not their feeling, it's the alcohol taking over their feelings (Client).

Although intoxication might result in emotionally expressive talk, such talk was not thought to be helpful in purging personal pain. On the contrary, substance abuse seemed to compound personal pain.

I drink to get drunk and rid me of that pain that I felt, that confusion that seemed to be there all the time. And drugs came along ... They actually allow me to escape reality at times, not feel the pain. But when you're done [with] those drugs and alcohol, [the pain] is still there (Client).

In the end, some combination of Aboriginal cultural preference and dysfunctional developmental history produced clients who, in the face of PCC expectations regarding both expressiveness and sobriety, struggled to talk.

There is no question that verbal self-expression was seen as the initial, and perhaps even the primary, means to healing. Its therapeutic utility was grounded in the belief that PCC clients in particular and NCN community members in general carried deep personal pain as a result of traumatic or devastating experiences earlier in life, oftentimes during childhood. These experiences frequently were attributed in some fashion to colonial disruptions of community life. One client explained that the pathologies of the community originated "from the Western society, colonizationists, Europeans." The resultant emotional burdens—absent cathartic expression and introspective resolution—were understood to weigh heavily upon client lives, continually overloading or derailing individual efforts to find serenity and happiness.

That's how [we get] our low self-esteem. Go down [deeper], and it's fear and anger and all that emotional hurt. The mental hurt, too, that goes with it if you think about it and you feel about it. Basically, you want to punch someone. You begun to be a violent person because you're so angry [at] all that abuse you went through, emotional abuse, physical abuse, sexual abuse, psychological abuse, even the spiritual abuse ... I never disclosed that I was abused. It was kept inside me and this negativity kept on piling up in you, and [you] may have destructive behaviour or you have criminal behaviour (Client).

And what we do is we take the former students from our community to their former [residential] schools ... And in a lot of cases, we have people that won't even want to go there. We have cases of people that are resistant about going there for whatever reason. And we have a lot of people yet that can't open up. Whatever happened over there, they just as soon leave it over there. But the thing is it doesn't stay over there, it stays with them. And that's what they have to realize that it doesn't go away until they deal with it, face it head on. And yeah, we've had people break down. I've had people that are so overcome by emotion that they go into convulsion. We've had people like that. And that's how powerful this experience about residential school is. There's a lot of cases where a lot of psychological damage was done. And a lot of it will probably never be touched upon or even revisited there. People have gone to their graves with a lot of grief, a lot of sorrow, a lot of hurt, a lot of pain (Counsellor).

As a result, healing required first and foremost the release of painful emotional burdens through the acknowledgement and confession of past ordeals. There was utter consensus at the PCC on this point: therapeutic relief was obtained through disclosure and the resultant emotional catharsis.

The PCC staff were the chief proponents of this principle. All of the PCC counsellors offered personal instances in which their own healing had involved such cathartic disclosure:

Growing up, we were very seldom asked how we felt about anything ... Very seldom would we be asked, "Well, how do you feel?" if we were crying for whatever reason, this is as a child growing up, very seldom, I remember. And so I grew up not talking about my feelings, not knowing how, not really wanting to. So I was numb in that area, and having gone through the residential system, that made it even worse, because then I had a lot of reason to feel that way, not to be able to talk about whatever it is that happened, whatever anybody done to me there, whatever anybody said to me there. It had to stay there. I just carried it, and I carried my sexual abuse for forty years before I was able to talk about it. And I can imagine a lot of our Native people today are carrying a lot of heavy, heavy stuff that you can't unload. And then we wonder why you turn to alcohol. That's the reason why I turned to alcohol, to numb the pain, because that's what it does, it numbs the pain. And so today we address social problems, and oftentimes right away we label it, "Well it's an alcohol problem or a drug problem." Personally, I don't see it that way because there's something far beyond that. That person has an alcohol problem for another reason, for something bigger than that, for something greater than that. You have a drug problem, not by choice, but because of something greater than that (Counsellor).

And still I'm on my healing journey too, by letting out my stuff. Before, oh, I used to have a very difficult time to speak in public, I was very emotional. But I've been sexually abused myself, and I guess that's why that part of it all built up inside me. That's why I got so emotional to talk ... I used to wonder why I was like that. But being sexually abused, I guess that's a part of it, to me, anyway. But so the next day, I gave it another try, so it was much easier. Then after that, the third day, it's nothing (Counsellor).

I find that pain and that not disclosing is buried inside you. And if you want to keep it there and let it always bother you then that's [your choice]. But if you disclose it, it's your healing. It's your healing, but if you bury it, and don't want to say nothing about it, then it's going to affect your life, I think. It affected mine. The funny thing about mine ... is I had buried it so deep. And there's just an exercise in social work training that we're doing ... And I don't know what happened, but something dug way down inside and triggered for me to just almost bluntly disclose ... I just got very, very emotional, my breathing, everything, shaking all over ... After I had said that [I had been sexually abused], I could have jumped on the fence and flew over the building (Counsellor).

But in terms of looking at myself and, I guess, finding out where this trauma happened and actually taking me back to that trauma in the process, because everything is a process in life. So it was a process, where they took me back into my childhood to actually look at it and reopen it in a calm, safe environment, which is where our clients are right now, right? They want to know that they are going to be safe, this is going to be a safe environment for them ... So I was comfortable and I was safe to be able to look back into my childhood and go see what had happened and to let it go, I mean, it was a step-by-step process (Counsellor).

PCC staff aimed to reproduce these sorts of experiences for their clients. As a result, a substantial amount of energy and attention had been devoted to countering the emotionally crippling effects of deep personal pain that remained undisclosed.

And [our clients] just can't bring themselves to talking about [their pain] in public, in that group, but sooner or later they realize that they'll have to talk about it in order to address it. And for that reason, when they talk about it one-on-one, then they can really lay it on the line and say, "Yeah, I've experienced that and this is how I did it and this is what happened, and this is how I feel." So they are able to address all those areas. And then once they do that, then they're okay with it (Counsellor).

But I still have that fear. I hope to goodness I don't go have a relapse. I have that fear because other people, they stay sober for many years and all of a sudden they have a relapse, and I got that fear of that. Now, we explain to the clients about that, too. When I do lectures, I always give myself as an example because I'm still doing my healing, but ... I asked them, first, if it's alright if I can use myself as an example. Then they start sharing [about] themselves too, because I say, "This is part of your healing, you've got to talk about yourself, what you have done, that's part of your healing by sharing with other people" (Counsellor).

I knew that I was helping somebody, especially ... with men, with the amount of abuse that happens in the community in the men. I've gotten a lot of men that disclosed for the very first time. You know [then that] you're doing your job. Sixty-four years old, one guy told me. Had a guy forty-five years old, first time [he] disclosed it was to me. And we went through the breathing exercise [after disclosing to calm him down] ... And the funny thing was, the sixty-four-year-old guy said ... "I can fly right away." He said, "I can fly." And the other guy that I had to assess was a forty-five-year-old ... a quiet guy, a humble sort of guy, and he said, "Hey man," he says, "I just feel like flying." That tells me that they got a lot of crapola out of their [system] and I relieved them, because I know when I disclosed, I could have stood on a [fence]rail there and flew off into the trees here. That's how light-headed I was. I had to carry stuff with me for forty, fifty years (Counsellor).

Because of the different life experiences that people had in residential school, some of them were very, very negative, where they experienced emotional, mental, physical, and sexual abuse ... Because of those experiences, a lot of them never recovered. A lot of them had turned to alcohol as a means of escape. A lot of them didn't get the counselling they needed because the counselling services weren't available in their reserve, or the mental health or the psychologists that come in now. They never dealt with their issues. Some of them ended up becoming alcoholics, really severe alcoholics. And you will meet some of those people that live in our reserve ... And some of them have never had an opportunity to talk about what they experienced and they may end up crying when they're talking to you ... because they need to be able to talk about it. A lot of them didn't talk about it, they kept it inside, and then it just built up like a pressure cooker (Administrator).

So fundamental was this notion to healing discourse that traditional ceremonial practices were interpreted in light of the therapeutic benefits of cathartic disclosure.

Because in our cleansing ceremonies, as we know them, we have that opportunity to share with one another whatever it is that's bothering us. Whatever it is that's not right in our lives, that's hanging over our shoulders, so to speak, or the dark cloud above our heads, it gives us

that opportunity to release that there. It gives us the opportunity to share with one another whatever teachings we've acquired in that time of our lives. The teachings that we have that have been passed down to us from our elders. Oftentimes, if we're sincere about the ceremony itself, we come out of there feeling refreshed in all areas. The aches and pains in your body are gone. They're not there no more. The physical tiredness you feel, it's not like the tiredness you'd feel physically from hard labour, but it's a tiredness of releasing a heavy load. That kind of relief (Counsellor).

Clearly, the message that deep personal pain required cathartic verbal expression if it was to be remedied got through to the PCC clients. As a result, all but one of them explicitly conveyed this point during their interviews for this project. Several examples should serve to further illustrate this aspect of PCC healing discourse:

It's good to talk about things that you normally can't talk about with other people that are close to you ... It's just the release, the release of the tension or the burden that you're carrying. For instance, my father when he was hitting my mom, I said, "Sometimes I thought it was my fault," but it wasn't and then I talk about it. But when I cry, it releases it so that it's gone. It's not totally gone, but that you dealt with it, because just knowing that you dealt with an issue helps you (Client).

And that's the only thing that really affected me was [that] I wasn't there when [my mother] died. That she was alone. And I couldn't really get rid of that guilt until I really talked about it with the counsellors at the [PCC]. The PCC really helped me in this one session we did where you had to write a letter to a loved one that had passed away. And I wrote to my mom and I told her I'm sorry I wasn't there for her the day she died ... So I read it out loud, I let them hear it, [my counsellor] and my cousin and his wife and myself. Four of us were there. I read it out loud. And something lifted out of me because it was always in there. I've never told anybody how I felt, so it was good, I just felt so good after that (Client).

What I found most helpful was, I guess, the one-on-one with that counsellor, that way I was able to share some things that I couldn't share with the group. And another thing it taught me was that she encouraged me to take some risks, even if some story sounds silly, just to talk, bring it out, even if I felt it wasn't necessary to talk about this story or that story, just to bring it out ... Well, for one thing, I always felt silly about that story I just told you about, about being [sexually molested by a nurse] in the hospital ... that one, and then being in school and how it was there, I didn't really talk about those things before ... And I guess the one thing was also that she was the one that helped me get through my grief. I never really showed anyone in the group the real me. Showed my feelings. I'm always trying to be like, "I'm strong, you can't hurt me, nothing has hurt me." No one knows the kind of guy I was, always trying to keep a straight face, like [I'm] really strong, not to show any emotion or anything like that. But it taught me how to express that, and express how I really felt inside me and bring it out, and that really helped. It took a lot of weight out of my shoulders and I felt lightened after that, when I was finally able to cry in front of people without even being ashamed or stuff like that, without even being shy. It just went to show that I'm human, just like everybody else (Client).

Because the first time I smudged [in a group session], it just felt different. My body felt different. All the things in you just [receded], you just felt so light. Man, [I] did that, and it just make me feel better about myself. And just, I could speak better and say whatever ... You don't think about you're going to say, you say what you feel. That's what I learned in there too, you don't think from your mind, you just say what you feel, your emotions, how you're emotional feels you. Your emotion speaks for you (Client).

For myself, I was grieving for my grandfather. He passed away seven years ago and I never got over it until I went to that program. And it was always locked in my closet. I just never let it out. I didn't share with nobody. And I went there, I expressed myself, and now I don't have a problem talking about it ... I accept it as it happened, the way it is, because that's just life (Client).

Thus, given the wide prevalence of cathartic disclosure in the interviews of PCC staff and clients alike, it would be difficult to identify a more central component of the meaning of healing in this setting than that involving the verbal expression of deeply painful experience in service to emotional catharsis. In sum, one counsellor said it best: "A lot of those people [out] there need one-on-one counselling. Talk to [me], let's dig it out ... Let's begin our healing journey." Of course, none of the PCC staff and clients claimed that disclosure and catharsis was the sum total of healing.

But it takes time, I mean, you just can't go over there, touch the person and talk to the person, [and then] sail off into the sunset [as if] they're going to live happily ever after. Unfortunately, it doesn't work that way ... So you've got to take it step by step, to slowly heal (Counsellor).

In other words, cathartic self-expression was expected to inaugurate a process of self-examination and searching reflexivity that could sustain positive and ongoing transformations of self. Looking at oneself seemed an obvious prerequisite.

So when they started this Medicine Lodge here, that's where I learned everything. I thought it was only just to maintain your sobriety, that was good enough for me. That was my thinking, "Well, okay, I'm sober," good. But little did I know that I had to go further. To have that healthy lifestyle you've got to look at your attitude, your thinking, your behaviour, and you've got to look at yourself emotionally, mentally, physically, and spiritually in order to have that balance of living (Client).

I just have to look after myself, worry about this [inner child within me]. This is where I learned, too, [about] that inner child, because your feelings may be [arrested] at only about twenty years old while you're [actually] fifty. The way you behave ... And sometimes I act like that because, I don't know, I'm still starting to heal (Client).

But I realize now I can't handle every problem. I can't [always] help people out, I've got to help myself first. I was trying to help people all the time and I wasn't even looking at myself (Client).

So that's what they learn here in PCC is that they need to take responsibility for their own lives. And sometimes, yes, it's good that they're forced to take a look at themselves, because

sometimes we have to be forced ... And once they're able to look at where they came from ... they learn different ways on how to cope (Counsellor).

Such searching self-examination could only yield deeper insights in service to positive self-transformation. In essence, then, a refashioning of self became the therapeutic project that required consistent attention, inspiration, and insight.

But over time, when I got to working on myself and getting better, getting well, it became easier. It became easier because I could honestly talk about meaningful issues in any relationship and truthfully talk from my heart instead of pretending or making up long stories or just for the sake of sounding good (Counsellor).

But I guess the one thing this program's taught me is that to learn to believe in myself, to learn to believe that I can do it, that this day's not the end yet. I don't really have to worry about tomorrow, because it's not here yet, and yesterday I can't really do nothing about it because it already happened. And it's to live that I have to work on. That's how I look at it basically sometimes (Client).

[The Medicine Lodge is] a place to heal. It's ... somebody that they can talk to. It's a place where they can get the support, where they're not judged ... It's a safe place ... because it is a place where they can get support. And I guess to encourage their own personal development ... That's what it is, it's support, it's help, providing the supports for people that want to work on themselves. Those are the more successful clients are the ones that come there because they want to be there, and they want to learn something ... yeah, it just creates self-awareness for them (Administrator).

Another administrator invoked this notion in discussing the ideal qualities of counsellors: "They've worked on their own personal issues." Thus, working on oneself, one's issues, or one's life was emblematic of the healing journey that signifies a lifelong process of introspection, insight, transformation, and fulfillment.

Within the historical context of Euro-Canadian colonization and subsequent Aboriginal cultural reclamation, therapeutic self-transformation and self-fulfillment were very likely to involve connections to a compelling sense of purpose that was shared by other Aboriginal people, especially those with whom one shares kin and culture. Thus, healing in some sense was seen to be truly about the restoration of a shattered people, the revitalization of an ailing community, which in turn required a resurgent Cree identity, a fierce national pride, and a flourishing cultural renaissance.

So with our people, that's why identity's really important. They need to be proud of who they are first [in order] to become united and healthy as a nation. Our people need to relearn their cultural practices and traditions in order to be proud of who they are, to be proud of their identity, to be proud about the Cree way of life. And that's why the healing has to be unique (Administrator).

It should be noted that a possible divergence in therapeutic discourse and cultural reclamation was observed in PCC activities, namely that the therapeutic emphasis on verbal self-expression may well run counter to the

culturally traditional norms of verbal restraint in Cree interaction. In an illuminating discussion of this tension, one administrator explained the complexity of cultural politics in regard to Aboriginal survival over time:

So I think a people that come to that [cultural] intersection that you speak of with a good grasp of who and what they are, will not be easily swayed by eastern or western or northern or southern mystics. But they are a people who, in estimating the relative value of a new practice or process, will have the capacity to assimilate that or to turn their back on it, or to take a chunk of it. I mean, that's how we've survived as Indian people. As new things came to our land, we didn't turn our backs entirely to everything or else we wouldn't be here. We have to move with change, we have to be flexible. It's the nature of the Indian way of life. We're not static beings. I mean, if we were, we would have died out a long time ago. I mean, our very way of life compels us to be open, right? To be guarded, yeah, to be mindful of life, and the forces of life, and what will sustain us, what will sustain our people.

In conclusion, the meaning of healing as it was understood and practiced by PCC staff and clients might be summarized as an ongoing process of positive self-transformation—fueled by introspection, reflexivity, insight, disclosure, catharsis, dealing with one's problems, working on oneself, and finding one's purpose as an Aboriginal person—that ultimately reoriented fragile and sometimes damaged selves toward a more meaningful and compelling engagement in the world.

Treatment Effectiveness

Appraising the outcomes of treatment at the PCC was an informal process. No standardized evaluations of treatment outcome were employed nor standardized criteria that might define effective treatment were enumerated. Perhaps the most rough and ready measure of treatment effectiveness would have been the graduation rate for PCC clients; but owing to the rather recent transition in administration of the program, PCC staff were unable to identify the number of clients who had earned certificates from the program. No one disputed, however, that the number of actual program graduates was but a tiny fraction of the number of clients served in various capacities over the years, with a graduation rate almost certainly equalling less than ten per cent of the total.

Given the nature of healing discourse at the PCC, one could be sure that effective treatment did not result in complete healing. In fact, mistakes, relapses, and backslides were both common and anticipated. As one client explained, "You don't heal completely in your life, it's only when you die and you go to a spiritual [place], then you heal completely." At best, successful clients were observed either to initiate or extend their healing journey as expressed by a variety of changes in their lives. Such changes, observed by PCC staff as well as the clients themselves, seemed to be the sole source of information by which to gauge treatment effectiveness.

Asked how he knew whether healing had occurred among his clients, one counsellor described several visible expressions of what he attributed to enhanced self-esteem:

Oh, it's an easy question. The eyes. The way they talk. What you do is you almost bring back their self-esteem, even the way they dress. For example, the one lady, her hair was always messy. It looked like she just didn't know what part of the day it was. She looked like she just woke up. After I had chatted with her and ... talked to her about self-esteem, talked about

the healing, and the sexual abuse that happened to her, in six months, I think, I could just see [it in] the way she dressed, she transformed her hair. She went back drinking again, but she has a little bit of that self-esteem now because she disclosed some of that stuff. But she should be counselled more and more ... There was another fellow, the fellow there that disclosed to me the sex abuse when the [perpetrator] died. [It happened] when he was ten years old. The dress and self-esteem. He still continues to drink. He still got separated from his wife. He's found a job. So it's all those little things that tell you that they're starting to heal, but they've got to spend time with you ... not just this one [time], [as if] you get a certificate and graduate and sail off into the sunset.

Thus, despite a separation from a spouse or even a return to drinking, the therapeutic benefits of client disclosure during their time at the PCC were observed in the improvement of one's appearance or the securing of a job. Not surprisingly, the PCC clients themselves had the most to say regarding the therapeutic benefits of treatment, including renewed outlooks, re-established coping, restored functioning, repaired relationships, and refound purpose in their lives. Renewals of outlook or perspective were a common effect of treatment reported by PCC clients.

If it's raining [outside] it was miserable [for me] and [everyone else] says, "Oh well, it's raining, the Creator is watering his plants." That's positive, whereas I used to be so negative when I wasn't on the healing journey. I hated everything ... Now it's a chance to smile ... And those are the challenges that I look at myself and, hey, maybe I had to change those things, my behaviour and my thinking and my attitude, my feelings ... and those are the defects in character I have to overcome. I have to challenge them, silence that negativity, so it becomes positive. And sometimes I go off the road, [and need to] get back on track still (Client).

It's helped me a lot to come to this program because I'm a jealous person, I admit that, I get jealous so easy. I don't anymore. It's just what I think in my head ... In this program, it tells you how to be positive and negative ... ignore the jealousy and just think positive, think about good things (Client).

I don't feel like I'm worthless or anything like that. I don't feel like, "Oh I'm never going to amount to anything," because today is the only day I look at sometimes, and today's the day that I'm doing something positive. And I don't beat myself up if I can't succeed in something. I don't say, "Oh, stupid." I mean, I don't go around trying to [worry], "How could I have done it better? What could I do?" And just being regretful. I'll just say, "Okay, I made that mistake, but I can still go on, pick myself up here." And it's given me that encouragement to just to keep on going, keep on trying, not to give up. Sometimes it's just too easy to give up (Client).

Such alterations in outlook and orientation were just one indicator of a more general re-establishment of coping skills for PCC clients.

I find that I'm more patient, yeah, right now, I'm more patient. I listen and I don't judge people like I used to. I don't know, [there's] a lot of things that I never used to do that I do now that the PCC had showed me, and one of them was to forgive ... people that have hurt me. So it really helped me a lot. It really made me see [that] there's more than partying (Client).

Just recently, I felt kind of lonely. So I went to visit the Elders, and they kind of lifted my spirits. I see them sitting around there. I was laughing when I was talking to them. And I go there for my breaks and things, go sit with my Elders, with the Elders, have a cigarette with them ... Just knowing that you [talked to] somebody that's older than you and wiser than you [brings comfort]. They give you a little advice. "It's okay to feel that way," they sometimes say. "It's natural, and Creator's always there and listening" ... But when I get that feeling, when I feel that urge to drink, I go for a walk or I do something. I wash the walls or something. I keep busy ... Keep my mind occupied instead of dwelling on whatever is bothering me and think of something else positive and do something positive (Client).

The PCC gives you what you call the significant aspects of life, like honesty, humility, truth, courage, and stuff like that. And it's amazing, since it's been applied to me twice. And honestly, I could never get enough ... This place is like a second home to me now. I come in here, I meet people, it's great. And they're more than welcoming, because there is nothing wrong with healing ... It's allowed me to grow in ways that I never thought I could grow ... It's been a great beginning to my healing, and it's only been two years. And I know I got a long ways to go. There's ups and downs, I fall, but what they say is, so long as you can try, get back up (Client).

Skills involving patience, forgiveness, engagement, distraction, or persistence together signalled for PCC clients a restoration of functioning in their lives. One PCC client had pulled her life together so dramatically that she was close to obtaining counselling credentials of her own:

And when I came here for the treatment that time, all these things I learned. This is where I learned my culture too, and this is where I started healing. And last year when I completed the program, then that's when I returned to university. And here when I started working, I became a probation officer, a parole officer, foster care, and therapy. I work here [in the community] as a therapist.

In addition to these intra-personal effects of treatment, PCC clients also reported beneficial effects in their relationships with others. One client described a former enemy who participated in PCC activities with him:

Because there was so many people in these courses, that PCC program ... I had one of my worst enemies in there ... But today, we walk around the streets like it was never like that ... You couldn't even tell that we were enemies at one time. And now we're the best of friends ... And it's thanks to this program. It made us both look at life a different way ... It's unreal, man.

Another client described the relational outcomes of confronting friends and family members about the pain they had caused in her past:

But I was verbally and physically and mentally abused, and sometimes it still hurts, but I dealt with that. I dealt with that pain because I confronted the people who hurt me. They apologized to me. They gave me a hug and [it was] as if that burden just lifted from me when they apologized to me, especially my brother. He's the one that I needed his apology in order for me to go on. I resented him ... He hurt me ... and I didn't like that. I didn't like to carry that feeling all these years. It was good when he apologized to me. Even my friends, back in

school, they used to throw snowballs at me or whatever because they knew my father was abusive, and they probably thought, "Oh, she was being abused, let's abuse her too" ... So most of my friends from grade school apologized to me because they knew that I've been seeking some kind of inner peace, because I was angry, I guess, angry at everybody and at the world, but they knew that I was seeking for some kind of assurance, I guess. I wanted to straighten out my life, and most of them came and apologized to me.

A third client described the transformation in her relative's marriage following the couple's participation in PCC activities:

I find them closer now, and I find that they talk to each other more, right now, yeah. And I haven't seen my [relative] hit his wife. Also, it must have helped them, too, because he used to always fight her ... And I haven't seen him hit his wife since [completing treatment at the PCC].

Beyond repaired relationships, PCC clients also described reformed purpose in their lives as a consequence of their participation in treatment. One client described a reorientation so radical that it seemed to qualify as the very kind of self-transformation the PCC program aspired to achieve in its clients:

It's a hell of a lot different [for me now], big time, man, I mean, big time. I used to drink lots, I don't drink no more. I used to smoke lots, I don't smoke no more. I used to fight lots, I haven't fought since I started that program. I was never into my traditional lifestyle, but I'm getting back into it again. And I look at people differently, I can talk to anyone I want now. More people come up to me and talk to me, lots ... ever since I stopped drinking and smoking and causing trouble and stuff like that. I've been working more. And all these things have just been coming to me, people coming to me with their problems and stuff. And for some reason, I just have the answers for whatever they have ... like to show I'll do what I can for them.

Frequently, such reformed purpose included transformations in identity and expressions of cultural reclamation.

I used to be ashamed for being an Indian, oh yeah, because they used to call me a dirty Indian. "You lazy Indian." I just said I would be white. It's a good thing my skin was white ... because I didn't want to be an Indian, I was too ashamed ... Little did I know, I'm proud to be a Native now, I'm proud for who I am. I know my identity, I don't care if anybody calls me a dirty Indian, lazy Indian, you no-good, uneducated Indian. So what? I'm still a human being, I'm proud to be who I am (Client).

I really had a resentment towards the priest. He was bringing all that pain I carried all my life to the age of forty. And when I was forty years old, this is where I learned all my culture, this is where I started my healing journey, and this is where I practiced my Native culture. I go to sweats, I go to fastings, I go to powwows and participate. It's a good feeling when you're starting to find your identity, to have that sense of belonging, to have that empowerment, and to have that identity in the purpose of life. It makes me feel good (Client).

So it helps, especially when I was in sharing circles and the pipe ceremonies. It's really helpful. And I got my sister and then my brother into this program ... And my sister-in-law, I asked her to come with me to a pipe ceremony. "You'll love it. You'll have a good experience. [Whatever] you're hiding or what's in you, you'll feel better if you talk about it," I told her. And it does help to let things out (Client).

Even with Aboriginal practices, clients might still experience ambivalence about their healing.

I met [with] one medicine man [who gave me a medicine bundle] ... Of course, I still have that bundled-up package. I'm supposed to write down twenty negative things and twenty things I'd like to change. In twenty days, I'm supposed to go to a secure place every day and write out those twenty negative things that are bothering me, and twenty things that I want to happen to me. During that twenty days, in that bundle, I'm supposed to boil [what it contains] and drink it during those twenty days, and it's supposed to purify or cleanse me or something, with all the negative thoughts and negativity or whatever happened past in my life or in the present. That's what that medicine man told me, but that was a year ago and I still haven't opened that because I don't feel like I'm ready. I'm just starting to grow and I'm just learning about these things. So that bundle is still over there, still at home, still in the package (Client).

Nevertheless, the realization of healing through cultural reclamation remained a potent indicator of PCC treatment effectiveness that resonated with one counsellor's vision from many years ago:

And in my vision some twenty-five years ago ... I seen this rainbow, a full-circle rainbow. An outside circle was a rainbow ... In our Cree language, pisimweyapiy, it means rainbow. I seen this complete circle of a rainbow, and inside was an incomplete circle but a rainbow incomplete. And when I mentioned that to the Elder, the way he explained it to me was this healing process going on in our Native communities everywhere. You travel the whole country, you go to the States, you go to Canada, anywhere in the world, there's healing going on with our First Nation communities and it's quite evident today. And that complete circle represents those people that are walking on their healing journey, whether it be in the AA program, whether it be in their traditional ways, whatever works for them, whether it be Christianity, whatever, whatever works for that individual. There's lots of those people the world over, and if they were to come together in one place, there's probably not a city big enough to hold them, that circle (Counsellor).

While it appeared that PCC treatment effectiveness was not measured or recorded in any systematic way, observations by staff and clients together attested to the changes, and occasionally even the transformations, that were wrought in client lives. Such evidence was certainly sufficient for issuing a sweeping invitation to the NCN community. As one enthusiastic client frequently stated in his promotions of the PCC program: "Give it a chance, you give everything else a chance, why not give healing a chance." Just as the rainbow attests to sunlight scattering the storm, so it is the hope for healing to proliferate within and beyond the NCN community—ultimately encircling the entire world in a rainbow of wellness—that sustains the spirit of the Pisimweyapiy Counselling Centre.

Conclusion

When asked about the intended outcomes of therapeutic efforts undertaken at the Nelson House Medicine Lodge, one administrator set forth a remarkably ambitious agenda:

Oh, nation building, I think its people building, I think its community building, I think its spirit building. Without getting too [self-important], I think we're trying to fix people, and I think we're trying to help ourselves by helping others. I think we, through our various journeys, have come to realize that this way of life demands that we seek out others who are of like mind and like intent and put our heads together to see if we can come up with a life that we all want. I don't think anybody that comes to that program wants a community mired in the range of pathologies that exist in the community. They want change, and we're just change agents. That's all we are.

As the Medicine Lodge program most directly engaged with the surrounding reserve community, the Pisimweyapiy Counselling Centre similarly aspired to "pave the Red Road to wellness" for the people of the Nisichawayasihk Cree First Nation. Acting as "Medicine Wheel Firekeepers Empowering Healthy Lifestyles," four PCC staff members consistently sought to honor, guide, model, inspire, and transform life in the Nelson House community. Acting merely as change agents in this process, their ultimate vision anticipated a vast circle of individuals harmoniously united by their movement along that healing journey. As it appeared in these dreams, life in the NCN community may one day vindicate their efforts.

The prediction for Nelson House is that it's going to become a model community. It's going to heal, and I've been telling people that since I came back. I tell them, "Don't give up on your community. One day our community is going to heal," and they'll ask us, "How did you do it?" and we'll say, "This is how we did it" (Administrator).

One purpose of this study was to document the aspirations, approaches, and activities of the PCC program in anticipation of this future moment.

As a community-based outpatient treatment program, the PCC confronted numerous challenges. Its clientele was battling chronic distress and dysfunction and was frequently compelled to participate in PCC activities by family services or by order of the courts. Its staff was professionally isolated and lacked ready access to state-of-the-art training, materials, and other therapeutic resources. Its community was relentlessly beset by a chronic range of pathologies originating in poverty, residential schooling, and other legacies of the colonial encounter. Its tentative existence was utterly contingent on the continuation of AHF program funds initially received in 2000. And yet, in the face of such challenges, the PCC mustered its resources and marshalled on. Its clientele reported alterations and even transformations of self that yielded renewed outlooks, re-established coping, restored functioning, repaired relationships, and refound purpose in their lives. Its staff, comprised entirely of NCN members, persisted in facilitating healing through lectures, group sessions, one-on-one counselling, cross-agency collaboration, public education, community outreach, and ritual involvement. Its community supported the vision and mission statements of the Medicine Lodge, restrained itself from unwarranted political interference in the organization's affairs, and remained open to the healing summons of the PCC. Its enduring existence was assured by parliamentary reauthorization of the AHF through the year 2012, though the Medicine Lodge staff continues to pursue supplementary and alternative funding in

preparation for an uncertain future. In sum, the PCC program modelled the very adaptability and resilience that Aboriginal communities desperately require if their members are to “put our heads together to see if we can come up with a life that we all want.”

This study of the PCC program was explicitly concerned with models and metaphors of healing in First Nation treatment contexts. The models of healing employed by PCC staff were comprised of a variety of Western and Aboriginal approaches and techniques. Western therapeutic modalities included the Twelve Steps and Twelve Traditions of AA, grief exercises, anger discharge, inner child work, guided meditation, relaxation training, energy manipulation, genogram mapping, Reiki, acupuncture, neurolinguistic programming, and other complementary, alternative, and New Age therapeutic techniques. The appeal of such techniques was their apparent origination in spiritual principles, mysterious forces, or esoteric energies that were sometimes accommodated to Cree tradition. Aboriginal therapeutic modalities included smudging, talking circles, blessing rituals, tobacco offerings, pipe ceremonies, sweat lodge rites, fasting camps, and the shaking tent. Aboriginal herbal medicines were not employed in official PCC activities; peyote rites were deliberately excluded from Medicine Lodge services. Other forms of cultural contestation were evidenced in the community as well, such as explicit concerns about the polluting effects of pan-Indian appropriations. Given the diversity of religious practice in the community, programmatic exposure to and appreciation for Aboriginal practices was counterbalanced with explicit and routine accommodation for non-Aboriginal belief systems.

All of these therapeutic models were subsumed under the central metaphor of the Medicine Wheel, which conceptually represented holistic balance and integration of constituent parts within a unitary totality. Oriented to the four directions, the Medicine Wheel concept facilitated successive consideration of the four basic elements of human personhood—mind, body, emotion, and spirit—along with explicit recognition that these elements articulate and integrate into the larger unity of human experience. Furthermore, this ancient Indigenous representation was seen to portray the cyclical nature of human development and existence. Thus, the Medicine Wheel afforded a developmental and holistic perspective for working with PCC clients, and it seemed an ideal metaphor for organizing healing in an Aboriginally distinctive manner. Additional metaphors of healing that were evident in PCC activities included the carrying of painful burdens from a hurtful past, the excavation (digging or probing) of deeply buried personal pain in the effort to purge its toxic effects, the release of emotional pressure through cathartic talk, and the commitment to looking at and working on oneself as a therapeutic project. Finally, the meaning of healing, as abstracted from a variety of assumptions and approaches endorsed by PCC staff and clients, appeared to involve a process of positive existential transformation that therapeutically linked the vulnerable and imperfect self to a more optimistic and compelling sense of purpose more conducive to meaningful engagement in the world.

Clearly, this distinctive integration of Western and Aboriginal approaches to healing, united by the overarching philosophy of the Medicine Wheel, was compelling for many PCC clients. Treatment outcomes were not assessed by PCC staff in any formal or systematic way, but among the PCC clients interviewed for this study, a virtual consensus existed regarding the unique appeal of the program’s distinctive offerings, yielding in some instances a remarkable transformation in client orientation and behaviour. Even clients who continued to struggle with substance abuse and related distress acknowledged some progress toward improved coping with life’s challenges. Some even became outspoken advocates of the PCC within the NCN community at large. What then might be concluded regarding best practices for healing within Aboriginal reserve community contexts? Keep in mind, first, that best practices are typically derived from stringent experimental or quasi-experimental research designs in which cause and effect relationships between intervention and outcome can

be determined. This study was not designed to explore causal relationships, and thus it cannot suggest best practices in this increasingly pervasive sense of the term. Nevertheless, several anecdotal lessons from the PCC experience might be drawn.

Operations: community-based outpatient treatment programs must find a sustainable balance between responsive internal organizational administration and external community oversight and accountability. For instance, the appointment of an independent board of directors by chief and council seemed an effective means to attaining such balance, though the Medicine Lodge also maintained a quasi-independent status as a regional service provider funded by Health Canada. In addition, therapeutic programs and services should be client-centred, offering programming that engages clients effectively and doing so at times and structured by schedules that accord with the local routines of client life. For instance, the PCC conducted lectures and group sessions in the evenings to better accommodate clients who worked or rested during business hours. Furthermore, staff must be widely available to clients for consultation, support, or crisis intervention. Obviously, banker's hours will not effectively meet client needs. Staff must also be afforded regular opportunities for debriefing, decompression, planning, coordination, and mutual support. The treatment facilities should be inspiring, with Aboriginally significant decor and a friendly and casual atmosphere. For instance, the Medicine Lodge constructed a Medicine Wheel on its grounds and posted the appropriately colored flag at the exit from each wing of its building in the four cardinal directions. Traditional ceremonies sponsored by the program and conducted in or near the facility should be routine and open to the public. The community must come to realize through these and other hosted events and celebrations that the treatment program and its facilities are not just for those with alcohol or drug additions, but for all community members interested in a better life for themselves and their children.

Staffing: community-based outpatient treatment programs must employ primarily Aboriginal counsellors or those who are otherwise acutely and empathically sensitive to the needs and experiences of Aboriginal clients. Staff must be able to draw upon first-hand experience in serving client needs in empathic ways. Both education and experience were seen to be valuable, though life experience may well be more important than knowledge in the abstract. In addition, at least some staff should be familiar and proficient with a range of locally meaningful Aboriginal practices, including fluency in the local language and be able to promote interest in these cultural practices in a sensitive and non-threatening manner. Furthermore, beyond language fluency in and of itself, staff must be familiar with and sensitive to local styles of communication that would impact Aboriginal self-expression and interpersonal interaction. Particularly in close-knit First Nations communities, staff must be vigilant guardians of client confidentiality in order to ethically promote therapeutic self-expression. Both men and women with esteemed local reputations should be on staff, though a preference for middle-aged or older individuals may correspond to greater therapeutic effectiveness. Staff commitment to healing should be comprehensive and enduring and ideally grounded within an overarching sense of vibrant purpose. Staff should be selected for their ability to inspire and model for others a walking illustration of the good life.

Treatment Model: community-based outpatient treatment programs must afford the means for clients to avail themselves not just of Western modalities and techniques, but also of Aboriginal rites and ceremonies that effectively link treatment to compelling, community-based existential frames of reference. Consultation of, or even contracting with, authoritative "culture carriers" might help to manage or moderate local contestations of traditional practice. Overarching Aboriginal symbols or metaphors should be employed to guide client progress and understanding. Therapeutic activities should draw as widely as possible on available treatment approaches, perhaps even Western best practices, in order to determine what works best locally. Treatment

planning that tailors available approaches and techniques to specific client needs is warranted. Creative flexibility in accommodating client needs should be harnessed toward improved coping, expressive talk, restored functioning, repaired relationships, and refound purpose. Healing should be discussed as an unfolding process in which client slips, lapses, and breakdowns are to be expected. In the face of such distress, clients should be reminded that they will always be welcomed back for continued treatment or aftercare. Coordination with related agencies and programs to ensure seamless integration of client care is ideal.

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Building A Nation: Healing in an Urban Context

James B. Waldram

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Introduction

Through this group, they have helped me a lot to accept myself, who I am (Client).

What this place really has is a lot of respect, and it shows people how to respect others (Client).

My Aboriginal background was very small, in a cloud, before I came to Building A Nation in 1999. I did not realize my roots, I did not realize who I was. I had kind of lost my identity and ... and my culture ... and I never, ever, ever gained anything until I got to this place (Client).

The clients that we have here look forward to us every week, every month, to come here [where] they can find a safe place, to feel safe, to be able to have people that understand their concerns and work with them (Therapist).

Taking away the belief system, the foundation, connectedness with human life and the world around a person was the most harmful thing that the people could experience in all of the things that they experienced, because it completely demoralized them and disoriented them (Therapist).

To be honest with you, if we are not able to offer our therapy and our counselling using the four directions world view, this city is going to suffer again. They are going to go backwards (Therapist).

Building A Nation, Inc. (BAN) is located in the downtown core area of Saskatoon, in an area notable for poverty and poor health conditions. It is a store-front clinic that provides both clinical services and fellowship for residents in the area. BAN's application for funding to the AHF described its program as follows:

We provide clinical and traditional counselling services, as well as child custody, justice-system, and social assistance program support to individuals and specific interest groups. Clinical services are provided by a registered counselling psychologist ... a certified mental health therapist ... whose practices are done in the four-directions worldview providing counselling to women, children, men and couples. Crisis services are provided by trained crisis intervention counsellors of Aboriginal descent. We have our traditional therapist who provides traditional ceremonies and practices as well as counselling to our clients and survivors (AHF-funded project 2nd year 4th quarter).

In a renewal application, BAN stated the following:

our program is to provide direct crisis intervention counselling and life-style support services of a culturally appropriate kind in order to remedy effects of Residential School abuse described for off-Reserve Treaty First Nations persons and their extended family members, including Métis and non-Aboriginal persons ... Our program is aimed at helping [S]urvivors and/or descendants by restoring a sense of trust, strength, pride and honour that was taken

away from them. Many of our clients have begun to reaffirm themselves, to again believe in themselves in an Aboriginal way ... this act of cultural re-affirmation is the starting point of recovery from the abusive effects of Residential School placement (AHF-funded project 4th year proposal).

The goals for BAN were stated as follows:

1. Returning the four-directions worldview (the Medicine Wheel and the Dene Drum) as the basis of helping and healing therapies.
2. Providing an urban infrastructure support system that includes advocacy services for persons involved with the justice system, child custody system, and social welfare system.
3. Addressing the longer-term need for a learning model of self-directed and family-based solutions to conflict resolution and crisis intervention issues.

BAN has an Aboriginal focus to its programming, but its clients come from all backgrounds. The city of Saskatoon is multicultural, and many Aboriginal cultural groups are represented. Particularly noteworthy are the Cree and Dakota, although Saulteaux, Dene, and other Aboriginal people also live in the city. BAN is the only urban program studied in the "Models and Metaphors of Mental Health and Healing in Aboriginal Communities" project. As such, the complexities in dealing with a multicultural and transient population within a city of approximately 207,000 people largely determine the model that BAN employs.

The BAN facility consists of two floors in a row of stores and other service agencies near the downtown core of the city. Visitors are greeted at a common reception area. There is both an outer and an inner waiting room. Coffee is available for those wishing to warm up or engage in some chit-chat without necessarily utilizing the centre's clinical services. The centre has several counselling offices and large meeting rooms where group therapy sessions and Aboriginal ceremonial activities take place. Immediately upon entering the centre, the smell of sweetgrass provides affirmation that this is an Aboriginal-centred program. Nonetheless, all are welcome at BAN.

The staff are both Aboriginal and non-Aboriginal, male and female: three counsellors, a receptionist, and an office manager. All have taken the Medicine Wheel training program offered at BAN, regardless of their position or responsibilities. The centre is open daily from Monday to Friday. The availability of the staff is never certain, as they frequently assist clients in court or with other social services agencies and sometimes must leave town altogether to work with a client.

There is a considerable number of drop-in clients who utilize BAN's services. At any given moment, the reception area can be quite full with people; some see a counsellor, others visit with staff or each other, or some can have a hot cup of coffee and some fellowship. At other times it can be quiet, for instance, on the day many clients receive their social assistance payments. The atmosphere is usually calm and serene, although occasionally there may be an outburst by a particularly troubled or angry client. Sometimes, individuals in need of acute crisis care wander in, as do individuals who are heavily intoxicated.

Community outreach is an important function of BAN. This is achieved primarily through community feasts held at the centre. One that was observed had approximately seventy people in attendance, including Elders. The feast was opened with a pipe ceremony, and for some guests this was their first feast ever. These types of activities help to affirm BAN's identity as a helping program and offer the opportunity for potential clients to learn what the place is all about within the relative safety of a large group cultural event.

Methods

The interview guides utilized in this research were developed by James B. Waldram, with an eye toward flexibility and the likelihood that they would need to be adapted to specific community and/or program contexts. In the BAN research, the templates proved to be adequate for the task, with little adjustment required. However, participants were often asked follow-up questions to clarify their answers or to draw out more details. Sometimes, participants touched on many different topics in their response to a single question and were reluctant to revisit these matters later. All but one interview was tape-recorded.

Two field researchers were involved in the data collection stage: Rob Innes, a Ph.D. candidate in Native American Studies at the University of Arizona, and Calvin Redman, a professor of Social Work at the First Nations University of Canada. Two research periods were required: the first in the summer of 2003 for five weeks, the second in late November and early December of 2003 for four weeks. Program staff usually made the first contact with clients, explaining the research and soliciting a tentative agreement to be interviewed. The researchers then explained the project in greater detail and achieved informed consent to participate. The researchers were able to utilize a private office in the BAN facility for interviews. However, as BAN operates significantly as a drop-in program, participation was uneven over these weeks. There were some days that no interviews were undertaken and the centre was quiet (from a research point of view). Other days, the centre was very busy and the lone researcher was unable to interview all those who showed a willingness to participate.

There was a considerable degree of suspicion towards the researchers, who are both Aboriginal, displayed by the clients. BAN has serviced over 3,000 clients during its six years and, therefore, has a huge potential client base. It was difficult for the researchers to quickly establish the trust necessary to build a good research relationship because many of the clients were experiencing acute distress or were themselves wary of the whole BAN enterprise. Researchers frequently saw a given client only once during the period of data collection, and the relatively transient nature of the client population and its irregular use of BAN made it difficult for the researchers and clients to become familiar with each other. The nature of the BAN centre as an inner-city counselling facility made this research particularly challenging; for instance, the cultural backgrounds of the clientele were diverse and, as both a drop-in centre and an acute crisis facility, clients sometimes arrived in a state of alcohol or drug intoxication or severe emotional distress.

Eighteen clients were interviewed, and all interviews took place in the BAN offices. In addition, four staff members were interviewed. The researchers also attended a variety of training workshops offered by BAN to other service providers and obtained some of the written material used in these training sessions.

Data analysis was undertaken by Marusia Kaweski, an undergraduate Psychology major, and James B. Waldram, a professor at the University of Saskatchewan. Content analysis was the primary technique used, which was facilitated by the use of the NVivo software program for qualitative data analysis. The voices of the research participants in this report have been edited to clarify meaning and to protect identities.

Participant Profiles

Demographics: the mean age of the 18 clients interviewed was 41, with an age range of 21 to 66; but 13 of the 18 clients were in their 30s and 40s, early middle-age. Most were male (13) and single (14) at the time of interview. The majority (61%) had children in their homes for which they were caregivers.

Aboriginality: although an urban clinic, BAN primarily serves a Cree population, according to staff, and this is reflected in the dominance of Cree clients interviewed in the study. While 44 per cent of the clients indicated they did not speak an Aboriginal language, almost all of the 54 per cent who did (9 of 10) spoke Cree to some extent. Several of the BAN therapists and staff are of Cree heritage and speak Cree.

The language spoken (or lack of languages spoken) does not fully reflect the Aboriginal heritage of the clients or their knowledge about Aboriginal cultural traditions. Cree may be the main language, but their cultural backgrounds are not homogenous; often, one parent is of a different cultural background. Further, other groups in the sample studied included Métis (3), Saulteaux (1), and Sioux (1). The relative lack of Sioux clients is somewhat surprising given that the closest community to the city is a Dakota First Nation, but this may be a product of our opportunist sampling procedure.

Twelve of the eighteen clients expressed that they had little or weak knowledge about their Aboriginal heritage. The experiences of these clients showed that they were separated early in life from parents, extended family, and communities where they might have learned the oral traditions, ceremonies, rites, spirituality, and language. The clients who spent more time growing up in Aboriginal communities retained more culture and language. Most clients, until they were removed from their traditional environments as small children or moved to urban centres as adults, were immersed to varying degrees in a traditional lifestyle. This ranged from “I grew up in a Cree environment from up north and worked in northern Saskatchewan” to “I wasn’t a part of that and I didn’t get told stories or nothing.”

For some, subsequent negative life experiences hampered their ability to explore their origins. “Before I was awful, I wasn’t into my culture,” disclosed one client, “The alcohol was more important to me than my culture.” This break with cultural values and the traditional lifestyle was often due to family separation and removal from the local community. Three examples illustrate this point:

My parents separated, you know, when I was a young age and my mom brought us to the city (Client).

I was taken away from my parents at a very early age, approximately five years old, so I didn’t get to know my background because I was raised with white people (Client).

I was adopted since I was born and when I came here [to BAN], that is when I started learning about the healing circle and that (Client).

The fractured cultural upbringings of many clients lead some to piece together an Aboriginal identity from whatever sources were available. Two clients, for instance, expressed a mixture of cultural practices and beliefs stemming mostly from dominant groups like the Cree, but including as well Aboriginal slang and North American English influences. “Just what I picked up on the street,” as one client noted, or in the penitentiary, as another client explained. Age was a factor in determining interest in culture. “I never started getting into

my culture 'til I was about in my thirties," explained one client. As teens and young adults, the clients were increasingly exposed to mainstream Canadian culture, urban life, and negative home experiences. Only later in adulthood did many begin seeking to learn more about their heritage culture, and this fact explains the attractiveness of the BAN program for these individuals.

Substitute care experiences: residential school and related experiences were significant. Half of the respondents (9) indicated that they had attended a residential school, 61 per cent had experienced foster care, and 22 per cent had been adopted. Substitute care experiences were generally similar for those in adoptive and foster homes. While none of the staff had first-hand experience in residential schools, one grew up with family members who had and related that there was extensive pathology in the family. Another staff member, a non-Aboriginal, described similar experiences to residential school as a result of his abusive upbringing in a monastery.

Residential school experiences run the full gamut of those that have been reported in the media, in research publications, as well as in the reports of the Royal Commission on Aboriginal Peoples. Sexual abuse was often referred to indirectly or without detailed explanation. This client may or may not have been making such a reference:

There was one little incident there I had with one of the staff, that I ... sat like this with that staff and I told that staff, you know ... no money won't bring back the pain that you caused me, but ... telling you this will make me feel better, and what you did meant [to me].

The discipline in the schools was intense. "It reminded me later on when I read stories about concentration camps, something like that. We were kind of disciplined that way," described one client. The strict regimentation of the schools was in contrast to the Indian way of allowing children to develop at their own pace by watching and doing. At the schools, like in prison, there was little room for individual autonomy, and this created some problems for the children as they emerged into adulthood without the requisite skills and experiences. Later in this report, this emerges as central to the understanding of the problems these clients experience. One client noted:

Because I've learned for so many years ... right from the residential school ... what time to wake up, what time to go to sleep, what to do. And from there led on to the provincial system ... I've put in fifteen [years] of my life in jail, eh? From fifteen years of my life, and I ... I look at it and all these years I've just took directions, and that's all I knew, until I come to Building A Nation. And Building A Nation has turned it around for me. It has turned my life right around. It gave me direction in life, it gave me, like, knowledge, acknowledgement.

The discipline that some students experienced was clearly abusive. "The stuff that I seen there was just like ... you can imagine kids crying, being neglected ... I remember one time when I tried to go and get a ball out from under the road, I remember them throwing me ... against the wall" (Client). And speaking an Aboriginal language was often met with punishment: "Our main language was English, we couldn't talk Cree, we couldn't use Cree language in our convent. They wouldn't let us talk Cree amongst each other. We did [speak Cree] when we were out of earshot, but somebody always [got caught] and we got a lick'n" (Client).

Emotional and psychological abuse was also common, beginning with the removal from parents. "My experiences there were very ... lonely. They were ... depressing, I guess, in a way. There was ... like an emotional breakdown for me because of them taking me away from my parents" (Client).

The following client explained how he was told that his parents did not even care about him: “They were telling me that, you know, that I was an orphan, that I was abandoned, you know, that ... my parents didn’t give a damn about me or anything.” Another client related a similar, tragic story of stolen identity:

I didn’t even know that I was adopted. I didn’t even know I was Native until I was ten. So, they gypped me off a lot, about my heritage, my culture, everything. Like, you know, I was just like, I was just there. “What are you?” I said, “I am me” you know, that is the only thing. Like, nationality, I didn’t have no answer to that so they sort of ripped me off a whole lot, denied me of my culture ... I found out I was from Saskatchewan and I didn’t even know I was from Saskatchewan until about ’90, around ’93.

The disconnection that this client expressed was echoed in greater detail by another client, who explained how his sense of identity was affected by the residential school experience:

I didn’t even know my name, had no idea who I was or anything. All I had was a number. And I still know my number, it was number 59. And I used that all ... all through that time, until I was nearly ten. Until I got out from wherever I was for a doctor’s appointment or dental appointment, or anything like that, I’d be there, number 59, that’s all they knew who I was, by that number. I guess they told us [at] about ten or eleven, that I started to know who I was and ... find out later that I had siblings in the Rez with me and in school. And it was just like a shock to me, I didn’t know that I had any because, like before I knew that I had them but I thought that they were ... I didn’t know what happened, if they died or whatever, eh? I didn’t know what happened to them, I had no clue.

Not knowing one’s name or one’s family when even under the same roof is a striking example of the abuses typical of the residential school experience. Instilling a negative view of Aboriginal people was integral to this process, as this client explained:

I guess my self-esteem ... was broken ... I had no sense of identity, I had no sense of belonging ... I didn’t even know what I [was] supposed to do or what was expected of me because, you know, being constantly told that ... I don’t have no Mom or nothing and ... that the only good Indian was a dead Indian and all this sort of stuff. So I started ... to believe that stuff because if you start constantly pounding, pounding it into you, you know, you just [believe it].

One therapist related how this process of assimilation affected her more generally: “As an individual, I was very ashamed of myself. For what, I really don’t know. It was just the way I was raised. I was raised to be ashamed of my being an Aboriginal Indian, full-blooded Cree.” The therapist raised in a monastery described a similar process for him as a non-Aboriginal:

I had been in a monastery for about five years looking around for something to get a hold of in my life and I had received some abuse from the people that ran that monastery, physical and sexual abuse, emotional abuse, not really physical but ... It was the sexual abuse and the mental, emotional abuse that caused me to get out of there and I wandered without a belief system for a number of years.

Resistance took many forms, including speaking the language when alone and even running away. One client described an incident that is remarkable in its extent and the planning that went into it:

We had a great escape from the residential school. I think there was about over two hundred that ran away at one time. Yeah, eventually all got caught because like the RCMP had set roadblocks and ... opened up all the areas and everything. The older guys planned it for about two or three weeks, had everything all worked out, and how they were going to work it and how everything was ... all set down. The whole plan was in motion and everything was just kept down silently ... We had some help from the inside, from the kids in the kitchen ... who gave us bananas and whatever and sandwiches to take with us so that we could have something to eat. And this was done, it was all planned, eh? ... I think the longest that I could remember is a person being away for ten days ... Yeah, and they just about made it home.

Not all residential experiences were consistently bad. Several clients reported the benefits they received from attending the schools, including food, material goods, recreational opportunities, and a healthier environment. For some, escaping problematic situations at home was equally as important:

I was ... ten years old when I went there. And I started enjoying it, until you know ... a few things happened in my life that ... changed everything ... I was getting a good education, I was getting good grades in school, I was getting a lot of attention, attention that I wasn't getting at home with my parents. So, you know, I was getting that nurturing that I needed ... because my parents were chronic alcoholics (Client).

Many participants also experienced foster care. The length of time clients spent in foster care ranged from as little as two weeks to seventeen years. Multiple placements were common, and some noted that they often experienced adoption and residential schools as well as foster care. For some, the foster family environment provided needed comfort and stability:

Well, going into foster care was quite an adjustment. When I take a look back I think ... about myself there. From going from a home that's no rules, that you're the caregiver, so that you're the adult, going into a home where there's love, okay? There ... you have a sense, you know, where you belong. You have a room, your own bedroom ... and your own space where no one goes in it, so your own privacy. There was such an adjustment ... because there was stability. I had a curfew at that time, because before, I was out on the streets, I was doing everything, I smoked, I drank before ten years old, okay? I did drugs before I was ten years old. So going to a new home where there was stability, there was everything, clothing, when I needed it (Client).

One client even reported refusing to go back to his birth parents' home. Several noted that their foster and adoptive families were very supportive of their Aboriginal heritage and allowed for contact with the biological parents. But for others, instability and abuse was typical of their substitute care experience. While a few clients experienced a customary form of adoption or foster placement with relatives when they were young, moving in with family who took care of them were informal placements that did not necessarily result in a better outcome for the child. Physical abuse was a common experience for all of those in substitute care.

There was a bit of physical abuse and some mental abuse and stuff when I was growing up and I didn't kind of like it as much. Some days I, well actually most all of my days there was pretty rough. Scared, lonely, tired, angry (Client).

[It] wasn't pretty anyway, it ... was horrible. They [foster parents] seemed like they'd be nice at first, like when they were in the social services, but ... when we get to this house it would be a totally different story (Client).

Another client succinctly described his experiences in foster care as "physically abusive, mentally, emotionally abusive," but it was difficult for these clients to disclose the abuse they were experiencing, as one client explained:

You know a long time ago, they didn't think of abuse like that. That was like '75 and that was unheard of, that was behind closed doors. But now it is a whole lot more open and you know, it's a lot, lot better now than before. They didn't think that. "Oh, you're lying" or something like that, or you would shut up because ... the adult was the one who, you know, had the say. That's how I was brought up.

Discrimination also emerged as a common theme in substitute care experiences. This client described both instability and discrimination:

They used to just send me to homes and stuff like that, go live with these other people, like strangers I really didn't even know ... and they were mostly Caucasian people and ... I found that I was looked down on a lot because, you know, I guess I wasn't the same colour as them. I never really had a good experience with them, you know, and I mainly just stayed drugged up or whatever. I didn't fit in there and I didn't try to.

Several clients placed in non-Aboriginal foster homes reported similar feelings of discrimination. Along with the physical and psychological abuse and discrimination came a devaluing of Aboriginal society that had a profound impact on several clients, as one client described this situation:

To me it was a house of hell because they tried to break my spirit. They called down the Native people ... I was trained that Native people were dirty, were ugly, a disgrace and because of me being the darker one of the family. They always called me squaw or dirty or filthy things, you know. But one thing I am grateful for, I never got raped, but I was abused mentally, physically. I was locked up in basements my whole day when I wasn't in school. I worked hard like a slave, got nothing out of it in return but lickings, you know. And at the age of about seventeen, I got out of that place. And I didn't know, see the white people called me Indian, which I thought they were swearing at me. The Indian people called me white woman ... and I didn't know where I belonged. I didn't know who I was.

Another client noted how the foster experience overlapped with the residential school experience to foster a derogatory image of Aboriginal people:

So, they kind of reinforced that because, you know, you hear it in residential school and then you hear it back in your foster home and you start thinking, maybe these people are right, because how can all these people say this stuff?

In such contexts, identity issues are likely to surface.

Attempting to reconnect with biological family members proved frustrating for clients as well. They were not always accepted as equally Aboriginal because of their language and cultural deficiencies. One client who was adopted noted, "when I moved here, back to Saskatoon, I got introduced to my family, and they still think that I am a monias [white person] because of the way I was brought up, the way I was raised."

Life Narratives

As the preceding discussion would suggest, most of the therapists and clients at BAN have lived troubled childhoods and adult lives, and this is reflected in their narratives. The basic thematic pattern for many clients and therapists involved being abused and neglected as a child, continuing to be abused and sometimes being an abuser as an adult, and then finally beginning the long journey toward healing. One therapist described his childhood life very factually:

I was brought into this world by a single parent of eight children who is a residential school Survivor of six years in ... different residential schools ... I was raised in a family of violence, physical violence. My mother was involved with ... [the] alcohol environment.

A client described generally how life was when he was young, characterized by neglect and the witnessing of violence:

From when I grew up on the reserve ... four years old, okay, and what I saw there is the drunkenness, the fights, the shootings. [I] saw one person, you know, sitting in the chair like this, with her hair being lit on fire and ... things like that. So this gives me vivid memories of that, and those are the ugly things that I saw, you know ... And then after that a lot of abandonment, being left ... all on your own. One of the things ... that I remember is going through the nearest town ... which is, what, twenty miles away or something, you know, twenty-five miles away from the reserve, and that was the nearest bar. And what it is, you know, you'd hop into ... when everybody packs into the car, you know, and adults go in and I guess the kids can't stay at home ... and ... we sit in the car. They'd feed us with pop and chips and ... we'd sit out in the car when they're out drinking. And then they go in there and they're in there all night, and then they come out and one passed out in the car. And we're looking up and they're all drinking and, you know, they're still drinking and drunk and we ... [are] taking back routes home because they're all drunk, right? So this is a regular thing on payday. So one of the things that I can remember is, on paydays, we knew when payday was ... Times were getting tough before payday, right, because the food was rationed ... and everybody's getting uptight and this and that, and everybody's fighting and all that sort of thing, arguing.

Witnessing violence and alcohol abuse was common and so was being abused. "Mom was very angry, and a lot of it, my young brother and I, we got a lot of abuse, a lot of hitting, a lot of punching, kicking, everything,

broken ribs, you know, brooms broken over our backs” (Client). These difficult experiences as children evolved into difficult adulthoods, marred by social pathology, family dysfunction, and trouble with the law.

I abused drugs and alcohol and I picked up on abusive men who I have children [with] ... from two separate males, one who is passed on now. And then I went on to another abusive relationship after he had passed away and had [more] children. And I had to get beaten for me to leave that relationship. I was almost dead. I was in the hospital (Therapist).

So here I'm hanging at the bars and, you know, slobbering drunk after high school and still hanging out with different people, different parties ... and things like that, right, and social butterflying. Anyway, so it's all over the place ... By this time I was going into work smelling like alcohol, you know, smelling drunk, and ... coming in late, and everything else. And this carried on and I was ... you know, I was suspended (Client).

And there was times I was sitting in a house for how many days not knowing ... waking up later on, blackout, you know, things like that. Going into territories [such as] alcohol, drug use, evictions, full-fledged gambling too (Client).

Living an anti-social lifestyle actually provided a supportive group of peers, something that many clients had lacked when they were growing up.

I went to jail when I was ... a fifteen-year-old. And in there ... I got attention from the older boys. They were saying, “Okay, you know, go and we'll make sure nobody bothers you and do whatever you want,” eh? ... I got attention here, I got love, I got care, and that led on to many years of my life being in jail. And then 1997, I went to the federal system (Client).

Despite these common negative experiences, the one other characteristic that defines both the clients and the therapists at BAN is their attempts to turn their lives around, some more successfully than others. While none of the interviewees described an epiphany when they decided to straighten out their lives, several noted the importance of meeting another individual who began them on the path to recovery. One therapist described his encounter poignantly:

I was in Toronto in the early seventies. I was working for the Salvation Army with a bunch of youth and one of them had died and I had to go down and identify the body. And there was an Anishinaabe man at the body when I went to the hospital. He had been sitting there since about six-thirty in the afternoon and this was about like nine-thirty, ten o'clock at night and he had just been sitting there, the nurses told me. I offered him a ride home after I had ID'd the body. And on the way home, I talked briefly with him and, you know, I was kind of intrigued by him. The next weekend I was downtown Toronto to buy a book and I bought this book and come out of the bookstore, turned the corner and ran right into the same old guy. He asked me what kind of book and it was Black Elk Speaks ... I was a little embarrassed because I was talking to an Indian about this Indian book and I didn't know very much and I still don't. He took me off to the shores of Lake Ontario where there was a park nearby and we sat under the tree and he began to explain things to me. That was in 1973. I had been without a belief system for a number of years and was wandering, my spirit was wandering, when I listened to the old man giving the story of how the Medicine Wheel explains what

human beings are all about and what our life is all about and how it can be looked at in a way that makes sense. Tears came to my eyes and I felt like I was at home with his teachings. I had been on the land as a boy and watched the animals very closely out in the country, a farm situation. I was able to spend a lot of time in the summers out there and I felt very close to the animals and the trees and the water and the wind. But in my Christian belief system, none of that mattered, it was not used. This old man was using that to explain to me the meaning of life and my place in life and in nature and it gave me the greatest of comfort. I only talked to him ... over the course of about four or five months maybe, even six months, and I would meet with him about every week for a while there and every couple of weeks ... He left me with the deepest of impressions ... I can tell you that how I came to be in a healing lodge is directly the result of the gifts that old man gave me thirty years ago.

This therapist then noted how his life turned around:

I was a drunk, a druggie, a hippy, abuser of women, and other things, and those things became uncomfortable in my life because the Medicine Wheel gave me a better way of seeing things. So, I gave up the alcohol and the drugs and the abusing of the relationships with women and things like that and I feel very strong.

For several other staff members at BAN, it was encountering this therapist that made the difference in their lives. The same is true of many clients who sometimes simply wandered into the BAN offices after hearing on the street that something good was happening there, then connecting with one of the staff members. Others had heard through different social service agencies they were involved with, such as the Friendship Centre, Friendship Inn, or Salvation Army:

I got out [of prison] and I didn't know about Building A Nation. They just opened up and one of the boys from the halfway house, the Salvation Army there, said, "Well, we're into Building A Nation." He said, "I got to go see [therapist]" he said, "psychologist there." So I said, "Okay, I'll pick you up there," I said, because we were going to go for a coffee. And I walked in through these doors and I said, "Is there ..." I was looking for my friend here. I asked for him and the [secretary] said, "No, he's busy right now." I said, "Okay, I'll sit out here and I'll wait." And I was looking around and I started reading pamphlets, I started, you know, talking a little bit to the secretary. I was asking ... inquiring about the space. I said, "What's this space about and what is it going to do?" I left after that and a couple of days later ... my curiosity started getting to me about this place. And I walked in here and I asked to see [the therapist]. I wanted to see a psychologist, so I started seeing him (Client).

I didn't even know about Building A Nation. It was the fact that I was introduced to ... the Friendship Centre for this Indian sentencing circle ... This counsellor had said, "You know, you should look at ... a sentencing circle for your ... charge." And I hadn't even known anything about it. So I just [was] curious, and started asking. Friendship Centre said, "Well, contact Building A Nation." "What's Building A Nation?" I didn't even know about this building, there's no introduction. I drove by ... on the street a lot of times. I never knew about this. Came here, talked to this woman ... talked to her. I was down and out ... God I was just devastated, broken hearted, and everything, right? (Client).

Well ... one of the people that we go and visit every day told me that there is a place over here that you can go ... This guy knew that we were going through a lot of drugs and alcohol and relationship problems and "you go see these people, maybe they can help." Then we came here and things started happening. Now it is a little more easier than before. But if I didn't find this place, if I didn't come here, I don't know where I would be. I probably would have been in jail or something or still drinking, I don't know. It would have been not good, eh, because I wasn't going anywhere. Maybe I would have been, probably in jail I would have been (Client).

One client described how he eventually reacted to being incarcerated in the federal system and then made the decision to change his life: "I ... kind of looked around and I said that I don't want to spend the rest of my life like this. I seen guys doing ... been there for fifteen, twenty, thirty years, and I kind of got into a culture there, my culture. I got into my culture there." This client was predisposed to the BAN program by virtue of his introduction in jail to an Aboriginal approach to healing. The BAN programs' emphasis on Aboriginal approaches has become well-known and is one of the drawing cards for individuals such as this one, who described being cultural deficient:

Well actually, one of my friends told me about this place and he knows it is for Aboriginals and Métis that are trying to get back into the ... to find their own soul and their spirit which is dealt with in a Native way, but also to get back their Native spirituality. And I was curious ... like I grew up as a monias, but I am also Native. So, I am like in a seesaw like ... I am not white or yeah, I am white, or no, I am not Native, but yeah, I am Native, you know. And so I came here because I want to get back my Native rights, I guess you would say (Client).

The life narratives for both the clients and the therapists demonstrate important parallels, often beginning with stories of substitute care and abuse as children and leading to troubled lives of violence, substance abuse, and conflict with the law as adults. Eventually, a decision is reached to turn one's life around. This decision may be the result of a fortuitous meeting, a chance encounter with someone profound or even just a friend or acquaintance who suggests the individual go see someone at BAN. But, as the analysis below demonstrates, healing involves many challenges and occasional stumbles. The decision to heal is never a clear, clean, and irreversible one.

Client Problems

BAN's clients are troubled individuals. As an urban, all-nations clinic, they attract a wide variety of clients, yet some common threads can be seen. Most are of Aboriginal heritage, but non-Aboriginal people experiencing the same or similar problems also seek out assistance. BAN therapists were asked to describe their typical client, and what emerged was a portrait of a struggling humanity. One therapist described clients as basically feeling helpless, and detailed many of their common characteristics, which, in their totality, describe the BAN clients: "Children in foster care, husband in jail, drugging, drinking, alcoholism, no direction, no starting point, unhappy, no identity, low self-esteem, not having a future, not knowing where to turn, on welfare, hurt, no belonging." "Socially alienated and isolated," explained another therapist, "having experienced "early childhood developmental abuse" as well as "cultural estrangement." Another therapist described her clients as typically being female and abused, depressed, and suicidal. The intergenerational reach of the residential schools also defines the typical BAN client.

They would be a Treaty First Nations person, a man or woman who has been living in the urban environment now for a varying period of time. Average clients run from thirty-five to fifty years of age usually. I have got them all at the ends of the age spectrum group, but most of them are somewhere from mid-thirties to mid-forties and early fifties, you know, somewhere in there. There are now about as many women as men in my client group, and they would all of them either be persons who experienced residential school themselves or foster care or whose mom and dad were in one of those or [had similar experiences]. Foster care is almost a virtual, universal reality. Very, very few of my clients, one in fifty ... were raised by their own mother and father or grandfathers and grandmothers even. The vast majority of them were raised by fosters for a certain extended period of time (Therapist).

These experiences have lead to a variety of psychological and emotional problems.

Virtually all of them suffer from the symptoms of post-traumatic stress disorder. That means they have hyper-arousal, they are agitated and disoriented, and they have attentional focus which is somewhat limited, some of them, because they have attention deficit disorders based on their prenatal conditions. But a lot of them have it because they are simply under stress conditions and find it difficult to focus their attention. They are in a battle zone and ... they are being overwhelmed and [feel] helpless to be able to handle life's conditions on their own (Therapist).

"Life's conditions" seem to present BAN clients with similar daily stresses and strains. They tend to be "trying to have their own house," and having a "hard time keeping the kids ... and making ends meet" noted one therapist. "They are on welfare, they're using facilities such as the Food Bank, Friendship Inn for their food." However, some presented as being more stable than others: "Maybe some of us got nurtured a little bit more than others from our grandparents," said one therapist, and "Those are the ones that are more healthier than the ones that didn't." One therapist was quick to point out that BAN's clients were "not typical Indians." He continued:

They are the Indians who are coming into a crisis-counselling centre. I am developing the impression that there are a lot of our people who have had those experiences nevertheless. I don't see the ones who are doing well, okay, the ones who have succeeded, gone up and gone off to successful families and lifestyles and professional employment ... I see the ones who are in urgent need of some kind of counselling help, okay. Those are the people that I am talking about. My clients, they all went to residential school or foster [homes] and they are all involved ... with health, education, welfare, or justice, alright, as part of their crisis. It is disengaging from ... those structures of government institutions around us that cause them to be part of the symptoms of their crisis. So, it is involvement with the mainstream where their lives are out of control. That's a key feature, out of their control and in the control of the context and the environment around them. They feel helpless in the situation and they feel lost in both worlds. They are not very familiar with their Indian culture and they are not very friendly or familiar or knowledgeable of the White Man culture either.

When asked to describe the problem that they were attempting to fix, several therapists significantly spoke not just of individuals but of government and history. One therapist described the problem succinctly, as "Breaking the governmental system ... the dysfunctional governmental systems of the past." He elaborated:

Government, back in the 1900s, awarded our people in to ... what they called a better place for the Indian kids to go get education, which was called the Indian residential school. And they became items of the government where there they tried to, I would say, bleach them into their way of living, into their lifestyle way of living. There they robbed them from their identity, from speaking their language, from knowing their parents, from knowing who they were. They were called savages, they were treated as if they did not belong here. Now, today, we are trying to break those governmental systems. But the parents, the grandparents of the parents who have been in the governmental system, those children have been in foster care such as myself. And from foster care you go to the justice system. You get into trouble because that's the only way you know, the identity, and from jail, from the foster care you go to Young Offenders and from Young Offenders you go to the correctional centre and from the correctional centre you go to the federal penitentiary, and the cycle just keeps going on and on. So what we're trying to do here is help individuals break that cycle so that they are responsible for themselves, so that they don't need to have that lifestyle, that there are better things in life to do and that there is rewards in life and they all have a purpose.

Another therapist also appealed to individual developmental history to describe the problem:

Developmental rather than clinical is a key distinction. The problem that we are trying to solve with our clients is a developmental issue. It is an historic issue. It goes back to the starting point of their life. They have developed along the pathway of learning that has been dysfunctional, frankly. So, our issues are longer term. We can put out a few immediate fires.

This distinction between chronic and acute crises is important to the work of BAN. Many clinical encounters are of the crisis intervention type. Some clients are in immediate danger, especially the young people. These crises must be handled; but for the long-term, "the real issue is creating a network of adequately healthy adults in this urban ghetto, adequate to reducing the dysfunctional influences on their lives and the lives of their children. That's a network of parents who have kids in their homes who are willing to support one another in keeping the other dysfunctional adults out of the home, male or female, and keeping the drugs and the alcohol out" (Therapist).

Not surprisingly, these clients can be very difficult to work with. The urban environment makes it difficult for BAN staff to keep an eye on their clients, to recognize them when they are in trouble outside the clinic. In the city, familial safeguards are less likely to be in operation, and clients can easily be lost in the alleys, beverage rooms, and parks that harbour such lost souls.

Another therapist noted that the clients "are all at different stages in their healing. Some of them are still angry," she noted, "and they still need to work out their anger at what happened ... Some are really searching and moving forward and, you know, coming more into their spiritual stage of healing." She continued:

So we have got some who are, you know, still ... maybe back in the child or adolescent stage where they are angry and abusing drugs and alcohol, maybe to escape their pain. And then there are some who are further along ... [and] have been able to refrain from using drugs and alcohol and are really moving into using spirituality. [There are] different levels of where they are in their healing journey.

Clients frequently arrive at BAN in the middle of a personal crisis or under the influence of alcohol or drugs. They may be unwilling to consider the options that BAN staff will lay before them, including the need for detox or alternative treatment approaches such as methadone. Some clients arrive at the clinic in an intransigent mood, “not wanting to be responsible ... for their own actions.” One therapist described the difficulties he had in working with this type of client:

From a dysfunctional relationship they are very different [from other people] because they feel that they have to be in control all the time. It can be a man or a woman. They think that it is their way or no way. They come from jail, they have a certain way of lifestyle, they can be different, again, very aggressive or it can be from abusive situations where they are passive.

“There is a lot of blame and shame in clients. [They are often] in conflict with themselves when they come here,” said another therapist. This is especially true of the perpetrators of violence, since BAN works with both victims and perpetrators. A therapist described the two groups:

The victim is the more damaged and more work is needed. The perpetrator is a lot more in denial than the victim. There is a degree of uncertainty, and the victim has a harder time accepting because they have been violated.

Another therapist elaborated:

So when I am dealing with a perpetrator, my primary focus is to have them recognize the dangerous nature of their behaviour and take responsibility for that as being something that they authored. They are the author of that dangerous behaviour. Even though they can excuse it by blaming others, they are taking something that was done to them and amplifying it by passing it on to others, making it worse, and that is a danger to them and to others. With the victim, it is different because ... they are not necessarily the author of the behaviour. They didn't necessarily create the circumstances which make them a victim. Although in a lot of instances, to be caught in the victim's role over and over and over again is in fact the sign that they are doing something to render themselves the victim ... They have learned to become the victim ... where they are perpetrating their own victimhood. That gets kind of complicated but it happens to be true. A lot of women come in here complaining that ... they are victims of spousal abuse. And you will get rid of that dysfunctional relationship and, within six weeks, they are right back in another one ... And they go through that four or five times. It is really frustrating. They have learned this pattern. They [want to be] in a relationship with a man and the only way they can get a man is to offer themselves as a victim of his anger. That's how they get men and they can't unlearn that. But the victim is somebody who has a reduced sense of self-worth. A perpetrator has an inflated view of self-worth, the worth of their own anger impulses, and the victim has an underestimated value of their own worth.

However, the distinction between victim and perpetrator becomes blurred in treatment because virtually all perpetrators have been victims, and many victims go on to be perpetrators as part of a cycle of abuse. BAN staff find themselves frequently involved in sentencing circles and restorative justice processes involving both the victims and perpetrators of violence. With families, it is particularly difficult, especially with cases of incest.

The fact that clients are all at different points on their healing journey is significant to BAN's approach. A therapist employed the metaphor of a star blanket to explain:

Each has a different point in the road to recovery. Each of them is a story made up of different components. Look at the star blanket on the wall. They all form a star, but each star blanket you see is made up of patches from different original cloths, and that is the way in which all of my clients are different. You will not see two star blankets which are the same because the remnants from which their cloth they are made are always different. So it is with the people. The star blanket is a good image of the client ... because you can take the bits and pieces, in many cases cast away from other uses, and by carefully composing them and reintegrating them, you can create something very beautiful and useful with those pieces ... Their lives have disintegrated, they have had bits and pieces, they have had many lovers, many spousal relationships, they have got children here, there and elsewhere, and their spouses have had children here, there, and elsewhere as well, so their fully extended family would be a great big patchwork of people all over the place. And if you took that and composed it all and integrated all of that into something good and beautiful, it would be a star blanket quilt made up of bits and pieces from all over the place. So, I have always had that star blanket in the room with me because it seems to also provide a kind of a Mandala focus. A Hindu Mandala is a meditational tool for focusing energy and focusing attention and, again, it is round but it is not, it has pieces that form a star in this case. If you look at the version of a Medicine Wheel, they have the lines going off into the edge, and so it is a circle that is made up of points and lines that come together around the central image.

The Medicine Wheel Model of Healing

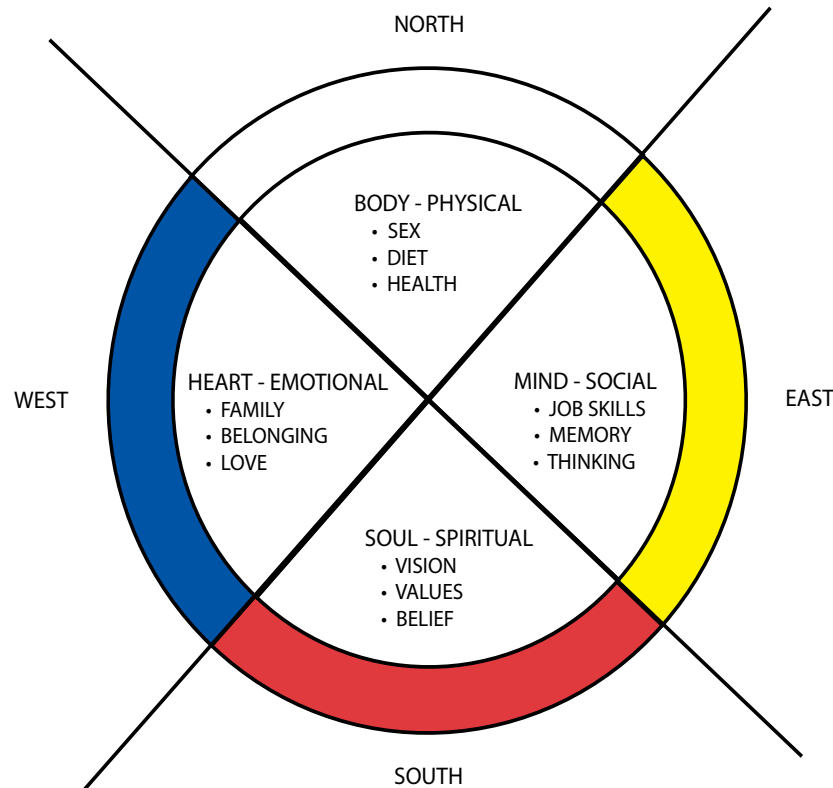
The central metaphor that is employed in BAN activities is the Medicine Wheel and, as it pervades a great deal of healing discourse at BAN among clients and therapists, a description of this model at this time is essential. They use what is considered to be a Cree version and acknowledge with their clients that there are other versions equally as valid. Clients are encouraged to seek out models that are more culturally compatible with their own heritage. One therapist detailed the importance of the Medicine Wheel approach by linking its basic concept with the history of colonization and residential schools:

I see the use of the Medicine Wheel ... as the basis of [the] healing process for the Native people of Western Canada. Canada, in general, actually, wherever the residential schools were that attempted to replace the traditional Four Directions way with a European way. And I am not saying that those European teachers were altogether evil in what they did, but they were wrongly directed in their false assumptions that the Four Directions way was unable to help people live in the modern world. They were wrong! Taking that away from the Indian people of this country was the biggest mistake that was made. Other mistakes were made as well, but taking away the belief system, the foundation, connectedness with human life, and the world around a person was the most harmful thing that the people could experience in all of the things that they experienced because it completely demoralized them and disoriented them. I hear all the time "lost in both worlds. I am lost in both worlds, both the monias [white man] world and the ... [Aboriginal] world." The future is to return [to] the Medicine Wheel, the Four Directions way of looking at yourself and the world to the Indian people of this world

so that they remember who they are from the get-go, from the basic breath of life that we all have in us. From the first moment of waking in the morning to the last moment and during the night, the sleep, everything is in the Four Directions way. And then when that happens, the Indian people will have been restored to their power. Their life will look different. They won't be riding horses and hunting buffalo again, probably, in large numbers ever again, but they will be the same as their grandfathers in the way they see things and, in that respect, they will be out of the sickness and darkness that they have been in now for a hundred years.

The Medicine Wheel model used at BAN is functional. It is seen as a good teaching tool for helping clients understand, visually as well as conceptually, how to lead a balanced and healthy lifestyle. The Medicine Wheel is not a particularly spiritual tool, although it has the capacity to allow clients to attach spiritual meaning to the model. "It is a cultural thing, not a religious thing," emphasized one therapist. The Medicine Wheel is also a holistic tool, not only in the sense that it can address all aspects of the individual's life cycle and needs for emotional, physical, and spiritual development, but also that it is inherently compatible with contemporary psychological approaches to counselling. The overall BAN model of treatment is one that borrows freely from a variety of treatment strategies, some Aboriginal and some psychological, and uses the Medicine Wheel as a tool to integrate them. The notion of holism is interpreted in its fullest possible way to extend beyond the therapeutic encounter and into the broadly social realm that the clients experience on a daily basis. Simply put, the therapists at BAN, through their adoption of the Medicine Wheel method of case management, assist their clients to live. This involves not only treatment but also "writing letters, making phone calls, getting housing, and finding bus tickets and all that other stuff" (Therapist).

The BAN Medicine Wheel is reproduced in the figure below.



The Four Directions divides the Medicine Wheel into quadrants, each with its own attributes (at BAN, the Medicine Wheel is sometimes also referred to as the Four Directions model). The north (white) represents bodily physicality and emphasizes the importance of health practices that nourish, rather than decay, the body. The south (red) represents the spiritual side of humanity and emphasizes values and beliefs. The west (blue) represents the emotional part and the need for interconnectedness among people. Finally, the east (yellow) represents the mind and its associated abilities, such as the ability to achieve clarity of thinking. The four colours in the model are said to represent the four races of humankind, each with their own special attributes. The wheel as an integrated whole, therefore, is a model said to be appropriate to all peoples, one which promotes respect among different human groups.

The Medicine Wheel is a holistic model, in the sense that it is used to promote balance within the individual by emphasizing the importance of all four quadrants. It is a developmental model as well, emphasizing the link between childhood and adult experiences and development throughout the entire life course. It is also used to demonstrate that change is possible even for adults who are struggling. The Medicine Wheel is employed at BAN as a tool to help individuals understand where their life has become unbalanced and to suggest a path for them to re-achieve their health. The model, abstract as it is, can be adapted to specific situations for individual clients. Therapists work with the clients to interpret their life through the Medicine Wheel and to identify specific issues that can be worked on. To give a hypothetical example, a client may be experiencing difficulty finding and maintaining employment due to an alcohol problem. The Medicine Wheel shows how the alcohol problem may be related to emotional problems resulting from a difficult childhood in residential schools or foster homes (the west). Counselling, such as inner child therapy, may be implemented that targets this problem. This counselling may include an effort to strengthen the spirituality of the client through the use of traditional healing approaches as well (the south) to rebuild a belief system and its contingent values. These will give the client the strength he or she needs to engage the body by cutting back and even eliminating the alcohol (the north). As the person becomes more stable and as their physical and spiritual strength grows, so too does their sense of responsibility and self-reliance. Taking on employment now becomes an important option as a continuing step in their recovery (the east).

BAN therapists suggest that the Medicine Wheel belongs to the people. It is a personalistic tool, and clients are encouraged not only to see their particular lives through it, but to seek their own wheel as part of their recovery. The Medicine Wheel at BAN, therefore, is very flexible and has widespread applicability in part because it focuses on the responsibility of the individual to find a more productive path in life.

The Medicine Wheel shows ... personal responsibility, and personal responsibility is making the right choices. The right choices meaning right choices for what is right for us as individuals. What choice might be right for me might not be right for the next person. So, I have to be in tune with my own spirituality, my own well-being so that I can make those decisions, because the choices that we make today mark out the reality of what happens to us tomorrow (Therapist).

It is the client who has the responsibility to find a new path through the Medicine Wheel; the therapist is there to assist and guide but not to direct. While emphasizing individual responsibility, the model also emphasizes interconnectedness. This means that the individual is not to “do his own thing,” in the words of one therapist, but rather to adopt a pro-social life as a member of a family and community.

Building self-esteem is particularly important, as many clients have experienced significant abuse as both children and adults.

But the big need is, the big thing to work is the whole esteem, self-reliance, and letting them to start to believe that they are okay and then it grows from there. Many of the people that I work with have been so abused that it is really, really hard for them to feel good about themselves (Therapist).

Many clients also had bad experiences with mainstream treatment programs.

What happens is ... we get a lot of people that come here and tell us that they have been to a non-Aboriginal therapist and this is what they told him and it breaks their heart to hear the non-Aboriginal assessment of their mentality, of the type of individual that they are. It really, really hurts them to get judged and to be told that this is what they are. And a lot of times what happens is those people find their way over here and they tell us, and they cry and they hurt because they are told they are a bad parent or this assessment that they got told them that they are crazy ... [and] that they need medicine to stimulate their behaviours, their actions ... We have the Medicine Wheel to help us stabilize our way of thinking and ... using sage or sweetgrass to smudge and to calm us down so that we are seeking with the proper memory in regards to the individual feeling that they ... don't know who they are, they are crazy people (Therapist).

The BAN approach in utilizing the Medicine Wheel concept in a very secular way has generated some criticism in the city, mostly from Aboriginal people who harbour a different view of the Medicine Wheel.

They attacked us for those things because they said we shouldn't be using that [Medicine Wheel]. Those are sacred [they said]. I want to make the point that the Medicine Wheel is a cultural thing, not a religious thing. There is a spirit there of course, but the Medicine Wheel is not to be used only by people who are already perfect or all healed up as they might consider themselves. Medicine is for the sick, you can't get healthy again without medicine. So, the Medicine Wheel is there to help us get our health back again when we have lost it, not just to celebrate and support that health once we have regained it (Therapist).

Some controversy has developed over BAN's use of a Cree Medicine Wheel as well.

What you see on the wall here is the same Medicine Wheel [that is used]. The yellow in the east and the red in the south, because eighty per cent of the people that came to us recognized that as their real wheel, that's all, it is just a numbers thing. And we also used the Lakota one with black in the west and red in the north and white in the south, yellow in the east for many years and we still have them around here. But that's the problem with ... cultural restoration. When it goes too close to the political world, it is going to be one culture over the others, okay, it is going to be one Medicine Wheel, one language, one group achieving ascendancy and dominance over all of the Indians who come from all of these different places that live here in the urban environment, and that is a real issue (Therapist).

Use of the Medicine Wheel has isolated the BAN program to some extent because their approach to treatment falls outside the mainstream that even Aboriginal counsellors employ in many instances.

Because we use the Medicine Wheel, there aren't that many therapists that we can work with ... For the last five years [I] found it frustrating, because even the Native, the train[ed] Native therapists, don't know the use of the Medicine Wheel. They know the use of Erickson and Freud and Jung, but they don't know their own grandfathers' ways very well, about how to use those ways to actually help people in the modern world. I am not blaming them because their teaching was all given in the university model of the European school, and the certificates are all granted by the mainstream government around us to give that therapy and to do that work. So there has been a great deal of cultural assimilation, I should say, let me be kinder, cultural integration. I call it integration but that is probably wrong, it probably is assimilation. It would be integration if the Medicine Wheel was still there and these other things were also there and they were there together. What the BAN model attempts to do is to synthesize a variety of effective Aboriginal and mainstream approaches to treatment, to integrate "the old ways and the modern ways because everything is Medicine Wheel" (Therapist).

Therapeutic Approach

Although the Medicine Wheel is the main therapeutic tool employed at BAN, the centre actually employs a somewhat eclectic mix of techniques, borrowing from Aboriginal approaches and adding in what the treatment staff considers to be the most appropriate of the mainstream approaches. There is a strong degree of integration among these approaches.

The Medicine Wheel resonates throughout much of the BAN program. One emphasis that cuts across much of the work done at BAN is the reintegration of the individual into the family and the community, the repairing of social relationships. This provides a good example of how the Medicine Wheel is employed. Here is how one therapist described his approach:

When my clients walk in, I start by saying, "The simplest question that you could ask is, who do you care for? Who do you love?" A lot of the people that walk in here is because of drugs and alcohol and dysfunctional relationships. And they will think about it, and sometimes they will take the shortcut and say, "God," "Creator." But that is a shortcut because the point is that the Creator has given us a mind, eyes, nose and mouth, hands to be able to work with. And, as we begin to work with the tools that have been given to us, we work on the things that can be a dysfunction to us and our families, which can be drugs, alcohol, a mind to be able to think straight [so] that you don't bring dysfunction into a relationship or to yourself to deter your health from being what it can be. [The mind is] to be a complement to your existence. A lot of people, when they take that shortcut to say "Creator," obviously they haven't realized that there are tools that have been given as a gift. And then I say, "Can you go beyond that," and say, "Can you connect to something that you do care for in this world?" And all of a sudden the children come up or a relationship might come up. And sometimes when a relationship comes up and all of a sudden this person has been in jail for a long time for beating up on his wife or his kids or anything else, and I always tell him, "do you really love them? Why would you hurt something if you love it?" And they begin to think. "You know, I can help you bro,"

I tell them, or a sister I can help them. "If you can only understand the responsibility that you have to yourself to be able to change in a good way to respect yourself, to trust yourself, to understand yourself, to tolerate yourself, those are the things that are very important in order for you to be the person that you want to be. That's why you are here." And then I turn to the Medicine Wheel to make them understand.

BAN therapists often begin their work with clients by explaining who they are, not simply as trained individuals, but as individuals who are part of families and communities, who have histories. Frequently, they narrate the stories of their own lives as a means of demonstrating that healing is possible.

That Medicine Wheel speaks volumes [to all]. I myself have been lost in many ways because I disrespected myself, didn't trust myself, didn't believe in myself. But, if you look at my family, the picture that is beside me now, it took me a lot of years, you know. I quit drinking at thirty-three, I am forty-seven now. It took me a long time to create that family circle. I can say that I can turn to my wife and say that I love her and she would believe me and the same with my kids. If I had followed my father's footsteps, my dad's, and didn't use the tools that the Creator has given me, and that's what I try and put to ... my clients, and make them understand the importance of connection, the importance of responsibility. And once they start hearing these stories ... And its stories always, you know that we have to turn to, because stories are important. Its history, you know, if I don't tell the stories of my grandfather, who he was, how can I make a connection to the clients that are here, for them to understand where I come from and what the missing pieces are in their lives? In regards to the dysfunction that's happened to my mom and my dad, my [grandmother] and [grandfather], all of these people. The true connection that I can build with my relationship with my own family, and then my immediate family which is my wife and my kids ... that's one thing I make my clients understand (Therapist).

Trust, an integral component in the therapeutic encounter, is thus established in part by the therapist detailing his or her own struggles, providing a model for disclosure. Clients also learn that confidentiality is assured, except in those circumstances where the client understands a formal evaluation is necessary. It is also important in many instances to begin working to build self-esteem in clients before moving on to other types of treatment. One therapist described this approach:

My approach, first of all, starts with building trust and then building acceptance. And then I go on to helping them find inner self-esteem and learning to accept themselves and, you know, to stop being ashamed and hurting, to really start to believe that they are okay. So many of my clients believe that they are not good enough, that they have no reason to hold their heads up and they don't recognize their own inner strength and their own remarkable spirit. It starts with helping them to find that spirit inside themselves, and then learning to trust it and let it grow. So much of my counselling focuses on that, and then after that, we go to working on specific issues. But, the big need is, the big thing to work is the whole esteem, self-reliance, and letting them to start to believe that they are okay, and then it grows from there. So many of the people that I work with have been so abused that it is really, really hard for them to feel good about themselves.

Both individual and group counselling processes are employed. One therapist described how these are differentially employed, depending on client needs:

The individual work is done for those shameful things that we either did or that we are involved in, in life, usually in the earlier life and sometimes in later life, in the blackouts. And we hear the next day what kind of crazy things we did in a blackout. Most people will not reveal those in a group way at first anyway, shameful things and painful things and other things that relate to their own relatives ... that involve their own family members. They don't usually bring those up in group situations, but they will bring those up [in individual session]. And also tears among the men folk ... There is a taboo on crying for men, unfortunately, and still it's out there. So, the medicine of tears, the ventilating of pain in such a way as to bring the gift of tears happens in the sweat lodge, in the dark of the sweat lodge, and happens in a one-to-one counselling environment usually more often than it does in a group. But in group situations, what is really good, what we get there, is the affirmation from other people. There are two kinds of medicines that come in a group. The respect that we show other people by sitting in the circle with them and bearing witness to their story. We are giving medicines to the other people who join that circle by bearing witness, by being there, just by our attendance, by our willingness to go through that process respectfully with them. That is a medicine, gives them that respect, healing. The other medicine that we give in that circle is when we give our true story to that circle. When we tell our own truth and put it out there, we are giving a medicine because we are giving those brothers and sisters in that circle the information of who we are as a human being and our story of getting wounds and then getting the medicines for those wounds. Sitting in that circle is one medicine, actually. So, there's a lot of medicine that comes in a group way that you can't get in a one-to-one. So, both of them are very important tools, and we use them in any given day. In the last five years, I have used both those methods equally.

Commonly, BAN clients begin with individual counselling before considering group work. Sometimes, this takes the form of simply having someone to listen.

It is nice to be able to come in and have a fast coffee, sit down with somebody and say, "well, this is what is going on today," and bang, you know, you get your answer because they help you, they are like a sounding board, you know what I mean? In all frankness, everybody can give you all the advice in the world, but it is up to you if you want to take it or not. So, sometimes the counselling that I have had here is a lot of sounding off, listening to myself, and they help me. They have helped me come to a conclusion about what I should do, you know, and sometimes it is good when they can just sit there and listen (Client).

Some clients require more individual counselling at the outset because of their situations. "Women who have been abused in residential school, for example, aren't ready yet to go into group work. They ... need to heal more" (Therapist). One abused client described how she very tentatively was able to form a therapeutic relationship with a BAN therapist:

First of all, it was scary because I wasn't ready. I was dealing with a guy [male therapist] and I wasn't good with guys because of all the sexual abuse, and I wasn't comfortable. I started dealing with [a female therapist] and she started doing it slowly, because I told her, like, "don't

rush me into things. Don't do that, you are overwhelming me," like it's just like too much and I'll just walk out. And she said, "I can understand that, it is good that you explained that to me and we will take it at your level, your pace, whatever, you know, but I am here and we will just get along with that." We dealt with a lot of issues that I had and that helped me a lot. It helped me really, really a lot to think of how I was like I was, really hateful to men, like hateful, hateful. I wouldn't trust them.

For others, speaking in a group setting is simply too difficult.

Yeah, [I do] mainly just one-to-one, one-on-one, yeah, and I feel pretty comfortable with that way. And I can't really speak in front of other people and stuff, my shyness that I grew up with. And I was very shy when I was growing up and, you know, I had a problem with it when I was going to school and I was a young age and, you know, I couldn't function as good as everybody else because of my shyness, you know (Client).

But often the engagement for therapy starts slowly, and the client is allowed considerable agency to move forward from an informal to a formal relationship with the therapist.

When I come in here, you know, I have a choice, I have an option. I can come here for coffee, right, I can come in here just to say hi to [therapist] okay, I can freely sit down in [his] office, you know, whether I need to talk, or just, you know, idle chit-chat, whatever. An example today, "How are you doing?" "Okay." "Am I okay today?" "I'm okay today. Do I need to talk?" "Okay." Then [he] will ask that ... there's no forcing it. If I want to talk, I'll talk (Client).

One therapist referred to the centre as the "chamber of tears," for good reason. Listen to the words of this client, a man whose entire family was struggling and who found great value in the opportunity to meet with BAN therapists:

So I sit down with these guys, like yesterday. I cried and I cried, you know, and ... my eyes were so red ... from crying. I was never able to cry before. Even as a child I didn't cry. You know, I cried, and I'm so proud of myself because ... I feel today like ... I'm a man, I'm a grown man, I can cry, I don't have to hold anything back in any more.

Group approaches are also used in treatment. These usually take the form of healing, talking, or sacred circles as well as occasional sweat lodges off-site, and these typically involve several staff and clients. One function of these groups is to introduce each client to the experiences of others from which they may learn a variety of lessons.

Yeah, we have talking circles. To me, talking circles is a great thing ... They share ... and listening to other people's stories, because it benefits [me]. Mine [story] is not bad, there's people who had worse. And if he could survive then I can survive. So you ... get that strength from them, and you agree to survive (Client).

Couples and family therapies are other types of group treatment approaches that are utilized. One recognized legacy of the residential school era has been the lack of development of sound parenting skills. BAN offers an

Aboriginal parenting program that works with individuals and families to recover the parenting traditions of the past. This is difficult in the urban context because of the close proximity of various temptations, friends, and families that are dysfunctional and engaged in anti-parenting activities such as drinking. Typically, the therapy begins with the dysfunctional individual, and then after several individual sessions an attempt is made to bring in other members of the family. This may involve home visits, as some clients are either reluctant to come downtown to BAN or else find it difficult (financially, for instance, or they may have problems with child care). BAN is clear that they are pro-family.

Particularly in regard to family management, our way is to honour the integrity of the family, father and mother and children together. It is automatic that we act to keep the family together, and so when we go into social services and custody and apprehension meetings, that's our focus. We believe that if we are going to take risks, it would be in the direction of having the family together, rather than having the risks of taking the family apart more and risk not ever getting back together again. So, we would rather put the kids back with the parents and try and support that, taking that risk, rather than to separate the kids and all that and claim that it is better to separate the kids from dysfunctional parents because the kids are at risk of being abused by those dysfunctional parents. Well, they are at risk of staying in foster care forever too (Therapist).

The site for healing activities is diverse and by no means restricted to the BAN offices. Centrally located in the west downtown core, BAN allows for comparatively easy access by many of their clients. However, considerable activity is undertaken elsewhere. BAN staff frequently must travel outside the city as well, and not just to neighbouring communities. Northern communities experiencing crises sometimes call upon the staff, especially if there is an acute issue involving a former BAN client who has returned home, but such activity severely taxes both the finances of the centre and the available time of the staff.

As noted earlier, sweat lodge ceremonies by necessity take place outside the city. BAN therapists are also prepared to go to people's homes, when necessary, to work with individuals and families. This usually involves after-hours work. One therapist provided an example of this:

If you look at that dream catcher that is hanging over in this corner over here, that was given to me by a couple from Sandy Lake. They had a little kid, they were about to separate because of drugs, alcohol, cheating on both of them. And I sat with them sometimes until eleven, twelve o'clock at night. I would go there twice a week and I would do it. An Elder came with me the first time I sat and then I used to take an Elder as much as I could and did counselling. And today, they are doing great. They had another kid. They are doing great. And always, when I think about that, it makes me feel good. And all of a sudden he [client] walks in here and gives me an eagle feather. I have got that in my van. And he brought in that dream catcher and he said, "[therapist name], thanks for everything, we are doing great. Everything is working out. Thank you very much." And that makes me feel good.

Clearly, a banker's hours schedule is not well adapted to the work of this healing agency. Long days, evenings, and weekends often see BAN staff working. "Whatever it takes, you know ... Sometimes the job doesn't end here when I'm done at four or four-thirty or five o'clock. It doesn't end here. I still go to some of my work," offered one therapist. He provided an example:

I have had a guy that has been in the pen for sixteen years that I was developing a relationship [with] that I've sat with until one o'clock in the morning. [I] try to make him understand that somebody does care. Yep, a lot of our people here do sit when this office closes. It still goes on the outside on an ongoing basis. I take phone calls at home because I do care and I help out as much as I can, and the same with our other people.

A common theme in the client interviews was the value that they placed upon the willingness of BAN staff to meet them whenever and wherever needed. They described being taken to traditional healing activities outside the centre, being able to meet with staff almost all the time, and even being invited over to staff homes for dinner. Providing home phone numbers to clients is not a common practice in mainstream treatment programs; yet with BAN, this emerges as simply a necessary continuation of their services, particularly with high-risk individuals. Being available is as important as being non-judgmental, and the smaller kindnesses demonstrated by BAN staff often pays off in the establishment of relationships.

I am going to tell a story now because I think it kind of will fit in good here. When I first started working here, I used to be here fifteen minutes early and I used to plug in the coffee and people would be just right at the door, like tons of people, that hang out on the streets ready to come in and have coffee. And you know, like I wanted to be there for them. They were always coming in and my coffee was never ready, so I started to come at eight-thirty so my coffee would be ready for nine o'clock, and they were all standing at the front of the door at the building here about ten to nine and the coffee was done, so I let them in. I wasn't supposed to open the door until nine o'clock, but there were people that I thought I knew so I let them in. And there were four old men and three older ladies, and they extended their gratitude to me in regards to being thankful for having coffee for them and opening the door for them, and [that] they had a place to come and warm up. And that old man, still yet today, it kind of chokes me up because he asked me to pray with him ... He asked me, "do you pray?" and I said "Yes I do, I pray every day." "And you smudge everyday, don't you?" and I said, "Yeah, I come in here and I smudge every day, I smudged the whole building" I told him. And then that's when he asked me, "Can you pray with me, can you pray with us?" And I said, "Yeah." And I stood there with those seven individuals and I prayed with them and I held their hands and they were full of Listerine and they were full of solvents and they were very unclean, but they needed that, somebody to just to give them that respect and to show them that they were cared about. And they care about me, those people. I have been here three and a half years and they still come here to say hello to me (Therapist).

In their interviews, clients reinforced the importance of fellowship and friendship at the centre. Some know BAN entirely within the capacity of its role as a drop-in centre. Clients frequently arrive to get warm, have some coffee, and chat with other clients and staff without engaging in any further activities. The front room of the centre is, indeed, a very social place. "When I came here, I was a client," explained one. "I'm still a client, but I'm also a friend," he continued, "I came here, I started hanging out, I was coming back, here and there, and I became part of the ball team here." Some clients, and others who utilize the centre entirely as a drop-in facility without engaging with the treatment program, will sit in on drumming sessions held in the basement. Two clients were even married in the centre. The community focus, "all are welcome" approach of BAN, is perhaps one of its most enduring and valued traits. The openness of the staff and their willingness to engage

with clients and other community members without judgment has led to the development of some deep relationships, and several clients noted that they regularly volunteered at the centre.

I volunteer here sometimes now, you know, if they need extra help doing something. I help out if I can and everything is confidential, like, I don't, I don't take it out on the street and say "Oh, Joe Blow was there today." That is none of my business (Client).

The researchers were able to see this kind of activity first-hand, as particularly trusted clients were sometimes asked to watch the front desk, for instance, or otherwise help out.

Compatible with the BAN mandate as it has developed, events such as feasts (which are not directly speaking therapeutic techniques) are held frequently. These are open to community members and provide an opportunity for clients to meet Elders and the therapists and learn more about Aboriginal cultures while enjoying fellowship and food. Staff will also undertake smudging ceremonies and provide sweetgrass to clients who lack access to it. According to one therapist, "Particularly, when someone is in a great deal of distress, I find that smudging really helps to calm them and get more in touch with their inner spirit." The staff also employ healing circles from time to time, which allow clients to meet as a group and discuss issues and concerns. These traditional-style activities are highly valued by clients, and many find BAN to be one of the few places where they are welcomed, as novices, to begin to learn this aspect of their heritage.

Yeah, I have participated in healing, healing circles here. I have gone to sweats, learned how to pray. I have actually worked with the Elders a few times, helped set up for sweats. They actually showed me a lot of things in my culture that I didn't even know I had, like didn't even know were there (Client).

You can smudge in the back here. Something else they have, they take you out to sweat lodges ... They give you sweetgrass. Instead of tobacco, they give you sweetgrass. When I was sick, I came and seen [a therapist] here. He gave me sage (Client).

Traditional healing circles, they base those on ... the past. Like, everybody sits in a circle to symbolize equality. In a church they all face forward to some guy's beak and it is not really equality. Then you hold on to some sacred object, whether it be a rock symbolized by some grandfather or a feather to symbolize self-sufficiency as a brave or I guess warrior in those times. And then you just kind of speak your mind I guess. Some people are, you know, speaking their problems because that is maybe where they are at in their life. Others are speaking about how they triumphed over their issues and maybe others are just there to show support for the circle. Some people don't even share, they just sit. Those kind of ceremonies I have participated in (Client).

BAN therapists are not engaged in the traditional forms of healing that involve herbal medicines. Further, some traditional approaches require utilization of individuals and resources outside of BAN. This is particularly true of Elder or traditional healer services. BAN does not have an Elder or healer on staff, but rather facilitates the establishment of a relationship between a client and a community Elder. They also bring Elders in periodically to meet with clients and to run ceremonies. But Elders in the city are few and tend to be very busy. Simply identifying Elders in the urban context can be fraught with problems. One therapist explained how some

Elders and/or clients will challenge the BAN staff for accommodating the teachings of a different Elder, for instance:

The urban Eldership is a real issue partially because we are not a community as such. We are a fragmented group of people from all of these different backgrounds. We are human beings, there is a lot of jealousy and resentment, control, [and] constituency guardianship going on there too as to who will be recognized as the leading authority (Therapist).

The eclectic urban Aboriginal population poses a challenge, since finding any Elder who is culturally compatible with a client can be difficult, and the treatment staff are forced to reconcile the logistics of their practice with those of traditional healing more generally. One therapist explained:

But, the guys [Elders, healers] out in the country, in the reserve communities, in the rural areas, their world is so different than our urban pressure, crazy-speed, mix of cultures and backgrounds that ... we deal with here every day ... It's hard for them to understand us ... We can appreciate their advice, but we can find it very hard to take it. Like, I can't go out to the country and pray in the morning and then come down here and be here, you know, I can't do that, what they do. I can't sit for four days regularly [e.g., fasting] without walking away on my clients.

Confidentiality is also an issue, as sometimes a client will not engage with an Elder who is part of his or her extended family or otherwise known to the client. "But the Elders back in my community," said one client, "I don't want them because I know the Elders and they know me and ... I don't open up as I would if [it was] somebody else." Many of the Elders that have been involved in BAN programs are themselves Survivors of residential school abuse and frequently have had to learn the traditional ways as adults. Some see this as suggesting that the person is not a real Elder. These Elders have also been prone to succumbing to the stress of work as Elders, "falling off the wagon" in some instances, simply drifting away in others. Maintaining consistency in Elder services has been problematic, and perhaps as a result many clients have been able to maintain only fleeting contact with an Elder. Others have made contact with Elders based in other community programs or perhaps from their home communities, actions that are encouraged by the BAN staff.

On behalf of BAN, community Elders undertake periodic sweat lodge ceremonies. The sweat has a particularly important role to play in the treatment of BAN clients because of the unique problems many bring to the program.

One of the chief traditional methods that we use is the sweat lodge ... The physical part of the Four Directions [model] stands for early summer, the youth, when the physical body becomes mature. The main point in health of the body is impulse control. Physical urges are best seen as impulses: the impulse to drink, the impulse to breathe, the impulse to swallow, to eat, to sleep, to have sex, to fight, to run from battle. Those strong, powerful impulses ... take over the body ... But the key teaching that needs to happen for us human beings when we are young and the body is getting mature, [when] the bull energy comes to the young man and the moon energy comes to the young woman, is impulse control. The sweat lodge is the very best teaching tool of human beings that has ever been given, in my opinion, for the learning of impulse control, and of course fasts help with that too, and the dancing helps with that too.

But in the sweat lodge, when the breath of the Grandfathers hits their body and it is very hot and sometimes painful, the impulse to run out is very strong. It is at that time that [with] the adult person, the mind is able to come to the rescue of the body and say, "Hold on, you know, slow down, calm down, you are not going to die, have strength, have patience, have endurance." And when that happens, the impulses of the child are made into the strength of the adult by the ceremony of the sweat lodge, and the warrior is taught and the young woman [also]. The young man warrior is taught courage and the young woman is taught honour in those ceremonies. Without those ceremonies, we would be less able to show the power of the Medicine Wheel to help the people gain their strength again and to remember who they are, and by connecting with the ceremonies that were given to their grandfathers and grandmothers. They remember these things, they feel how effective they are and pride at being an Indian is given to them when they know that, when they learn that (Therapist).

Integration of Techniques

In many ways, it is inappropriate to the BAN model to examine Aboriginal and mainstream techniques separately, as they are integrated to a considerable extent in the program. This is clearly one of the strengths of the BAN model and one way that it defines as a best practice for such a diverse, urban population. The therapists we interviewed often found it difficult to describe techniques distinctly and tended to lapse into a more integrated discussion. The main concern was discerning what would work best with any given client or what was required by some external process, such as a court case where an assessment of a client was requested. Non-Aboriginal clients more likely required mainstream approaches, such as choice or reality therapy, to deal with urgent problems. Inner child therapy, couples therapy, and bereavement counselling are also common. Aboriginal clients, in particular, benefit more from the Medicine Wheel approach, which allows them to integrate past and present. Through the Medicine Wheel, a client can begin to look at his or her childhood, for instance, to understand how their experiences at that stage of life have affected their adulthood. The therapists employ a version of what is commonly referred to as inner child therapy.

That's where we start sometimes. We go back and use a lot of inner child work because [of] the hurt child inside. If you look at the Medicine Wheel, it talks about [how] the hurt child will bring forward the pain into adulthood. So, we need to start sometimes back there (Therapist).

This client had obviously learned from the Medicine Wheel approach:

Well, I believe healing is getting inside, for example, the little girl that was hurt years back. And you cover it up and you hide it. You act like you were never hurt and try to move on, but still that inner person is hurt and you have to heal that inner person. That inner person is the inner me, and this Aboriginal group here taught me through the Medicine Wheel.

Teaching clients about the Medicine Wheel is frequently done in a Western way, with charts and diagrams and classroom work. Once the basics are understood, the Medicine Wheel becomes a framework in which to place the client's problems, past and present, and then other mainstream and traditional approaches become fruitful. A therapist described how he combined mainstream psychological testing with the Medicine Wheel:

We use some Western methods here that we have found that were able to connect with the old and the new together. I will give you an example. There is a test called the Myers Briggs ... and I give that to a lot of my clients ... It's a standardized test of personality and communication style. I give that to my clients in order to show them what kind of style they have. It is an interesting test because ... it doesn't make you look like a sickie. No matter who takes that test, the results make them look like a good person in some way or other, and that is why I use it. It is a very positive image. Jung's stuff is very positive compared to Freud and these others who were working with models of sickness rather than models of health. So, the Jung [approach] that I use, that we use in here, all of us use it, results in a picture or snapshot of this person's communication style that can easily be interpreted as a feelings component, a thinking component, a physical sense aid component, or an intuitive spiritual component. [These components] fit rather well into the Four Directions world. So, having given my client a Myers Briggs, I explain it to them, and I use the Medicine Wheel to explain their dominant traits of feeling, thinking or sensing, and intuiting. So, there is a modern technology blended with the traditional Four Directions way. That is one example.

All BAN therapists are trained in the use of the Medicine Wheel and receive certification in its use.

I have my Medicine Wheel Level 3 Counsellor Associate training and that is my main tool. I always go back to the Medicine Wheel because it ties in with everything, all the issues, all the things that go on in today's life and in the past and in the future. It really helps me in balancing out what goes on in an individual's life (Therapist).

The BAN model is one in which training in both mainstream and Aboriginal approaches to treatment are necessary to be effective. BAN staff exhibit variability in formal education, life experience, and training in traditional and mainstream techniques. It is the total package of the centre that is important. The centre provides an integrated treatment program in which the particular strengths of the counsellors are deployed with specific clients.

This variability is also exhibited in the language of treatment. All therapists employ English with their clients, but Cree in particular is used by the Aboriginal therapists where needed. As an urban clinic, BAN receives a varied clientele, and limited staffing makes it difficult for them to offer services in the several different Aboriginal languages typically represented in the city.

Liaison with Other Agencies

Integrating techniques is not without problems because BAN does not exist in isolation. Many of the external agencies with whom BAN associates with, such as justice and social services agencies, require specific types of mainstream assessments of the clients, which call for mainstream approaches to the exclusion of the traditional. Previously alluded to was the fact that the Medicine Wheel approach is not always seen as compatible with the approaches employed by these other agencies. Indeed, the clients are often assessed differently by BAN than the mainstream agencies. One therapist, speaking hypothetically, made this distinction clear:

They [mainstream agencies] see him as an angry person ... and we don't here, you know. That evaluation ... has to be done differently based on the history of our people. And once that is

done, then people begin to understand ... what the remedies are, and then proper referrals can be done.

Referrals to various agencies, such as alcohol and drug abuse programs that are better positioned to offer the care that certain clients require, are clearly made where appropriate. These include not only provincial government agencies but also other Aboriginal-specific agencies in Saskatoon, such as White Buffalo Youth Lodge or the Family Healing Lodge. Where necessary, referrals are also made to physicians. Occasionally, a client may react negatively to a referral. "They think we are abandoning them," stated one therapist. In some cases, the BAN staff member will accompany a client to a referral "because sometimes they are a little bit hesitant."

The clients also freely avail themselves of various counselling and treatment options available to them in the city. Alcoholics Anonymous is of particular importance. Other Aboriginal programs operating in the city provide further avenues for rehabilitation. BAN promotes the utilization of other programs, in effect, by promoting self-reliance.

BAN exists as a non-governmental agency, and this seems to make the program particularly attractive to individuals who remain suspicious of government programs. Further, these government programs, including those run by Aboriginal groups, rarely address the unique needs of BAN clients, and this can make referrals problematic.

Here's the problem. We ourselves are a non-profit entity, we are not a government. We are constituted by the men and women who come together to make this place. We are our own mandate and our clients come to us freely and voluntarily because we are right here in the community, and the word has gotten out that we are client-centred rather than policy-centred. And so there is a lot of our people that come to us because we are non-profit, not a government. Even the Saskatoon Tribal Council agencies down the street from us, they are a government organization. The Saskatoon Tribal Council is itself a government and they have harvested contracts from the municipal and provincial government to deliver the programs according to government policies, or the governments wouldn't have given them the contracts. They have not given us any contracts for that reason and we have not gone seeking them for that reason ... The Indian service agencies up and down the street ... are Indian in name, but they are monias in procedure. So when we refer our people over to them, we are basically sending them back to the Western process that they have come to us to escape. So it is really hard for us to do that. What we need are more truly Indian outfits like this [which] live by the Indian spirit, who are under no policy obligation. So it is very difficult for us to refer people out. We have to, obviously, we can't do everything for everybody (Therapist).

Working with Clients

There are many issues that arise when therapists and clients meet in the clinical encounter, and it is important to explore how various demographic factors and types of training and skills affect how therapists work with clients in the diverse setting of BAN.

Age and gender are two demographic factors that are often considered important in understanding the relationship between a particular therapist and a particular client. Some clients are more comfortable with an older therapist, noted one BAN staff member:

A gifted, knowledgeable young person can help out with older people and know some answers, you know, be able to write letters, know some computer skills or whatever, make the phone calls and, you know, be more slick in dealing with the system and ... that kind of thing. But the counselling and therapy that we do around here is lifestyle management mostly, and for a twenty-three year old, twenty-five year old person to try to give a forty-year old man or woman advice on lifestyle management, [it] is very difficult to be credible because that twenty-five year old person probably has not gone through the challenges of that forty, forty-five year old person. And the answer that the young person would give the older person is an answer that comes out of the east, out of the mind, out of logic, out of slick science. But if it hasn't been lived, the difficulties of the heart taking that solution, difficulties of the spirit knowing what is good and bad inside, that particular piece of advice would not be there. It is the kind of thing you get when you go to a monias medical doctor. It is all mind and body. There is no heart or spirit there. Holistic Medicine Wheel kinds of wisdom and advice come through experience. Our college is the college of experience. It takes time to have that college, that experience. If you haven't been on the path of the pipe for some time with Elders, doing your ceremonies and doing your sweats and your fasts and learning these things, as well as learning the technologies of counselling for a period of time, it would seem to be arrogant to try to give advice to other people, in my opinion (Therapist).

The therapists also learn from their older clients or from those who have different life experiences, and these lessons help to improve the ability of the therapist to work with other clients.

If you are a young person that is going into this field, obviously you feel for something that is missing and that you can bring to the table to be able to complement the people that you work with. And any time that you are going to have somebody that is more knowledgeable in the history of the people that you work with or in the area of the field that you work with, be it clients that can come in and give you a different view of things, yeah, you have to always be open to being educated to a certain degree ... You can learn things every day, new things, some new things every day from the clients or otherwise (Therapist).

One client echoed these views, saying, "sometimes, as a client, we help them [the therapists] out because we remind them of where they've been, kind of bring them back to reality, because they're human like everybody else, and they get away, you know."

BAN clients vary on the matter of age. Some suggested, as did this one, that "Age don't make a difference at all." But most saw age as intimately related to life experience and the wisdom gained from that experience, and hence saw age as important. Age was seen in both absolute and relative terms. "I wouldn't work with a younger therapist or counsellor," declared one client. The Aboriginal notion of eldership emerges as well. "Someone older than you," stated another client, "you should listen to, like they say, listen to your Elders." Another added that "the older you are, the more experienced and maybe the more knowledge you have."

Similar to age, gender issues are also important but far more complex than simple gender affinity would suggest. BAN therapists feel that gender is more important for women than for men. "Females feel closer to a female counsellor than they would a male," stated one. Another noted that "some abused females have a really difficult time working with male therapists," but added that the reverse was also sometimes the case,

where male clients found it difficult to work with a female therapist and so were referred to a male. While most clients suggested that, in general, gender was not an issue, those who did express the opposite tended to agree with these therapists that in certain instances a female client will prefer a female therapist and male clients prefer male therapists.

For a man, if he was sexually abused by a babysitter, a mother or something, he wouldn't want to deal with [someone that] he would have women issues about. A woman sexually abused or battered or beaten up by the father or boyfriends or something, they wouldn't want to deal with men, men issues you know. It depends on what their experience is and what their troubles is (Client).

BAN may attract more male clients as well. There are several agencies in the city that target women, including shelters for abused women and children and sexual abuse centres. Male clients seem to have fewer alternatives. BAN has developed a notable reputation for assisting recently released offenders, for instance.

Nevertheless, there is a feeling at BAN that a well-trained individual with considerable life experience can help both men and women. Both clients and therapists felt that other issues were more important than gender, such as life experiences, and that the key to a solid therapeutic relationship was the establishment of trust. Some clients even saw that there were benefits to working with a therapist of the other gender because of the different insights they could glean. One male client said:

I find sometimes I will talk to the other girls here because ... I want to see things from a female perspective, you know what I mean? The way they see it. Because then that helps me, that helps me with talking to my daughter. Because then I know kind of ... what's going on from a female perspective. I think it is healthy that you have contact with both sexes when you are straightening out, you know. I don't mean marry them and have a relationship and live with them, I mean, you know, just a straight professional friend, counsellor.

But there are also sensibilities that accompany professional ethics; for instance, a male counsellor will, depending on the situation, not meet alone with a female client. At BAN, gender is an issue that relates more to specific therapists, client needs, and the issues than it does to simple gender affinity.

As suggested above, weaving throughout the issues of age and gender is the issue of experience. "My personal experiences have a lot to do with my counselling ... I don't think I would be able to relate to anyone that comes through my door and to be able to tell them the things that I do if I didn't go through it myself," stated one therapist. This is a common sentiment at BAN. Several of the therapists are recovered alcoholics or substance abusers and have experienced difficult periods in their life from which they have recovered. Their own healing is a continuous process that revolves around the Medicine Wheel and provides them with both the experience and the moral authority to show clients that there is another way, a Four Directions way.

I have become a much better therapist now that I am older. I have experienced heartache and loss and death. I have survived a lot of that ... being abused ... Life experiences solidify my belief that you can survive them (Therapist).

Older clients often suffer from the same problems as younger ones.

I've had situations where I've worked with elderly people and they've felt very, very comfortable with me. But they were looking for experience in the residential school where they needed, you know, a group of people to go to so that they can relate to one another and to be able to share. So in that case, sometimes the older people have a hard time working with younger people. But I have had situations where there are a lot of older people that take pills and take solvents and I've helped many individuals, older, elderly ladies quit taking their pills. So I guess it goes back to depending on that individual themselves (Therapist).

Certainly an important element in understanding the relationship of therapists to clients is the matter of Aboriginality. Simply put, an Aboriginal therapist brings to the clinical encounter life experiences that, by definition, do not characterize the non-Aboriginal therapist.

An Aboriginal person will look at another Aboriginal person with some knowledge of the stories that come out of all the family, alright, and so there is going to be a little bit more understanding there I would guess. A non-Aboriginal person looking at an Aboriginal person may not know those stories, may be wrongly thinking that this person either did have or should have had the same kind of family background experience that the immigrant families have had, alright, and that's just a habit of thinking, that all human beings fall into ... which makes them wrong in their interpretation because the Aboriginal family members from this part of the world ... had different experiences in most cases than the monias had in growing up. Unless you know something about that, you can't help that person interpret their history of development in a way that helps them heal, okay. I am not saying you can help that Indian's early experience, you are going to help them deny it and blame others for it. No, you have to understand it. It is going to make a difference in your life whether you grew up in a residential school, or you grew up in a foster home, or you grew up with grandmothers, moms and dads gone, or fostered out even to own family members than if you grew up with your nuclear family, in a school where everybody else was your colour and you felt like you belonged there (Therapist).

It is crucial for the work of all therapists that they be aware of the history of Aboriginal peoples and the unique life experiences that characterize many clients. Many clients agreed that such knowledge was particularly necessary for non-Aboriginal therapists.

An interesting dynamic exists at BAN because some of the staff are non-Aboriginal. They readily admit that, in some cases, an Aboriginal client will prefer an Aboriginal therapist, just as a woman may prefer a female therapist. This may override concerns with age and gender. "To me, age doesn't matter, sex doesn't matter, or nationality doesn't matter. But, being a Native group, I think Natives ... will have more freedom to talk to Natives" (Client). Experience, again, is central to this concern.

The reason why I could never go see a non-Aboriginal therapist is because they could never walk in my shoes. They never experienced that, so how can they relate to what I'm talking about if they haven't experienced it? And that's a big thing (Client).

Many clients believed that, in principle, Aboriginality was an issue in the compatibility of therapist and client. "A lot of times the white people don't know the experience of losing their parents and being given to another race, or being abused when they thought they were going to get their education, or physically, mentally, or spiritually abused because you are a different colour" (Client). But in practice, Aboriginality seemed to be less important than the other factors discussed in this section. Explained one client about his BAN therapist, "He's white and he knows lots." Negative experiences with non-Aboriginal staff at other programs clearly conditioned the responses of many clients. Certainly, knowledge of the Medicine Wheel and some traditional ceremonies are important for the non-Aboriginal therapists at BAN, and many clients were impressed with the knowledge of Aboriginal people exhibited by all the BAN staff. One client noted that since he was hoping to enter the mainstream world anyway by getting a job, learning from a non-Aboriginal therapist would "open ... more doors." Nevertheless, BAN facilitates the matching of therapist with client when such preferences are indicated.

All staff members have had to struggle to build trust with their clients. It is the approach taken with the client that is important. Strictly defining Aboriginality is then relatively meaningless.

Well, again, when you say Aboriginal, I think you are using the word in a genetic way. Is the person born to an Aboriginal parent able to work with an Aboriginal client easier? Skin recognition is there. Just because you were born brown-faced does not make you a healer of Indian people ... I have discovered that Aboriginal clients look for Aboriginal thinking, feeling, and the Aboriginal spirit in the person they are talking to, and if they don't find it, they close off just as quickly if that person's face is brown or white or green. So, a non-Aboriginal person can work with an Aboriginal client if they have respect for the Aboriginal value system, if they have knowledge of it and respect it. If they don't, the best you can hope for is that they would deal with the mind only and not go into the heart and certainly [not] into the spirit. That kind of therapy, which is based on the mind only, isn't worth very much in my opinion ... Now, a white man can help with Indian clients if the white man knows about the pipe and is able, at least, to understand rather fully the Four Directions way, because the sickness that he will encounter in the Indian client will be a sickness of assimilation first more than anything else. And, if he can help that Indian man or woman find their way back to their Grandfathers, he will have done more for them that way than any other thing that he can do for them, even if he can't show them. I believe that. What I have seen in my experience is for the Indian men and women of this thing called Canada to recover the knowledge of their Grandfathers and Grandmothers is a way more important than anything else they do (Therapist).

This individual, a non-Aboriginal, then personalized his views by adding later that, "I can't change my colour. I am not trying to be an Indian, but I am trying to be a good man, and it was the Medicine Wheel that taught me how to be a good man." Clients generally agreed. A successful therapist is one who is aware of the history and life circumstances of his or her Aboriginal clients, and Aboriginal people more broadly, and who treats clients with respect and dignity. The Medicine Wheel framework provides an important tool in integrating the therapeutic approaches of the Aboriginal and non-Aboriginal staff. "I think we are all on the same page," said one therapist, "[the non-Aboriginal staff] actually uses the concepts of the Medicine Wheel in their lifestyle. Further, in their work, considerable effort is expended to learn about the client and their life. "I am a professional," commented one therapist, "but I need to understand what you guys [clients] have gone through and not label you [as] something you are not."

The establishment of a relationship between therapist and client is based on many factors other than age, gender, or Aboriginality. The personal characteristics and experiences of the therapist are very important. Therapists were asked what personal characteristics were important in the work they did. "To be open-minded, to feel, to understand," replied one. "Having a heart, having feelings, understanding," suggested another. "Good listening skills, understanding skills ... empathy and sense of humour" are all important according to a third. Respect for the clients is clearly central, and being able to work with them without being judgmental is essential. "I think you also have to admire your clients," said one therapist, "I have a great deal of admiration for my clients ... the fact that they are struggling to move forward and to heal is just amazing ... They don't understand how special that makes them."

BAN clients expressed almost identical views on the qualities required to be a good therapist, and these frequently reflected the client's own particular therapeutic needs. Patience and listening skills are very important. "In my view, a good therapist, counsellor is somebody that can sit down and listen to you ... [At BAN] they don't rush you. They don't push you out the door. They don't say, 'Get out now'" (Client). Another client touched on topics of compassion and trust, and noted that a good therapist does not direct, rather they empower:

A good therapist is an individual who has a lot of compassion and empathy. Someone who, I guess, is open-minded and someone who ... you could listen to and have that sense that, you know, what you say is entrusted with them, there is a confidentiality ... [a therapist who] doesn't say you should do this, you should do that, do it this way, do it that way, you know. And it redeems you. It leaves you to think about the issues at hand and how you're going to deal with it. And listening. If you ask them something, they can only sit there and they don't want to make suggestions. They don't, you know, direct you, say "do this, do that way."

For another client, patience in allowing the client to find his or her own solutions was a definite requirement:

They must have a lot of patience with people. I believe they have to be a pleasant person to talk with because there is a lot of people out there who are hurting, that have had a lot of abuse. And if they have a controlling therapist, a controlling counsellor, it is not going to get nowhere. [A good therapist is] someone that does not have control but that will have advice and help."

Advice, not direction, was a common theme expressed.

[A good therapist is] A person who listens to you and helps you, helps you in things and where to go and how to deal with them and more or less, like, listens very well and give you advice that is going to help you ... Show you where your goal is in life instead of just pushing you away ... Give you a hope, more or less give you a hope (Client).

As the clients described, a client-therapist rapport must be established based on mutual respect. The clients must first respect the therapist; the therapist must listen to the clients first and then offer practical recommendations in the form of advice or suggestions. The client decides whether to act on the advice or reject it. When a therapist dictates, the clients perceive a loss of control over their lives and circumstances, much as they did in childhood. "In my view, a good counsellor listens to what you have to say, but after you have said what you have to say, he also gives you good advice and he doesn't force it upon you. He lets you make the choices" (Client). This client summed it all up when he replied:

A good counsellor is someone who understands you. A good counsellor is someone who is your friend. A good counsellor is someone who opens up some doors for you, suggests some ideas for you. A good counsellor is someone that you can rely on, that you trust. A good counsellor is someone who is not naïve in his own way, who is not there for the buck but is there to help you. And a good counsellor is someone who is open.

By all accounts, BAN fits this description perfectly.

Empathy remains a singularly important characteristic needed by counsellors with this kind of client population. Empathy generally comes from the life experiences of the therapists, of whom several have lived lifestyles similar to their clients and recovered.

I have gone through it, the dysfunctional elements of lifestyle living. I also know now what it takes to break the dysfunctional lifestyle and that is a good tool in itself because I don't think I would be able to help somebody break an abusive cycle if I hadn't been able to break one myself. I always use goals in life. It is so important to set goals. I never knew what a goal was. I didn't know what it was to achieve something and feel proud, like, why did people do that even? I never knew that. And now that I know [I can help] the clients see their own lifestyle from a holistic view, to be able to understand themselves. That is what I had to do before I can help somebody else (Therapist).

Clients agreed, as one said to the interviewer by way of example:

They [counsellors] should have the experience of understanding, like, you yourself, you probably never ever went and sat in the Barry Hotel, you never hung around down 20th Street, you've never ... went and did drugs, you've never went and did anything like that. And you wouldn't be able to come in here and understand what I'm talking about because you've never done that."

Another client noted:

The kind of counselling service I like, I like listening to people who have been through it, been through the mill, they know, and I can benefit off their experiences and how they changed their life and everything else ... In a way, they are your counsellor, but yet in another way, they are sort of your mentor, somebody you can look up to, somebody you can try and be like.

This ability to role model and mentor stems in large measure from having been through similar problems and, as importantly, recovered from them. Being on their own healing journey therefore is important. "Life brings wounds," said one therapist, "and the Medicine Wheel brings the healing of that." "It doesn't matter if they had a bad life, as long as they have gone out of it," added a client. Maintaining a healthy lifestyle is crucial for therapists to be effective; however, the staff did not suggest that empathy was derived only from identical life experiences.

It's really difficult to understand grief if you have never experienced any loss in your life. It doesn't have to be the same kind of loss, but you still have to understand, I think, what it

feels like to have experienced loss in life. I don't think you need to be physically beaten up as a therapist to understand what it feels like to be afraid. [But] if you have never ever been afraid in your life, I think it's difficult to understand what it feels like. So, maybe not to the same degree, but to still have had some life experience, I think, [is necessary] to understand and to have genuine empathy (Therapist).

Another therapist stated:

I don't think that is true all across the board [that therapists must have experienced the same kind of problems as their clients]. To some degree it has to be true, obviously, because life experiences in common puts you kind of on the wavelength of these other people, but you can't have every disease that you are going to cure yourself in order to cure. You don't need to have every sickness that you are going to help with in order to cure that sickness, or too many of us would die before we would get to being able to help anybody. You need to have one thing. You need to have broken down the pretentious bullshit of your own perfection. You need to have disintegrated in order to integrate in a good way without the ... and the pretense there. You need to have gone through that kind of breaking-down experience and gone through the process of trying to heal up again in some way. [You need to] see yourself breaking down, feel yourself breaking down, know that you are breaking down and understand the broken spirit and go through that painful, dangerous time and hit the bottom in some way. And wake up in that broken down way and ask humbly the Grandfathers and Grandmothers to give you the medicines to put yourself back together again and heal up and go climbing back up the hill of integrating back into the integrity of your own Medicine Wheel, your own spirit, body, mind, and heart in order to understand what it is like. And then you can turn to your brothers and sisters who are going through that experience, whether from alcohol, drugs ... whatever, you don't have to have gone through all of it the same way ... As long as you have gone through that in some way and understand that process and become a human being that way, you can help others.

Many clients end up at BAN after being rejected or repulsed by the mainstream approach to therapy. Several described their own experiences with mainstream therapy as problematic. This client explained that his work with a psychologist, while effective, was flawed:

I've seen a psychologist and she was very helpful ... I went for, I think, twelve or eighteen sessions with her. But to me it wasn't long enough, I mean, because ... how can you deal with something that happened in your life [for] eight years and ... they expect you to have only eighteen sessions to deal with all this, you know, atrocity that happened to you in residential school.

Others spoke more generally about mainstream therapy:

But I find the mainstream counselling, to me, is just really cut and dry. You are a number and that's it ... To me it's just a big bureaucracy, you know, somebody's little money-making system, and they don't try and help you get off the streets or anything else like that. To me, anyways, it seems like they want you to stay there where [you] are so they can justify their existence. [At BAN] they call a spade a spade, you know, and they respect you enough to tell you that

to your face, whereas a lot of other places there is none of that, they don't care. To me, it just seems like they don't want you to get better. They don't want you to help you. They just want you to stay right where you are so that they have a reason to be there (Client).

Along with the disdain that some clients have for mainstream therapies there exists a sense that its practitioners lack empathy. The lack of empathy being expressed here is simultaneously a critique of the book learning of the practitioners and a more profound concern that the therapists could not possibly have the necessary life experiences to work with the clients.

I'm not going to go share my stories with somebody that doesn't know, that just read it from the book or something. How is this person going to find out what I go through? These people don't even know what we have went through and anything. They sit there and they get paid to listen to me talking, and how can this person help me? He doesn't know what I went through, so I would rather talk to somebody who understands and went through what I went through. I am not going to a doctor, spill my guts to a person that only learned it in school or paper or whatever. But I feel more comfortable talking to somebody that knows how it feels to be where I am (Client).

If I went to a psychologist I would get healed, like I would be, oh, everything is so glorious now. And then I just sat there and she would ask me questions and I would sort of look around and not say nothing or answer a little bit. And then I would just turn to her, [and say] "you are full of shit you are not doing nothing, all you are doing is just writing shit down, you are not doing nothing for me." And then I would just walk out. That is the impression I got ... It was very cold (Client).

You know, they write it down on the paper and they use that on you ... mental therapy or whatnot, like [with] white people, they use that on you and ... they don't really consider about you ... who you are and what you want to do for yourself and how you feel inside, you know. They just write it down, and that's what they use. You know, like, last year they write it down, they will still use that today instead of looking at me, how I changed my life (Client).

That textbook bullshit that's what I call it, you know. You can't say, "oh well, I understand how you felt because I read it on section wherever," you know, like that's crap, you know. Here they understand things, they can relate to you and they do it on your own level, like of your healing ... what's your main focus, your main problem that you have, and stuff like that (Client).

Therapy is when you make an appointment and go sit in the office and wait, and they only got five, ten, fifteen minutes and they say, "Okay, you got to go, your time is over, we've got other clients." That's therapy, that's professional, that's mainstream therapy. But these guys [at BAN], they can sit with you for two or three hours. Like I said, I spent the whole afternoon with [a BAN therapist]. He didn't say, "Get out now, I've got other clients." He just told ... [others] ... "I'm busy, I've got somebody here. Very important. He's hurting." And I was hurting yesterday really bad. I was hurting really bad yesterday because of what I'd done to myself. I kind of wrecked ... my feelings, my emotions, I'd lost touch with myself, I mean. And yesterday was ... it was just ... my eyes were opened yesterday, I was just brought back encouragement, eh, fight, endurance (Client).

A good therapist, noted one client, is

One that is willing to listen and they don't dwell too much on the book. "Okay, according to this psychological study, you know, you are supposed to behave like this, this, this, and this," you know. I prefer people who had a lot of practical life experience and actually lived it, you know what I mean ... instead of just this hypothesizing from a book ... To me, personally, if I want that kind of counselling, you know, I will go to Coles Book Store and go to the self-help section.

Another client was even more direct:

Counsellors I like are the ones that have had the living experience, have been down there with you, you know, been where you have been. And I find that their credibility is a lot better than some snot-nosed little twenty-three year old kid with a university degree that doesn't have a ... clue what is going on ... but that's how I see it.

"Someone who has got a piece of paper and it says on it they are a therapist," noted a third client, "should really go back and really re-think his way of thinking ... because if you have never lived that life, how can you understand it?" He concluded: "When you put a piece of paper behind you and think that you can heal someone medically, I think that is wrong."

This lack of empathy believed to be characteristic of mainstream treatment was frequently contrasted with that of the BAN centre: "Here, they understand what you have been through and what you are going through ... Your lost feelings come out, you feel better" (Client).

And they say that most of these people that work here have seen [lots], they know where we are coming from. They say, "yeah, I have been there, I know what you are saying." A psychologist will never say that (Client).

[Here] you're talking with the person, instead of them ... writing on a paper while you're talking. That's how my therapy used to be ... writing on a notepad while I'm talking, instead of trying to tune into what I'm feeling. Here, they've experienced ... what I've went through ... and they know what its like. That's what makes them understand what I say (Client).

Even some staff described negative experiences within the mainstream society, which in part helped them develop their own empathy with clients. For instance, one therapist described his own problematic experience as a client of a non-Aboriginal counsellor:

When I first saw a counsellor I was twenty-two, and that was probably about the third time that I'd been beaten. And when I went in the room with this individual, she sat down in front of me and asked me what she could do for me, and I didn't know how to answer that ... I told her that I didn't know where to start, that I am having problems. She said, "What is happening, are you being beaten?" Like she came right out bluntly and told me what she thought was going on. She shut me down, actually, is what she did. I was afraid to tell her anything, so I mistrusted her right from the get-go. It was her approach. I have heard it from different clients too ... that they feel threatened.

Another staff member described how an Indian social worker “showed up at the door of one of my clients at ten-thirty at night with two police officers to take four children out of the arms of their mother and put them into foster care ... She was doing nothing different than the nuns and the police in the residential school days.”

Although clients are clearly critical of the textbook-based, formal learning characteristic of mainstream approaches, the BAN model actually incorporates many treatment strategies from the mainstream. The difference is in how they invoke other strategies, the Aboriginal approaches, and how the overall treatment program is wrapped within a warm blanket of Aboriginality. This renders the clients more open to a variety of therapeutic interventions, some mainstream, some Aboriginal, and many interrelated. A few clients did recognize that some pertinent formal education was useful when combined with practical experience. “I think it has to be a fifty/fifty deal for education and practical experience,” replied one client. Life experiences are clearly important in that they allow for empathy and role modelling. Professional skills are also important, the kind of skills that come from training, be it in mainstream counselling or traditional, Four Directions or Medicine Wheel approaches. Professional practice provides valuable experience as well.

Yes, professional experiences are also necessary. You can have all the life experiences in the world, but if you don't know what you are doing professionally, say working with a child who has been abused and you don't understand what happens with children who have been abused, you can really hurt them emotionally. So, having the professional training is very, very important (Therapist).

Knowing one's limitations as a therapist comes with this professional training and experience.

There are a lot of unhappy therapists out there and they can be ... dangerous. As a therapist, you also have to know your limitations too. You have to know when you need to refer someone on or you need to get more help or that sort of thing. You need to understand where you are not doing a good job and you need to say, “Okay I am not doing very well here.” And if you are not healthy, it is really difficult for you to recognize your own limitations (Therapist).

Contemporary notions of ethics are particularly important. Clients expect a certain degree of one-on-one confidentiality, for instance, something that is not characteristic of many traditional collective Aboriginal approaches.

Clients were also asked to discuss their views on Aboriginal healing and healers, and it became apparent in their responses that they do not make as clear a distinction between BAN therapists and traditional Aboriginal healers as one might expect. Indeed, the same themes emerged in the discussion of Aboriginal healer experiences and skills as they did with the therapists. An ideal Aboriginal healer should have a solid knowledge of the rituals and meaning of cultural practices and be spiritually well-developed. About half of the clients interviewed had expressed some desire for a healer from the same cultural background, but their concerns were weakly expressed and tended to concentrate on the fact that the healer was *Aboriginal* more so than from a particular cultural background. Since many clients had a rather fractured knowledge of their own cultural heritage, the particular cultural background of healers was less important. It is not clear, however, if the clients generally know what is involved in being a traditional healer or Elder (and many confused the two roles), and what specific knowledge is required. Several were not at all clear about how one is to recognize an

Aboriginal healer, and one detailed how some “Elders” in the city had managed to fool clients and programs, including BAN, into thinking they were healers.

According to clients, healers need to have an understanding of the clients’ life experiences and be able to provide the kind of empathy that comes only from similar lived experience. “They should have walked the road” of abuse and recovery, as one client said, and so it helps that “they are on their own path” of healing. The healer should be trustworthy, mature, and non-judgmental. The latter is particularly important.

[Healers] have that interconnectedness within themselves. They have that contact with ... their whole surroundings, with the whole circle ... They can evaluate their selves without evaluating everybody else. And they take a look at themselves, and they don’t misjudge anybody. They don’t make them feel that they’re ashamed or not worthy (Client).

A good healer is someone that can sit down with you and get you relaxed, and you tell him your problems, and he will sit there like a big grandpa and he will listen to everything you say ... You feel comfortable and you can open up (Client).

[A healer] doesn’t say, “well, you are stupid,” or something like that and make you feel down. He tries to point out the reason why you feel like that to help you out (Client).

[A good healer is] Someone who will not judge and [will] take the person unconditionally (Client).

[A good healer will] let you speak your mind. They won’t interfere until you are finished. You can sit there and cry all the way through if you want to (Client).

A healer is the one that really works on you, really helps you out, trying to organize your problems and your lifestyle, and that doesn’t talk to you for one day and leaves you until next month (Client).

A healer, like the ideal Western therapist, must possess considerable emotional understanding. The healer must be able to listen and show compassion. This also helps the client to disclose.

I mean the qualities that I think that they should have is, you know, have an empathy, have a kindness ... be open, you know, and I think those are ... probably one of the most strong points that they should have (Client).

A good healer is understanding, listening, caring, being direct. That’s what I needed (Client).

In sum, in the words of one client, “A good healer is an Elder who has lived the life, who understands a bit about spirituality, who understands the way that people think, the way that people feel, and the way that people judge one another ... They should have walked the road.”

Many of the BAN clients we interviewed had relatively little experience with traditional Aboriginal healing, perhaps in part because of the cultural disconnection that they felt and experienced. The traditional knowledge and healing experiences they were gaining seemed to be coming mostly from the BAN program, including

Elders and healers to whom BAN refers clients. It was clear from the interviews that, for some at least, their reference point for understanding healers was, in fact, the BAN therapists. Many clients see themselves engaged in healing at BAN, and the therapists at BAN to be healers. This, more than anything else, may demonstrate just how culturally disconnected and socially disenfranchised the clients at BAN are.

Training

BAN is a training centre as well as a healing centre, and their training programs demonstrate that their reach is extensive. The Medicine Wheel Training Program has three levels. The first two are basic introductions to the Medicine Wheel approach to counselling and are normally offered over a two-week period for each. The third level is more intensive, lasting a month, where participants learn to use the Medicine Wheel as a case management tool to undertake intake assessment interviews, to assess the needs of clients, and to help them develop workable plans for their treatment and community living. One therapist described this training:

What kind of training is needed is knowledge of the Medicine Wheel as a case management tool, that is, a holistic intake assessment, the ability to look at people from the Four Directions all at once, to recognize this person has feelings, has a physical reality that they are dealing with, a mental history and learning repertoire that they are working with and a spiritual part of them that is either alive and well or sick or dead and recognize that right away ... And be able to come out of that knowledge of a person as ... being a whole person, even though they are not going to give you all of that information voluntarily themselves, certainly not right away. You have got to know that it is all there and be ready to recognize that that's really what's sitting over there in the other chair in the client relationship or when they are coming in for help, and that the conflict that causes them pain and suffering and wounds, in one of those areas or all of them, is what they really want help with whether they start with that. You have got to be trained to see those things that way, to be able to perceive the human being that way. If you are lucky and are more of a perceptive person by your personality and character, then it would be easier. If you are not, if you are more of a conclusive person, take one look and form a conclusion, then the training is really going to have to stretch your information in-taking skills to be able to see with wider view, with wider lenses, I guess, wider eyes. The more the eagle view, the bigger picture. That's the kind of training, to be able to look at people, not as objects, not as subjects but as people, as a human being who is every bit as real inside their skin bag as, you know, the experiences that you have inside your skin bag. To be able to see people on that level, regardless of what they look like or smell like or sound like or whatever ... that can be trained, you can learn that.

Graduates from this training program are considered counsellor associates, but the program does not involve accreditation in any way. Through the training program, ongoing relationships are established between the BAN staff and those who take their programs. The students frequently come back to BAN for more training workshops or call upon the BAN staff for assistance with particularly difficult cases.

Training other counsellors is an integral part of BAN's mandate. Training requires somewhat different skills than therapy, despite the obvious relationship between the two. Teaching a group how to use the Medicine Wheel in therapy, for instance, requires more or less a mainstream academic teaching approach. The Medicine Wheel workshops that we observed would not be out of place in other contexts. Handouts, flip charts, lectures,

interactive question and answer periods, were all in evidence. One therapist described the difference between being an effective therapist and an effective trainer:

Yes, an effective therapist is somebody who has the ability to deliver good therapy, that is, to assess needs ... to perceive the needs and to estimate those needs and then to attach the remedy and, you know, sell the client on the responsibilities that they have to apply those medicines. A trainer is a teacher. That skill is communicating. What we just said about a therapist, to take the skills of a therapist and to be able to communicate to others on a teaching level is a different thing than being able to use them on a client on a practical level. There are a lot of people who can be very good practically at using the skills of a therapist, but really bad teachers because they don't have the patience or they are just not skilled at putting into words and communicating with words and symbols to another person the meanings behind those skills. And there is a difference. Having them and using them is different than articulating them, and talking them, and defining them and then communicating them to other human beings in ways that those other people can understand, that's tough ... because you have got to translate it into the language of the learner, not just the language of the teacher. The teacher can be talking to a room full of people who don't understand what he is saying and that's common. The truth is that to be a good teacher you have to have something worth teaching. You have to really have some knowledge. There are a lot of people out there who are trained in the technology of teaching and they don't have anything worth telling. To summarize it, being a therapist is one set of skills and being a teacher is another set of skills, and being a teacher of therapy is another, a third set of skills that requires you to have both the skills of a therapist and the skills of a teacher and to be able to use them both. That's not easy to find.

The BAN training program has struggled to attain credibility, both in the Aboriginal and non-Aboriginal worlds, primarily because of wariness over the Medicine Wheel model and the important role that non-Aboriginal therapists play at the centre. One of the therapists expressed his frustration at the lack of respect accorded to the BAN program:

Yeah, even Indian governments like the Saskatoon Tribal Council will not pay the fees for somebody to come to the school to learn the Medicine Wheel way because, as one of those guys over there said, "Why did I have to go and get a bachelor's degree in order to help Indians, and those guys only have to come over to you for a couple of days in a month to get hired to help Indians." There is resentment. My answer was, we are not trying to give them the equivalent of a bachelor's degree. They are counsellor associates, they are aides, they are assistant people. There aren't enough bachelor degree people who are willing to come and sit in this chamber of tears with me around here. We have had master's degrees, Indian guys, who won't come in here and sit. They are too proud of their master's degree in the white man's world to come and sit and help these dysfunctional Indians over here, as they call them. So, in order for me to get enough people to run this shop, we had to train people as counsellor associates in the analogy of teachers, to get more adults in the service here, to get more people willing to do this. With enough training they can do more, you know, they can do some good and then we can share together with that frame of reference. So, no, the biggest obstacle that I have had is the recognition of the Indian ways as effective in the modern world and that has come from Indians as much as from white men and that's a real ... obstacle.

Staff Stress

There is a price to pay with all of this activity, and burnout appears to be a problem among the staff.

Burnout is a real issue in here. We have had many people come in here and just fry their circuits trying to keep up with what's going on in here. And so you have got to be careful, I guess ... be honest with people and tell them when you just haven't got the energy to help them. Try to do something, give them a word or whatever and set up something down the road. But you have got to be able to let go too. I made myself sick trying to keep up with it all, so you have got to be careful (Therapist).

Staff members at BAN have recourse to the same therapeutic resources as the clients. They employ the Medicine Wheel approach to understand the difficulties they are experiencing in their personal and professional lives and seek counselling from other staff members when necessary. One staff member explained, "I go to my pipe, my prayers in the morning and the evening ... I go to my Elder ... I will go to the sweat lodge and I will fast. So I go to my ceremony for that kind of help. I trust them to give me the holistic answer, the Four Directions answer." BAN holds a debriefing circle for the staff once a week, where "we can release all of the negative energy that has affected us during the week." The weekly healing circle is also a place where staff can seek assistance and guidance.

We had to do that some years ago in order to put closure on the work of the week. In order to go away into the weekend of rest in a good way, you know, so we are not dragging wounds forward into that rest period and making it worse by rubbing those wounds all weekend and coming in here Monday morning and still angry from last week. We have that sharing circle, that healing circle, that talking circle and it's a healing event, traditional with smudging and praying in and praying out, every Friday, religiously, faithfully. We don't let anything disturb that priority ... There, I sit with my brothers and sisters at the end of the week and ventilate my concerns, my anxieties, my frustrations, and the stress. They hear that and they hear me come clean with the things that bother me this week and then they hear me thank them for the good work that we have shared together. Then we all go around and we hear that from each other. [In the] circle, [there is] respect for listening to the words of the other person. Hear the story, the wounds, of the other person and give them the respect of speaking your truth into that circle too, so that we are real human beings together. That's a great medicine (Therapist).

BAN is clearly a therapeutic space, according to one therapist: "Of course, I have tons [of problems] ... It is funny, but over the years, as soon as I smell the sweetgrass, it just calms you right down. You just get this calm feeling coming over you."

What makes BAN an attractive option for many clients is the openness and honesty that the staff bring to the program, including their own stresses and strains. Professionalism at BAN takes on a different meaning than in the case of many other health and social services agencies, and perhaps staff burnout is one price to pay as a result.

The Meaning of Healing

Both the therapists and the clients at BAN expressed a variety of perspectives on the question of what is healing. While healing, however defined, is an integral part of the BAN program, neither the therapists nor the clients provided a succinct definition of it. Whatever it means, clearly it is personalistic, even existential.

BAN staff see themselves working primarily within the realm of the emotional and psychological and, while some make a distinction between therapy and healing, it is apparent that the discourse on healing is part of their everyday approach. One therapist even used the term counselling healer to explain this role. Another described the relationship between being a healer and being a therapist as follows:

A therapist is a kind of a healer, okay. A therapist is a sub-set of healer ... A therapist refers to the emotional, mental kind of healing, alright, to use the Medicine Wheel. Healers can be more physical. They can heal the wart, okay, or heal the ulcer, or heal the cancer, or heal the deafness, heal the whatever, okay, the bleeding, and they can heal those things, heal pneumonia, heal a wound. A therapist is somebody who heals the mental and emotional and sometimes the spiritual wounds.

Many clients saw healing in the first instance as something that an *Aboriginal* person could do and not a mainstream-trained therapist. But, as will be shown later in this chapter, the characteristics frequently ascribed to healers were also ascribed to the BAN therapists.

The Medicine Wheel model is linked closely to the understanding of healing that the therapists at BAN promote. According to one therapist:

Healing is learning to trust your inner strength and learning to first of all find it. I believe you have it and then trust it and use it to move forward and help you through hard times and grow and become stronger and kinder. See, when people go through hard times, it can make them mean and hurt and bitter and angry or it can help them grow and become stronger and kinder and wiser. And healing is learning how to take the adversity that happens to you in life and make you grow wiser, and kinder, and stronger. And, of course, as I have already said, the Medicine Wheel so very, very clearly shows you how to do that because it shows how you can bring all the four parts, the holistic model, together to help yourself heal.

Another therapist adds this view:

Now, in the Medicine Wheel, medicine is anything that heals, whether it be the smell of fresh air, the hand of a grandmother on your head, the rat root ... a tea, the smell of smudge which calms down your spirit and makes you act better, or the other medicines which we take and rub on our body and into our body. It is all medicine. The sweat lodge ceremony is great medicine. Healing is bringing the human being back together into oneness, wholeness. The Medicine Wheel is a circle, it is whole, it is one. There are four parts taken together as one. This is the great power of the Medicine Wheel ... When the skin is broken, when the integrity of that person's skin is broken, it gets infected and it gets sick. So it is with the Indian way. When the Medicine Wheel is broken and the hoop of life is broken, when the heart is

broken, the body is filled with disease, addictions. When the mind is confused and fractured and doesn't understand what its place is in society, when the spirit is broken and cannot find its way home, the person is sick. Healing is putting that back together in a good way.

Clients struggled more than therapists to articulate what healing means, perhaps because it is not their job to be more precise in explaining it as with the staff. Their concern is simply to get better. A holistic understanding of healing was often articulated.

[In healing] I think you take a look at your physical, you take a look at your mental, you look at your spiritual, and you look at your social well-being. And when you can get all those, the great picture of that, then you can take a look at yourself and say, "what part do I need to work on? What am I weak on? What do I need to build on so that I could become whole?" To me that's very important, and I think that was lacking for a lot of those people, that we don't have that concept (Client).

Well, for my understanding healing is treating ... You look at some of the behaviours that you have that aren't ... normal ... How to control your anger, how to control, you know, your feelings from your shame and guilt, and anxiety. How do you deal with your flashbacks. And you know these things that happened to you, whether it's a smell, you know ... things that bring you back to the place. How do you deal with that? ... And how do you look at your spiritual well-being, you know, to say that you're a human, you're worth it, you're a valuable person, you're an asset to your people and to society (Client).

Another client linked the themes of holism and healing and extended the definition beyond bodily distress to speak of the need for healing of society more broadly:

Healing is just curing from a sickness. Like I know for a lot of the clients, even myself sometimes, addictions is an issue. But, you know, addictions is so deep, you have got to look at the disease and then you have to look at ... the effects that alcohol has on some of those northern communities. And so I guess healing is all about curing that sickness. Whether it be a sickness of the system in forces like, you know, systematic injustice in some of the things that a lot of the politicians kind of avoid. So, yeah, to me healing is just all about healing from sickness, but at the same time doing it in sort of a First Nations way, doing it in a holistic model. Because when you do that, you also develop, you know, emotionally, physically, mentally, spiritually. Because those areas do develop in your lifetime so you kind of have to stay on that process to continually developing in a healthy manner, but at the same time avoiding any potential sicknesses like addictions or maybe diabetes or cancer or something.

Others expressed a perspective which distinguished mind and body: "Well, it [healing] goes through the mind first, that is what I know. Understand that, and healing the mind will take over the body, make you feel better" (Client).

Sometimes healing was about emotional health, other times it was spoken of more in terms of a Western disease pathology, as in the addictions issue mentioned above. This client saw healing in emotional terms: "Healing ... is, I guess to me it's in the heart. It's in the heart. It's in your feelings, your thoughts, hopes ... your

emotions.” This client continued by expressing one of the most common themes in the interviews: “To learn to control those [thoughts, feelings, emotions] because you’re the only one that has control over those, not anybody else ... And that’s what healing is for me, is learning who you are, knowing who you are, connecting your mind with your heart, your feelings.”

This idea of self-control is central to many of the perspectives on healing shared with the researchers by both clients and therapists. These are individuals for whom control over their lives was largely taken from them as youngsters, even infants, as a result of substitute care experiences. As they emerged into adulthood, this loss of control took the form of alcohol and substance abuse, inability to control emotions such as anger, and problems with the law. Regaining this control, to live a healthy, pro-social lifestyle, is clearly central to the healing process. This in turn is linked to the process of self-empowerment.

The notion of healing centered on the Medicine Wheel suggests that the process is lifelong and developmental, and it applies to all phases of the life cycle and, therefore, is never complete. Healing is complete “only if they can get to a place where there will never be any other wound, and that is not on this side of the happy hunting ground,” said one therapist. He continued, “Until the last moment when the spirit finally gives up the body back to the Earth Mother, we will get to a point where there isn’t any further wound in the heart, in the body, the mind, and the spirit that couldn’t use some attention.” BAN staff accept this fact in their own lives and communicate it to their clients. Indeed, almost all of the clients interviewed expressed the view that healing was a timeless, characteristically challenging process. “No, I don’t think a person can get a hundred per cent healed,” said one client, “I think a person can get up to about ninety-nine per cent of the time, but the other time the person is not perfect and they never will be perfect until you see the Maker.” Part of the reason for this is that the damage of the early years continues to have consequences.

I’m going to deal with my healing for the rest of my life, there’s no doubt about it. Because there’s always going to be something that’s going to trigger ... something from my past. And how to deal with that? And being able to come here and talk to other people about my own experiences and about how to deal with it, some of that negativity and all this stuff that happened to me, you know, at the residential school and what went on in foster care. You know, how it had shaped my well-being, my persona physically, you know? No, there’s no way [that a person is ever completely healed], not with the psychological damage, emotional damage, the physical damage, and with any spiritual damage that’s done to you. Because it’s still there. And no matter where you go in your life, it’s going to be always something there that’s going to have an impact, that’s going to hit you, that’s going to hit you and remind you, take you back to that place where you don’t want to go. It’s knowing these things, I think ... you’re aware of them and you talk about it and you start dealing with it. Then I think [you] become a strong person. But it doesn’t mean that you necessarily are really totally healed, because it’s impossible (Client).

For some, there was hope that with sufficient work healing could be achieved.

I don’t know, [I] got a long ways to go, I guess. Like you have got to keep working on it, working on the problems you got until you know you are completely healed ... When you know you have complete healing is that you have no problems, that you are happy all the time, you know, helping people, you don’t have anger, no hate, no blame in you, you know. [You] know how to control everything ... and to me that’s when you know you are healed (Client).

And another client, hopeful as well, saw the progress of others as a positive sign:

I think healing is a lifetime thing. A person can take a long time to heal, but a person can heal because I know some people that had a worst situation that I've ever seen. Now I've seen them today, how they have material things, a nice home or they look healthy. I see these people and I look at them and I think they've changed. They've changed and if that person can do it, I can do it.

Clearly, hope was a central theme in the narratives. Clients desperately want hope that their lot will get better, even if it takes a very long time. "Right now, I can start to see the light at the end of the tunnel, but it is going to be a while, it could be five, it could be ten years, it could be twenty. I don't know how long, but life will start to open up on me and I will sit there and go 'whoa, I'm thirty, I am still young'" (Client).

Those few clients who did see healing as something that could be achieved tended to view it in terms more compatible with Western models of disease and treatment. One client saw healing as something that falls entirely within the domain of Western treatment: "Healing to me is medication that ... monias has given me. Healing is counselling that a monias has given to me. I am not putting down a monias, but I would rather have healing done to me by an Aboriginal spokesman or someone who has some sort of knowledge of healing in an Aboriginal way."

Backsliding, struggling to stay on the healing path, characterizes many of the clients' narratives. "Healing is hard," noted one therapist, "and it's sometimes easier just to go back to the old ways of escaping." Another therapist added, "what happens here is they come to us, they get some advice, they do some good and then they fall off the wagon, they screw up, and then they come [back] ... weeks later, and we accept them again. And then they come and do a little bit more and then they screw up again." This pattern can repeat itself with specific clients five or six times. The Medicine Wheel accommodates the fact that, for some individuals, the movement through the life cycle can be problematic and full of pitfalls.

Healing is a lifelong journey ... from the time you are a child to the time you are an elder and you die. So, healing is going on your whole life. Some people will get stuck, and the Medicine Wheel also helps with understanding what being stuck is all about and identifying where you are at and ... gives you a direction for where you need to go (Therapist).

Many clients recognized the inevitability of backsliding for some. When asked if a person is ever completely healed, one client said, "Through the people I have talked to, I don't think so. Like, I have seen people just, you know, some of them have quit. [They would] be doing good for, you know, ten years and all of a sudden, back to their drug habit or their alcohol habit and stuff."

The challenges that clients face in their healing can be quite daunting. They are forced to live with the constant memory of childhood abuse and trauma, memory that can resurface at any time.

Oh I think some of the challenges I have to deal with is when I look at my childhood and what happened to me, and not putting the blame on my parents for what happened to me. And not saying to myself that I was a victim, but I was at the wrong place at the wrong time. And that ... you know, I can forgive them but I'll never forget, you know, I mean it'll always be with me (Client).

On a daily basis, the pressures of securing accommodation and employment can be substantial, especially given their past experiences. Finding new friends and romantic partners who exhibit healthier lifestyles is also a challenge. Living life one day at a time, while a cliché, is exactly how many do it. “To stay sober everyday,” said one client, “that is a big challenge.” He continued in this vein: “There is a lot of stuff out there that make you ... go back to something. It is not that easy, especially if you are an alcoholic, a drug addict, especially if you have all these feelings inside you. It takes a lot of your energy to get ahead.” Another client explained how this happened to him:

Yesterday, I had a really good cry because I had to be home because there was nothing out there [job-wise] for me, you know, and there was just trouble ... I quit drinking for ... many years and I kind of fell off, and ... I drank here for a couple of weeks and I couldn't ... handle it no more. And so I had to make a choice in my life. Okay, well, I'll go back to Building A Nation. I'll start doing my counselling again. And yesterday was a new start with me again. I cried. You know, I went out for dinner with [a therapist] yesterday and ... I cried and I cried.

A client also pointed out that some people are lured back into a dysfunctional lifestyle because “they just want to fit in back with their friends.”

Backsliding takes on an additional meaning with respect to the Aboriginal aspects of the BAN program. While the Aboriginal approaches (in combination with mainstream approaches) used at BAN are one of the main attractions of the program for clients, some are also apprehensive about them. “Their greatest challenge is they don't want to start using the Indian way to heal themselves in case they screw up and get spanked by the Grandfathers,” explained one therapist. He continued:

Our clients, they show similar signs of being attracted to what we say here ... but then there is this point where they get scared. They get attracted to come this way and do these things, go to the sweat lodge, fast, give up alcohol, and then all of a sudden, they get scared. “Oh my god, I am going to have to be perfect if I do these things. I am going to have to become a healed Indian and I am not ready for that.” And the dysfunctional world that they are in, as painful as it might be, is familiar. They see the way of the pipe as being too saintly and too scary. They are confusing it, I think, with Christianity. They see medicine as something that can only be taken by people that are perfect. The traditions and the ceremonies, you are supposed to be perfect to go through those ceremonies. No, you are not, you are supposed to be a human.

Certainly, some clients are unable or unwilling to make the sacrifices necessary to participate in some traditional activities.

Yeah, you are supposed to be sober for a good number of days before you go into the sweat lodge. And the same with fasting, okay, if you are going to fast for four days, you need to tank up a little before you go in there. [If] you go in there drunk, you are not going to make four days, drunk and hung over. So, that is the stumbling block that I encounter more often, you know, they are afraid to go the traditional route because it is going to ask too much of them, and somebody has wagged the scolding finger in their face once too often about being a good Indian, you know, and they are scared of it (Therapist).

Others are afraid of “bad medicine,” in that involvement in Indian spirituality and healing exposes one to malevolent forces that hurt rather than heal.

The metaphor of a wheel or cycle is a developmental model that promotes the idea of healing as a journey and allows for the promotion of healthy lifestyles throughout the life course as well as an extension into the afterlife for those clients who hold compatible spiritual beliefs. The model promotes self-empowerment, the development of personal potential, and the taking of personal responsibility throughout the stages of the life cycle. This in turn is related to the development of strong self-identities as Aboriginal persons. The Medicine Wheel provides a framework for understanding illness, disorder, and disruption as well as healing.

Many of the clients expressed a view of healing that demonstrated they accepted their own role as paramount in the process. In the BAN model, healing is something that is not done to you but something that you do for yourself. “Healing is more or less healing yourself, healing the things around you that are good for you and you have got to turn your path around in a good way and follow that way,” according to one client. Getting beyond the terrible events of the past is important.

For me to heal is to accept the things that happened in my past, the things around me and go on from there ... [I] talk to people that have been in my situation and go through these programs and learn how to deal with these feelings and more or less accepting and move on. You can't change it, it has already happened, so learn from it and hang in there and things will happen. It might not be perfect everyday but things will definitely change (Client).

Healing to me is ... dealing with your past and ... instead of looking at the bad, you're moving forward (Client).

To me it is for looking into myself and getting into the problems that like I have been bottled down, I have been holding down a lot ... I am starting to step-by-step dealing [with them], one-by-one, you know ... I have been dealing with my sexual abuse, my physical, with the partners I have (Client).

This client clearly accepts the Medicine Wheel approach:

The Medicine Wheel shows ... personal responsibility, and personal responsibility is making the right choices. The right choices meaning right choices for what is right for us as individuals. What choice might be right for me might not be right for the next person. So, I have to be in tune with my own spirituality, my own well-being, so that I can make those decisions because the choices that we make today mark out the reality of what happens to us tomorrow (Client).

This process of self-empowerment can lead to a more positive sense of self, which some clients identified as central to their healing process. “To me, healing is making yourself feel good about yourself inside,” reported one client. Another client described this process in relation to the BAN program:

Well, they listen to your problems. They try to help you. They smudge, pray. They give you strength in this place. I can feel it when I come here. [Here I get] a lot of guidance and a lot

of attention, what you need when you heal ... You feel good about yourself when you are at a place like this. You don't feel like you want to go across the street to the bar, [like] you want to go do something bad. This place has got a lot of power in it, a lot of good feelings, and it is very good.

Lifestyle is very important. "We heal people in regards to helping them maintain a healthy lifestyle," explained one therapist.

Finally, healing is about self-identity, about how one should reclaim one's cultural identity from the ravages of colonialism. One therapist explained this idea in relation to his own life:

Healing to me is understanding who you are. A lot of times because of residential schools, it always boils down to that. Because of what I have experienced as a young child and growing up ... and then being an adult. Even today I still experience it because of my family. For healing to begin, I have always said, [requires] re-discovering who you are as Native people, as Aboriginal people. You know even myself, growing up, my grandfather ... was a medicine man on my dad's side ... He was a cultural person that did sweats all over the lake. But you go down to [my community] nowadays, I believe probably a small percentage know their background of who they are.

This therapist then went on to provide a narrative to explain what he meant:

I like to tell a little story in regards to what it means and how far apart we are, how far distant we are from our culture. There's a retreat that happens every summer at St. Anne's in Alberta, and Catholics go there and gather for a week. Just about every year I go there too with my mom, my family. And I was sitting outside a campfire in the evening. There was about, I would say about fifteen of us from [my community] and out of about those fifteen, I would say about ten of them or twelve would be First Nations people. I told them goodnight, I was going to sleep, and I did leave. But I went there early the next morning about seven-thirty, eight o'clock and they were standing around the campfire in the morning having coffee and I said, "Good Morning! It's a good morning!" and I found it a little negative in comparison ... And I said, "What happened to you guys, you don't feel too happy this morning?" A couple of them spoke up and said, "well, those ... Indians," he says, "beating that drum all night, I couldn't sleep." And they were kind of pissed off ... I thought about it for a while and I said, "this is ridiculous." I said, "Do you know what you guys are saying, do you actually know or ever think about it, that that's you?" They looked at me. "Take out your wallets," I told them and they took out their wallets. And I said, "you see that treaty card, is that your picture?" "Yes, it's my picture," and I said, "You know that you're a First Nations person and that's your culture, that's your history? Why does a Métis like me have to sit across from you and tell you what your history is ... what you should value? That your people have not forgotten their traditions." And all of a sudden they look at me and said "you know ... I have never looked at it that way." That's why again, coming down to the church has made a big difference in how our people think, what they believe ... Their spirituality is missing because we were always spiritual as Aboriginal people.

He then infused the story and the issue of identity with his own personal experience:

My dad is a First Nations person. My grandfather is a First Nations person. [But] I am caught up in the church in regards to why my mom has lost her rights. I am caught, I don't know ... where I stand sometimes as regards to who I am. But I believe that when I go in the sweat lodge I feel comfortable, I feel calm, I feel like I am in control to myself and that's what I see. Too many times our people, even in my own family ... I have Catholics, Born Again Christians, and traditional people in my family, one family. Because sometimes we grasp for things when we don't know who we are, what we are, what our history is, our culture and all of that has to do with residential schools. The sense of belonging is not there because of family being apart, separated, and the list goes on, alcohol, drugs, and you name it. And for me it was that question that you asked me, "what is healing to you?" Healing is [repairing] all those disconnections that we have because of residential school, alcohol, drugs, and ... not necessarily go back to the way that we used to live but at least go back as an individual to find out who you are as Native people, as Aboriginal people and to be able to really address that again.

He concluded his story by bringing the teaching back to BAN:

That is why it is difficult, so difficult for people to give to us because they don't understand us. I think we have gone to a certain point in our lives as an organization that maybe there is an opportunity to be able to be looked at as an organization that really connects what we say is healing with recognition of our culture, the disconnect that we've had spiritually, the language barrier that we have. Even with my own kids, a couple of my kids don't talk Cree. I made a mistake. There's a disconnect there, to be able to learn our language to be able to teach our language. That's what healing is all about, is to be able to know who we are as Indian people and to know our language, our culture, our spirituality. There's a lot of people that are scared of our culture and it is very unique in regards as to how we can ... bring it out. It has to be a unique way, where you are not pushing away people. At Building A Nation, we teach responsibility. And responsibility begins by addressing who we are and getting away from dysfunctions, and hopefully begin to understand the serious disconnect that we have with our history, our culture, and our spirituality.

Issues of identity emerged as well with the clients as they grappled with the meaning of healing. "That's what healing is for me," said one client, "learning who you are, knowing who you are, connecting your mind with your heart, your feelings." Another client expressed identity issues in terms of the popular caught-between-two-worlds paradigm:

But this group here [at BAN] is a healing that reaches the inner person, you know. It makes you know where you belong, where you come from, how to release your faith, and that you are worthy to come back, to come into, and find yourself you know. You are worthy to find yourself, not to be lost half-ways in the middle of nowhere, [lost] to both worlds and ... belonging in neither one.

Part of this search for identity is intimately linked with the exploration of Aboriginal spirituality seen in the attempt by some clients to link healing to a more traditionally spiritual life. "Healing is talking, praying,

smudging,” explained one client. “You have to start from within and believe in the Creator,” said another. Spiritual revitalization is important:

We natives, we have a gift and that gift has been put away for a long, long time. And now people are starting to open up and realize that, whoa, we are really destroying the Aboriginals’ way of thinking and way of healing, and there is no wonder that we have so many crimes and so many problems. The way that we do our spiritual healing is a little different than going to court or maybe [being] put in jail and stuff. It is more of an understanding of that person and what’s making him think and how do we approach that person and how do we not misinterpret him. It’s mostly in a person’s spirit as we turn a little clock on to get them thinking right. And if they are not thinking right, then the little clock might not be working all that good (Client).

Other cultural events emerged in the interviews as important avenues for the promotion and maintenance of healing:

Like going to powwow, round dances. That is unique for healing, and it keeps you ahead instead of going backwards. It keeps you away from evilness, fear, you know. You have guidance when you go to things like that ... You feel good about yourself, you did something good (Client).

Most of the clients interviewed felt strongly that there was a unique Aboriginal approach to healing, and much of this sentiment can be gleaned from the above. In many cases, the difference between Aboriginal and mainstream healing was expressed in terms of therapeutic technique, with Aboriginal healing characterized by such things as healing circles, smudging, sweat lodges, and ceremony. The importance of culture was also raised, especially that Aboriginal healing is deeply connected to Aboriginal culture and values. One client explained the importance of a return to traditional Aboriginal values for young people:

A lot of those kids, if they were just given back their traditional values and a place to practice them and live in harmony with them, like say where there is kids, elders, and you know an actual community then that lives by the cultures, ideas, and philosophies, then they wouldn’t have to be in a neighbourhood such as this where the industries are pawn shops ... and where trouble is just lurking right around the corner. So I think that the traditional values of the First Nations’ people is the only thing missing and causing all the problems ... Healing needs to be there for [that].

Another client also expressed the view that the return to traditional values was important:

It’s just a matter of them getting back in touch with their old traditional values, something that has kind of been, I don’t want to say taken away, but just due to the modern world and the going forward of technology and the idea of having to have money to survive. You know, those morals kind of get tucked away, and they get stored into Elders’ memories. But the problem is that the Elders die. So I think it is just the matter of keeping those traditional values and continually passing them onto the children.

Within mainstream treatment approaches, the fact that culture is absent definitely has led to some clients seeking alternatives. Culture, for these individuals, is healing:

I've tried mainstream therapy, I've tried it for many years and it has never worked for me. I have always walked in there and ... I just always felt I didn't belong. They didn't understand what I was trying to say to them until I come to this place [BAN] and then they started using the culture. And when they started using the culture with me, God! It just brought out, you know, the person in me, who I am (Client).

In many ways, healing for the clients of BAN can be seen as focusing on the repair of relationships, relationships with other humans such as family and relationships with the spiritual. This often takes the form of learning to trust again, which is no easy task given the backgrounds of many clients. One client related her healing to the BAN program's use of the Medicine Wheel:

I took a course on the Medicine Wheel, took Level I, Level II, and it taught me a lot of things that I know is right, how to have respect and how to forgive and how to love again and how to trust again. I was putting up a fence before because I didn't want anybody in my life no more because I was hurt through death, through divorce, and through deceit you know. But now I am glad that I got ventilated, you know. And in a way I am glad that my boyfriend, my ex-boyfriend came back into my life in April because he apologized to me, how he hurt me. And we are not lovers, but we are friends now. And he is free to be what he wants to be and I am free too. But we are still friends, you know, and I am glad for this group to help me to learn how to let go of that, you know.

Other clients also spoke in terms of repairing relationships through what had been learned at BAN:

This Aboriginal group here taught me through the Medicine Wheel how to have respect for myself, for others. [It] taught me how to have healthy sexual relationships without feeling bad, feeling guilty ... [How to] try to feel good about yourself ... I work at home as a grandmother, as a mother, you know, and have my friends come over and welcome them. And sometimes I run into people on the street and try to talk with them, you know, as best as I know how. And this centre has helped me to release a lot of my hurt, my guilt. I blame myself for a lot of things. Maybe if I had've approached it in a different way, I wouldn't have had to go through the last two relationships, but it happened, and it is a learning process.

Like I have a good relationship with my parents now. I was very mad at my Dad for dumping me into this system there, and I blamed him for years for screwing up my life. And then finally, through here [BAN], I realized he didn't put me in that system. I put myself there, you know, and [I] take responsibility for the part that I played in my life. So, after that my parents, now we get along really good ... we are actually closer I think than we were [before]. So I get a lot of verbal support from them and ... my Dad even hugs me now, you know. He was like an old rock before, a macho man, he would never do that. Now, he just does it. And that was partly because of me too, because ... when I seen him, first thing I did was give him a hug, you know. And I think these guys [at BAN] really helped me in that department, trying to build a relationship with my parents, that's going to help me even in the future, even when

they pass on. I won't have any regrets about I should have did this, I should have did that, I should have talked to them more, you know. And I see a lot of people go through that where they hate their parents, they hate their family, and they don't want anything to do with their natural family. And then when they die, they spend the next three years kicking themselves [sic] because they didn't do this, because they couldn't find it in their heart to forgive them, you know. And that's what I finally did. I forgave myself, and then I forgave them because they are only human, you know, they are not gods. That is the way it is. Sometimes life deals everybody a rotten hand, you know, so you just have to love them in spite of everything.

Overall, the interviews with both therapists and clients at BAN suggest quite strongly that healing is not seen as fundamentally a biological process, but it is a psychological and social process that links individual past with the present, history to contemporary times, bodily and emotional distress with social imperative. Healing is about the desire of individuals to transcend personal and collective experience in an effort to define, achieve, and maintain some very fundamental human goals that are centred not just on physical health but on social health. Healing is also clearly about gaining the self-control necessary to achieve these goals.

Treatment Effectiveness

What healing means to the clients and therapists is intrinsically linked to their understanding of therapeutic effectiveness. There are no external standards for measuring the effectiveness of the treatment that BAN offers. Therapists were asked how they knew they were being effective and what they looked for. Several noted that, compatible with the Medicine Wheel approach, there is no fixed timetable for noticing change in their clients. The metaphor of healing as a personalized journey is important, a journey that could lead theoretically to the goal of being healed, which in fact is conceptualized as an endless road in which the goal is rarely achieved in a finite way. The result of this conceptualization, held by both therapists and clients, is that healing is best viewed as a process of continual striving.

"How do I know if I am being effective?" asked one therapist. Effort and perseverance are key: "If people keep trying, you know, and even if they might give up for a little while, but if they come back and they keep trying, to me that's the only measure of effectiveness, if they feel the strength inside of themselves to, you know, keep trying, not give up" (Therapist). Another key is the extent to which the client has gained a sense of responsibility over their lives. A reduction in narcissism and dependency are significant here. This is visible insofar as clients are able to repair and/or maintain important social relationships in their lives, and they often appear at the clinic to inform staff of their new life. "They have come in here, 'Hey [therapist name], do you know what I've done? I'm going to school now and I am going to get married' or ... 'I have found myself a girl' or 'found myself a boyfriend that is very nice and I am going to have a family'" (Therapist). Another therapist stated: "They walk in here and they have gone away from drugs for the last month or two months, or alcohol, or their relationship is building. They walk in and they are smiling with their wives or their kids. That's the measuring stick." Several clients also mentioned that, for them, success could be seen in the extent to which they reconnected with healthy people in their lives.

Well, just everything that I do, like, work and everything, my work has done well. My meeting new friends and, you know, the drug- and alcohol-free friends, you know, I find good support of people that are behind me (Client).

A reduction in the conflict and stress in their lives is also an important way to measure effectiveness, and the repair of social relationships is central:

When they come in here they have got family of origin issues, fights with their brothers and sisters that they grew up with, their siblings. They have got drug addiction issues and stress issues. They have got conflict with the health, education, welfare, and justice authorities around them, and they have the issue of spiritual non-practice, okay? Any reduction in any one of those areas represents progress, alright. If family reconciliation, meaning where they go back to their brothers and sisters in the family of origin and they sit down together and they reconcile and they hug one another, and they walk away with less grief and bitching and fighting than they had before, that's improved. Any reduction in the stresses around them, okay, whether they give up a dysfunctional family relationship or whether they give up drugs or alcohol. Any reduction in conflict with the structures of health, education, welfare, and justice around them, whether they get out of jail, whether they take care of the court issue. A lot of our guys come to us because they are going to court and they are all peaking and freaking with stress about that court date coming up, and so we walk with them. We go to court and they go through the court date and they get remanded to our custody and they calm down ... they are relaxed, they are not going to go and do another three-year jail bit or whatever. [They get] the community release program, and boom, they relax, and they go out the door and we never see them again. Well, okay, at least there is not another Indian in jail. They will drop in once in a while to ... validate their probation order that they have got to stay on program. To me, that's a success because I know damned well if I send that guy back to the pen or to the provincial corrections for a two-year, three-year bit, he is going to go right back to square zero when he gets [out], and maybe go back [to jail] for life (Therapist).

Individuals experiencing acute problems frequently return when the crisis has passed to begin working on some of the underlying issues, and this is seen as a success:

Our clients, having come through the crisis intervention session, putting out the immediate fires, will come back to us over the longer period of time to deal with the historic issues of that old abuse from the residential school and foster care placement, okay. So they come in driven by necessity in the first place, but they come back driven by their own motivation, the desire for improvement in the long-term. And to me, that's also an indicator of success. They are willing to work on those tougher issues over a longer time, quite on their own, not because they have to but because they want to. So, the increase in intrinsic motivation, to deal with their issues on their own, voluntarily, is a great indicator of success, in my opinion (Therapist).

A common theme in the client interviews was the combination of decreasing anger and increasing control over their behaviour. "Controlling my anger," stated one client, "[means] being able to walk away from whatever and be strong about saying no to a friend or whoever is trying to put you where you are going to fall." In assessing his own success, another client noted, "I am not as angry, I am not as hateful, resentful. I have more open-mindedness." For many clients, this feeling suggested an increasing contentment with life and increasing self-confidence, happiness, and understanding. "I understand my feelings," said one client. "You're happy with what you're doing," said another. "I relax a little bit and talk about [my problems] more ... I am quite a bit more open than then" related a third. "Like, if you can rest peacefully at night and not have any worries, feel safe, feel

comfortable, and feel that you had a good day ... When there is no stress and you just feel that peace and joy at the spirit, that's how you know you are on track," said another client. Of course, being substance-free was also a commonly stated measure expressed by clients, and this was related to improved emotional and physical health. Some clients were able to notice positive changes in others as well:

When you really start noticing the difference in your life, you know. You start to see, and from seeing other people, other people that have been going there for a while. You see them before, and then they come in and you see them a year and a half later and, you know, they have had some successes in their life. They are happier, they are healthier, you know. And then you know that this is working. It works! And I have seen quite a few people here that were just awful ... they didn't like themselves. And now you meet them downtown sometimes and have a coffee with them and talk to them and it's just a totally different person. Like they have just changed, like they are not trying to pick your pocket or anything like that. Like, I mean, they're actually changed. I guess that's how I can say it works. It's when the person's behaviour is changed, you know that the people that are helping them heal are doing their job (Client).

Although BAN does not attempt to measure success, there is a sense that this could be measured more or less objectively:

But, ultimately, the big indicators of success would be the reduced number of court appearances, the reduced number of busts for drug and alcohol offences, the reduced number of spousal abuse issues and calls to Crisis Nursery and to police coming into the house, and that sort of thing. Those would be observable, countable indicators of positive effects (Therapist).

An increased engagement with Aboriginal culture, spirituality, and healing is also a measure of success:

Anytime our guys go through a talking circle, or a pipe ceremony, or a sweat lodge, or a fast, or even a healing circle [that is a success]. They have had another experience of a traditional ceremony, and they have heard the traditional language again in their ears, they have smelled the sweetgrass, the smudge. [This] is another step down the road of building a cultural closeness with their Grandfathers' ways. And to me that is a step forward, that is an improvement (Therapist).

One client echoed these views, saying "you go and smudge and you say a prayer and go out to a sweat lodge ... and you're happy with what you're doing because ... you think as an Aboriginal, that's what you're supposed to do."

When asked to describe what success would look like at BAN, a therapist replied by emphasizing the importance of self-control:

Success looks like a person who starts out helpless in a situation, lost in both worlds, feeling disempowered, whose life is in the control of everybody around them but not in their own ... towards the direction of having them be more in control of their own life. Having their own hands on the handles of the issues in their lives, okay, more control of their own emotional condition, more control over their own physical well-being and impulses, more control over

their own public lifestyle and private lifestyle, their own relationships with adults in the adult world, more control over their own sense of helplessness or hopelessness, more control over their own goals and objectives. If they set a goal they can actually feel like they can achieve it, okay. And so, what success looks like is that move from being out of control or being under the control of other people in the direction of being in control of their own life.

Several clients expressed success in similar terms of gaining control over their lives:

It [BAN] was really good. It opened up my eyes a lot and gave me a lot. They increased my insight, that is what it did. So I think it helped a lot and I had [a] better idea of myself and how I can go about managing myself.

Well, I think some of the things that really helped me is the Medicine Wheel thinking for one thing. To me, that was the ultimate because that gave me hope, and it also gave me a sense of direction, how I could use it in my life so that I become a better person.

They have helped me to think of myself, you know, and where I am going ... [They] helped me to look at my goals and my future. There is so much that I want to accomplish, you know, and once I get in school and stuff, and I have got a lot of supportive people behind me, and I am doing very good.

They have got me pretty well focused and set up. I know what I want to do. I have a plan in life and they have just showed me the way. The things that I have to do to make everything else kind of happen, you know, to [get] me there and [be] responsive and open and all this stuff. I have had quite a bit actually, I come here quite a bit.

Unsuccessful treatment, logically, looks the opposite of successful treatment. When a client simply disappears without explanation, staff members usually assume that a problem has ensued. One therapist described unsuccessful treatment as follows:

A return to denial and avoidance, a return to dysfunction, a loving of the dysfunction because it is familiar and gives the person a sense of control by going back on their own to the drugs and the alcohol and the violence ... Where the causes of sickness and violence in their life and conflict in their life become more dear to a person than the medicines, and for some reason they choose the causes, the things that are causing that conflict and supporting that conflict, if they choose that over the medicine, we have failed.

Clients frequently expressed failure in very general terms of a return to a previously dysfunctional lifestyle:

I guess for me ... the things I know I'm not getting better is that, you know, I have these ... thoughts in my mind if I am thinking ... this is the easy way out, I'm going to go and drink, I'm going to forget, you know, drinking's going to help me, drugs are going to help me. And if I do that I know it's not the right thing, it's not working.

Well you want to go back to your old ways. You feel like you are down. Why am I doing this [therapy]? I am not going anywhere with it and go back to it [old ways]. So, that's how I feel when there is nothing going my way and I feel like drinking and just give up on myself.

Others said lack of success was more a matter of giving up on trying to rehabilitate. "Just quitting your counselling ... and going back out to the mainstream of society and trying something else out" was seen by one client as a sign of failure. Another client went further to say that failure was "when you don't care, when you don't want to live," and therefore "you want that next drink." Drinking and drug use, fundamentally incompatible with the BAN model of treatment, were perhaps the most frequently mentioned signs that a client was not being successful. But, as noted above, a client who returns to a dysfunctional lifestyle will be welcomed back when they can once again make the decision to try to turn their life around. Healing at BAN is lifelong and cyclical.

Conclusion

BAN is a multi-service counselling and treatment program that serves a particularly disadvantaged population in the inner city of Saskatoon. Its clients tend to be Aboriginal adults suffering from a variety of social, psychological, and medical problems who have found mainstream therapeutic approaches to be problematic. They are attracted to BAN because it employs a treatment model that is Aboriginal-focused yet eclectic, staffed by therapists who are non-judgmental and treat each and every client with respect and dignity. For many clients, BAN may well be their only chance to get on, and stay on, the healing path. While many of the clients interviewed were not residential school Survivors, almost all had experienced the intergenerational effects of the schools as well as having personal experiences with substitute care.

The Medicine Wheel model used at BAN is an effective pedagogical tool for helping clients understand their past experiences, their current predicaments, and their future options. The model is developmental and seeks to link all phases of the life cycle into an integrated understanding and plan for action. While a Cree version of the Medicine Wheel is employed, it is done so in a secular way that generally does not disenfranchise clients from different cultural backgrounds. Since many BAN clients have only a fractured understanding of their cultural heritage, the Medicine Wheel approach appears to be an example of a best practice that can be employed with a culturally and linguistically diverse population. Its visual appeal and simplicity make it particularly valuable for those clients who are poorly educated or who suffer from cognitive impairments caused by years of physical or substance abuse. The Medicine Wheel is a significant metaphor for the developmental approach and lifelong process of healing in a holistic manner.

What was apparent from this research is that healing for the staff and clients at BAN is conceptualized as a journey along *the path*, or *the road* toward the ultimate goal of being healed. Both path and road are common metaphors employed in describing this journey, and they define a specific way of living that, if followed, will lead one to being healed. But being healed represents an almost unachievable state; it exists as a goal that inspires at the same time as it warns of the perils to be encountered along the way. Hence, the central metaphor of the Medicine Wheel seems appropriate, as it implies an ongoing journey through life that really has no logical starting or end point.

Healing is a very individual process involving self-empowerment, and clients are said to be at different points on their healing path. Individuals are encouraged to take responsibility for their past, present, and future lives to deal with their issues and develop a plan for living. Developing self-control is central. BAN staff guide and

encourage, but they do not direct. With some clients, this process means little more than keeping them alive from day to day. Other clients more advanced on their healing journey may be very active in various treatment programs. Although group approaches are employed for some clients, the overall treatment program is client-centred, allowing each client to work on their own issues in conjunction with the staff and, in some cases, other clients from whom they can learn and/or for who they can be of assistance.

Healing is not just an individual process, however, it is also social. Healing involves assisting clients to recognize the importance of other people in their lives, to repair relationships wrought asunder by their dysfunctional behaviours, and to achieve a personal level of balance and a healthy lifestyle that will allow them to enter into or re-engage with others on a pro-social basis.

An important theme that emerged in this project is how the clients understand the notion of healing in a way that is compatible with the BAN approach. While many believed that healing was something unique to Aboriginal people and practiced by traditional Aboriginal healers, the characteristics which they believed most distinguished healing from mainstream therapy were ascribed by them to the BAN program. In other words, the success of BAN can be seen partly in how they mimic so-called traditional approaches, even if neither the BAN staff nor the clients see the staff as healers per se.

In practice, BAN staff integrates mainstream and traditional Aboriginal approaches in their work. It would appear that the success of the mainstream approaches can be partly understood as the consequence of the acceptance of the Aboriginal approaches by the clients. This gives them the feeling that they are in an Aboriginal treatment centre, staffed by individuals who, Aboriginal or non-Aboriginal, understand Aboriginal histories and cultures. Clients are then predisposed to accept the mainstream approaches used because these are embedded within an acknowledged Aboriginal context.

Effectiveness is an ambiguous concept within the BAN program that is linked to varying signs of improvement, some short-term and others more sustainable, and demonstrated by individual clients. There is no single measure of effectiveness that can be applied to the BAN program. It remains unclear if success in treatment can be measured, if such measurement is desirable, and what factors explain the relative success or failure of clients undergoing treatment. At the present time, what would be considered anecdotal evidence is that the BAN program is having positive changes for many clients. However, the clients were not in agreement as to what their own goals were, what success would look like to them, and had difficulty articulating how the program was contributing to specific positive changes in their lives. The only way to address this issue would be to invoke a quasi-experimental design in a new research initiative, examining specific cases in a longitudinal fashion. This would require considerable time and resources and would be difficult to implement given the general wariness of BAN clients to engage with non-BAN researchers.

The best practices model that surfaces from the BAN enterprise is one that seems inherently suitable for many Aboriginal contexts. The key is openness and flexibility. BAN freely selects from mainstream and Aboriginal approaches without concern for disciplinary dogma, and their “whatever works” philosophy is client-centred. While the paramount role of the Medicine Wheel approach may look like preaching traditions, it is anything but. The Medicine Wheel exists as a teaching tool infused with powerful symbolism, and also creates an Aboriginal aura for the program, which is something that the clients very clearly desire. Use of a Cree Medicine Wheel is largely a practical choice given the cultural make-up of their clients. Nevertheless, urban programs such as BAN do not have the luxury of invoking age-old, cultural- or community-specific healing practices. Most

of their clients have little or no knowledge of these practices to begin with, and with several different cultural groups represented in the city and in BAN's clientele, it is important that they not be perceived as a Cree-only program. In fact, BAN also takes a very practical approach to understanding contemporary Aboriginality, as it is expressed by their clients, as opposed to some of the overly romantic notions advanced by other programs that seem to cement Aboriginal clients in a non-existent cultural past. BAN exists as a program for lost souls, a last chance at rehabilitation for many of the city's disenfranchised who have been rejected by, or have rejected, many mainstream offerings but who still search for another chance at the good life.

The best practices model that emerges from BAN, one which is specific to an urban, multicultural context, would include the following:

- ♦ **Operations:** the centre should be centrally located and widely accessible. A banker's hours approach is not suitable. Staff must be prepared to meet with clients whenever and wherever needed. Capacity to handle acute cases and drop-ins is important. The centre should present itself as an Aboriginal facility. Aboriginal symbolism is important, and this can be found in the name of the centre, posters on the walls, and other cultural symbols. Positive interaction with the community is important. The centre should provide drop-in fellowship as well as serve as a community resource centre in addition to its counselling services. Many clients need to develop a level of comfort with the centre and its staff before engaging in treatment.
- ♦ **Staffing:** while Aboriginality is important, it is more important that staff members understand Aboriginal histories and life circumstances and have the ability to be empathetic with the clients, respect Aboriginal ways, and employ Aboriginal treatment approaches. The BAN model shows that a mix of Aboriginal and non-Aboriginal staff can work well with clients. A gender mix is also important. Professional training for at least some staff is essential. Elder and traditional healer services should be provided, and if these cannot be done on-site then the centre must develop alternative means to provide these services to clients. Aboriginal staff need not be from a local cultural group, but the ability to speak a prominent Aboriginal language is clearly an asset.
- ♦ **Treatment Model:** an integrated program of mainstream and Aboriginal approaches is needed. A client-centred model works best, allowing for specific combinations of approaches to be employed with specific patients. Cultural and therapeutic education is also needed, as many clients will not have the necessary background to understand the approaches used. The Medicine Wheel is one potent example of a teaching tool that can be employed because of its simplicity and developmental basis. The centre should be capable of handling both acute and chronic cases. For the most part, treatment should be non-directive, focusing on self-actualization, self-empowerment, and limited achievable goals. Clients should be assisted in the process of gaining control over their lives, making responsible decisions, and taking responsibility for their actions. Healing should be articulated as multi-faceted, involving spiritual guidance and re-education, cultural education, and personal empowerment. Treatment centres should be interconnected with other urban social and health service agencies and make referrals where appropriate.

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