

Final Report of the Aboriginal Healing Foundation

Volume III

Promising Healing Practices in Aboriginal Communities



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Final Report of the Aboriginal Healing Foundation

Volume III

Promising Healing Practices in Aboriginal Communities

Prepared by

Linda Archibald

2006

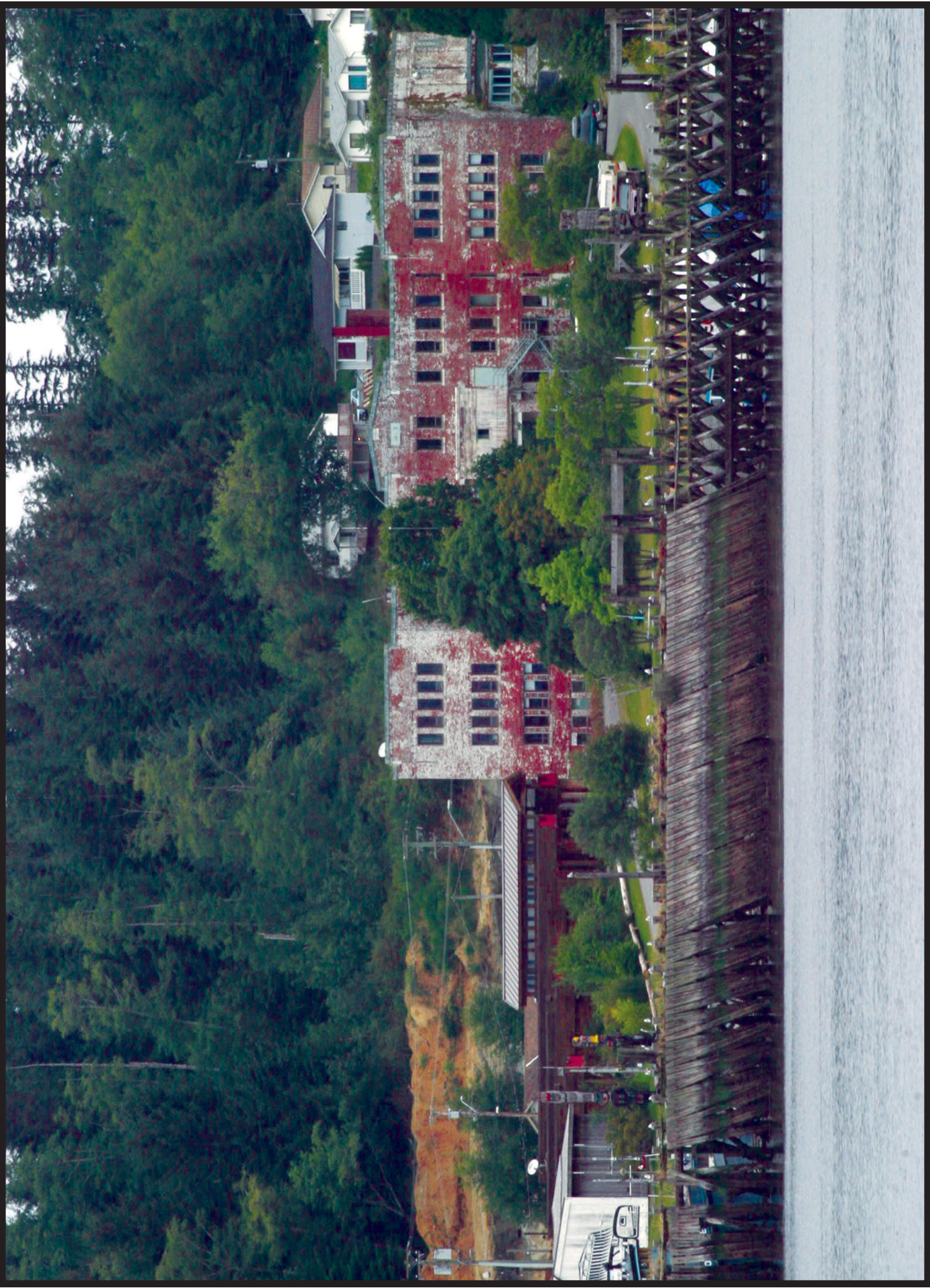


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Definitions

This glossary of terms has been provided as a way of ensuring clarity throughout the document. Please read through these definitions and refer to them as needed.

Aboriginal people or Aboriginal - includes Métis, Inuit and First Nations, regardless of where they live in Canada and regardless of whether they are “registered” under the *Indian Act* of Canada.

Historic trauma - is a cluster of traumatic events that operate as a causal factor in a variety of maladaptive social and behavioural patterns. Hidden collective memories of trauma, or a collective non-remembering, is passed from generation to generation, just as the maladaptive social and behavioural patterns that are symptoms of many social disorders. **Or** - is a cumulative emotional and psychological wounding across generations resulting from massive tragedies.

Legacy of physical and sexual abuse in residential schools - (often referred to as “Legacy”) means the ongoing direct and indirect effects of physical and sexual abuse at residential schools. This includes the effects on Survivors, their families, descendants and communities (including communities of interest). These effects may include, and are not limited to, family violence, drug, alcohol and substance abuse, physical and sexual abuse, loss of parenting skills and self-destructive behaviour.

Post traumatic stress disorder (PTSD) - is a psychological disorder that develops in some individuals who had major traumatic experiences, such as those who experienced serious accidents, survived or witnessed violent crimes or acts of wars. Symptoms can include emotional numbness at first, depression, excessive irritability, guilt for having survived others who were injured or died, recurrent nightmares, flashback to the traumatic scene, and overreactions to sudden noises.

Promising healing practices - are defined as models, approaches, techniques and initiatives that are based on Aboriginal experiences; that feel right to Survivors and their families; and that result in positive changes in people’s lives.

Residential schools - the residential school system in Canada, attended by Aboriginal students. This may include industrial schools, boarding schools, homes for students, hostels, billets, residential schools, residential schools with a majority of day students, or a combination of any of the above.

Survivor - an Aboriginal person who attended and survived the residential school system in Canada.

Healing approaches:

Alternative - approaches incorporating all those strategies outside of most regulated and provincially-insured Western therapies and include, but are not limited to, homeopathy, naturopathy, aromatherapy, reflexology, massage therapy, acupuncture and accupressure, Reiki, neurolinguistic programming and bioenergy work;

Traditional - approaches incorporating all culturally-based healing strategies including, but not limited to, sharing, healing, talking circles, sweats, ceremonies, fasts, feasts, celebrations, vision quests, traditional medicines and any other spiritual exercises; and

Western - approaches incorporating all strategies where the practitioner has been trained in Western institutions (i.e., post-secondary educational institutions) including, but not limited to, psychologists, psychiatrists, educators, medical doctors and social workers. For the most part, Western practitioners are regulated by professional bodies, have liability insurance and are state-recognized or their services are covered by provincial health care plans.



Introduction

After participating in a “Letting Go” ceremony at a healing camp in British Columbia, an Elder reported that he was able to fall asleep with the lights off for the first time since leaving residential school. In an urban art therapy program in Ontario, parents and children described the positive effects of learning to really listen to each other. A project team working in a residential healing program in the Atlantic region noticed a dramatic change in the behaviour of some of the women; namely, anger and aggression were being replaced by a nurturing attitude toward fellow participants. An increase in volunteerism in one small community is leading people to believe that things are changing for the better. In another community, youth are approaching Elders with questions about life in the old days. A renewed interest in traditional culture is being reported across the country, and parents and grandparents are beginning to talk about their residential school years, sometimes for the first time. After viewing a performance by students on residential schools, an Elder found the courage to speak about his own experiences: “I know now that I can talk about the residential school system, because the youth did and they did not even attend residential school.”¹ These are examples of the evidence of success provided by participants in healing projects funded by the Aboriginal Healing Foundation (AHF).

This volume is the third in a series of final reports being published by the Aboriginal Healing Foundation. *Volume I—A Healing Journey: Reclaiming Wellness* traces the Aboriginal healing movement and the AHF’s role within the wider movement. *Volume II—Measuring Progress: Program Evaluation* synthesizes the voluminous data collected through the evaluation process and the resulting recommendations for further action. The purpose of *Volume III* is to share information about healing programs, practices and interventions that are working well in Aboriginal communities. Target audiences include healing teams, frontline workers and program planners in Aboriginal communities across the country.

1.1 The Need For Healing

Residential schooling for Aboriginal children was a favoured approach to “civilizing” the original inhabitants of Canada from the 1830s, on the initiative of Christian missionaries. The residential school system was introduced as Canadian government policy, following a report in 1876 on the working of industrial schools in the United States by Nicholas Flood Davin under a commission from then Prime Minister Sir John A. MacDonald.

Although the schools are often referred to as Indian residential schools, Métis children were recruited to fill places in them throughout their history. From 1955 to 1970, residential schools and hostels for Inuit students were operated in the North under federal authority. Before 1955, Anglican and Roman Catholic churches in the Arctic operated residential schools with federal subsidies. After 1970, schools came under the authority of the government of the Northwest Territories. In 1969, the Government of Canada ended its partnership with the churches in the management of residential schools and adopted a policy aimed at dismantling the system.² Between the 1800s and the 1990s, over 130 church-run residences, industrial and boarding schools and northern hostels existed at one time or another, the number peaking at 80 in 1931.³ The last federally-run residential school, Gordon Residential School in Saskatchewan, closed in 1996.⁴

Recognition that the experience of residential schooling had long-lasting damaging effects on Aboriginal children has emerged slowly in the consciousness of Canadians. Aboriginal people themselves, in many cases, have been unaware of the connection between the deprivation, humiliation and violence that they experienced in residential schools and subsequent challenges to their physical, social, emotional and spiritual wellbeing. Stories of isolation from family, hunger, and harsh discipline from teachers and supervisors had circulated within families, sometimes interspersed with tales of resistance.

Until the 1980s, a veil of silence concealed thousands of stories of residential school Survivors. There were the uncounted numbers of students who died shortly after discharge from the schools in poor health or who were buried on school grounds, victims of malnutrition and disease. There were others who sought to deny their Aboriginal roots as best they could, becoming lost in unfriendly cities or forming families in which they never spoke of the past. And there were those who emerged from the schools carrying an intolerable burden of anger and shame and disconnection from society. In the final decades of the twentieth century, the silence of residential school Survivors was broken and the link between early abuse and later distress was acknowledged in public discourse. More recently, Aboriginal people have recognized the relationship between the intergenerational impacts of residential schools and cycles of abuse.

1.2 Aboriginal Healing Foundation

The Aboriginal Healing Foundation was created in 1998 with a mission to encourage and support Aboriginal people in building and reinforcing sustainable healing processes. In particular, these processes were developed in order to address the legacy of physical and sexual abuse in the residential school system, including intergenerational impacts. Since its inception, an increasing number of Aboriginal people have designed, delivered and participated in healing programs. Healing initiatives are taking place in every region of the country, in cities and small towns, on reserves and in rural, remote and isolated communities.

Participants include Métis, Inuit and a rich representation of First Nations people; women, men, youth, children and Elders; incarcerated, gay and lesbian individuals; and, often, the caregivers and healing teams themselves. Programs and healing strategies are rooted in the cultures and traditions of participants, as well as in community values, conditions and needs. They are also influenced by the availability of human and financial resources and the skills and experience of project teams. This tremendous diversity is reflected in the broad assortment of approaches to healing found among AHF-funded projects.

In 2001, the AHF published its first interim evaluation report.⁵ A second report followed in 2002.⁶ These reports revealed many of the obstacles scattered along the path to healing, as well as the progress being made. The evaluations also led to further questions about what approaches to healing are working especially well and why. Research into promising healing practices was initiated to answer these questions. The results, presented here, are based on the firsthand perspectives of more than 100 AHF-funded project teams.

1.3 Overview

This volume begins with a short discussion of best practices and why this project evolved from a focus on “best” to “promising” healing practices (Chapter 2). This is followed by an overview of the research process

(Chapter 3). A framework for understanding and addressing healing from the legacy of physical and sexual abuse in the residential school system follows in Chapter 4.

The main body of this report is introduced with a discussion of historic trauma and its role in the process of healing from the long-term effects of the residential school system. The findings of the research into promising healing practices are then presented. Sections 4.2, 4.3 and 4.4 discuss three core elements of successful healing programs: Aboriginal values and worldview; personal and cultural safety; and the community's capacity to provide healing services through the access to skilled healers and healing teams.

The three sections that follow are devoted to what we refer to as the "three pillars of healing": reclaiming history (section 4.5), cultural interventions (section 4.6), and therapeutic healing (section 4.7). Details are presented here about the practices and approaches healing teams have found to be most promising.

Healing strategies for distinct populations are addressed in Chapter 5. In particular, strategies for healing Inuit, Métis, women, men and youth are highlighted, along with strategies that work well in urban areas. These are presented separately in order to highlight unique conditions and approaches; however, the healing framework presented in Chapter 4 also applies to each of these groups.

Chapter 6 describes some of the environmental factors that influence successful healing. In keeping with the promising healing practices theme, the focus is on strategies that support success rather than on the obstacles and barriers to healing. In fact, the focus of this entire volume is on healing practices that are working well in Aboriginal communities. However, this should not be construed as an attempt to de-emphasize the difficult social, health and economic conditions that continue to challenge Aboriginal people in every region of Canada. This volume simply focusses on the positive by taking the opportunity to acknowledge progress where it exists.

The findings of the promising healing practices study are summarized in Chapter 7.

All of the information presented in this volume is placed within a context that is based on an emerging understanding of the effects of historic trauma on Aboriginal people, including its impact across generations. Links are now able to be made to the centuries of oppression, experienced as a result of colonization, with the disastrous social conditions that plague a significant number of Aboriginal families and communities. The residential school system is only one of many trauma-inducing historical events. Healing from historic trauma involves truth-telling; a remembering and retelling of personal, family and social history from an Aboriginal perspective; and also involves connecting and reconnecting with one's culture and traditions. Cultural activities are, in fact, a type of healing intervention: both culture and tradition contribute to and result in healing. However, none of the promising healing practices discussed in this volume suggest a return to the past, since people must live in the contemporary world that surrounds them.

The majority of healing programs make innovative use of traditional and contemporary therapies by drawing upon the best the Western world has to offer and combining these with traditional healing and cultural interventions. This has resulted in a diverse range of leading-edge healing programs that are rooted in the

specific cultures and traditions of the community. In fact, it could be argued that the Aboriginal healing movement is at the forefront of worldwide trends in viewing health and healing from a more holistic perspective.



Participant at the Aboriginal Healing Foundation National Gathering
July 9, 2004
Photo: Kanatiio

Best Practices, Promising Practices and Healing

This section introduces the concept of “best practices” and then explains why the term “promising healing practices” is preferred. “Best practice” is a term originally used by business and industry to refer to a concept, process, technique or methodology that, through experience and research, has proven to reliably lead to a desired result.⁷ In order for an approach to be considered a best practice, it must be replicable, transferrable and adaptable. A best practice tends to spread throughout a field or industry after success has been demonstrated. The sharing of best practices can provide information about new possibilities, lead to improved practices and outcomes, and promote networking.

In the public arena, a broader approach is generally applied. This allows for greater recognition of the impact of community conditions with the focus being on how a practice can be adapted, rather than simply adopted or replicated. In the field of international development, for example, the concept has been refined to take in account the varied cultural, economic, social and political factors that influence success. This learning suggests that best practices are, in reality, models or approaches that work well *within a particular context*. Learning can take place across widely diverse political, social and economic environments, but the practice itself cannot be replicated without taking the setting into account. In fact, no healing project, method or intervention stands in isolation of the environment in which it operates.

The National Aboriginal Health Organization (NAHO) points out that best practices are a more effective motivator than a focus on bad practices. “In fact, focussing on bad practices to learn from mistakes and failures has tended *not* to provide lessons on how to avoid them.”⁸ NAHO uses the following definition of a best practice:

A *Best Practice* refers to outstanding performance within an activity or process, and includes activities and programs that are in keeping with the best possible evidence about what works. It is considered to be more creative and effective than similar practices. Best Practices are thoroughly documented, well-measured, and effectively managed based on fact gathering and analysis. They yield better outcomes, higher quality at lower costs and more positive impact than comparable procedures.⁹

Other elements of the definition recognize that best practices evolve as part of an ongoing process. A staged approach is proposed, whereby a program moves through three levels of innovation and achievement: good ideas, better or improved practices and, ultimately, best practices. NAHO’s criteria for achieving a best practice include:

- impact;
- sustainability;
- responsiveness;
- client focus, including gender and social inclusion;
- access, coordination and integration;
- efficiency and flexibility;
- leadership;
- innovation;

- potential for replication;
- health and policy issue identification or resolution; and
- capacity for evaluation.¹⁰

These criteria are compatible with others found in the best practice literature (e.g., the idea that a best practice is replicable is raised fairly consistently). A report of best practices on Indigenous knowledge states: “Calling these activities ‘best practices’ is to suggest that they can and should be replicated, that ideas can and should be generated from them, and that they can and should contribute to policy development.”¹¹

Four characteristics of best practices were identified: first, they are innovative; second, they make a difference; third, they have a sustainable effect; and fourth, they have the potential for replication. Yet, the idea of replication, in particular, has been challenged. For example, Kenn Richard, in a presentation on the evaluation of the Aboriginal Healing and Wellness Strategy (AHWS) in Ontario, critiqued the current “obsession” with best practices from this perspective:

The problem with “best practices” as I’ve been experiencing it, is that it comes out of research that is decidedly not Aboriginal. We have to convince academics and particularly funders that there are alternative forms of practice ... But best practices clearly need to be developed within the context in which you are going to apply them at the end of the day, and I think we have a long way to go with respect to that.¹²

In the social and health fields, current thinking is being refined to embody the varied cultural, economic, social and political factors that influence success. There is also a growing recognition of the difference between theory and practice. In its work on best practices in mental health reform, the Clarke Institute of Psychiatry noted the differences between the world of model programs and the realities of service delivery in normal conditions—a reality that means there is always a process of adaptation to local conditions and cultures.¹³ Similarly, NAHO concludes: “Ultimately, the notion of *Best Practice* is a moving target. Standards of practice and what defines a ‘best practice’ today will inevitably, with innovation and adaptation, evolve over time.”¹⁴

Australia’s National Health and Medical Research Council circumvented this problem by focussing on principles of *good practice*. They began by acknowledging that over two hundred years of colonization is the single most important factor contributing to the poor health status of Aboriginal and Torres Strait Islanders, but they also wanted to recognize the positive work being undertaken by many communities. They conducted nine case studies that led to the development of a set of principles of “good practice.” These principles of good practice are as follows:

- needs identified by the community;
- partnerships established between Indigenous health workers, communities and non-Indigenous health workers;
- adequate resources and organizational support;
- projects implemented under the control of communities and Indigenous health workers;

- outcomes identified; and
- sustainability.¹⁵

The Canadian Aboriginal AIDS Network (CAAN) also rejected the term “best practice” in favour of a “good practices approach.” Principles of good practice particular to HIV/AIDS include “Community-Based Approaches; Holistic Care, Treatment and Support; Community Awareness; High-Risk Group for Education and Counselling;” screening for sexually transmitted infections as HIV prevention; “Harm Reduction for Addictions; Healthy Sexuality; and Sustainable Funding, Resources and Advocacy.”¹⁶

The research undertaken for this volume began by using the terminology of best practices, but concerns regarding its rigidity led to a search for a term more reflective of Aboriginal views of healing as a process. The word “promising” was chosen because it suggests movement along the healing path, and acknowledges progress and the likelihood of success without implying that only a particular practice or approach will succeed. Yet, like best practices, it encourages learning, information sharing, innovation and adaptations in other settings.

A further variation has been to focus on *healing*—promising approaches, methods and practices that relate specifically to healing from the shameful legacy of physical and sexual abuse in residential schools. A definition of healing contained in the 1996 report of the Royal Commission on Aboriginal Peoples (RCAP) incorporates an historical understanding of the impact of the past on the need for healing. This definition is especially relevant to the AHF’s mission.

Healing, in Aboriginal terms refers to personal and societal recovery from the lasting effects of oppression and systemic racism experienced over generations. Many Aboriginal people are suffering not simply from specific diseases and social problems, but also from a depression of spirit resulting from 200 or more years of damage to their cultures, languages, identities and self-respect. The idea of healing suggests that to reach “whole health,” Aboriginal people must confront the crippling injuries of the past.¹⁷

In this volume, “promising healing practices” are defined as models, approaches, techniques and initiatives that are based on Aboriginal experiences; that feel right to Survivors and their families; and that result in positive changes in people’s lives. “Survivor” is the term used by the AHF to refer to an Aboriginal person who attended and survived the residential school system. Many of the characteristics of best practices outlined by groups, such as NAHO, apply equally to promising healing practices; for instance, NAHO’s criteria surrounding the impact of projects, responsiveness and client focus. Others, such as access and coordination, are addressed here as strategies that support and enhance promising healing practices. This was done to ensure that the focus remains solidly and completely on the *healing* dimensions of practices identified by AHF-funded projects as being especially successful.

The next chapter outlines the research methodology. Once the research process has been explained, the remainder of this volume is devoted to presenting the results of the promising healing practices research project. In the process, it is hoped that answers are provided to questions about the range and nature of healing interventions that are working well for Aboriginal people.



Participants at the Aboriginal Healing Foundation National Gathering
July 10, 2004
Photo: Kanatiio

The Research Process

The purpose of the promising healing practices research project was two-fold:

- to determine *what* approaches to healing are working well for AHF-funded projects; and
- to gain insight into *why* they are working.

In October 2002, a questionnaire was faxed to 439 completed, ongoing and fourth-quarter projects funded by the Aboriginal Healing Foundation (see Appendix A). They were asked to share their promising healing practices. Four questions were posed, covering the following:

- a detailed description of the promising healing practice;¹⁸
- how they know their approach is working (evidence of success);
- what contributed to the success of the practice; and
- a description of any approaches or methods specific to their region or culture.

A total of 103 responses were received—a response rate of 23.5 per cent (see Appendix B). This is a reasonably good rate given that some of the projects had been completed and their staff had moved on while others had not been operating long enough to have developed promising practices. A few projects participated in telephone interviews, including three who were interviewed in French and one in Inuktitut. These were later translated into English for the analysis. Many respondents sent corroborating documents, such as evaluation reports and participant feedback forms.

Responses were transferred to a standardized template and supplementary information was added from a review of project files. The file review filled in missing facts while focussing on a search for evaluative material and other evidence of success (see Appendix D for a sample selection of project profiles). In July 2003, completed templates were returned to each project for verification. During this period, relevant literature on Aboriginal healing was gathered and reviewed.

The reader should note that no assessment criteria were established and every promising healing practice submitted by an AHF-funded project was accepted. The findings reflect the views of these project teams with respect to what is working well for them. A wider range of perspectives was incorporated through a series of focus groups held in conjunction with national and regional project gatherings in 2003 and 2004. Gatherings were held as follows:

- 29–30 March 2003, Ottawa, ON;
- 4–6 November 2003, Ottawa, ON;
- 27–28 November 2003, Montreal, QC (French projects);
- 8–10 March 2004, Winnipeg, MB (Métis projects);
- 17–18 March 2004, Iqaluit, NU (Inuit projects); and
- 8–10 July 2004 National Gathering, Edmonton, AB.

The National Gathering in Edmonton was especially important because it provided an opportunity to verify initial findings and probe for further details. In total, 390 projects registered for the gathering, and over 2,000 people attended, 690 of whom registered as Survivors.

Since the AHF's mandate is directly tied to healing from the long-term effects of abuse in the residential school system, an historical lens has been applied. This lens is found in the work of Aboriginal researchers and writers who have broken new ground by melding history and psychology into a new field of study referred to as historic trauma or intergenerational trauma. An overview of historic trauma theory is presented in Chapter 4.

The analysis relied primarily on qualitative methods. A code book was developed to guide the analysis. Coding allowed the data to be organized into broad categories and themes so as to facilitate a content analysis within each category. To enhance reliability, approximately one-quarter of the templates were coded by a second person. During this process, some recoding was required and a number of new code book categories and definitions were developed. The text collated under each code was then reviewed to determine sub-themes and patterns. This was an inductive process that consisted of reading the text associated with each category and making notes on themes, patterns and interesting or unique observations and approaches. A quantitative analysis provided the number and percentage of responses that fell under each code. However, because the questions were open-ended, rather than providing a set of fixed responses, this likely resulted in an under-representation of the numbers and percentages reported under each code.

Table 1 shows the number of organizations that responded to the call for promising healing practices in each region (see also Appendix C for a visual regional representation). Overall, the pattern of responses is similar to that of all funded projects: the highest numbers are found in Ontario and British Columbia, followed by Saskatchewan, Manitoba, Alberta and Quebec and the lowest numbers are in the Atlantic regions and northern territories.¹⁹

Table 1) Promising Healing Practice Submissions by Region

Region	#
Atlantic	6
Quebec	8
Ontario	22
Manitoba	15
Saskatchewan	17
Alberta	12
British Columbia	18
North (Territories)	5
Total	103

Table 2 indicates the number of projects located in urban, rural, semi-isolated and remote areas, as well as those with a regional or provincial catchment area. More than one-third of the projects were located in urban areas and just under one-third in rural communities. The remainder were located either in semi-isolated and remote communities or had regional or provincial catchment areas.

Table 2) Promising Healing Practice Submissions by Locale

Locale	#
Urban	37
Rural	31
Semi-Isolated and Remote	17
Regional/Provincial	18
Total	103

Table 3 provides an indication of the Aboriginal backgrounds of project participants. The majority of project participants were First Nations, seven projects were Métis-specific, six were Inuit-specific, and many had both First Nations and Métis participants or targeted all Aboriginal groups, especially in large urban centres. First Nations identified themselves as Blackfoot and Cree in Alberta; Mi'kmaq in the Atlantic region; Sto:lo, Carrier, Ktunaxa, Gitksan, Wet'suweten, Hul'qumi'num, Coast Salish, Squamish, Heiltsuk, Musqueam and Nuu-chah-nulth in British Columbia; Anishinaabe, Cree, Dakota and Ojibway in Manitoba; Kaska and Dene in the North; Algonquin, Ojibway, Mohawk, Cree, Iroquois, Anishnabeg and Delaware in Ontario; Cree and Innu in Quebec; and Cree, Saulteaux and Dene in Saskatchewan. Some did not specify, but instead, used the term "First Nations." Inuit projects were located in Labrador, Nunavik (northern Quebec) and Nunavut. Métis participants were found primarily in Alberta, Manitoba and Saskatchewan.

Table 3) Promising Healing Practice Submissions by Participants

Participants	#
First Nations-specific	58
Inuit-specific	6
Métis-specific	7
All Aboriginal or First Nation and Métis	32
Total	103

Note: Many of the projects with both First Nation and Métis participants, or with participants from all Aboriginal groups, were based in urban areas or had large catchment areas, such as healing centres.

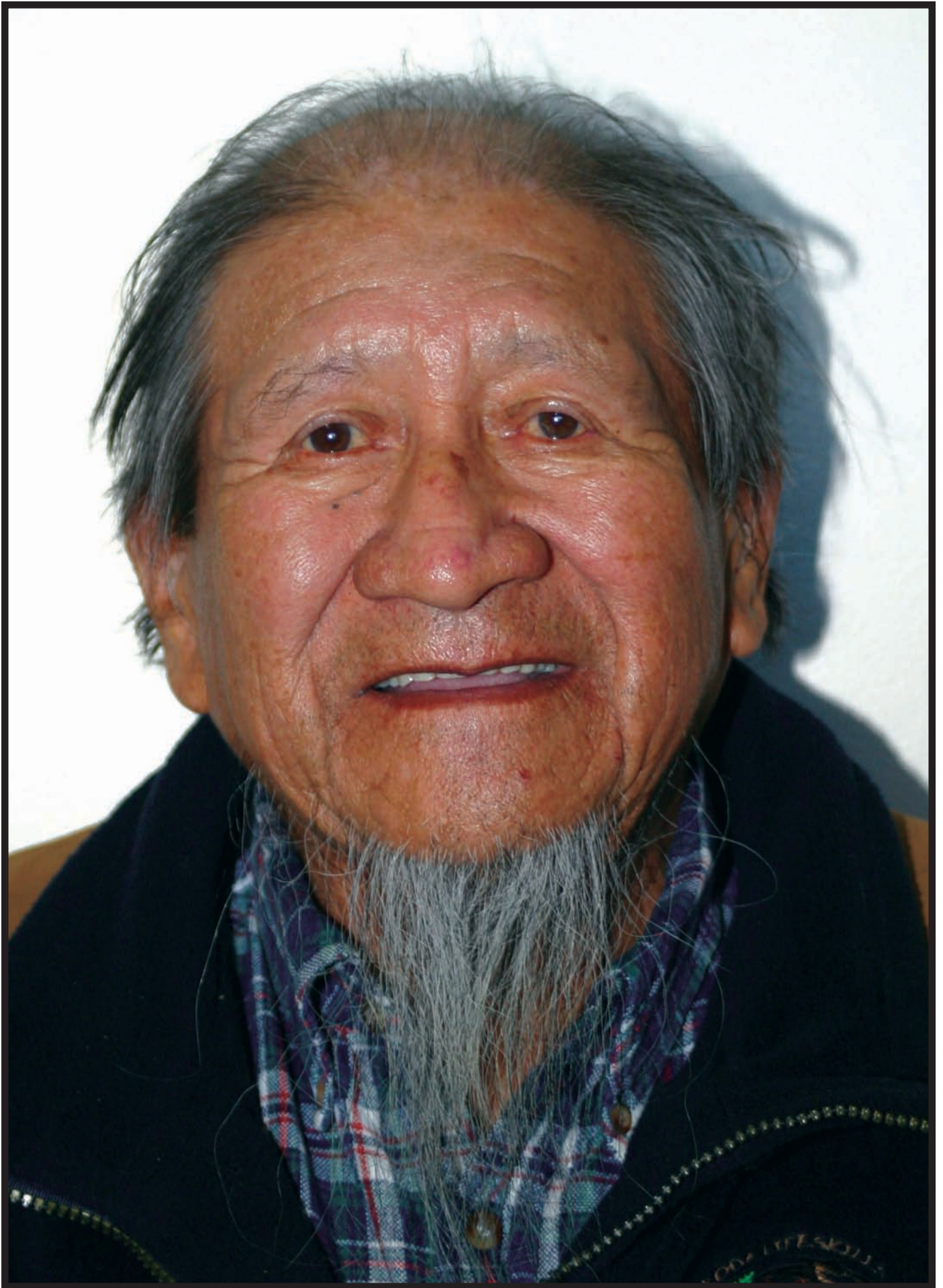
3.1 Limitations

Responses to the call for promising healing practices are not a representative sample of all AHF-funded projects, and results cannot be generalized to all funded projects. The research has, however, provided a window into practices and approaches that are working well in the world of Aboriginal healing. In addition, the total number of responses was large enough for themes and patterns to be identified in the analysis, while the qualitative nature of the study ensures that the particularities of individual projects are not lost.

A further limitation relates to a possible tendency for projects to present their activities in the most generous light, given the fact they were responding to the organization funding their programs. Checks and balances included an extensive review of project files, although, as mentioned earlier, all submissions were accepted.

Most best practice criteria include a requirement related to measurable outcomes and evaluation. This suggests looking beyond whether or not activities were successfully implemented to considering their impact on target groups and participants. In other words, there must be solid evidence that the practice works,

that it has a positive impact on the lives of individuals and, over a longer term, on their families and communities. The promising healing practices questionnaire asked projects to provide evidence that their healing program is working. Following the file review, evaluative information was available on all but three of 103 projects. However, in many instances, the evaluation tools and methods were not detailed and much of the evidence was anecdotal or based on the observations of program staff. Overall, 90.3 per cent provided evidence of success based on such informal observations. In addition, almost one-third (30.1%) reported that they used participant evaluation forms; slightly fewer (29.1%) reported having conducted a formal evaluation; and 16.5 per cent referenced or submitted other relevant materials. More than one method was reported in the majority of cases (i.e., the response included informal observations as well as information from evaluation forms or reports.) However, verification of the promising healing practices outlined in this report is limited by the fact that most of the projects did not submit formal evaluation reports.



A Framework for Understanding Trauma and Healing

A framework for understanding trauma and healing related to residential school abuse grew out of the research into promising healing practices, and is introduced first in order to set the stage for presenting the research findings. Figure 1 at the end of this section offers a visual representation.

While diversity is the word that best describes the healing methods and approaches found to be working well in Aboriginal communities, promising healing practices share a number of key characteristics. These include:

- values and guiding principles that reflect an Aboriginal worldview;
- a healing environment that is personally and culturally safe;
- a capacity to heal represented by skilled healers and healing teams;
- an historical component, including education about residential schools and their impacts;
- cultural interventions and activities; and
- a diverse range and combination of traditional and contemporary therapeutic interventions.

The first three characteristics can be viewed as elements necessary to the development of effective healing programs. The last three represent components of a holistic healing strategy.

Historic trauma theory is positioned across the top of the framework since it provides a context for understanding that the residential school system represents only one of the many historical assaults on Aboriginal people. Historic trauma theory also supports the notion that an individual does not have to experience such events directly in their own life to suffer—traumatic events in the lives of one generation reverberate in the next. Trauma is associated with a long procession of collective losses, including the loss or undermining of language, culture, spirituality, traditions and belief systems; loss of family and community members through war and disease; loss of political autonomy, land and resources; loss of children to residential schools; and the impact of widespread physical and sexual abuse of children in residential schools. At the socio-political level, the accumulated effects of oppression and dispossession are viewed as a root cause of the dismal social, economic and health status of Aboriginal populations. At a personal level, they underlie the need for healing. However, it is also recognized that individual and community experiences vary greatly and, therefore, the nature and extent of their losses will vary accordingly.

Situated below “historic trauma” are the program elements that support the healing process: Aboriginal values/worldview, personal and cultural safety, and capacity to heal. It is proposed that these three elements are necessary to the development of effective Aboriginal healing programs.

- **Aboriginal Values/Worldview:** Successful healing programs reflect the values, underlying philosophy and worldview of the people who design them. For healing programs designed by and for Aboriginal people, this includes values of wholeness, balance, harmony, relationship, connection to the land and environment, and a view of healing as a process and lifelong journey.

- **Personal and Cultural Safety:** Establishing safety is a prerequisite to healing from trauma. Promising healing practices ensure the physical and emotional security of participants. Moreover, for Aboriginal people whose cultures and beliefs have been under attack, creating safety extends beyond establishing physical and emotional security to building a culturally welcoming healing environment. Cultural safety includes providing services consistent with and responsive to Aboriginal values, beliefs and practices, as well as creating a physical setting that reflects and reinforces the culture and values of participants.
- **Capacity to Heal:** Promising healing practices are guided by skilled healers, therapists, Elders and volunteers. A strong link was observed between the promising healing practices identified by organizations and the high regard they placed on the skills, dedication and capabilities of their healing teams. This is consistent with the best practice literature, which consistently identifies committed, skilled staff and volunteers as a characteristic of successful projects.

The next level of the framework addresses intervention strategies. Healing is posited as a three-pronged process, referred to in the framework as the *three pillars of healing*: reclaiming history, cultural interventions and therapeutic healing. Participants can move back and forth among these interventions, concentrate their efforts in one area or participate in two or all three at the same time.

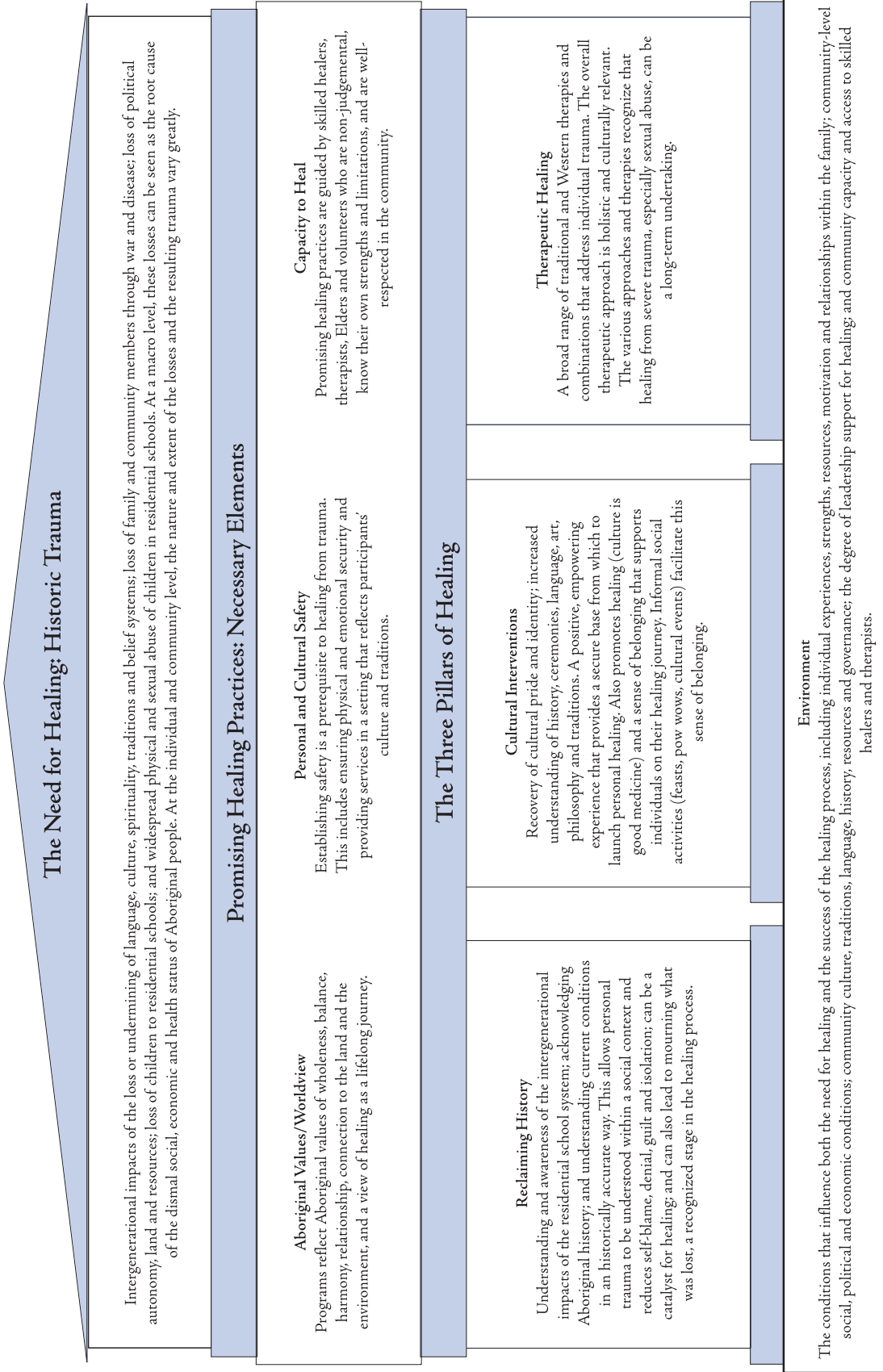
- **Reclaiming History:** This first pillar includes learning about the residential school system, its policy goals and objectives, and its impacts on individuals, families and communities. This also includes delving into family and community histories, as well as Canadian history from an Aboriginal perspective. The process allows personal trauma to be understood within a social context and serves to reduce self-blame, denial, guilt and isolation. Understanding history can be both a catalyst for healing as well as pave the way for mourning what was lost—a recognized stage in the trauma recovery process.
- **Cultural Interventions:** The second pillar includes activities that engage people in a process of recovering and reconnecting with their culture, language, history, spirituality, traditions and ceremonies reinforce self-esteem and a positive cultural identity. These are powerful, empowering experiences that provide a secure base from which to launch personal healing. They also contribute to individual and community healing; evidence suggests that culture is good medicine. It also promotes a sense of belonging that can support individuals in their healing journey.
- **Therapeutic Healing:** The third pillar encompasses the wide variety of therapies and healing intervention used by communities to facilitate recovery from trauma. A broad range of traditional therapies are used, often in combination with western or alternative therapies. The approaches chosen are holistic and culturally relevant and they recognize that healing from severe trauma, especially sexual abuse, can be a long-term undertaking.

Situated below the three pillars of healing and, in many ways, determining a particular individual's need for healing, are factors related to their personal, family and community history. This includes an individual's particular experiences, strengths, motivations, resources and relationships within the family, as well as the social, political and economic conditions in which they live.

Other factors also have an influence, such as the community culture, language, history and resources, and the community's capacity to support healing. These individual and community characteristics represent a series of variables that impact upon both the need for healing and the success or failure of the healing process.

The proposed framework for understanding trauma and healing related to residential school abuse is presented in Figure 1. This is followed by a brief overview of historic trauma theory. The remainder of this volume is devoted to the presentation of the research findings on promising healing practices. These findings include examples of promising healing practices submitted by organizations and communities. It is through these lessons from the field that the healing framework was created.

Figure 1) A Framework for Understanding Trauma and Healing Related to Residential School Abuse



4.1 Historic Trauma

In their extensive research on historic trauma, Cynthia Wesley-Esquimaux and Magdalena Smolewski begin by stating:

The telling of this story can best be regarded as an effort to remind people that Indigenous social and cultural devastation in the present is the result of unremitting personal and collective trauma due to demographic collapse, resulting from early influenza and smallpox epidemics and other infectious diseases, conquest, warfare, slavery, colonization, proselytization, famine and starvation, the 1892 to the late 1960s residential school period and forced assimilation. These experiences have left Indigenous cultural identities reeling with what can be regarded as an endemic and complex form of post-traumatic stress disorder (PTSD).²⁰

With respect to demographic collapse, an estimated 72 to 90 per cent decline in the Indigenous population of the North American continent occurred between the fifteenth century and the early 1900s.²¹ While researchers may not agree on the exact rate of population decline, “there is general agreement that mortality losses were staggering, that cultural impacts were profound and that an entire continent of people was severely traumatized.”²² Descriptions of this period in North American history include the phrases: “American Indian holocaust” and “legacy of genocide.”²³ The residential school system constitutes one of the more recent assaults. “In Canada and the United States, the residential school experience, following right on the heels of four hundred years of epidemics, further served to ensure a sense of hopelessness and defeat.”²⁴

In Canada, the federal residential school system operated between 1892 and 1969.²⁵ The abuse suffered by generations of Aboriginal children was documented in the 1996 report of the Royal Commission on Aboriginal Peoples. In the United States, missionaries established schools for Native American children in the seventeenth century and the first government-run, off-reservation boarding school was established in 1879. Students living in cramped residences were exposed to disease (trachoma, influenza, tuberculosis) and undernourishment, and funding was generally at such a low level that student labour was necessary to run the schools.²⁶ Violence, abuse and neglect are well-documented.²⁷

In Australia, a similar, if not more brutal, system emerged. Beginning in the early 1900s, Aboriginal children were forcibly removed from their families and placed in non-Aboriginal foster homes or institutions. These children are referred to as members of the “stolen generations.” Children of mixed parents with light coloured skin were most vulnerable because, “[t]he attitudes and policies of the time—which were supported by the legal system as well as by influential members of the Church—meant that ... the older and traditional Aboriginal people would die out and that the so-called half castes (assisted by their white genes), would become integrated into the white industrial classes.”²⁸ Many of the children sent to church-run schools never saw their parents again. In its report, *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*, the Human Rights and Equal Opportunity Commission (HREOC) documented the loss, grief and trauma experienced by Aboriginal people across generations. The Commission reported psychological, physical and sexual abuse, sexual exploitation, racism, intergenerational trauma and loss of Aboriginal identity, culture, heritage, community and spiritual

connections.²⁹ The first of 54 recommendations is that funding be made available to Indigenous agencies to record, preserve and administer a process of testimony for those people affected by the forcible removal policies. The Commission also recommended the establishment of a national Aboriginal oral history archive, and that the government acknowledge and formally apologize for the removals.

Historic trauma theory explains the connection between individual and community problems in the present, and the history of Aboriginal families, communities and nations. Historic trauma is described by Wesley-Esquimaux and Smolewski as a cluster of traumatic events that operate as a causal factor in a variety of maladaptive social and behavioural patterns: “Hidden collective memories of this trauma, or a collective non-remembering, is passed from generation to generation, just as the maladaptive social and behavioural patterns are the symptoms of many different social disorders caused by the historic trauma.”³⁰

The relatively short periods of time separating traumatic events are viewed as a significant factor in its transmission. “Aboriginal people never had enough time, between various sequences of new world epidemics, genocide, trauma and forced assimilation to develop tools for passing through the periodic social and cultural disintegration of their nations.”³¹ The process of passing on traumatic memories from one generation to the next is referred to as historic trauma transmission. The process is described as follows:

[T]he traumatic memories are passed to next generations through different channels, including biological (in hereditary predispositions to PTSD), cultural (through story-telling, culturally sanctioned behaviours), social (through inadequate parenting, lateral violence, acting out of abuse), and psychological (through memory processes) channels.³²

Eduardo Duran and Bonnie Duran, based on their therapeutic work with Aboriginal people in the United States, have proposed the creation of a diagnostic category that reflects the impacts of historic trauma:

Many Native American people are diagnosed based on erroneous criteria; the diagnostic process never takes a historical perspective in placing a diagnosis on the client. We fantasize that one day the DSM (Diagnostic Statistical Manual for Mental Disorders) will have [a] diagnostic criteria such as “acute or chronic reaction to genocide and colonialism.”³³

Healing from historic trauma can be viewed as a path that borrows from learning in the trauma recovery field coupled with decolonization theory. Wesley-Esquimaux and Smolewski agree that the treatment for PTSD makes sense in the initial phase of healing the effects of historic trauma. “The aim of these therapies is to help traumatized people move from being dominated and haunted by the past to being present in the here and now, capable of responding to current exigencies with their fullest potential.”³⁴ They are referring to therapies, such as the ground-breaking approach developed by Judith Herman based on her work with victims of sexual and domestic violence, combat veterans and victims of political terror. Herman describes trauma recovery as unfolding in three stages: establishing safety, reconstructing the trauma story (referred to as remembrance and mourning), and restoring the connection between survivors and their community.³⁵

Herman’s process of healing from PTSD shares some interesting similarities with a process of decolonization described by Aboriginal Hawaiian Poka Laenui.³⁶ Laenui views both colonization and decolonization as

being social processes, each characterized by five distinct but interconnected phases. Under colonization, Indigenous cultures are devalued and symbols of the culture, including sacred sites, are destroyed. Churches and health and legal systems, as colonial institutions, denigrate and sometimes criminalize Indigenous traditions and practices. The latter stages of colonization give token regard to Indigenous languages and culture and, ultimately, exploit art and music for profit. For example, traditional art and designs may be used to decorate clothing and buildings. Laenui's five stages of decolonization are: rediscovery and recovery of traditional culture, music, art and literature; mourning what was lost during the colonization process; dreaming a better future; making a commitment to working towards change; and taking action in the spirit of self-determination.³⁷

These are described in more detail in Table 4, which juxtaposes the socio-political process of decolonization with healing from PTSD. The first column describes Laenui's five phases of decolonization. The second column presents Judith Herman's stages of recovery from post traumatic stress disorder. Presented in this way, the similarities between these processes are revealed. The last column, healing from historic trauma, brings history and culture together with personal healing in a journey that is both individual and collective in nature, and is based on a combination of the first two columns. Lessons learned in research and evaluation studies undertaken for the Aboriginal Healing Foundation contributed to the development of this model.³⁸

Healing from historic trauma begins with creating a personally and culturally safe environment where the impacts of history, including the legacy of abuse in residential schools, can be safely explored. A process of remembering follows: remembering and recounting the abuse story, as well as reconnecting with lost traditions and languages, and cultural and spiritual practices. The third stage is mourning—speaking about and grieving personal and collective losses experienced by the present generation, but also those of previous generations. In this regard, Duran and Duran state: "Some medicine people have equated the treatment process as one in which we not only treat the client but are also treating our ancestors."³⁹ An ongoing engagement with cultural and spiritual practices takes place throughout the healing process. Affirming and rebuilding important relationships within the family and community, developing new relationships, and reaching a stage of freely being able to contribute to the family and community are activities related to the latter stages of healing.

[P]sychological health in mainstream medicine is frequently a matter of separation from the family and becoming competitive and self-reliant, [while] Aboriginal mental health professionals stress integration of the individual back into the community and social [fabric].⁴⁰

Being able to "give something back" is an essential part of this process. At the AHF National Gathering held in Edmonton, Alberta in July 2004, Chief Robert Joseph spoke of his own healing process, which involved volunteering in community and provincial organizations. Receiving recognition for these accomplishments helped him gain confidence while he continued his healing journey through his many volunteering activities. He discussed the importance of learning about re-empowerment and becoming the "master of one's fate" and the "captain of one's soul." Chief Joseph also spoke of the importance of love amongst Aboriginal peoples, including their love for the land.⁴¹

When healing is viewed from a perspective that includes historic trauma, the relationship between history, the social, economic and political environments and individual experiences is evident. It follows that therapeutic approaches to healing that incorporate Indigenous history will more effectively address root causes. This opens the door to new approaches to healing that are especially relevant to working with Survivors of residential schools. Learning about the history of colonization, mourning the losses, and reconnecting with traditional cultures, values and practices are becoming recognized components of successful Aboriginal healing programs. Many of the elements of the framework for healing set out in the previous section are reflected in Table 4.

Table 4) Decolonization and Healing

Laenui's Process of Decolonization	Judith Herman's Three Phases of Recovery from PTSD	Healing from Historic Trauma
Sociopolitical process	Personal journey	Personal and collective journey
Rediscovery and recovery: renewed interest in history, culture, music, art and literature, both traditional and modern, contributes to a recovery of pride	Safety: creating a safe environment, establishing trust in self and therapist	Personal and cultural safety: creating a safe environment; establishing trust; increased knowledge and understanding of Indigenous and colonial history and its impacts; renewed interest in traditional culture, healing and spirituality
Mourning: an essential phase of decolonization is lamenting what was lost, a process that may include anger. Mourning can also accelerate the process of rediscovery and recovery and the first two phases can feed each other	Remembrance and mourning: reconstructing and recounting the abuse story (events and feelings); integrating traumatic memories; mourning traumatic loss	Remembrance and mourning: speaking about and grieving personal losses and experiences of abuse, as well as those within the family (intergenerational impacts) and community/people; continued learning and building connections with culture, traditions and spirituality
Dreaming: fully exploring one's culture and traditions while building visions of the future		Dreaming: fully exploring one's culture and traditions while building a personal vision of the future
Commitment: making a personal commitment to working toward change	Reconnection: reconciling with oneself and relearning personal strengths; reconnecting with others	Connecting: affirming and rebuilding relationships within the family and community; developing new relationships
Action: the decolonization process culminates in proactive action in the spirit of self-determination		Giving back in the spirit of self-determination: contributing to family and community

4.2 Aboriginal Worldview

A discussion paper on best practices in mental health reform, prepared by the Clarke Institute of Psychiatry, identifies common values and a clearly articulated philosophy as characteristics of successful programs.⁴² The Assembly of First Nations observed that successful Indigenous health programs designed and delivered by Indigenous people in Canada, the United States and Australia tend to be values- and traditions-based.⁴³ Two Health Canada studies of best practices in substance abuse treatment include the category “treatment principles and values.”⁴⁴ This focus on values makes sense because programs reflect the underlying philosophy and worldview of the people who design them. Programs designed by and for Aboriginal people will therefore be rooted in an Aboriginal worldview.

Worldviews are imbedded in deeply-held values, but also, as the word suggests, in the way the world is experienced and explained. Worldviews incorporate our perceptions about the nature of life and how humans interact with each other and with the natural world. Cultural perspectives influence our view of the world, but culture is more dynamic, thus, more likely to be influenced by changes in the physical and social environments. For example, cultures grow and adapt to changing conditions, such as a shift from a subsistence to a wage economy, but a worldview that includes a particular relationship between humans and the natural environment may not be altered at all.

In the Aboriginal health field, there is little debate about the value of a holistic approach to healing, and the concept of wholeness is central to the Aboriginal worldview. Aboriginal philosophies have been described as “holistic and cyclical or repetitive, generalist, process-oriented, and firmly grounded in a particular place.”⁴⁵ With respect to time, “healing is [viewed as] a lifelong journey and individuals strive constantly to create and recreate balance and harmony.”⁴⁶ In his book, *Seeking Mino-Pimatisiwin: An Aboriginal Approach to Helping*, Michael Anthony Hart identifies wholeness, balance, connection, harmony and growth as foundational concepts of an Aboriginal approach to healing, along with the values of sharing, respect and spirituality.⁴⁷ A holistic approach encompasses more than just the individual; it also considers relationships with and impacts on the family and community: “For First Nations people the development of the individual is interwoven with the well-being of the community and the nation.”⁴⁸ Moreover, an individual’s identity, status and place in the world are tied, not only to the family (including aunts, uncles, cousins and grandparents), but also to one’s ancestors and community. This leads to a way of viewing mental health that is very different from Western models that focus on individuation, independence and self-reliance:

Health programs must address the family/the whole person and in so doing, nurture social systems/community. The western disease metaphor fragments the self and makes patients independent from the community. This personal focus is incompatible with the sense of connection Aboriginal people prize. “Service to ancestors” is a concept new to western psychology that would be perfectly understandable to First Nations.⁴⁹

Each of these elements (wholeness, balance, and connection to family, community and the natural environment) has implications for the design and delivery of healing programs. Mohawk psychiatrist Clare Brant wrote about the importance of understanding the effects of Aboriginal values and ethics on individual behaviour. This understanding, he said, should be included in the therapeutic assessment and treatment

process. Core principles include the ethics of noninterference, non-competitiveness, emotional restraint and sharing, each of which can exert a positive and negative influence.⁵⁰ For example, emotional restraint promotes self-control and discourages the expression of violent feelings, but repressed anger and hostility can lead to a violent emotional or physical explosion.

While Brant's observations were based primarily on his work with First Nations in Ontario and Quebec, a number of fundamental values and principles are shared among Aboriginal people and across cultures. For example, traditional Inuit values include cooperation, noninterference, independence, sharing, emotional restraint, strong family ties and the ability to meet challenges with innovation, resourcefulness and perseverance.⁵¹ An Inuit project in Baker Lake, Nunavut, expressed their commitment to a holistic approach to healing that extends beyond the needs of individuals into the family and community: "The approach of Mianiqsijit is overall holistic—it deals with not only individuals but also individuals as members of family and community, and deals with families and communities as a whole."⁵² Among Métis, traditional values include independence, self-sufficiency and a strong commitment to the family group.⁵³ Looking beyond North America, the Maori of New Zealand have a worldview that is described as holistic, with a strong spiritual connection to the earth. Illness is viewed as a symptom of imbalance or disharmony with nature, and health encompasses four qualities: spirit/soul, thoughts/feelings, the physical body, and extended family.⁵⁴

When asked about their promising healing practices, one-half of the organizations that responded (50.5%) referenced principles and values consistent with an Aboriginal worldview, as illustrated by the following examples:

- "The general objective of the HOLISTIC APPROACH is to re-establish a spiritual connection with the land using traditional teachings, values and practices. This approach enforces the regaining of cultural identity, personal enlightenment and wellness that prepares residents for better reintegration back into their communities."⁵⁵
- Singing, drumming and dancing "allows us to continue learning and teaching our Heiltsuk values such as respect, self-esteem, working together (unity) and sharing."⁵⁶

The commitment to a holistic approach often leads to the development of programs that offer a range of activities, rather than a single intervention. For example, the Blackfoot Canadian Cultural Society in Alberta described their healing project as follows: "There are five components to the Soaring Heart Project. Each component is a reliable healing tool, but the best healing practice is when all components are combined into a holistic healing program."⁵⁷ The Sulsila Lelum Healing Centre Society in British Columbia blends mainstream counselling, neurolinguistic programming, timeline therapy, Huna (a traditional Hawaiian method) and the services of traditional healers.⁵⁸ This range of services is provided to address the different dimensions of the individual—physical, emotional, mental and spiritual.

The inclusion of activities that address spirituality is one of the distinguishing features of the holistic approach adopted by many organizations. The United Chiefs and Councils of Manitoulin, located on the Mi'Chigeeng First Nation in Ontario, attribute the success of their healing project to the traditional healer.

The spiritual dimension of practice is not overlooked: “using traditional medicines incorporates spirituality into healing the physical, mental and emotional aspects of our being.”⁵⁹ A holistic healing program for incarcerated men bases its interventions on “a deep sense of cultural and traditional values that reflect the individual’s spiritual, emotional, physical and mental capacities”⁶⁰—an approach that differs significantly from what we normally imagine is possible in correctional institutions. The Nuu-chah-nulth Tribal Council in British Columbia has a well-developed *Ethical Code and Standards of Practice* for its counsellors and community service workers; it addresses spirituality as a key dimension of healing. In fact, given that Nuu-chah-nulth people are spiritual, the code warns against falling in with spiritual practices from other cultures:

If we are using healing techniques that depend on spiritual energy and these are not Nuu-chah-nulth approaches then two undesirable things are happening. Our client is learning to depend on an approach that does not support his/her culture; and our client is benefiting from an approach that s/he will not likely explore and develop further expertise in—so healing becomes an external lay-on rather than something the client comes to own and direct for him/herself.⁶¹

Other, more mainstream values also underlie promising healing programs. These are discussed below.

4.2.1 Other Values and Guiding Principles

The Nuu-chah-nulth ethical code mentioned above states that nonstandard therapies should be validated either by most physicians, most psychologists or most traditional healers. This code stresses a variety of components of good therapeutic practice, such as confidentiality, informed consent and not creating dependency. Similar principles were cited by other organizations—21.4 per cent describe values and guiding principles reflective of good therapeutic practice. Principles of “good” therapy are generally compatible with Aboriginal values, but they tend not to be Aboriginal-specific. Those mentioned in promising healing practice submissions include:

- client-centred,
- client choice,
- participant-driven,
- open door policy,
- team management,
- empowerment,
- safety,
- community-based,
- community-driven,
- community development, and
- flexible.

A report prepared for Health Canada on best practices for women in treatment and rehabilitation identifies many similar principles, including: client choice; a treatment that addresses all aspects of the client’s life; empowerment; client-driven; and treatment based on client strengths, not deficits.⁶² Table 5 shows the

number and percentage of organizations that highlighted an Aboriginal worldview or principles of good practice in their submissions. Well over one-half (58.3%) of the submissions invoked principles drawn from Aboriginal values, general principles of good therapeutic practice or both.

Table 5) Projects Highlighting Values and Guiding Principles

Values and Guiding Principles	# (n=103)	%
Aboriginal worldview	52	50.5
Values reflecting “good” therapeutic practice	22	21.4
Values reflecting both Aboriginal worldview and good practice	14	13.6
Projects mentioning Aboriginal worldview and good practice	60	58.3

The following are examples of projects that include guiding principles based on an Aboriginal worldview, as well as values associated with good therapeutic practice:

- The Hinton Friendship Centre in Alberta provides a holistic, community-based treatment program that is comprehensive, accountable and reflective of the community’s needs.
- All activities offered by the Coqualeetza Cultural Education Centre in British Columbia respond to the whole person: spiritual, physical, mental and emotional. Yet, they also note that the closest Western definition for the model they apply is one based on team management and empowerment.
- The Inter Tribal Health Authority in British Columbia describes the philosophy of their healing centre as follows: “Two of the most important concepts of our philosophy at the First Nations House of Healing are that firstly; healing must take place in an environment of safety, and secondly; healing is a journey and not an event.”⁶³
- Kige Wigiwam Wahgoshig Healing Lodge on the Wahgoshig First Nation in Ontario has an overall philosophy based on providing community-based, culturally-centred programs that address the health and social dimensions of healing and well-being. “Further to this philosophy, that traditional approaches to healing therapy be utilized.”⁶⁴

In summary, a well-articulated philosophy and set of principles is characteristic of successful programs and, in the case of Aboriginal healing, these principles reflect the culture, values and worldview of Aboriginal people. The value most often mentioned in this study was a holistic approach, one that goes beyond meeting the holistic needs of the individual to also include restoring balance and harmony in families and communities.

4.3 Personal and Cultural Safety

The previous section established the importance of having a clearly stated Aboriginal worldview at the centre of a healing program. This section introduces the concept of personal and cultural safety—the second necessary element of successful healing projects. Judith Herman’s work with trauma survivors has set the standard for practice in the field of treating post traumatic stress disorder. With respect to safety, Herman states:

Trauma robs the victim of a sense of power and control; the guiding principle of recovery is to restore power and control to the survivor. The first task of recovery is to establish the survivor’s safety. This task takes precedence over all others, for no other therapeutic work can possibly succeed if safety has not been adequately secured.⁶⁵

A promising healing practice is, by definition, safe. Healing is not possible without the development of a trusting relationship, nor if processes or people jeopardize the safety of participants. With respect to mechanisms for ensuring participant safety, *Journey and Balance: Second Interim Evaluation Report of Aboriginal Healing Foundation Program Activity*, concludes: “Therapy was best initiated with some clarity and education regarding client rights. When codes of ethics, guiding principles and team rules were developed, publicized and shared one-on-one with prospective clients, it helped to establish safety.”⁶⁶ Beyond this, establishing a sense of safety “was the platform upon which subsequent stages [of healing] were based.”⁶⁷ This holds true for large gatherings, as well as for small groups and individual counselling sessions. Other safety issues include processes for screening participants, setting boundaries around violent and abusive behaviour, and adhering to strict confidentiality procedures—an especially important issue in small, closely-knit communities.

A physical environment that reflects the culture in its design and decor also promotes safety. This includes outdoor areas, such as gardens containing medicinal plants, healing ponds and sweat lodges. Interviews conducted as part of a longitudinal study at Aboriginal health access centres in Ontario support the notion that an environment that reflects Aboriginal identity fosters self-determination and a feeling of belonging:

From the moment of entering the facility, the person is surrounded by a comfortable environment where Aboriginal people are prominent as service providers. The offering of services *for and by Aboriginal people* [emphasis in original] is a powerful statement that expresses belonging and self-determination. Aboriginal art work and motifs delineate this space as an Aboriginal space.⁶⁸

In New Zealand, teaching cultural safety (providing services in an environment consistent with and responsive to Maori values, beliefs and practices) has been incorporated into nursing and midwifery training courses since 1992.⁶⁹ For the purposes of the discussion that follows, cultural safety is more narrowly defined as creating a physical environment that reflects and reinforces Aboriginal identity, culture, values and traditions.

Over 60 per cent of organizations in this study referenced factors associated with establishing participants’ safety: building trust, ensuring confidentiality, creating a safe atmosphere, or holding activities in a physical

environment that reinforces Aboriginal identity. Safety issues were mentioned as a component of a particular promising healing practice or as a factor contributing to a project's success. Table 6 provides an overview of responses in three categories: personal safety, cultural safety and contributing to program success, as well as the total number that referred to safety in any or all of these categories.

Table 6) Projects Highlighting Personal and Cultural Safety

Safety Issues	# (n=103)	%
Personal safety	30	29
Cultural safety	24	23
Safety contributing to success	45	43.7
Projects mentioning safety	63	61.2

In their responses, project teams highlighted a variety of ways in which participant safety is protected and a safe healing environment created. The following discussion draws on some of the themes emerging from these responses.

Ensuring confidentiality: The importance of confidentiality was mentioned numerous times. In one case, confidentiality was enhanced by the independent nature of the healing program: "Participants are assured their experiences with us are respected by confidentiality. It has been a big plus for this project that they are not connected with any of the agencies in the community as people are still leery that there may be a lack of confidentiality within many of our Aboriginal agencies."⁷⁰

Creating a comfortable, non-judgemental atmosphere: Creating a place of belonging and safety is essential to forming trusting relationships. When working with youth, an open door policy helped build a stable, accepting environment. Others mentioned that a non-judgemental atmosphere encourages people to open up.

Taking the necessary time: Time is often required to generate community support for a new project or program. In one case, taking the time to generate support among the Grandmothers proved to be an essential ingredient in inspiring trust in the process and in the project team.

Working in circles and groups: Speaking out when safety is assured allows people to feel less alone. Participants in a men's talking circle reported feeling safe in the group. For women and girls, safety is often best addressed within female-only groups. In one case, the safety of the group meant asking someone to leave. A youth therapy group for female survivors of sexual abuse used the group process to provide safety, emotional support and healing. Ishaawin Family Resources in Thunder Bay, Ontario, which runs healing and recovery groups, explains the connection between establishing safety in group counselling situations

and the ability to work on relationship issues: “The safety and confidentiality of the group allows for the development of trust, and the practice of healthy relationships. The group provides an environment where unhealthy relational styles can be identified and worked on in a safe place. This learning can be transferred from the group, to family and community.”⁷¹

Building safety into the therapeutic process: Safety was sometimes addressed before any therapeutic work was undertaken through codes of ethics, standards of practice and group rules. A youth group offered participants an opportunity to add to the group rules at the beginning of each session. The Eyaa-Keen Centre in Winnipeg built safety into the therapeutic process by informing participants about the safeguards in place and preparing them for the healing work ahead:

Our experience in working with survivors of abuse is that their psychological system needs to be prepared, stabilized and grounded before attempting to address issues. Also, some are too eager to share their story prematurely and they must be taught this. Others who are not ready and need to be reassured that this is a good stage and other inner work can be done within the context of the group process.⁷²

In circles and groups, members speak only when they are ready. Offering participants the opportunity to control their own healing is of particular importance when working with trauma survivors. This means allowing people to progress at a pace they are comfortable with, that feels safe for them. “One of the core practises necessary ... is a constant grounding re-enforced by a constant explanation of current process so participants can safely understand what is happening with them throughout their healing experience.”⁷³

Building trust through dependability: The regularity of activities, including set times and locations for circles, contributes to success, especially when working with children and youth. One group discovered that holding regular weekly theme circles led to a trusting relationship and the children began to open up and share their problems.

Having the right staff: Healers with the skills to guide participants through intensive healing work, and who take care of their own healing needs, make important contributions to the safety of the therapeutic process. All Nuu-chah-nulth facilitators and counsellors, for example, were qualified, had made a plan for self-care and followed a code of ethics and standards of practice. Other groups employed facilitators with extensive individual and group counselling experience and monitored safety on a regular basis. The Eyaa-Keen Centre, mentioned above, stressed the importance of the team itself: “the trainers have been working together as a team for over fourteen years, professionally and personally, provide and model an environment of safety, comfort, understanding and expertise for participants to do their work.”⁷⁴

Reinforcing safety through proper closure, follow-up and aftercare: Safety is not only a concern during the therapeutic process, but also after participants leave the session. This is accomplished, in part, by checking out how people are feeling before they leave to go home and by providing telephone access to counsellors after hours. Debriefing at the end of a session allows participants to express their feelings; it also provides group leaders with an opportunity to acknowledge fears and reinforce positive, non-blaming messages.

Residential healing programs often ensure participants have support in place when they return to their home community. One residential program ended with a traditional sweat ceremony to provide closure to the healing activity.

Creating a nonthreatening environment through informal activities: Providing traditional or cultural activities within a healing program builds trust. The Liard Aboriginal Women's Society in the Yukon affirms that: traditional activity provides a non-threatening safe and natural context for the healing of physical and sexual abuse.⁷⁵ Reunions held at the site of the former Shingwauk Residential School in Sault Ste. Marie, Ontario, included social activities, entertainment and food to create a comfortable family-like atmosphere. The Western Region Métis Women's Association in Saskatoon found that celebration teas for Survivors and their descendants held the potential of creating an informal support system:

These are very successful due to Elder participation and the opportunity for women to gather in a quiet, safe and relaxing atmosphere. The women sit around the table, working on crafts, while they talk and share their experiences of the types of problems or issues they are faced with. The Elder shares stories about what the role(s) of the women were in years past. The end result of these circles is that the women have learned from each other and they have this support system if they require it.⁷⁶

A number of organizations extolled the benefits of home visits. They provide a way to ease into discussions of sensitive issues and the informal nature of the contact engenders trust. The Manitoba Métis Federation found that having tea with people in their own homes was a good way to break the ice. Although the project was aimed at contacting and interviewing Survivors, they also acted on some of the concerns raised by people during these informal sessions. "A non-threatening environment was established by addressing individual community concerns and finding solutions to the concerns identified."⁷⁷

In an unusual situation where a group of young teens could not find a safe, comfortable place to meet, they went to the counsellor's home with the full knowledge of their parents. A traditional healer conducted home visits as needed and without appointments: participants "are much more comfortable speaking their language and in their own surroundings."⁷⁸ Having tea with clients in their own home was mentioned a number of times, this may set the stage for a more equal relationship because participants are able to offer something (tea) rather than be solely the recipient of a program or service.

Creating a comfortable place for healing: Many organizations commented on the importance of the physical environment, including the role of quiet, warm, comfortable surroundings, a place for counselling or meeting without interruptions, often in a separate building or in a natural on-the-land setting. Other examples include cleansing and blessing the healing centre, decorating in a traditional manner and counselling away from the office—in people's homes or at a retreat located away from the community or, in one instance, at the reclaimed site of a former residential school. One group indicated that their clients prefer counselling to take place in a quiet area with comfortable couches where counsellors do not sit behind their desks writing as the client talks.

Creating cultural safety: Project activities taking place in a culturally appropriate environment range from going on medicine walks to ice fishing, spring camping and ritual cleansing in a lake or river. Some created gardens with medicinal plants and healing ponds. An urban Inuit centre in Ottawa has Inuit wall hangings and traditional art on the walls, an *inuksuk* in front of the building and staff who speak Inuktitut. Examples of how important this can be to the healing process are provided below:

- The Conseil des Montagnais de Natashquan in Quebec runs a healing program in a semi-isolated Innu community. They report: [TRANSLATION] “It is important to underline the fact that these healing approaches are practised in a specific setting: Retreats on traditional Innu Hunting Grounds.”⁷⁹
- The Centre d’entraide et d’amitié autochtone de Senneterre, also in Quebec, provides activities in a quiet camp away from the community where people [TRANSLATION] “come into easy and natural contact with our spiritual and traditional roots.”⁸⁰
- The garden with medicinal plants and a pond at the Sulsila Lelum Healing Centre in Vancouver “provides people with a nice place to relax and walk through, as well it serves as an educational component to introduce and re-introduce alternative healing practices.”⁸¹
- The Kikinahk Friendship Centre in La Ronge, Saskatchewan, has a parenting program with on-the-land activities for parents and youth. Elders provide information about the traditional uses of plants. “The outings are very beneficial to the group—it helps the clients remember the teaching of their grandparents and parents ... teachings associated with the cultural activities we are introducing back into their lives.”⁸²

In summary, programs can be designed in a variety of ways to make the healing environment culturally welcoming and safe. The programs themselves must absolutely guarantee the physical and emotional security of participants. Trauma recovery cannot proceed in the absence of safety. As such, personal and cultural safety are necessary elements of successful Aboriginal healing programs. The next section explores the community’s capacity to provide healing services—the third necessary element of promising healing programs.

4.4 Capacity to Heal: Healers and Healing Teams

“Capacity to heal” refers to the qualities of individual healers and healing teams, as well as to the community’s access to skilled healers. Some communities, especially those that are small and isolated, do not have the capacity to work with troubled individuals and fear that, without adequate training, they may cause more harm than good. Also, many conditions can limit community-based healers and helpers: a recent loss or suicide, burnout, politics and personal involvement are all potentially limiting factors. This section explores both the positive contributions of healers and healing teams, and some of the issues and challenges they face.

The best practice literature consistently cites the contributions of skilled and dedicated employees, volunteers and managers as essential to program success. Skilled leadership and a committed group of expert staff

characterized all of the programs profiled by the Clarke Institute of Psychiatry in its study of best practices in mental health reform. The enthusiasm and dedication of program directors, staff and volunteers were viewed as essential to success. Experts include professionally trained staff and trained nonprofessionals: “The expertise that comes from the experience of being a consumer or family member is a critical ingredient in the staffing of several of these programs.”⁸³

Similarly, *Journey and Balance* cites team characteristics as a best practice among a number of the case studies conducted as part of the AHF’s second interim evaluation: “Selecting and developing a strong project team often meant having highly skilled Survivors, fluent in their language who could model successful healing.”⁸⁴ Other successful strategies relate to engaging healers and team members who were similar to the target group, including matching for age, gender, parenting status or sexual orientation. Valued team members were respected in the community and had sufficiently healed themselves to safely lead others. The National Aboriginal Health Organization’s criteria for best practices include the demonstrated ability of individuals and/or organizations to “initiate, spur, encourage, inspire or catalyse change.”⁸⁵

In its study of successful Indigenous health systems, the Assembly of First Nations highlighted the need for accreditation for Aboriginal healers; however, they also found that many successful projects had unconventional ways of recruiting staff, including using natural helpers and community members with skills but not accreditation.⁸⁶ Healing teams in the AHF’s promising healing practices study include traditional and Western healers, counsellors, caregivers, volunteers, Survivors, facilitators and others directly involved in healing activities.

Training was provided on a wide range of topics: Aboriginal and residential school history, unresolved grief and loss, physical and sexual abuse, facilitator training, restorative justice, cultural teachings, drum-making, traditional medicine, anger management, language, parenting skills, suicide intervention, lateral violence, bullying, self-care, psychodrama body work, social work (Masters of Aboriginal Social Work), counselling skills and alternative therapies. Participants in training workshops and educational programs include Elders, facilitators, frontline workers, Survivors, healing staff, volunteers, counsellors, social workers, teachers and community members.

An innovative approach to training was found in Cape Dorset, Nunavut, where outsiders were brought into the remote community to provide workshops on topics such as positive lifestyle changes, sexual abuse and physical abuse. A translation booth was set up so that unilingual Inuit caregivers could participate.

A focus group held at an AHF National Project Gathering in Ottawa, 5 November 2003, answered the question: *What training and experiences are necessary to become a good healer?* In addition to covering many of the training topics listed above, participants made the following observations:

- When people have worked on their own healing, others begin to approach them—in other words, the community recognizes when a person has potential as a healer.
- While education at the university or college level is considered important, it is clearly not the only route to becoming a healer. Language skills, experience as a Survivor and knowledge of the community

are as valuable as academic credentials. A truly traditional education combined with having worked as a healer provide a strong foundation for being a good healer.

- Building ongoing training into program planning is important. No matter what the qualifications of the healing team, ongoing education and training are essential. Elders should have opportunities to participate in training programs.
- Experiential training, where workers experience a particular therapeutic process before using it with clients, was highly recommended.
- Safety issues should be addressed in training, including information and skills related to bringing people back from a flashback.
- With respect to trauma and recovery, useful areas of training include sexual abuse counselling; risk assessment; suicide prevention and intervention; planning and leadership skills; healing from post traumatic stress disorder (PTSD), including information about where trauma is stored in the body and related healing techniques; groupwork and facilitation skills; and family systems training.
- Frontline workers need the ability to distinguish between the need for crisis intervention and the need for longer term counselling; training in both areas is useful.

Only a few project submissions (6.8%) highlighted the services of a traditional healer. In one case, the project's best healing practices were attributed to the traditional healer:

His presence commands respect, confidence and calmness while he shares with clients, trainees, leaders, peers, residential school survivors and community caregivers. His teachings are made acceptable because they are transmitted in the language of the community which are amplified by his abiding belief in the benefits of his representation of traditional healing. He receives all persons who seek healing and actively listens to each one to determine their representation of spiritual self and their connectedness with our "source."⁸⁷

During a focus group of Métis projects held in Winnipeg (March 2004), and later at the AHF National Gathering in Edmonton, some of the difficult issues surrounding identification of healers and Elders were raised. In Winnipeg, Elder Mae Louise Campbell addressed these issues in an especially forthright and poignant manner:

[T]here has been recent interest in the culture, many of our Elders have passed on without sharing their knowledge. When choosing a healer, you do have to be extremely careful. We in Manitoba have had problems with healers sexually abusing women under cultural pretence—some of these people are moving from one province to another.

[T]here is so much written about Aboriginal culture and we can read it and become Elders quite easily. Elders can become Elders simply by declaration. Also, in the prison system, for the first time

our men are being exposed to our cultures with Elders working with them and at a very great depth use traditional therapies such as sweat lodges, etc. and before you know it they are out of prison and going around the communities adopting the title of Elder. There is the odd one who will become an Elder in the community and abuse the privilege.

On the other hand talking about traditional Elders and sometimes now today I don't like the term—it can describe an older person, I prefer to be called a teacher (of culture). There are medicine people with many different areas of expertise. You can't go to one medicine woman or man who has a broad experience in many different areas: cancer, heart problems, gift of healing, “sucking” diseases out of people are typical specialities. Have others who can work with the spirits of men or women. That's what I call myself. Then we have the shamans—it's that medicine person who has the gifts of all things. I've only met one in my life. They are the ones who can walk in the snow and leave no footprints. He had the power to remove a tumour from a baby when traditional western medicine could offer no hope or cure. It's just not about medicine, it is a whole spiritual experience.

To pick the right medicine for someone I would pray for a few days and then pray as I went to find the medicine and then put more medicine in the prayers. We used to have many miraculous healings. The ability is in each of us depending on the energy you want to put into healing. My ability did not come from another human being. Long ago the women were the healers and got their gifts from dreams and spirit world. I believe we have to do this again. I began to get visions and dreams in my fifties. Men apprentice from one to another. With “bad” medicine—there are a lot of women with superstitions especially in the Métis community who thought their ailments were from “bad” medicine—that someone had power over them. The more power you give to those kinds of people the more powerful they become. Don't give your power away.⁸⁸

Herb Nabigon and Anne-Marie Mawhiney, in an article about using the Cree medicine wheel as a guide in healing, state: “Training to become an elder is a very long process, one that is not undertaken lightly and one that elders do not confer on just anyone.”⁸⁹ The All Nations Traditional Healing Centre in Winnipeg has developed criteria upon which to assess traditional healers. Under their plan, an Association of Traditional Elders would make recommendations for accreditation based on assessment of the following:

- length of apprenticeship, knowledge and skill in performing the ceremony;
- sobriety and daily conduct in the community;
- relationship with spouse and behaviour or conduct of their children in the community; and
- commitment and dedication towards traditional ways and practices of the North American Indian, including the degree of bloodlines.

The certificate entitles the holder to all the privileges associated with the particular ceremony, including the right to perform the ceremony, the right to possess and use recognized herbal medicines, the right to possess sacred objects, and the feathers from protected birds that are used for ceremonial purposes and access to sacred sites.⁹⁰

The healing centre's code of ethics covers the overall philosophy, definitions of the best interest of the client, standards of practice, ethical duties and obligations for traditional healers and counsellors. Other groups suggested forming Elders' councils to conduct peer reviews and Elders' networks for peer support.

Once engaged, healers and counsellors need to remain healthy and balanced. This can be fostered by selfcare plans, creating ongoing learning opportunities, team building and holding regular debriefing sessions with co-workers. The Wabano Centre for Aboriginal Health in Ottawa uses debriefing as a strategy for enhancing team cohesiveness.

Post-session team debriefing provided an immediate review of what actually happened during each session with each member of the staff team sharing her/his own perspectives on the dynamics and outcomes. This promoted team cohesion and generated a sense of shared responsibility through mutual respect for each other's unique expertise.⁹¹

Balanced healing teams include people with a combination of education, training and experience, and a variety of skills. The social work program at Saskatchewan Indian Federated College believes that "a foundation of Aboriginal cultural traditions and spiritual teachings, as well as the active everyday participation of Elders, is a necessary foundation for the training of effective Aboriginal therapists."⁹² The Nuu-chah-nulth Tribal Council considers their skilled, balanced healing team as one of its promising practices. The team expands its repertoire by networking with other service providers: "We support our people with a balanced "team": Nuu-chah-nulth Healing Project Facilitators and Support Workers network with other Nuu-chah-nulth therapists/facilitators, clinical counsellors, specialized counsellors and suicide prevention workers."⁹³

Aboriginal Team Members

The personal qualities, dedication and skills of healing teams were recognized as contributing to the success of projects involved in the promising healing practices study. Table 7 provides an overview of responses that highlighted the positive role of Aboriginal team members and healing teams as a whole.

Table 7) Projects Highlighting Contributions of Healing Team

	# (n=103)	%
Healing Team includes Aboriginal People/Survivors ⁹⁴	26	25.2
Healing Team Contributes to Success of Program	59	57.3
Total Projects Mentioning Team Qualities	70	68

Aboriginal people, especially those from the home community, contributed in a number of ways: people were reported to be more comfortable with them, they had similar life experiences to those embarking on the healing journey and, in many ways, they mirrored the target audience. “One of the greatest advantages we have over other mainstream counsellors is that we are residential school Survivors who have worked hard on our own personal healing.”⁹⁵ One organization employed a professional Aboriginal therapist as a way of integrating Aboriginal cultural insights into a contemporary therapy framework. In contrast, all the healers, trainers and Elders in another project were Midewewin initiates and the therapeutic process took place from that perspective. Some of the benefits of using one’s own people are extolled in the following account:

By utilizing our own people from the project to facilitate the workshops, it helped the people feel more comfortable because they knew who we were. This has also enabled us to translate the material in Cree for the older generation and we used words that the people were able to understand.⁹⁶

However, working with a healing team who have experiences similar to those of project participants also presented projects a special set of challenges: “this also requires additional attention to the program team to maintain balance and focus ... [since participants must be able to] exercise and access their own healing journey and not that of the facilitator or team member.”⁹⁷ Another surmised: “You can’t take a client further than you have gone yourself.”⁹⁸ A youth project that employed young people from the community considered this a best practice, yet they also acknowledged the importance of “knowing your limits”, since youth may not have the background, experience or training to deal with issues such as physical and sexual abuse.⁹⁹ One organization found that a well-developed staff wellness plan composed of Survivors and intergenerationally impacted individuals was beneficial to their healing team.

A number of projects commented on the fact that staff members were from the community. The resource people and facilitators of the Aasnaa Naad Maad Daa Program in Wikwemikong, Ontario are community residents. “We believe in our community. They are coming to believe in each other.”¹⁰⁰

Skilled, Dedicated Healing Teams

In response to the question: *What helped make this healing practice or program successful*, fifty-seven (57.3) per cent mentioned their healing teams, especially staff, but also volunteers, Elders and board members. The following team characteristics were cited:

- non-judgemental;
- knowledge of residential school impacts, traditional roles and ceremonies;
- hard working, trained, professional and knowledgeable;
- sensitive, caring and supportive;
- sober, on their own healing path;
- Aboriginal;
- Survivors that speak the language;
- proud of their heritage;
- know the community;

- know their own strengths and limitations;
- good interpersonal skills;
- do not put themselves above others; and
- well-known and respected in the community.

Also significant is the make-up of the team and the way they interact: their combination of skills and experience; their ability to model healthy interactions and to work cooperatively; and the active participation of Elders and volunteers. The following quotes are representative of the many responses that highlighted team qualities:

The collective strength, compassion and caring of the overall team of the program is the key to success. The overall team is comprised of five facilitator/counsellors who deliver the program daily, a team of Elders who participate on a rotational basis and an active steering committee who provide guidance and facilitate input from the Chemainus First Nation community. Furthermore, the depth of knowledge and skills of the team allows the program to be reflexive to the healing needs of the participants.¹⁰¹

A solid foundation with a core number of staff who have been here since the beginning of groundbreaking and startup (14½ years). We had traditional teachings from a solid elder's committee. Because there is a longevity in staff, these teachings have been carried forward, and are still used today.¹⁰²

One of the greatest successes of the program is the outreach workers. They serve as positive role models in the urban Aboriginal community—they have retained their cultural background and practices while participating in contemporary, Canadian society. These outreach workers are proud of their heritage and are willing to share this knowledge with those who are interested and ready to connect with their heritage.¹⁰³

[TRANSLATION] The therapists/psychologist on our team are chosen for their qualities of openness, their capacity to accept they do not know everything and their ability to tolerate ambiguity. All members of the team must be animated by a spirit of solidarity. All this establishes a climate of harmony and trust between everyone.¹⁰⁴

[TRANSLATION] We have special criteria for team members and for those who are involved in counselling our clients: 1) the priority is people with a heart—open, able to listen, non judgemental and 2) competent people. We feel that it is of no use to have expertise, if it is not supported by the capacity to understand the needs of the client for trust, compassion, love and respect.¹⁰⁵

Regular evaluations and generating (and using) participant feedback were the preferred ways of gauging the ongoing effectiveness of healing teams. Having examined the role of the healing team, the overall program philosophy and safety in successful healing programs, the discussion turns to the three pillars of healing. We begin with a look at how reclaiming history and education about the residential school Legacy have been addressed in the promising healing practice projects.

4.5 Reclaiming History

The first pillar of healing is “reclaiming history.” With respect to the Aboriginal Healing Foundation’s mandate, there is a special emphasis on raising awareness about the legacy of physical and sexual abuse in residential schools and the natural and predictable responses of individuals and families to these traumatic experiences. In AHF evaluations and other publications, this is referred to as “Legacy education.” Legacy education occurs in formal awareness campaigns and training programs, as well as in informal and spontaneous “teachable moments.”

Learning about the legacy of residential schools supports the healing process because this helps:

- connect Survivors to one another through an understanding of shared experiences and gives them dignity by acknowledging their suffering, resiliency and strength;
- explain that the reactions to residential school experiences are normal and predictable consequences of institutional trauma and not individual character flaws or weaknesses;
- motivate people to participate in healing activities without first facing a crisis, especially for those who are resistant, fearful or in denial, and where trust still needs to be established. Legacy education efforts are more highly attended than therapeutic ones;
- provide participants in healing programs with a key to understanding themselves, their lives and their families. Legacy education is particularly helpful for children and young people because it helps them to understand their parents and grandparents;
- assist Survivors to name the Legacy’s impact where they could understand their own normal reactions to trauma, and gain a sense of control. This learning helps to reduce the unpredictability of emotional reactions to threatening or triggering situations;
- open public discussion about changes and attitudes toward the Legacy by lifting the silence that surrounds physical and sexual abuses. Victims understand they no longer have to be fearful of or honour authority figures who have a history of abuse;
- fill a void in Canadian history and offers information about a subject matter for which there is little documentation, and few printed or curriculum resources;
- when it is used as an educational tool within Canadian institutions and society as a whole, Legacy education sets a strong foundation for training and service improvement; and
- provide a constructive framework for training, and allows practitioners to become intimately familiar with and capable of responding to the needs of Survivors and their families.¹⁰⁶

Her Excellency the Right Honourable Adrienne Clarkson, Governor General of Canada, in a letter to participants at the AHF National Gathering held in Edmonton, 8–10 July 2004, said: “The Residential School system produced a legacy of harm and injustice, and we are all called upon to support the healing of those former students, families and communities affected.”¹⁰⁷ A recent report on discrimination and violence against Aboriginal women in Canada, issued by Amnesty International, recommends strengthening and expanding public education programs that acknowledge and address the history of dispossession and marginalization of Indigenous peoples and the present day reality of racism in Canadian society.¹⁰⁸ In spite of the media attention residential school issues have received in recent years, many people remain unaware of the impacts: “We have found that education around the Legacy (generational impacts) ... is an integral part of the program delivery as our residents have little or no knowledge regarding these issues.”¹⁰⁹ *Journey and Balance* reports that Legacy education validated the experiences of Survivors and that acknowledging historical reality, and its impacts on individuals and communities, shifted the burden of guilt and freed individuals to engage in healing.¹¹⁰ Of the organizations that responded to the promising healing practices questionnaire, 42.7 per cent specifically addressed the residential school legacy in their work.

Legacy education is integrated into healing initiatives in a variety of innovative ways. Following the closure of the Shingwauk Indian Residential School in 1970, a group of former students rallied to develop a cultural centre at the site. After numerous ups and downs—including fighting a plan to sell the grounds, bulldoze the school and develop the land privately—the site has joined the campus of Algoma University College. The Children of Shingwauk Alumni Association has an office in the old school building and they run a variety of educational, advocacy and healing programs. They have collected thousands of photographs, documents, artifacts, and hundreds of hours of audio and videotaped interviews, which are used as a tool for education and honouring history. The first reunion of former students was held at the school in 1981. Reunions were identified as the project’s best healing practice. Legacy education has played a central role in the association’s activities since the time one Survivor asked: “How can we heal from something we don’t know anything about?” By providing access to historical information, the project offers Survivors the opportunity to “reexperience” themselves.

Achieving such a situational view of our personal and collective experiences, and especially of the details of the operations of the power relations and influences involved, often sinister and unaccountable, offers a far more rational and realistic account of what happened and why, and what we must do to regain our power and self-determination over our lives.¹¹¹

This approach allowed people to lift blame from themselves individually by understanding their situation, behaviour and experience from a “whole” perspective. This provided a way for Survivors to better understand and accept their share of responsibility for what happened, as well as to put the responsibility on others where it belongs.

Reconstructing and validating Métis history was equally effective.

The Willow Bunch Healing Project's best healing practice, over its two-year duration, has been the writing of a history book on the Willow Bunch Métis community. The Legacy of the Convent school in Willow Bunch has been that Métis people were robbed of their true Métis history and identity. They were taught that Métis people are *miserable, wasteful and lazy, a race that is slowly disappearing*. As a result, they stopped speaking their own language (Michif) in favour of the "pure French" demanded by the Sisters and were inculcated with the views of Church officials regarding their own Métis history.¹¹²

In Edmonton, the Bent Arrow Traditional Healing Society combines a cultural program, talking circles, sweats, psychotherapy and presentations to the general public on the effects of the residential school system. The Blackfoot Canadian Cultural Society in Lethbridge, Alberta, found that Aboriginal cultural studies help participants to recognize the causes and effects of the Legacy, including the impact of psychological abuse. A Generational Grief Facilitator Training Program presented by the Four Quarters Institute in Vancouver includes units on the history of residential schools, post-colonial psychology and grief. A display board at the Houston Friendship Centre in British Columbia promotes awareness of residential school history and its impacts. Also in British Columbia, the Seabird Island Band erected a carved housepost outside the health centre to symbolize the ability of Seabird Island people to overcome the Legacy of the residential school and Indian Day School. In the Northwest Territories, fieldworkers used a contact form to document Survivors' residential school history, along with the details of abuse and information about whether the person had been involved in treatment.

Along with these forms, fieldworkers/counsellors were also encouraged to carry some old photographs of kids in mission school—these were great icebreakers because survivors and former residential school students were quite excited in recognizing who were in the pictures and quickly related and identified students in pictures and helped them recall their experience in the mission school.¹¹³

Many activities focussed on youth and families. At bannock and tea gatherings at the Saddle Lake Boys and Girls Club in Alberta, Elders shared their residential school experiences and how they were affected. In Port Alberni, British Columbia, an Elder conducted talking circles in the school and found that with the older students, he was able to connect the issues they raised to the experiences of their grandparents in residential school.¹¹⁴ A therapeutic retreat for couples, held by the Ma Mawi Wi Chi Itata Centre in Winnipeg, introduced a brief history of the residential school era focussing on the effects on parenting, cultural teachings, self-identity, roles, responsibilities and relationships. In Manitoba, Brandon University's summer program for children and youth taught Aboriginal history; students later produced artwork that showed how their ancestors and relatives struggled in residential schools. In its young adult school program, the Canadian Métis Heritage Corporation in Melfort, Saskatchewan, found that researching the history of residential schools and relating this to their own lives worked well for youth.

What the Aboriginal Healing Foundation refers to as Legacy education is known in the field of psychology as psychoeducation. While a number of projects mentioned psychoeducation among the approaches they use, the preceding examples make it clear that many are also doing psychoeducation when they address residential school issues. As a therapeutic approach, psychoeducation provides people with knowledge

about issues they are attempting to address; it examines causes, effects, symptoms and reactions, and offers information about what to expect in the therapeutic process. Psychoeducation can help people identify what triggers certain behaviour and why, and help in identifying healthy responses and coping skills. As such, it provides a way of increasing an individual's control over their behaviour. Legacy education has similar benefits, and it can make entering into the healing journey feel safer for individuals and communities.

4.5.1 Reclaiming History and Healing

The benefits of gaining an accurate understanding of Aboriginal history and the residential school era accrue to everyone—Aboriginal and non-Aboriginal, Survivors and those who have experienced the intergenerational impacts. However, for individuals who have been physically or sexually abused, who are attempting to work through other traumatic experiences or who are dealing with severe psychological pain and addictions, understanding the dynamics and impact of history can be a part of the therapeutic healing process. Acknowledging traumatic events and gaining the courage to speak about them are recognized as a crucial part of the healing process: “Remembering and telling the truth about terrible events are prerequisites both for the restoration of the social order and for the healing of individual victims.”¹¹⁵ With respect to this stage of the recovery process, Herman states:

The goal of recounting the trauma story is integration, not exorcism. In the process of reconstruction, the trauma story does undergo a transformation, but only in the sense of becoming more present and more real. The fundamental premise of the psychotherapeutic work is a belief in the restorative power of truth-telling.¹¹⁶

In this regard, especially successful practices include Home Coming ceremonies for Survivors, visits to former residential schools, documenting Survivors' stories, and grief and crisis counselling. Through these activities, participants work through their grief and develop a foundation for moving beyond their trauma and history. This work fits within the second stage of trauma recovery described by Judith Herman—remembrance and mourning. Herman's work on recovery from post traumatic stress is based on her experiences with hostages and survivors of war, torture, family violence and childhood abuse. She views healing as occurring in stages. The first step is to establish safety and build trust; only then can the client begin to reconstruct and speak about their abuse. During the latter stages of therapy, the client is helped to integrate traumatic memories (rather than repress them), to mourn whatever losses they experienced as a result of the trauma and to establish or reestablish healthy relationships. While many different therapeutic methods and approaches can be effective, including individual counselling, healing circles and psychodrama, the recovery process set out by Herman is now well-accepted in the healing field. With respect to residential school Survivors, an understanding of the long-term effects of residential schools—referred to by some as “residential school syndrome”—can help this process feel a little safer. Residential school syndrome is similar to post traumatic stress disorder to the extent that they:

[S]hare criteria that the person has undergone or witnessed some degree of trauma and that his or her response was fearful or helpless. The two diagnoses share requirements of re-experiencing, avoidance, and increased arousal. The residential school syndrome diagnosis is different from that of post-traumatic stress disorder in that there is a significant cultural impact and a persistent

tendency to abuse alcohol or other drugs that is particularly associated with violent outbursts of anger. The residential school syndrome diagnosis also highlights possible deficient parenting skills.¹¹⁷

On a broader scale, an understanding of colonial history and its impacts on Aboriginal people, cultures and resources can motivate people to confront social injustice and to work on their own healing. Interesting parallels can be drawn between the traumatic recovery process described by Herman and the sociopolitical process of decolonization. While Herman's second stage of healing is remembrance and mourning, Laenui describes mourning as the second phase of decolonization. For Laenui, mourning involves lamenting all that was lost during the colonial period. This sometimes includes anger and lashing out and the accompanying danger of people becoming "stuck in the awfulizing' of their status as victims."¹¹⁸ Mourning may actually accelerate the earlier phase of decolonization—rediscovery and recovery—as people become totally immersed in history and culture. Thus, the first two phases interface and feed each other.¹¹⁹

Two ceremonies, in particular, were mentioned as being effective tools for remembrance and mourning. Letting Go ceremonies, sometimes held at the site of a former residential school, provide a structure for acknowledging and then releasing the pain associated with traumatic memories. Prior to a ceremony held on the grounds of the Lejac Indian Residential School Site in British Columbia, Survivors were asked to list their hurts and shames and the names of their perpetrators on a sheet of paper.¹²⁰ This was later burned during a release ceremony. Participants had the option of sharing what they had written in a circle held prior to burning, and the ceremony provided an opportunity to forgive peers and fellow schoolmates who had bullied the weak. On one occasion, a bishop shared his regrets about what had happened to students at the school.

Welcoming Home ceremonies were also popular, especially in British Columbia. Survivors are formally welcomed back to the community and those who did not return are remembered. This type of ceremony formally acknowledges an historical wrong, while also providing an opportunity for public mourning; it is also a celebration of those who survived. One project observed "a tremendous surge of growth" among participants since incorporating the Welcoming Home Ceremony.¹²¹ Another described the ceremony as "a powerful, emotion-packed acknowledgement of the resilience and spiritual component of First Nations people."¹²² Residential School Remembrance Weekends and reunions held in other areas of the country serve similar purposes.

While Welcoming Home ceremonies often came at the end of a healing program, residential school issues were also addressed within the therapeutic process. Some projects developed family histories or traced intergenerational impacts on a genogram. A genogram is a visual tool for documenting family history, and is used to identify common experiences, issues and patterns of behaviour in the current family system and among previous generations. The genogram was used by several projects to identify the intergenerational impacts of residential school abuse: "The development of a family genogram has allowed clients to identify the patterns in their families, those that attended residential school, those that did not attend, but are also profoundly affected."¹²³ Another organization used one-on-one counselling with a psychologist to assist participants to mentally integrate the causes and effects of the Legacy.

Specific healing practices and approaches are discussed in greater detail in the section on therapeutic healing. These are important processes because, as Bill Mussell stresses in his paper on healing First Nations men, individuals must take personal responsibility for addressing the impacts of history in their own lives:

For change to occur, it is vital that disorders in behaviour and functioning be seen, not as failures or flaws of an individual, but in the historical perspective that the individual must come to know. This perspective serves, not as a causal explanation for the behaviour or condition that requires change, but as an orientation to a legacy, which, if not addressed by each person taking responsibility to deal with its impact on his own life, will continue to injure successive generations.¹²⁴

Pulling together the various threads presented in this section, a pattern begins to emerge in which history and healing are intertwined. In summary:

- Legacy education is a form of psychoeducation—an intervention with recognized benefits with respect to preparing participants for the healing journey;
- an understanding of historic trauma provides a theoretical basis for recognizing that individuals can be traumatized by events that occurred before their birth;
- advances in the treatment of chronic post traumatic stress disorder have introduced approaches that can be adapted to healing from the Legacy;
- work in the fields of post traumatic stress, historic trauma and decolonization all recognize the need to acknowledge and mourn individual and collective losses, including losses that occurred in previous generations; and
- when the residential school legacy is viewed within a framework that includes the impacts of historic trauma and the phases of decolonization, then cultural reclamation plays a vital role in healing.

The report of the Royal Commission on Aboriginal Peoples (1996) exposed the residential school system as an underlying cause of many of the social problems that have plagued Aboriginal people over the past century. The Aboriginal Healing Foundation was specifically created to address the resulting need for healing. Enough work has now taken place—on the ground in healing projects throughout Canada, in research projects such as the study of historic trauma by Wesley-Esquimaux and Smolewski, and in the evaluations of AHF program activity—that a holistic picture of healing from the residential school Legacy is beginning to emerge. Reclaiming history, including addressing the long-term and intergenerational effects of the residential school system, plays such an essential role in the healing process that it stands on its own as one of the three pillars of healing. As noted by Qu'Appelle Child and Family Services, an organization in Saskatchewan that responded to the promising healing practices questionnaire:

Three (3) issues become very clear:

- 1) Survivors wanted to help themselves;
- 2) culture was the foundation upon which healing could flourish. Culture was critical to developing a positive self-esteem and a stable self-concept; and
- 3) knowledge of historical issues related to survivor experience was seen to be extremely important. Validation of survivor experience was necessary.¹²⁵

4.6 Cultural Interventions

Culture was an enduring theme among the promising healing practices cited by participating projects. While Legacy education situates the loss of language and culture in an understandable social context, activities aimed at renewing and reviving Aboriginal cultures contribute to individual and community healing. For Aboriginal people, cultural activities form an integral part of the healing process. Therefore, it is not surprising to find that the majority of promising healing practices (80.6%) included a cultural component. Cultural activities and interventions include Elders' teachings, storytelling and traditional knowledge; language programs; land-based activities; feasts and pow wows; learning traditional art forms; harvesting medicines; and drumming, singing and dancing. Zainab Amadahy explains the role of music in Aboriginal culture:

Our music had a function. It was (and is) used in the ceremonies of every medicine society from the False Face of the *Rotinoshoni* (Iroquois Confederacy) to the *Haatali* of the *Dine* (Navajo) people. Music was a medium for passing on values, history and news. It was a form of communicating thoughts and feelings. Music required people to develop social skills and engage in community activities. Through music, we collaborated, co-ordinated, laughed and healed.¹²⁶

Ceremonies and other traditional and spiritual interventions, including healing and sharing circles, are discussed later in the section on therapeutic interventions. While this division between culture and traditional healing may be viewed as unnatural or arbitrary, for the purposes of identifying promising healing practices, it makes sense. Ceremonies and healing circles are already widely accepted as modes of healing, while activities such as feasts, storytelling, Aboriginal language programs and powwows are less often associated with healing. Based on the research conducted as part of this study, it was concluded that cultural activities are indispensable to healing from the residential school legacy and historic trauma. As such, cultural interventions form the second pillar of healing. In practice, these activities almost invariably supplement other interventions; for example, being held in the evening after a workshop or intensive healing program. They were also seamlessly incorporated into the overall program by Aboriginal therapists, Elders and healing teams.

Culture is, of course, also connected to the collective values and worldview of Aboriginal people. Culture is "the shared set of beliefs and values that emanate from a group's practice of a shared language, behaviours, customs, and knowledge and is derived from a common comprehension of reality, history and future."¹²⁷ Thus, culture is one component of holistic healing, inseparable from a worldview rooted in concepts of balance and connectedness.

Elders are the primary source of cultural knowledge, and many of the interventions involved Elders. They presided over ceremonies; provided cultural teachings; taught traditional songs, arts and crafts; and led on-the-land excursions to gather traditional foods and medicines. In their role as cultural teachers, projects report that Elders are making significant contributions to their communities. This process benefits young people, Elders and the entire community: "The youth are finally interested in learning about culture and the Elders have an audience and most important, play a vital key in our community."¹²⁸

One community, who reported they no longer had a natural system to develop “elderhood,” included this in their program by bringing in knowledgeable resource people from other areas in order to offer cultural teachings.

How does culture contribute to healing? Reconnecting with one’s culture is empowering. A strong cultural identity builds self-confidence and self-esteem that in turn, facilitates healing: “It promotes Survivor recovery by providing the means to reconstruct self-esteem, empowerment, identity and belonging, an affirmation for life, connectivity, and completeness.”¹²⁹ Moreover, traditional people and others with cultural knowledge and a strong cultural identity, can be positive role models for young people. The Buffalo River Dene Nation in Saskatchewan referred to a respected counsellor who conducts sweats and other traditional ceremonies and who is actively involved in community life. He is “able to offer the young people of the community a role model who lives healthily in today’s world but whose strength comes from much of culture and tradition.”¹³⁰

Overall, cultural interventions tend to be collective activities and, as such, they promote a sense of belonging. They can diffuse the tension associated with intensive therapy, as well as provide a nonthreatening venue to introduce painful or difficult topics. Culture also plays a more serious role in healing:

The Traditions and Traditional Healing Programs are based on applied cultural therapy, and are designed to heal the core issues arising out of residential school sexual and physical abuse—low self-esteem, victimization and vulnerability, identity issues, loss or grief issues, the feeling of being separated or disconnected from oneself or others. The power of cultural therapy lies in its holism and in its ability to reconnect survivors with themselves, their families, and their community. Traditional activity provides a non-threatening safe and natural context for the healing of physical and sexual abuse.¹³¹

In an exploration of the role of culture in addiction treatment programs in Australia, Maggie Brady challenges the tenet of “culture as healing.” She argues that evaluations of treatment programs have been plagued by poor methodology, which is even more of a problem when culture is involved.¹³² She also states that “true culture” cannot exist in an urban environment. However, Brady’s approach views cultural interventions in isolation of the other therapeutic work taking place in the treatment programs she reviewed. Other research supports the positive role of culture when integrated into a holistic healing model.¹³³ Even Brady suggests that sweats are used effectively in alcohol treatment programs in Canada and offers three possible reasons for this: 1) sweats are a symbol and cultural marker of “Indianness”; 2) physical cleansing may be helpful in dealing with alcohol addiction; and 3) many sweat leaders and helpers are ex-drinkers who can serve as role models.¹³⁴

The promising healing practices submissions support the premise that culture is good medicine. Culture opens the door to more intensive healing; contributes to a stronger sense of identity, pride and belonging; helps people reconnect with underlying values such as wholeness, balance and connectedness; and builds a stronger sense of community. However, it must be stressed that cultural activities were offered as components of a holistic range of interventions and approaches, and not as a cure-all.

A study based on interviews with 87 people involved in healing from the residential school legacy asked participants what facilitated their healing. Using a critical incident methodology, the study identified 39 facilitative categories, including making a cultural connection. A number of other categories are closely associated with culture: working with Elders and traditional healers, participation in ceremony, cleansing and First Nations identity.¹³⁵ Duran and Duran report that many of their Native American clients have been so acculturated that the focus of the therapy is often merely to reconnect them to a traditional belief system and make sense of their lifeworld from a traditional perspective.¹³⁶ For those who have been alienated from their culture, the benefits were obvious: “Many clients feel, for the first time in their lives, that there is a place for them to be Aboriginal and to take pride in their heritage and identity.”¹³⁷

Needless to say, there is tremendous cultural diversity among Aboriginal people in Canada: Inuit and Cree in the north; Mi’kmaq in the east; Métis and Saulteaux on the prairies; Coast Salish and Nuu-chah-nulth in the west; and the scores of distinct cultures in between. In healing centres with culturally diverse participants, activities and ceremonies drew upon the cultural backgrounds of participants and on the knowledge base and spiritual practices of their Elders. This diversity is evident in the variety of cultural activities healing projects engaged in. For instance, as Carole Leclair and Lynn Nicholson point out Métis culture remains distinct, although it has undergone a process of cultural transition or adaptation:

Métis oral tradition teaches us that we are never entirely “other,” that our social and spiritual identities have always overlapped with those of our tribal relatives, other entities and our European relations in shifting patterns of creative necessity. Métis who remember *bush ways* [emphasis in original] remain connected with our first teacher, the land. In this way, we enact an Aboriginal ecology which adapts to, rather than assimilates, the larger common culture.¹³⁸

The Inter Tribal Health Authority in British Columbia explains how a West Coast focus is brought to the programs they offer at their healing lodge:

Every effort is made to provide a west coast focus to our healing programs. Elders that work with the programs are from coastal communities and bring with them their rich knowledge of west coast practices and teachings. All resource people, eg: craft teachers, cultural teachers, drummers/singers all practice and teach cultural practices from their west coast cultures. Although not all healing ceremonies used in the healing programs are indigenous to the west coast every effort is made to incorporate as many coastal healing ceremonies/practices as possible. For example the lodge has an area for cold water bathing in the nearby stream and in the ocean which is at our front doorstep. Further examples include use of cedar for cleansing and of a ceremonial burning site located on healing lodge property.¹³⁹

In addition to these clear cultural distinctions, a number of common themes are also evident. The remainder of this section looks at the ways in which culture is transmitted and how projects used it (traditional knowledge); at the role of language in cultural revival; and at the importance of traditional food and landbased activities in maintaining and passing on culture.

Traditional Knowledge

Marlene Brant Castellano has spoken of Indigenous knowledge as having three interconnected components: historical knowledge; practical, common sense knowledge; and spiritual knowledge.¹⁴⁰ The Aboriginal Healing and Wellness Strategy in Ontario uses the following definition of traditional knowledge: “Practical common sense; teachings and experience passed through generations; knowing the country; rooted in spiritual health; a way of life; an authority system of rules for resource use; respect; obligation to share; wisdom in using knowledge; using heart and head together.”¹⁴¹ Traditional knowledge is culture-specific and tied to the local land, resources and environment. Sometimes the knowledge belongs to a particular individual or family: “Each traditional song and dance belongs to someone, which makes it private property. They can not be used without permission of the owner. Each song and dance is sacred and reflects the history and lineage of where it came from.”¹⁴²

Knowledge is also passed on through teachings and storytelling: “It is through stories that customs and values are taught and shared. In most Aboriginal societies, there are hundreds of stories of real-life experiences, spirits, creation, customs, and values.”¹⁴³ In the introduction to the Inuit section of the final report of the Canadian Panel on Violence Against Women, the role of stories and legends in Inuit culture is explained:

Storytelling is an essential means of educating, and legends and myths preserve the laws of life from one generation to another. Many Inuit legends illustrate the unacceptability of violence against women and children, legends which have remarkable similarity from Alaska, across the Canadian Arctic and into Greenland.¹⁴⁴

A number of the projects spoke about how traditional teachings were incorporated into their programs: “All of our traditional values are shared and taught through stories, songs and dances.”¹⁴⁵ The Bent Arrow Traditional Healing Society in Alberta related that youth were particularly drawn to the teachings and that they “thirsted” for the project Elder’s knowledge. Moreover, a strong storytelling tradition can be helpful in encouraging people to tell their personal stories and bring the trauma into the open.

Thomas King begins every chapter of his book, *The Truth About Stories*, with these words:

There is a story I know. It’s about the earth and how it floats in space on the back of a turtle. I’ve heard this story many times, and each time someone tells the story, it changes. Sometimes the change is simply in the voice of the storyteller. Sometimes the change is in the details. Sometimes in the order of events. Other times it’s the dialogue or the response of the audience. But in all the tellings of all the tellers, the world never leaves the turtles back. And the turtle never swims away.¹⁴⁶

Then he tells a story or, more often, a series of stories. He weaves Aboriginal-colonial history into stories about his life, his family and friends, and his work. He addresses issues such as suicide, racism, environmental devastation, the inadequacy of social services, and the impacts of government policy on Aboriginal people in Canada and the United States. Each chapter has a theme, although it rarely becomes evident until the end. Each story is a lesson, a teaching. The reader learns something new, gains new knowledge or is prodded

into thinking about an issue or event in a new way. This is the essence of storytelling. As Leroy Little Bear states: “Storytelling is a very important part of the educational process.”¹⁴⁷

In 1993, Inuit Elder Rhoda Karetak addressed a symposium of artists at the Banff Centre in Alberta. She told a story about a time in Northern history when communities were just being formed, a time when Inuit were given numbers and dog teams had to be tied up. Intermingled with this story were observations about the growing suicide rate among Inuit youth, how the education system changed her children (“I also saw my daughter pregnant, looking in books for information instead of asking me, one who knows”¹⁴⁸) and how, through art, one can preserve the knowledge of the past. She spoke in Inuktitut, pausing while the interpreter translated her words into English. This storytelling, in a modern setting with a predominantly non-Inuit audience, proved to be powerful. A member of the audience later wrote: “As a testimony of survival and healing, Rhoda Karetak’s talk that morning became a catalyst, and a touchstone, for the discussions that unravelled in the day and a half remaining in the symposium.”¹⁴⁹ The story had an impact. Thomas King ends each chapter of *The Truth About Stories* with these words: “Just don’t say in the years to come that you would have lived *your* life differently if only you had heard this story. You’ve heard it now.”¹⁵⁰

Language

Leroy Little Bear says: “Language embodies the way a society thinks. Through learning and speaking a particular language, an individual absorbs the collective thought processes of a people.”¹⁵¹ He points out that Aboriginal languages are, for the most part, oriented towards process and action rather than objects; they are relatively free of dichotomies (either/or, black/white, animate/inanimate); and everything is viewed as animate and therefore has a spirit and knowledge. Almost one-quarter (23.3%) of the projects that responded to the promising healing practices questionnaire referred to an Aboriginal language. In many cases, language was identified as contributing directly to a project’s success. Aboriginal language use among project teams increases their ability to reach and connect with Elders, and provides clients with a choice around the language of service. Modelling language use was viewed as a way of keeping it alive. Because the prohibition against speaking their language was so strong in the residential schools, Survivors sometimes needed explicit permission to do so.

The Kettle and Stony Point First Nation was searching for a “gentle form of healing” that would not retraumatize Survivors. Language became the central component of their healing project. They explain that the language has many cultural teachings within that help Survivors overcome trauma. For instance, the importance of family is embedded in the full meaning of words such as mother, father, grandmother, brother and sister.

The lesson also demonstrated to our Survivors’ group that our traditional lifestyle was nonviolent and based on kindness and caring for one another. Many had been taught that their traditional culture was inferior and uncivilized. That negative stereotype was replaced. We wanted a ‘gentle form of healing’ for our Survivors that would honour their age and experience, and we found it in our language and culture.”¹⁵²

They reported: “Its like residential school in reverse. We’re being rewarded for speaking our language instead of being punished.”¹⁵³ Another organization recommended that anyone working with traditional medicines should be able to understand the language; in this case, a young intern was learning from listening to the project coordinator and traditional healer.

Ojibway, Cree, Nuu-chah-nulth, Inuktitut, Mi’kmaq, Blackfoot, Innu, Anishinabeg, Sauteaux, Kaska and Dene were among the languages mentioned. Activities included an Ojibway language workshop and Anishinabeg culture and language taught in a camp setting. Qu’Appelle Child and Family Services explained that Aboriginal languages were used to increase the level of client understanding of concepts associated with healing by incorporating traditional words and phrases into presentations. They first consulted with Elders about the use and meaning of particular words in the Dakota, Lakota, Nakota, Ojibway and Cree languages. “We knew that our languages contained profound degrees of knowledge. Our knowledge about healing was not primitive as implied in mainstream therapeutic literature.”¹⁵⁴ In *A Time to Listen and the Time to Act*, the Assembly of First Nations quotes the late Elder Eli Taylor speaking about the role of language in understanding concepts and relationships:

Our native language embodies a value system about how we ought to live and relate to one another...It gives a name to relations to kin, to roles and responsibilities among family members, to ties with the broader clan group ... There are no English words for these relationships.¹⁵⁵

Traditional Foods

In a long-term study of Cree perceptions of health—based on interviews with Elders—Naomi Adelson concluded that health is inseparable from Cree identity and the land-based culture.¹⁵⁶ The term *miyupimaatisiun*, or “being alive well,” captures this dimension of health: “Indeed, from a Cree perspective, health has as much to do with social relations, land, and cultural identity as it does with individual physiology.”¹⁵⁷ Traditional Cree food is one of the things that form the essence of “being alive well.” Inuit food has a similarly important role in maintaining physical and mental health. A mental health study found a strong association between a lack of country food and generalized feelings of ill health, including physical feelings of weakness, lassitude, tiredness, irritability, uncooperativeness, lack of interest in daily events, indifference towards children and generalized depression.¹⁵⁸

Many of the cultural activities reported by projects revolved around food—gathering, harvesting, preparing and sharing traditional foods. The Rising S.U.N. Women’s Support Group in Barrie, Ontario, recounted that feasting with traditional foods, like berries, wild rice and moose stew helps people to integrate learning into their personal lives. The Conseil des Montagnais in Natashquan, Quebec, reported that the approach used by their Elders is rooted in Innu teachings about traditional foods, medicinal plants and nature, as well as family and tribal history. Other projects held classes on cooking traditional food; scheduled monthly teas that brought Elders, youth and the community together; and held activities related to the gathering, preparation and use of traditional foods and medicinal plants. Many reported celebrating achievements with a community feast.

Involving young people in preparing traditional food in a camp environment is one way of teaching the youth about being of service to the community.¹⁵⁹ Food plays a number of other significant, yet subtle, roles in healing projects. Social activities that include traditional foods are often used as a nonthreatening way of inviting the community to project activities. This may ultimately have increased participation in healing. Moreover, feasts bring people together in a way that builds and supports their sense of community. As a concrete link to culture, feasting on traditional foods reminds people of other traditions that could be revived. Finally, in addition to the obvious nutritional value of the food, a traditional diet may enhance mental health and feelings of well-being.

In an urban setting, structuring a healing circle to include food supports a number of the program goals:

The evening begins with a meal, with the men arriving about 5:30. In part, the meal reflects traditional Aboriginal values and sentiments associated with communal meals (the feast). The meal also serves program goals of building group relationships and meeting basic needs. Offering a meal provides an incentive to attend, until group development reaches a stage of commitment and motivation to participation.¹⁶⁰

Culture, Youth and Land

The Liard Aboriginal Women's Society in the Yukon runs a Traditions Program, where activities take place primarily on the land. The benefits of this program are clear:

The methodology is contained in the culture—for example, the concept of circle, respect, learning by watching, learning by listening, learning by doing, ways of relationship to family, community and the land, and so on. Traditional activity contributes much to recovery from many of the primary effects of sexual and physical abuse. Positive self-esteem comes from accomplishing something that has meaning and is valued by self and others. Feelings of victimization are displaced by the empowerment that comes with encouragement, accomplishment and confidence.¹⁶¹

Many of these accomplishments are related to developing land-based skills. For example, the Kikinahk Friendship Centre in La Ronge, Saskatchewan, involves youth in traditional activities, such as dressing and preparing moose meat, drying and smoking fish and picking berries. Elders gather medicinal herbs and teach youth about their traditional uses. Teens work with the centre's grandparents to set the fish net on the ice, "using a jigger, rope and a lot of muscle. The cutting of the ice hole is done by using an ice chisel—two holes need to be cut."¹⁶² They report that the majority of clients have never been taught their culture and the youth in the program are very eager to learn.

In an address to the 2004 AHF National Gathering in Edmonton, the Honourable Ethel Blondin-Andrew commented on the need to ensure that children have the love and joy that Survivors were denied in their school years. She added:

[W]e share a path and have been given a great number of gifts by our forefathers, our grandfathers and grandmothers: our languages, our cultures, our traditions, our spirituality, our sharing nature,

our love of life and our love of the land and people—no one needs to teach us that, that we should love our land and our people.¹⁶³

At workshops held during the gathering, participants affirmed the pivotal role culture plays in healing. They addressed its particular importance for youth and made a number of observations and recommendations. On-the-land activities, in particular, were viewed as making a significant contribution to healing. Children and youth benefit from attending bush camps and land-based cultural camps that teach leadership and other skills, such as snowshoeing, rabbit snaring/skinning, smoking fish, kayaking and canoeing. With respect to rites of passage, one person pointed out that the only rites of passage that many Aboriginal people know are baptism and confirmation. Traditional rites of passage need to be reintroduced, as they lay the foundation for a sense of belonging. Every community has its own rites of passage, including holding a feast to honour a boy who has become a provider following his first kill, and coming of age ceremonies for girls and boys.

Workshop participants also spoke about the changes they are seeing among youth; there is a decided increase in cultural pride. Young people are also asking questions about their family and community history, and seeking information about their culture, traditions and ceremonies. An increased interest in and use of traditional language was noted, along with an increased respect for Elders. Cultural camps have established closer bonds between Elders and young people. Others noted that more youth are participating in drama and theatre—programs at the White Buffalo Youth Lodge in Saskatoon were mentioned—and more are focussing on their education. Participants also observed that family ties are becoming increasingly important. Men are more involved with their children and grandparents are more involved with their grandchildren. Children are learning to live healthy lives without violence. Overall, participants felt that young people are becoming more responsible and more involved in community life, and that families are growing healthier and stronger. Madeleine Dion Stout and Gregory Kipling, in a research paper entitled *Aboriginal People, Resilience and the Residential School Legacy*, probe the link between culture and resiliency in the context of family:

Culture is linked to resilience by two principal respects. On the one hand, cultural norms condition parent-child interactions in ways that can either facilitate or constrain the development of protective factors. On the other hand, manifestations of one's culture (for example, traditions, ceremonies and language) are often important sources of pride and self-esteem, serving to support individuals in their struggles against adversity. Moreover, Aboriginal parents do much to protect their children when they act in ways that validate and reinforce their survival capabilities.¹⁶⁴

In summary, cultural interventions were fully and consciously integrated into healing programs, and cultural activities were identified as a promising healing practice more often than any other intervention or approach, with the exception of traditional therapies. While culture is clearly good medicine, holistic healing—especially with respect to trauma recovery—requires more focussed interventions. The next section examines the ways in which projects addressed therapeutic healing.

4.7 Therapeutic Healing

As noted throughout this volume, Legacy education provides a sociohistorical context for understanding the personal trauma experienced by Survivors and their descendants. Cultural interventions promote a strong sense of personal and cultural identity, thereby creating a stable foundation to support, reinforce and enhance the healing process. This section addresses the third pillar of healing—the therapeutic healing process. It is through the therapies and strategies discussed below that projects most directly supported Survivors and their descendants on the healing journey. In *Trauma and Recovery*, Judith Herman asserts that “repeated trauma in childhood forms and deforms the personality,” yet the abused child also develops “extraordinary capacities, both creative and destructive.”¹⁶⁵ Residential school Survivors, removed as they were from their families and communities, punished for speaking their language, ridiculed for their spiritual beliefs and, in many instances, beaten and sexually abused, undoubtedly experienced repeated childhood trauma. Yet, as one Aboriginal author points out: “Our people are survivors, champions, and warriors who have survived an oppression striking at the very core of our spirits.”¹⁶⁶

Projects that submitted promising healing practices delivered a broad range of traditional and Western therapies and, to a lesser extent, alternative therapies. Table 8 provides an overview of traditional, Western and alternative therapies, along with the characteristics of combined and blended approaches. Included is a brief description of each approach, followed by examples, information on healers and therapists, and an overview of the training required. Combined approaches are discussed at the end of this section. Most projects utilized a variety of therapeutic methods and approaches—traditional healing combined with Western or alternative therapies, and combinations involving therapeutic and cultural interventions and Legacy education. At this point, it is necessary only to point out the extent to which projects drew upon multiple healing strategies and methods.

Table 8) Characteristics of Traditional, Western and Alternative Healing Methods

Characteristics	Traditional	Western	Alternative	Combinations and Blends
Description	Holistic (body, mind, spirit, connections to land, family and community), based on an Aboriginal worldview and methods rooted in the culture and the environment. Healing is aimed at restoring harmony and balance. Many regional and cultural variations in methods of practice, although some practices are being used across cultures (e.g., sweats, smudging).	Medical model (science-based), focus on diagnosis and curing a particular disease or disorder. The body and mind tend to be addressed separately as are various parts of the body (e.g., heart, lungs, legs, head). Promotes standard and uniform methods of practice; also, various interventions common to social work practice.	Holistic (body, mind, spirit), alternative healing has roots in ancient Eastern traditions (e.g., Chinese medicine, acupuncture) and a variety of other cultures; there are also many contemporary New Age adaptations (e.g., cranial-sacral therapy).	Holistic in the sense that the healing process includes more than one therapy: blends of traditional healing and Western or alternative methods where parts of one approach are incorporated into or adapted by another. Also, interventions that include both Western and traditional therapies as part of the overall healing plan or that offer clients a choice of traditional and Western/alternative therapies.
Examples	Healing circle, sweat lodge, pipe ceremony, dream interpretation, fasting, herbal medicine, cleansing and prayer; also healing ceremonies that involve singing, drumming and dancing. Counselling by a healer or Elder; and often involves using multiple treatments that attempt to address all dimensions of the problem—physical, emotional, mental, spiritual, family and social relations.	Psychotherapy, Gestalt, cognitive-behavioural therapy; counselling by a psychologist, psychiatrist, social worker or other therapist trained in a Western institution. Also includes art therapy, play therapy, genograms and psychodrama.	Reiki, reflexology, acupuncture, homeopathy, naturopathy and massage therapy.	Combination of cognitive-behavioural therapy and healing circles; healing circles and ceremonies combined with counselling by a psychologist; post-colonial psychology; art therapy and traditions; and Inner Child therapy integrated with traditional Anikamekw therapies.
Healer/Therapist	Traditional Healer, ceremonial leader.	Psychologist, psychiatrist, social worker, educator.	Alternative practitioners.	Various combinations of healers and therapists.
Training	Culturally determined protocols regarding the transmission of sacred knowledge and who should have access to this knowledge; apprenticeships; Healer models healthy behaviour (“walk the talk”).	Primarily Western universities and colleges that offer academic degrees and licences to practice.	Primarily specialized training programs, workshops and apprenticeships, although some receive extensive training in their home country (e.g., Chinese acupuncture).	Various combinations.

4.7.1 Traditional Healing

Traditional interventions and therapies include healing and sharing circles, sweat lodges, fasting, counselling by Elders, using the medicine wheel in counselling and any other interventions involving traditional healers. Spiritual activities, including ceremonies, are a critical dimension of traditional healing. The All Nations Traditional Healing Centre in Winnipeg defines traditional healing services as follows: “individual and group traditional healing and counselling sessions, including sharing circles, pipe ceremonies, sweat lodge ceremonies.”¹⁶⁷ Definitions vary across cultures, people and nations, but there are common elements. A good life is perceived in terms of balance, wholeness, connectedness and relationship, while imbalance, fragmentation and isolation are considered root causes of distress and disease. Traditional healing rebuilds balance, “re-enforces the stronger aspects of self; begin[s] developing weaker aspects of self; revive[s] a sense of clarity, strength, vitality, desire for life, increased cultural pride, improved self-care, parenting and leadership.”¹⁶⁸ Table 9 shows the extent to which projects used various traditional interventions.

Table 9) Traditional Healing

Intervention	# (n=103)	%
Spirituality (including ceremonies)	72	69.9
Sweat lodge	42	40.8
Circles (healing, sharing, other)	51	49.5
Counselling by Elders	45	43.7
Traditional healers	7	6.8
Medicine wheel	27	26.2
Traditional Healing (including all of the above)	88	85.4

Spirituality

In many Aboriginal cultures, wrongdoing is viewed as a symptom that the person’s life is out of balance, and healing is considered the appropriate response. In such cases, healing is often initiated through ceremony. In this study, spirituality has been broadly defined to include prayer and ceremonies, as well as Christian spirituality. While singing, drumming and dancing have been discussed under cultural interventions, they have also been included as spiritual practices if the purpose surrounding the activity was described as spiritual. The majority of projects (69.9%) included spiritual activities. This high percentage is reflective of the critical role of spirituality in the healing process, which is recognized across regions as both a component of healing and as an essential ingredient of everyday life: “Traditionally, First Nations teachings suggest

that all humans need healing and that the means to grow spiritually are incorporated into every aspect of life.”¹⁶⁹ Moreover, a healthy life involves spirituality: “Wellness and spirituality are inseparable.”¹⁷⁰

Many of the projects named the ceremonies being used: Blackfoot sweat lodge ceremony, smudging, sweetgrass ceremony, Sun Dance, burning ceremony, pipe ceremony, dancing, rites of passage, traditional Mi’kmaq healing ceremony, vision quest, spiritual bathing, naming and full moon ceremonies, Dene Fire Ceremony, New Woman Ceremony, tobacco ceremony, honouring ceremony, cedar bath, rain dance and Cree Shaking Tent Ceremony. Not surprisingly, few details were provided about the ceremonial practices, as it is commonly understood that details are not shared publicly. Some ceremonies belong to individual healers, others to the group, tribe or nation and almost all are subject to protocols covering who can conduct them, when and under what circumstances.

While the ceremonies used were most often rooted in a particular culture or tradition, some, like the sweat lodge and smudging, are now used across cultures. This is especially the case in culturally diverse urban areas. Overall, 40.8 per cent of the projects included sweat lodge ceremonies among their activities, and sweats were used in every region of the country. With respect to sharing or borrowing ceremonies from other Aboriginal traditions, The Children of Shingwauk Alumni Association in Ontario noted: “People are increasingly cross-cultural in their activities and often have no difficulty in sharing in the different ways.”¹⁷¹ The Liard Aboriginal Women’s Society in the Yukon used borrowed ceremonies as a doorway to recovering their own traditions:

The Traditional Healing Program is based on borrowed traditional ceremonial and medicine practices that are compatible with Kaska traditions. Traditional therapies offer a holistic, natural, non-aggressive, path-based approach to healing, an approach that is for many survivors the only one they trust. For many, traditional healing becomes the centre of the recovery process, with other forms of healing following after—much like the branching of a tree. As an additional benefit, the practices provide a pattern and a doorway for the recovery of Kaska traditional healing practices.¹⁷²

Beginning a healing session with a smudging ceremony and a prayer and ending with a prayer were common practices within First Nations and some Métis programs. Smudging is a cleansing ceremony that uses the smoke made from a smoldering plant, such as sweetgrass, cedar or sage, to purify thoughts, feelings and the spirit. One of the healing lodges reported a mandatory policy of including a traditional ceremony at the end of a session in order to ensure proper closure to the healing activity. In another case, spirituality was woven into the front end of the program by incorporating questions about spiritual needs in a client intake form. Another described a fasting cycle that began with a sacred fire, sunrise ceremony and pipe ceremony, and ended with a sweat lodge ceremony and a feast.

The benefits of placing spirituality at the centre of a program were demonstrated by the Eyaa-Keen Centre in Winnipeg: “Our best healing practices are based on traditional spirituality and blend traditional, clinical and contemporary disciplines. These are formulated to help participants holistically move masses of fear, pain and tension from their system.”¹⁷³ Another reported that the formality of ceremonies and ritual was helpful in the healing process. Spirituality is generally missing from Western approaches to mental health

and healing. The Minwaashin Lodge in Ottawa used the medicine wheel in combination with mainstream methods to bring spirituality back into the healing process.

Activities that occur support all aspects of holistic healing in that balance cannot be achieved if one or more parts of the Medicine Wheel are not in equilibrium. At Minwaashin Lodge it has been found that utilizing only mainstream methodology can be reductionistic in that people who are experiencing the effects of residential school are reduced to medical model labels. When mainstream methods are combined with a holistic approach that includes the spiritual elements of the wheel, findings [are] that the combination of approaches assists clients in restoring balance in their lives.¹⁷⁴

Some organizations reported that both Christian and traditional spirituality were equally respected or that their spiritual practices encompassed the ceremonies of other cultures. The St. Paul Treatment Centre, a healing lodge in Alberta, offers ceremonies derived from a combination of cultures (Blackfoot, Cree, Sioux, Dene and Inuit), depending on the background of participants and the Elder who hosted the event. Activities included daily smudges, pipe ceremonies, sweats, night lodges, round dances, pow wows, Sun Dances, fasts, singing and dancing. "Individuals who are practising Christians and those who are traditionalists are never forced to participate in events they are not accustomed to, however they are encouraged to participate as part of the experiential learning process."¹⁷⁵ The Keeseekoose First Nation in Saskatchewan described their best healing practice as incorporating traditional methods of prayer: spirituality has a presence in everything they do. Yet, they also accommodate the beliefs of people following Christian denominations based on "respect for one another's beliefs and to enhance equality for all Elders, Survivors and intergenerationally impacted."¹⁷⁶ The Makitautik Community Residential Centre in Nunavik (northern Quebec) related that it takes the spirituality of clients very seriously. In this case, spiritual healing is based on the Bible, a practice not uncommon in the Inuit world where Christianity has been embraced. A project in the Atlantic region brought in a spiritual Elder from northern British Columbia for a program retreat. A study of 20 Aboriginal offenders, who successfully reentered the community, found: "the most important influence on the offenders' ability to stay out of trouble was developing their spirituality and cultural identity. This involved taking part in activities such as sweat lodges, pipe ceremonies, drum groups, fasting, vision quests, prayer and healing circles."¹⁷⁷

This finding is supported by a number of the papers reviewed in a technical report on best healing practices prepared for the AHF. In fact, where spirituality was recognized as a component in the recovery process, both traditional and Christian spirituality were credited.¹⁷⁸

Establishing a spiritual connection, including attending Church services and participating in ceremonies, was identified by participants in another study as facilitating healing.¹⁷⁹

Circles

Connecting with others in circles and groups reinforces the development of positive, trusting relationships. Circles were a popular therapeutic approach: of those who responded to the questionnaire, almost half of the projects (49.5%) reported they used circles in their programs. Sharing circles were referred to most

often, sometimes in combination with healing circles. Teaching, sentencing and sacred circles, were also listed. Overall, 24.3 per cent mentioned healing circles, 41.7 per cent referred to other types of circles and many projects utilized more than one type. For instance, one held sharing circles led by a psychologist and healing circles led by an Elder; the healing circles focussed on traditional spiritual issues. Circles were often gender-or group-specific: men, women, youth, Elders, young women and, in one case, a traditional children's teaching circle. They were led by Elders, facilitators, circle keepers and therapists. A reunion of Survivors found some of the circles were "spontaneous and self-directing." The Children of Shingwauk Alumni Association described many variations in the circles they used:

We use both traditional and contemporary healing methods, and our most popular and effective method seems to be the traditional sharing or healing circle. We use large and small mixed circles, male and female circles, elders and youth circles, former student and family/descendant/friends circles, one on one, and any variant that seems appropriate. Although an experienced survivor or healer is always provided and made available as a "circle keeper" or facilitator, some circles are spontaneous and self-directing. When issues arise as they sometimes do, such as admission criteria, etc., it is left up to the circle participants themselves to decide.¹⁸⁰

It was not clear from most of the submissions if projects differentiated between healing and sharing circles or if the terms were used interchangeably. In a book on Aboriginal approaches to helping, Cree social worker Michael Hart describes the purpose of sharing circles as creating a safe environment for people to share their views and experiences.¹⁸¹ The goals include promoting understanding and initiating the healing process. Healing circles, on the other hand, help participants work through painful memories and develop trust in the intuitive or spiritual side of life. They tend to be led by Elders who play an active role by speaking about the healing process and providing insight and guidance. Facilitators of sharing circles are less likely to intervene in this way. An Inuit project described one of their promising healing practices as weekly sessions where participants come together to talk. While not referred to as such, the process sounds similar to a sharing circle. People sit in a circle, an object such as a stone is passed around and participants speak for as long as they wish about anything they choose. "By talking, people are letting go of their burden."¹⁸²

While details about the workings of circles were sometimes vague or missing, projects were clear about the benefits. Hart reports that sharing circles often elicit strong emotions, including sadness, anger, frustration, joy and fear. These emotions are experienced not only by the person expressing them, but also by those who are listening. "The healing aspect of sharing circles can go beyond expression. It can carry further into releasing long held feelings that are affecting the wellness of people."¹⁸³ Promising healing practice projects described numerous benefits of circles:

The weekly "talking/healing circles" is considered one of the best healing practices. Within the circle people begin to form a bond because of their commonalities - they begin to feel good about themselves - they begin to develop a sense of belonging - they begin to see a need to heal the community spirit, which has been suppressed.¹⁸⁴

The power of the circle is of course its capacity to reveal the truth—to facilitate healing through disclosure, acknowledgement and understanding of painful and traumatic experiences. Essentially a “talking cure” or “talking medicine” ... requires a tremendous amount of trust and support from all involved. We can say without hesitation that the strength, care and support of participants for one another are essential to the process. Of all the healing resources and supports available to us, our coming together and helping each other as survivors ourselves is the greatest.¹⁸⁵

The best healing practice for the Men’s Talking Circle has been the traditional use of the Eagle Feather. The Eagle Feather represents the Sacredness of the Circle. In the circle, men holding the feather share with sincerity, honesty and openness. Following the meeting, men have remarked “I feel safe in the circle.” “I feel like I have been listened to.”¹⁸⁶

Location was sometimes considered important:

The practice that worked best for us was sharing circles held in a natural setting. We own a cultural site away from the community and we used this site to hold our circles. This is a quiet place where we cannot be disturbed and where we come into easy and natural contact with our spiritual and traditional roots. We also found this was the best approach to bring street youth back into a traditional healing environment.¹⁸⁷

The group dynamic that occurs in circles is similar to that of Western therapy groups. Overall, group-level interventions were popular: 75.7 per cent of those projects who responded to the questionnaire reported incorporating group processes into their work. In addition to circles, this includes workshops, camps, retreats, gatherings and group counselling sessions. A number of organizations acknowledged the healing benefits of the group process, including opportunities to build trust, create informal support networks, process individual experiences and learn from the group. In groups, individuals are exposed to different coping strategies as they observe others dealing with their issues and moving forward. One organization reported that groups work especially well for men. The advantages of the group process are summed up in the following statement:

The group-healing format presented in this program is highly effective and the principle behind group healing is that as specific individuals share their experiences and their personal healing, the whole group benefits and heals simultaneously. Therefore it makes group healing much more time and cost effective than other methods that work with only one person at a time. For many participants it provides a safer and less threatening environment than one to one counselling. For example, not everyone is required to speak or share their experiences, participants can benefit from attending merely by being in the moment and attentive to what is going on. Group healing also allows for individuals who are on a healing path to connect with other like-minded individuals. It promotes a community atmosphere, cooperation and is inclusive. It gives people the opportunity to reach out to each other or those in need.¹⁸⁸

Medicine Wheel

The circle image is reproduced in the medicine wheel, and just over one-quarter of the organizations who responded to the questionnaire (27.2%) specifically mentioned using medicine wheel teachings. While references covered all regions (a northern community referred to the Dene Wheel of Life and Dene Life Cycle as being based on the medicine wheel), they were most frequent in Manitoba, Saskatchewan and Ontario. Medicine wheel teachings were used in combination with Western approaches or as the overall philosophical model under which both traditional and Western therapies could be incorporated. This was especially useful in providing a holistic structure for the healing process and for examining the concept of balance. Hilary Weaver, in her introduction to an issue of an American sociology journal dedicated to Aboriginal perspectives on wellness, reports that, in spite of the tremendous diversity among Aboriginal people in North America, most have a concept of balance and many nations depict relationships using some form of a medicine wheel. She described the relationship between wellness, holism, balance and the medicine wheel as follows:

Wellness is a holistic concept, as illustrated by the different elements of the medicine wheel. All areas must be in balance and harmony for true wellness to exist. A problem in one area upsets the balance and affects other areas. Wholeness or integrity of individuals, families, communities and nations are all facets of wellness.¹⁸⁹

There are many variations in how the medicine wheel is depicted and used. Herb Nabigon and Anne-Marie Mawhiney describe a Cree medicine wheel that uses the compass points of the four directions as a tool to help people rediscover their path:

The Cree teachings, which include the medicine wheel, the hub, and the four directions, provide a map to restore an individual's spiritual balance. Symptoms such as greed, materialism, low self-esteem, and other kinds of problems can be healed by incorporating Native teachings into our way of thinking and living.¹⁹⁰

They present a set of assessment questions to use with the medicine wheel to help youth understand their own behaviour, the environment, and the ways in which they influence and are influenced, by this environment. Hart describes the medicine wheel as "an ancient symbol of the universe used to help people understand things or ideas which often cannot be seen physically."¹⁹¹ He notes the many variations, including Anishinaabe, Cree and Dakota interpretations. Kenneth Cohen, author of a book on Native American healing, describes two kinds of medicine wheels: the symbolic, which is drawn on paper or imagined; and the physical. "The physical wheel—generally made with stones, pebbles, posts, or lines etched in earth or sand—marks a permanent or temporary ceremonial site from a few feet to hundreds of feet in diameter."¹⁹² He states there are almost two hundred ancient stone medicine wheels in North America. One of the promising healing practice projects used a physical medicine wheel to provide structure to a circle process:

Although there is a main focus of listening to survivors and families, there was a need for some sort of structure in the sharing of feelings. A "Medicine Wheel" teaching worked well here. It is a process of making a large circle with some small stones on the floor. The circle is then divided into

four parts representing Body/Mind/Spirit/Emotion. The participants could start at any place they wanted and speak about health, thoughts, beliefs and feelings.¹⁹³

As a healing tool, projects used the medicine wheel and related teachings in a variety of ways:

- to identify intergenerational traumas, patterns and behaviours (both positive and negative);
- to address the mental, spiritual, emotional and physical impacts of the residential school experience;
- to develop individual healing plans and assess progress at various points in the healing process;
- to train peer facilitators and volunteers; and
- to ensure that spiritual issues are addressed when the primary intervention is a mainstream approach.

Overall, the medicine wheel teaching was most often used to ground interventions in a holistic, balanced framework, as indicated by the following project: “The restoration of balance using the medicine wheel and its teachings has been incorporated into the delivery process, creating a holistic approach to program delivery.”¹⁹⁴

Counselling by Healers, Helpers and Elders

Only a few projects (6.8%) mentioned using traditional healers. Dawn Martin-Hill, in a research paper on traditional medicine prepared for the National Aboriginal Health Organization, identifies a number of specialized fields of practice within traditional medicine, including: “herbalist, diagnosis specialist, medicine man/woman, healer, and midwife.” She describes a healer as a gifted individual who may heal in a variety of ways: spiritually, using indigenous plants and fauna, through ritual, prayer and ceremony, and using the “gift” of touch or energy work.¹⁹⁵ The United Chiefs and Councils of Manitoulin in Ontario noted that their traditional healer focusses on the spiritual realm. Working in the language of the community, he receives everyone who seeks healing. The project describes its philosophy and the link with spirituality and healing in the following way:

As Anishinabec, we are vision seekers which helps us find our meaning in life. Our visions help us fashion our instruments, approaches and our extraordinary will to invest our self-worth in this human experience. The manifestation of this Anishinabec belief is to serve our assigned purpose in life and the realization of the Creator’s design through ourselves. Sounds too simple perhaps but to live it, is to become a healer or a complete being who helps others.¹⁹⁶

The word “helper” is used by many people in place of healer. In *Seeking Mino-Pimatisiwin*, Michael Hart devotes numerous pages to describing the role and characteristics of helpers. Helpers prepare to help others by first working on their own physical, emotional, mental and spiritual well-being. “They try to ensure that the many hours of learning required to become a helper does not stop them from maintaining a healthy degree of physical activity or contributing to their family’s well-being.”¹⁹⁷ They understand and share their personal and family history, and they have a well-established sense of spirituality. They also seek to understand every individual they work with, including the person’s personal, family, community and national history, and the impacts of this history. They offer support and guidance and encourage reflection.

In an article on blending traditional and contemporary treatment of sexual offenders, Lawrence Ellerby and John Stonechild describe the role played by “Elders/healers” when they are part of a clinical treatment team. They begin by noting that not all Elders are spiritual workers or healers and some are referred to as Elders out of respect for their age. However, Elders/healers have a diversity of gifts and roles. “For example, elders/healers may be counsellors, teachers, and medicine men/women who heal through the use of sacred medicines, sacred songs, and sacred ceremonies, or they may perform specific types of ceremonies.”¹⁹⁸ Differences in counselling styles between Elders and clinicians were noted; for instance, Elders work from a holistic perspective and, as such, see distress as an indication that the individual is out of balance. This leads to a focus on behaviour, rather than conferring the person with a label or diagnosis such as “sexual offender.” Elder counsellors attempt to have a positive impact on the individual’s self-esteem (opposed to adopting a negative and confrontational approach) and play a very active role in the intervention process. They provide advice that the individual is expected to follow in order to change and heal. Also, the individual must request healing; it cannot be mandated. Most importantly, there is an emphasis on spiritual healing. Ellerby and Stonechild conclude: “The elder’s approach, style of presentation, and, at times, familiarity with the offender’s family or community, all work toward building a strong bond with their clients that enhances the offender’s confidence and willingness to take the risks necessary to look at and change their lives.”¹⁹⁹

Many of the promising healing practice projects (43.7%) reported using the services of Elders—as healers, caregivers, advisors, committee members, teachers and role models. Although some Elders provided counselling services, they more frequently offered guidance and support through their teachings and stories, and they led ceremonies, circles and prayers. Elders and healers with the Tsow-Tun Le Lum Society in British Columbia performed traditional cleansing ceremonies, while Elders also provided teachings on the various methods of cleansing. A Salish Elder shared her spiritual knowledge and led clients in an exercise that helped them release unresolved grief through writing a letter to those who had passed on.

Elders were especially valued for their cultural, linguistic and historical knowledge. Offering people the opportunity to consult with an Elder about spiritual matters was mentioned numerous times. The Haahuupayak Society in British Columbia hired a clinical counsellor to work with students two days a week and a Resident Elder to help students in the traditional way. The Elder, a Survivor who spoke the language, held weekly talking circles that were credited with “minimizing the students conflict during the rest of the week.”²⁰⁰ The success of the Conseil des Montagnais de Natashquan’s healing project in Quebec was attributed to consultations with community Elders.

[TRANSLATION] First we consulted all the Elders in the communities, asking them to tell us who, amongst them, would be the best persons to participate in our healing approach/activities. Beside qualities related to healing, wisdom, traditional and indigenous knowledge, we were looking for people with a solid knowledge of family histories. We came up with a list of six Elders and formed an Elder’s Committee, who could delegate the [E]lders best able to serve on the healing teams for each retreat. This committee meets with the technical team (Psychologists/therapists/counsellors, people involved with the logistics of the retreats) to make sure everyone is on the same wavelength, knows the objectives and understand their role and responsibilities.²⁰¹

A few of the promising healing practice submissions included activities specifically designed for or by Elders. Examples include regularly scheduled gatherings, such as luncheons and teas; an Elders' abuse workshop; establishing an Elders' support group; peer counselling; and providing training for Elders who were being utilized as a community resource. The last point is especially important, as Elders in one project requested training to more effectively meet community needs and expectations. The National Aboriginal Health Organization (NAHO) found a similar desire among the Elders and healers they consulted: "Professional and intellectual development was a key finding in the workshops, since it has been traditionally assumed that we will learn from Elders, not that they would like to learn from one another."²⁰²

Whatever role they play, Elders, healers and helpers are integral to traditional healing interventions.

4.7.2 Western Therapeutic Approaches

There were very few instances of Western therapies being used on their own. In fact, in all but a few cases, they were delivered in combination with other interventions, including ceremonies and cultural activities. The following discussion provides a brief overview of some of the mainstream approaches used by the promising healing practice projects.

Western therapies mentioned in the promising healing practice submissions include the following:

- * cognitive-behavioural and rational-emotive therapies;
- * life skills and parenting courses;
- * psychodrama, genograms, Gestalt and psychoeducation;
- * art therapy;
- * psychotherapeutic approaches to dealing with shame, guilt, anger, depression, abandonment;
- * addictions recovery, AA and 12-Step programs;
- * client-centred and reality therapies;
- * individual and group counselling;
- * peer counselling and on-line counselling for youth; and
- * Inner Child therapy.

Cognitive-behavioural therapy: is based on the premise that thoughts and perceptions influence behaviour. This approach was invariably used in combination with traditional practices. A Métis project reported that combining the First Nations medicine wheel with cognitive behavioural therapy works well. A trauma recovery program for women used a variety of Western and alternative therapies, along with traditional and cultural interventions. They found cognitive-behavioural techniques to be the most successful. Another healing program for women used a variety of traditional methods, including the medicine wheel, combined with cognitive-behavioural and client-centred methods.

A program for incarcerated men combines traditional healing with cognitive-behavioural therapy. The traditional approaches they use include healing circles, drumming ceremonies, sweat lodges, sacred fires, traditional feasts and cleansing ceremonies. Cognitive-behavioural techniques include relaxation training, systematic desensitization, assertion training, self-management and mediation.²⁰³ They reported that

traditional instruction and contemporary teachings have complementary goals: to help clients reestablish contact with self; to enable them to view reality without distortion; to create new conditions for learning; to replace maladaptive behaviour with healthy behaviour; and to develop goals and encourage flexibility and growth. "Cognitive-behavioral therapies are the most commonly used and widely evaluated of all the treatment approaches used with offenders ... and with sex offenders in particular."²⁰⁴

Psychodrama: A number of healing programs used psychodrama in combination with traditional or cultural interventions. Psychodrama is an experiential therapy that is increasingly used in treating trauma.

While the field searches for faster and more effective treatment, experiential psychotherapy is being increasingly recommended as a viable treatment alternative for trauma survivors. What becomes obvious with the accurate diagnosis of PTSD is that many of the symptoms are unconscious, non-verbal, right-brained experiences that cannot in fact be accessed through talk therapy. Unconscious acting out and re-experiencing of unprocessed trauma happens all the time for victims of trauma. Experiential methods provide safe, structured, therapeutic ways consciously to re-enact past traumatic experiences so that new healing endings can guide the future.²⁰⁵

Psychodrama is used primarily with groups, and the interventions are led by a trained therapist, sometimes referred to as the director. The Keeseekoose First Nation in Saskatchewan is in the process of training its staff and some of its board of directors, including three Elders. They have completed the first two levels and are beginning the third: "Level 3 is an extensive training, it takes years and a lot of hours have to be put in to become certified in this area."²⁰⁶ Techniques include doubling, role-playing, mirroring, role reversal and soliloquy. Reenacting the original trauma in a safe environment and under the direction of a skilled therapist is cathartic: it provides insight and an opportunity to emotionally reintegrate and cognitively process the traumatic event.²⁰⁷

Psychodrama should only be delivered by highly trained and experienced therapists, and it is an approach that is not appropriate for all people. For example, individuals with acute social fears, an inability to tolerate conflict or extreme narcissism may do better in individual therapy.²⁰⁸ Yet, psychodrama may be especially helpful in dealing with residential school issues because, "[i]f a trauma has not been sufficiently spoken of, acknowledged and expressed at the time of its occurrence, traces of it will remain to surface in the family even 50 or 100 years later."²⁰⁹ Genograms—a technique used to identify and increase understanding of the impacts of intergenerational trauma—are often used in conjunction with psychodrama.

Nonverbal therapies: such as art therapy and play therapy, were mentioned by a number of projects. Used with trauma survivors, these approaches are based on an understanding that traumatic childhood memories stored in the right brain or nonverbal memory may not have been translated into words. Art also provides a nonverbal way of expressing emotions through colour and symbols. The Wabano Centre for Aboriginal Health in Ottawa delivered a program for children and their families founded on the belief that the Aboriginal traditions of art-making and the process of art therapy provide a powerful means for self-expression and access to personal wisdom. The program evaluation records positive responses from children, parents, Elders and staff, as well as a "far-reaching impact on the urban Aboriginal communities of Ottawa."²¹⁰

Another project used an exercise called the Mask of Life, where participants painted half of a mask to reflect the person they have been. The second half of the mask, representing the person they want to become, was completed the following day.

Individual counselling: More than one-third of the projects (34%) mentioned individual or one-on-one counselling.²¹¹ Individual counselling was most often provided as one of a number of therapeutic choices or in addition to circles and groupwork. Individual counselling was used to prepare people for groupwork and as follow-up to a group healing program. “Our most successful practice is a combination of personal therapeutic counselling, along with a small group intensive healing program, then follow-up with further personal counselling or other programming.”²¹² In one case, Elders were made available during a gathering to meet with people one-on-one as needed. In another, an outreach worker connected with individuals, while the intervention took place primarily at the group and community levels. The AHF’s third interim evaluation reported that one-on-one counselling was highly rated by participants; in fact, only Elders’ services and ceremonies were rated higher.²¹³

Family counselling: Parenting models based on traditional practices recognize children as being at the centre of a vibrant community life, with many adults involved in their care and education. This model provides support for children and their parents. Approximately one-fifth of the projects (20.4%) engaged in family therapy, family circles or involved the family in the intervention process. Details regarding the counselling methods were not provided; however, where family members were identified, they included aunts, uncles, grandparents and cousins. Family level interventions also include programs for couples, parenting programs, family assessments and family systems therapy. Parenting programs were especially popular, and those that work well include traditional and modern parenting, communications and relationship skills and, often, Elders who model healthy parenting.

4.7.3 Alternative Approaches to Healing

From a mainstream perspective, alternative therapies are considered “alternative” in relation to contemporary Western medicine. The term “complementary medicine” is also used. Alternative therapies can include herbs, supplements, acupuncture and massage therapy, as well as a wide variety of energy-based methods for healing psychological and emotional pain. Alternative approaches are characterized by an emphasis on wholeness and the relationships of body, mind and spirit, and the use of natural herbs and dietary supplements, rather than pharmaceuticals. Important to stress is that, while some of the projects in this study utilized alternative methods, these were implemented within culturally appropriate parameters or in combination with traditional healing practices.

Traditional Aboriginal approaches to healing, from an Aboriginal perspective, are considered “indigenous” rather than “alternative.” However, in relation to Western medicine, traditional healing is most likely to be viewed as an alternative approach, since it includes therapies that fall outside of the Western field of practice. Alternative healing and complementary medicines are increasingly popular amongst the general public and, as a result, they are gaining in legitimacy among governments and the medical profession. For example, the province of British Columbia now recognizes doctors of traditional Chinese medicine, and Health Canada has introduced regulations for natural health products. The traditional Indigenous healing

movement may benefit from the increased flexibility and openness to alternative approaches that is currently a part of the mainstream environment.

Slightly more than 20 per cent of the projects mentioned using alternative therapies. These include the following:

- reflexology;
- music, journaling and meditation;
- Breath Integration (defined as a combination of Gestalt, metaphysics and Native American teachings);
- Integrative Biofield Therapy and Neurolinguistic programming;
- massage therapy;
- Thought Field Therapy, Emotional Freedom Therapy and energy tapping (variations of an approach that works by tapping various parts of the body in order to rebalance its natural energy system);
- Reiki (another form of healing used to rebalance energy); and
- Eye Movement Desensitization and Reprocessing (EMDR).

A counsellor in one program offered Reiki therapy and the Elders made extensive use of it. However, a participant in one of the AHF focus groups reported that Elders were not pleased when their project introduced Reiki, although younger people were open to it. EMDR is an alternative approach that is increasingly used in trauma recovery, including some of the promising healing practice projects (one uses an eagle feather with EMDR). This therapy uses eye movement and sound to release emotional experiences.

A connection between alternative therapies and traditional healing was noted with respect to a program run by the Algonquins of Pikwàkanagàn First Nation in Ontario: “What you call Reiki is hands-on healing, what you call therapeutic touch is feathering (we use a wing instead of hands), reflexology is massaging the hands, feet, ears and back.”²¹⁴ Cohen notes that Native American healers use massage to correct physical, energetic and spiritual imbalances, but the therapy differs from Western approaches: “Native American massage treatment differs from Western massage therapy in that it is never used by itself but is rather supported and enhanced with prayer, song, or ceremony.”²¹⁵ This supports the approach used by promising healing practice projects: alternative therapies were only used in conjunction with traditional methods, ceremonies or cultural interventions.

4.7.4 Combining Traditional, Western and Alternative Therapies

Table 10 shows the therapeutic approaches cited by projects (traditional, Western and alternative), as well as the percentage that used a combination of approaches. More than half (56.3%) used traditional therapies coupled with Western and/or alternative methods.

Table 10) Promising Healing Practices: Traditional, Western and Alternative Therapies

Therapeutic Approach	# (n=103)	%
Traditional	88	85.4
Western	60	58.3
Alternative	21	20.4
Other (research, workshops, community development)	42	40.8
Combination of Traditional and Western/Alternative	58	56.3

Table 11 illustrates the various ways that projects combined intervention strategies. The most popular approach involves a combination of therapeutic healing and cultural interventions (42.7%). This is followed closely by approaches falling into all three areas—Legacy education, cultural interventions and therapeutic healing (33%). Together, 86.4 per cent of the projects identified promising healing practices that include interventions in more than one area. The use of multiple intervention strategies is consistent with Aboriginal values, and it suggests that projects are implementing a holistic approach to healing.

Table 11) Promising Healing Practices: Intervention Strategies and Combinations

Interventions and Combinations	#	%
Legacy education only	0	0
Cultural intervention only	2	1.9
Therapy only (traditional/Western/alternative)	11	10.7
Research only	1	1
Legacy education <i>and</i> cultural intervention	3	2.9
Legacy education <i>and</i> therapy (traditional/Western/alternative)	8	7.8
Cultural intervention <i>and</i> therapy (traditional/Western/alternative)	44	42.7
Legacy education <i>and</i> cultural intervention <i>and</i> therapy	34	33
Total	103	100

Clearly, a wide range and combination of approaches and interventions are being used. In some cases, participants had the opportunity to choose from a menu of therapies. More often, interventions were combined to create a holistic therapeutic experience. In a few instances, approaches were blended—in other words, parts of one therapy were incorporated or adapted into another. For example, the Ktunaxa/Kinbasket Health and Wellness Society in British Columbia described how psychodrama is blended with holistic healing around the medicine wheel. The physical aspect is addressed, in part, through achieving safety within the group. The mental work includes a series of assignments that detail the individual's life experiences using a genogram and mapping significant events on a lifeline. These are completed before engaging in the emotional work referred to as "reconstruction." Reconstruction is a method used in psychodrama and it allows the participant to put a voice to their trauma and work through it with the support of their peers and the guidance of the facilitators.

This is the bulk of the "Best Healing Practice." The Spiritual healing that happens during the "Reconstruction" process is miraculous when Trauma work is done. When an individual's "Reconstruction" is complete, the room is smudged and the session is closed with a prayer to thank the spirits that arrived to help with that individual's healing. It is almost as though the "Reconstruction" process itself is a "ceremony" and is treated as such.²¹⁶

Another project identified their promising healing practice as contemporary psychotherapies that take place individually and in groups, combined with traditional Innu healing practices in the Innu language. In other instances, it is the combination of traditional and Western therapies together that create a holistic healing experience. For example, the Eyaa-Keen Centre in Winnipeg uses the following therapies: presentations/teachings, individual/group processing, hot/cold water therapies, massage therapy, chiropractor, sweat lodge ceremonies, and teachings. These promising healing practices "are based on traditional spirituality and [they] blend traditional, clinical and contemporary disciplines. Because the trainers, assistants and elders are Mediwin initiates, everything is delivered and conducted from that perspective."²¹⁷ They stress that "activities cannot and should not be done solely or attempted without proper training, experience or guidance."

Appendix B summarizes the interventions and approaches used by each project. The most striking observation about this summary is the extent to which the projects identified multiple promising healing practices, including therapeutic and cultural interventions and Legacy education. In addition, a wide range of traditional, Western and alternative therapies were employed. In fact, the diversity of approaches used suggests flexibility and creativity, with the essential overriding principle being that of finding and using those tools that best meet participants' healing goals and needs.



Participants at the Aboriginal Healing Foundation National Gathering
July 9, 2004
Photo: Kanatiio

Healing Strategies for Distinct Populations

The framework for understanding and healing from residential school abuse, presented in Chapter 4, applies equally to specific target groups, such as women, men and youth, and it is equally relevant to Inuit and Métis and for healing programs operating in urban areas. In fact, responses from all of these groups have been incorporated into all the preceding discussions and into the analysis that led to the development of the healing framework. Still, some strategies work better for particular populations. The following is a discussion of healing strategies specific to Inuit, Métis, urban Aboriginal people, women, men and youth.

5.1 Strategies for Healing Inuit

In 2001, Nunavut Arctic College published a series of interviews with Elders on traditional health. The interviews were conducted by students in the Inuit studies program. The following question was posed to Elder Aalasi Joamie: “It is only recently that we started hearing about healing. Was that done long ago too?” Aalasi replied:

There was no name for it back then. It was known just as having discussions together. For healing to work you have to start talking about all the hurts and pain from your childhood. You have a wound in your mind and it is painful. You are not healed immediately after you start talking. The wound has to heal by talking and crying first. That is how healing works. Even when a person goes into healing as an adult or as a teenager, ongoing discussions are needed.²¹⁸

Talking through one’s problems has long been recognized among Inuit as being beneficial. Michèle Therrien and Frédéric Laugrand speak about the power of words in Inuit society, beginning with the recognition that children need words of praise in order to build mental strength. Words were also viewed as having negative power that can, “destroy a person and even shorten someone’s life.”²¹⁹ Refusal to speak about some things (to confess wrongdoing) was believed to lead to sickness, poor hunting and even death: “if people would not disclose what they had done, the game might disappear or a person might die.”²²⁰ In some cases, a parent’s failure to reveal a secret was believed to lead to sickness in one of their children or the inability to have children. A report based on a justice conference and retreat held by the Nunavut Social Development Council (NSDC) concurs.²²¹ Hiding one’s guilt was believed to create sickness in the individual.

If hidden for a longer period of time, this sickness would spread causing others to become sick or dysfunctional. Eventually the whole community could be infected:

It is not until the story is told and the person discloses his or her wrongdoing that those who are unhealthy can become healthy again. It is therefore important to deal with issues as soon as possible. Furthermore, where there was a breach of rules a consultation process would have to take place. Where it was a minor offence, the consultation would be within a family. If the breach resulted in a major offence, the consultation would be within the community.²²²

In the days before Christianity was introduced to the North, an *angakkuq*²²³ or shaman would sometimes take on the role of exposing negative behaviour if the person was too embarrassed to do it themselves. Elder Victor Tungilik remembers:

Sometimes, if they did not disclose what they had done and if the *angakkuq* was not shown what he had done a person would die. Sometimes the *angakkuq* would expose a person's actions even if the person didn't want to disclose them because of embarrassment.²²⁴

Tungilik, a shaman who later converted to Christianity, found the "most difficult people to heal were the ones who did not want to talk about why they were sick."²²⁵ He explains that the cause of sickness hovers over the person's body and an *angakkuq* could see it, talk to it, or fight with it.²²⁶ Shamans worked with spiritual helpers called *tuurngaq*,²²⁷ some of which took human form, while others had characteristics of animals or inanimate objects, such as a piece of ice. Some *angakkuq* had the power to foretell the future; others were able to leave their physical bodies and fly. Healing sickness was one of the traditional roles of an *angakkuq*, who would be offered a small token before beginning the healing work. As noted, this work involves discovering the cause of the illness and sometimes fighting the spirit or *tuurngaq* that is making the person sick. "Once we exposed the reason, the *tuurngaq* would depart and the person would start to get better."²²⁸

According to Tungilik, songs could play a variety of roles, some of which assisted healing. Those that accompanied drumming and dancing were songs of joy; others were sung against someone and they were meant to hurt.²²⁹ Others could be used by an *angakkuq* to call upon their *tuurngaq* who would identify the cause of a sickness:

After I sang it, my *tuurngaq* would start showing itself and describe what it was seeing. It would use me as an agent. It would have me start saying what it could see. These weren't my words. They were the words of my *tuurngaq*.... It is something like a person being possessed.... We would be told to sing, but the songs would be different from those of humans.²³⁰

Elders, like Victor Tungilik, are just beginning to speak about Inuit beliefs and practices prior to the introduction of Christianity. Yet, the practice of speaking out and the belief that this contributes to healing continues to be a central theme in Inuit healing. Tungilik acted upon this value when he thanked the Arctic College students for allowing him to speak about shamanism: "I want to talk about it and get it out of my system. Because you are asking me these questions, I am telling you what I remember. I am thankful to you for asking about this because I need to talk about it."²³¹

The introduction of Christianity ultimately led to the suppression of Inuit shamanism.

Missionaries and the Introduction of Christianity

The first Anglican mission post on Baffin Island was established in 1894.²³² Throughout the first half of the twentieth century, Anglican and Catholic priests and missionaries travelled in the Arctic, and it was during this period that hymns and sections of the bible were translated into Inuktitut syllabics. Jarich

Oosten and Frédéric Laugrand claim that “Inuit did not just adopt Christianity in its *qallunaat* [non-Inuit] form, but integrated the new religion into their own culture.”²³³ During this transitional period, some *angakkuit* found it possible to be a Christian and a shaman at the same time. In other cases, there was a battle for followers that often revolved around curing a sickness or injury.

The missionaries developed a trust with the Inuit and, partly through their knowledge of pharmacopoeia and their use of European medicines, they gained respect from the Inuit. Having gained this respect, they began to influence the Inuit with European religions and belief. One of the missionaries’ first tasks was to discredit the shaman and effectively to take the power the shaman had previously been honoured with. This seizure of power interrupted a traditional approach to helping.²³⁴

Once Christianity gained a foothold, traditional beliefs and practices were framed in the negative light of paganism and superstition: “The *angakkuit* were often seen as conjurers who exploited and misled people. Their *tuurngait* were seen as demons. Representatives of the church and the government saw it as part of their mission to root out these superstitions.”²³⁵ Victor Tungilik reinterpreted the origins of the shaman’s spiritual helpers so as to be consistent with Christian thinking: “The ones with good spirits come from God. The other ones with evil spirits come from Satan and don’t want people to live.”²³⁶ Later, he gave up his helpers and moved fully into Christianity: “As I understood more about religion, I let go of my *tuurngait* who [was] really powerful and really helpful, because I knew there was someone who was even more powerful and even stronger than my *tuurngait*. [This] made me decide to follow religion.”²³⁷ From that point on, he used the power of prayer, and his experiences confirmed to him that God could hear his prayers.

Oosten and Laugrand point out that prayer is an old tradition and that incantations or *irinaliutit* had always been a part of Inuit culture. Hunters regularly prayed for game before heading out on a hunt, and prayer was used to deal with physical problems, such as sickness.²³⁸ In other cases, people shouted their prayers (*qinngarniq*) standing alone on the land or in small groups.²³⁹ Very little changed with the adoption of Christianity, except that people now prayed to God. Tungilik observed that, in the Pentecostal Church, “they seemed to be chanting like the *angakkuit*.”²⁴⁰ Bernard Saladin d’Anglure, who taught a class on cosmology and shamanism at Arctic College, wrote that the Pentecostals and charismatic fundamentalists who are now popular in the North “are seen by many Inuit as having practices that remind them of the shamanistic practices of past generations.”²⁴¹

As noted above, people are only just beginning to speak openly about shamanism. Bernice Kooto interviewed eight of her classmates in Arctic College’s *Cosmology and Shamanism* course about their experiences in interviewing Inuit Elders regarding shamanism. She found that, shortly after beginning their studies, a number of her fellow students began having nightmares, saw “things that were not there” or felt like they were being watched. Yet, the interviews helped students become open to a new perspective, one where they did not just accept, unchallenged, the modern contention that shamanism was the devil’s work. Kooto concludes: “It solved a lot of problems that today have become big issues, like suicide, marital problems and divorce. Some think shamanism should be brought back for this reason. Others think it shouldn’t be brought back because it may be abused and used to hurt others.”²⁴²

The introduction to Christianity and its adoption by large numbers of Inuit irrevocably altered Inuit society. Other changes also left their imprint, although these were less enthusiastically embraced than Christianity.

Disruption, Relocation and Residential Schools

Since the early 1950's, the pressure to change their culture and adopt many aspects of the foreign culture increased dramatically for the Inuit as they began to move into the settlements. While they were "pulled" to settlements for access to the schools, health care, housing and material goods, they were also "pushed" from the land by a drastic reduction in the caribou herds and low fur prices which left them impoverished, and occasionally starving.²⁴³

As Inuit moved off the land and into newly-established settlements during the 1950s and early 1960s, economic and social relations were radically altered. Prior to this, Canadian government presence in the North was negligible and, where settlements existed, they consisted primarily of a trading post, a police station and, in some instances, a religious mission.²⁴⁴ The Second World War led to the establishment of American military bases²⁴⁵ in selected sites—Churchill, Coral Harbor, Iqaluit and Kuujuaq—and 20 joint Canada-United States DEW Line sites were built between 1954 and 1957.²⁴⁶ A military base established in Goose Bay, Labrador, in 1942, served the Canadian, American and British air forces for over three decades.

Also during the 1950s, a number of Inuit families from Nunavik and Pond Inlet were relocated by the federal government to Nunavut's High Arctic. Inuit organizations, including the Makivik Corporation and the Inuit Tapiriit Kanatami, have consistently argued that the move was motivated by Canada's desire to assert sovereignty over the Arctic in light of American interests in the region. In testimony to the Royal Commission on Aboriginal Peoples, individuals involved in the relocation spoke passionately about being separated from their extended families and the land they knew so well. Hunting in an unknown territory shrouded in darkness for three full months strained the skills of hunters. Food was scarce. No housing was provided. Labrador Inuit living in the northern community of Hebron were resettled in a similar move, but the community was closed for economic reasons and families were transported further south. In its 1996 report, the Royal Commission on Aboriginal Peoples recognized relocations as a violation of human rights. The loss of control over fundamental decisions, such as where to live, along with being exiled from their home territory, created emotional trauma as well as physical challenges, especially with respect to hunting game in an unfamiliar environment.

Other events in recent history reinforced this loss of control over Inuit life. For two decades beginning in 1950, medical ships, such as the C.D. Howe, travelled along the northern coastline. At settlements and meeting places along the way, the ship would drop anchor and a doctor would go ashore accompanied by RCMP officers. They were looking for people with tuberculosis. Hundreds of Inuit "were whisked away to be treated for tuberculosis in southern cities. Most were snatched from their families with no goodbyes, no chance to pack belongings and no idea they would spend years—or lifetimes—away from home."²⁴⁷ Families rarely heard from their lost relatives and often were not informed about whether they had lived or died. Children were sometimes returned many years later to families they no longer knew and who spoke a different language.

While the incursion of the outside world and the establishment of permanent communities influenced social and economic relations, the introduction of mandatory education—like the removal of individuals with tuberculosis—had a drastic impact on cultural transmission and family relations. Some children attended day schools while others were housed in hostels. Movement from the land into permanent settlements was, for many families, inspired by their desire to be with children who had been taken into hostels. David King,²⁴⁸ in a paper on residential schools for Inuit, reported Inuit students in residence at the following northern hostels:

Table 12) Large Hostels with Inuit Students²⁴⁹

Hostel	Location	Opened	Management
Turquetil Hall	Chesterfield Inlet, NU	1954	RCC*
Grolier Hall	Inuvik, NT	1959	RCC
Stringer Hall	Inuvik, NT	1959	ACC**
Akaitcho Hall	Yellowknife, NT	1958	DNA***
Churchill Vocational School	Churchill, MB	1964	DNA

*Roman Catholic Church **Anglican Church of Canada ***Department of Northern Affairs

A small number of Inuit students were housed in Bompas Hall in Fort Simpson. In 1961, smaller hostels (housing 8 to 24 students) were established in Cape Dorset, Payne Bay (never officially opened), Baker Lake, Port Harrison, Pangnirtung and Aklavik; in 1962, hostels opened in Broughton Island, Eskimo Point, Great Whale, Igloodik, Clyde River and the Belcher Islands; and, during the early to mid-sixties, in Cambridge Bay and Pond Inlet.²⁵⁰ By the end of the 1960s many of the smaller hostels were closed. A few Inuit children were also sent to Ottawa to attend school, where they were boarded with non-Inuit families.

In school, learning was based on a southern curriculum taught in English by non-Inuit. While there is no evidence that the federal government had a policy of eradicating the Inuktitut language, King reports there is no denying the fact that, amongst many senior federal officials, there was a strong, ethnocentric belief that Inuktitut was a “primitive” language and in all practicality, inferior to English.²⁵¹ King also states that the Department of Northern Affairs deliberately set out to eradicate the traditional custom of consuming raw meat and fish, but that wearing traditional dress fell out of practice simply because it was not practical in heated buildings.²⁵² Incidents of physical, emotional and sexual abuse have been documented, especially among students at Turquetil Hall in Chesterfield Inlet and Grolier Hall in Inuvik.²⁵³

At the 2004 AHF National Gathering in Edmonton, Jose Kusugak, President of Inuit Tapiriit Kanatami, shared that he had enjoyed a serene and peaceful life up until the age of seven, when he was separated from his family and flown to Chesterfield Inlet to attend residential school. He talked about his first night at

Turquetil Hall, which was followed by a day of embarrassment and humiliation. Discussing the loss of culture, Kusugak said that, when residential school children returned annually to their communities, each year they felt as though they knew their families less and less. Kusugak noted he saw many things that terrified him during his time at school, and he heard years later about other types of abuse, including sexual abuse, that had happened at the schools. He said the legacy of abuse continues to be felt in the communities. One of its manifestations is violence against women.

Sexual abuse also took place outside of residential school. In 1965, a missionary in Great Whale River wrote to his bishop for advice on how to handle a situation whereby two non-Inuit men were preying upon Inuit boys.²⁵⁴ The North is still dealing with the now notorious case of Ed Horne who was convicted in 1987 for molesting 24 boys while working as a teacher in Kimmirut and Cape Dorset. He pleaded guilty to another 20 sex offenses in 2000. The *Nunatsiaq News* reported on 27 February 2004 that 68 men and one woman from Sanikiluaq, Kimmirut, Cape Dorset, Iqaluit and Grise Fiord are seeking compensation from the governments of Nunavut and Northwest Territories for the sexual abuse they suffered when they were Horne's students. An earlier claim by 85 former students won a \$21.5 million settlement.

Residential and community schools were introduced in the North much later than in southern Canada. As a result, many Inuit were able to pursue a lifestyle similar to that of their ancestors until the 1950s. Since that time, change has reached into every facet of daily life. Whether children returned home each day after school or only once a year, the education system forever altered Inuit life. The schooled generation learned to speak English and were taught the same subjects as children in southern Canada. Initially, Inuit culture and the Inuktitut language did not have a place in the new schools. Children who had previously gained knowledge of the world by watching and then imitating their elders were expected to learn by rote. Parents, aunts, uncles and grandparents saw a large portion of their traditional role as educators of the younger generation fall away. All the while, permanent communities were being developed and settled; an increasing number of southerners were filling jobs in newly-created bureaucracies that had decision-making power over Inuit; some families were transported and resettled (from Nunavik and Pond Inlet to the High Arctic; from Hebron in northern Labrador to communities further south); and anyone with tuberculosis was taken away to a southern sanatorium. Within a few decades, modern communications systems and southern consumer goods had advanced northward, including radio, television, telephones, cars, trucks and snowmobiles, and houses were constructed of wood instead of ice and snow. Today, northern communities have access to most of the consumer goods available in southern Canada, albeit at a greater cost, as well as a range of health and social services, although not necessarily at the same standards.

When viewed from this perspective, the residential school system is only one of many encroachments of southern society imposed on Inuit. Today, Inuit youth suicide rates are among the highest in the world, and many individuals are struggling with alcohol and drug dependency. Unemployment, low levels of educational attainment, sexual abuse and violence within families have been identified as serious issues. Inuit society has been subjected to massive social changes that have challenged their culture, beliefs and way of life. An undetermined number of individuals have been victims of physical and sexual abuse—inside residential schools—at the hands of southerners working in the North and from within their own families and communities. Inuit have responded to these challenges in many ways, from social and political action to negotiating land claims settlements and developing community healing programs.

Promising Healing Practices

Understanding the history of the past 60 years and its effects on Inuit society can help place these issues within a sociohistorical framework. This, in turn, frees people from individual guilt and motivates them to seek help. A project in Nunavik videotaped residential school Survivors speaking about their experiences which led many participants to seek counselling. The historical and educational aspects of reclaiming history, including education about the residential school legacy, may be especially important when addressing issues of sexual abuse. The large number of people (mostly men) who have come forward and admitted to being sexually abused by Ed Horne, and those who have spoken about the abuses that took place in Turquetil Hall have made a courageous beginning.

While it is necessary to acknowledge the negative impacts and dislocation felt by many Inuit as a result of living in a changing society, there is much to be proud of: family systems, while often geographically scattered and less cohesive than in the past, remain strong, as do the language and culture in many Inuit communities. Most of the population over the age of 50 remember living on the land and this is a resource that younger people can tap. Inuit food, including caribou, walrus, whale, seal and Arctic char, remains an important part of the diet and almost every family that has the ability to do so spends time on the land. Even in southern centres, such as Ottawa and Montreal, the “shared culture, language, values and traditions contribute to the creation of a socially and culturally cohesive community.”²⁵⁵ There is a growing interest among youth in learning about traditional culture and spirituality, as evidenced by the published interviews with Elders conducted by students in the Inuit studies program at Nunavut Arctic College, and the popularity of Nunavik’s Avataq Cultural Institute and its many publications. Clearly, an interest in the legacy of the past can lead to exploring both positive and negative experiences. While Inuit lifestyles have been greatly altered, the values that underlie family and community life remain deeply rooted in a traditional worldview.

Inuit Worldview

Traditional Inuit values—cooperation, noninterference, independence, sharing, emotional restraint, strong family ties and the ability to meet challenges with innovation, resourcefulness and perseverance²⁵⁶—continue to underlie contemporary approaches to healing. In some cases, projects have used Western practices that are compatible with Inuit ways, but these have been adapted to fit with Inuit ways and values, and the resulting program is delivered in Inuktitut. This follows a pattern similar to the way Christian spirituality was adapted so as to be compatible with traditional beliefs. Inuit values and ways of understanding the world are most clearly expressed in the Inuit language. Furthermore, programs delivered in Inuktitut using Inuit facilitators work best. However, simultaneous interpretation is commonly used when not all participants are fluent in the language or when non-Inuit resource people are brought into communities to deliver workshops and training sessions.

In workshops and group sessions, traditional teachings, legends and imagery from the land and nature are often used by Elders to generate an understanding of personal growth and life’s lessons. Today, many healing activities are opened and closed with a ceremony that includes lighting a *qulliq* (a traditional Inuit lamp) and a prayer spoken in Inuktitut.

Family relations (including aunts, uncles, grandparents and cousins) are central to Inuit life. A holistic approach to healing looks beyond the physical, emotional, mental and spiritual needs of individuals to include the family and community. As a guiding principle, this naturally influences project activities and their implementation. In one case, parolees were escorted to their home community and reintroduced to their families in special gatherings where outstanding issues could be addressed. Their most promising practices include involving the entire family along with a broad range of community service providers. Similarly, the Mianiqsijit project in Baker Lake describes their overall philosophy as holistic, in that it “deals with not only individuals but individuals as members of family and community, and deals with families and communities as a whole.”²⁵⁷

At the AHF’s 2004 National Gathering held in Edmonton, workshop participants responded to questions about how Inuit dealt with problems traditionally and what works well today. They spoke about the need to let go of pain by talking about it and of the value of crying. Following the advice of Elders was common practice, and they acknowledged the healing power of the land. Traditionally, people who created problems were spoken to, then embarrassed and finally banished if they refused to change their behaviour. The belief that confession leads to feelings of relief and release is rooted in traditional views about the causes and cures of illness; this continues to play a role in contemporary Inuit healing. Unburdening oneself is a highly emotional process, often accompanied by tears, and crying is still considered a healthy response to pain. One woman remembered being told as a child to cry until all the pain was gone.²⁵⁸ Being out on the land is considered helpful in two respects: hunting, trapping, fishing and camping with a trusted companion provide opportunities to discuss difficult issues in a wide-open environment that puts problems into perspective; and being on the land promotes a spiritual connection. Today, relearning traditional land skills is believed to further healing, and many Inuit projects cited on-the-land activities as a best practice.

Cultural Interventions

On-the-land programs for women, men and youth are tremendously popular. They offer participants the opportunity to develop traditional survival skills (hunting, building an igloo, fishing, drying meat, making tools) while building trust and providing opportunities to talk about issues and problems. The Makitautik Centre found that, when their male clients are out on the land, they begin by talking about the hard times in the old days, and this opens up the healing sessions. Men who “long for their grandparents” open up to counsellors who are also Elders. Projects identified a number of on-the-land activities and their benefits:

- Women and youth participating in on-the-land retreats engaged in fishing, drying meat and being in an igloo; in the process, they were able to develop a deeper understanding of Inuit traditions while unburdening their bodies and minds.
- Hands-on learning of traditional Inuit women’s skills provoked connections with their culture and reminded women of their mothers and their mothers’ love.
- Camping reinforced cultural identity and pride while learning traditional skills increased individual self-esteem. For example, in the process of learning to sew traditional clothing, such as fur mittens, young women connected with Inuit traditional values.

- One project is attempting to attract men to the program's healing services through traditional toolmaking, hunting and on-the-land workshops.
- A land-based program in Nunavik included teachings about camping techniques, hunting, fishing and survival skills. "Being out on the land refreshes human life and drives out stress."²⁵⁹
- Children were interested in learning to make igloos, so a program brought in people to demonstrate this skill. This created opportunities to introduce them to healing.
- In Labrador, a land-based program for inmates from the local prison has proven to be a great success.

On a more general note, a project in Baker Lake linked culturally relevant programming with success: "Inuit culture is very oral based; storytelling, sharing experiences, and active listening are all part of the methods we used to help make the group experience culturally relevant and successful."²⁶⁰ In an urban environment, an Inuit trauma recovery treatment program used Inuit art and wall hangings to create a culturally safe, physical environment and provided access to traditional counselling by an Elder. One person mentioned the healing power of drum dancing as a celebration of life—a celebration that promotes and maintains healthy perspectives.

Inuit food is viewed as being essential to maintaining physical and mental health. A mental health study found a strong association between a lack of Inuit food and generalized feelings of ill health, including physical feelings of weakness, lassitude, tiredness, irritability, uncooperativeness, lack of interest in daily events, indifference towards children and generalized depression.²⁶¹ Gatherings and feasts with traditional Inuit food, such as muktuk, Arctic char, seal and caribou have worked well in healing projects. Celebrations and feasts were also common in the old days: people celebrated the return of the sun, a young person's first kill or first piece of sewing, a baby's first steps and a successful hunt.

Skilled Healers and Helpers

The words "helper" and "caregiver" are often preferred to "healer." Inuit helpers and counsellors have unique and individual approaches to healing. An unpublished study by Pauktuutit, the Inuit Women's Association of Canada, cites the following characteristics of successful healers:

- enthusiastic, empathetic, humorous, self-confident, practical and assertive;
- focussed on behaviour, not on blaming the victim;
- strong belief in the importance of Inuit culture;
- respect for Inuit cultural values, Elders and Inuit ancestors;
- able to discuss sensitive topics such as sexual abuse; and
- belief that people can change.²⁶²

At an AHF focus group held in Iqaluit, Nunavut, participants spoke of other characteristics:

- healing teams who have balanced lifestyles and agree not to consume alcohol and drugs;
- nonjudgemental, trustworthy, approachable, caring;
- good role models who have gone through their own healing;
- ability to understand people and treat them equally;
- ability to listen and believe;
- open to continued learning; and
- ability to recognize their own limits and set boundaries.

The Municipality of Cape Dorset reported one of its best practices was training community caregivers in a wide range of issues, including physical and sexual abuse. While outside trainers were used initially, “[c]ommunity members now have enough knowledge that they can lead a training workshop without bringing in outsiders to do them.”²⁶³ They also noted that having community members lead workshops increases the chances that subjects talked about will reflect issues that community members can relate to.

Therapeutic Healing

As noted earlier, talking through one’s problems was traditionally recognized as necessary and beneficial to healing. This explains, in part, the success of the many “talking therapies” employed by Inuit, especially the healing circle. While circles are generally viewed as an adapted First Nations practice, one healer interviewed by Pauktuutit refers to the circle, represented by the igloo, as being fundamental to Inuit life.²⁶⁴ The Municipality of Cape Dorset describes its best healing practice as follows: “Talking—there are weekly sessions where people come together and are able to talk ... By talking, people are letting go of their burden.”²⁶⁵ In a similar way, keeping secrets is believed to lead to physical or mental illness. Associating undisclosed wrongdoing with illness highlights the need for confession and disclosure, and it also provides a way of explaining the negative impacts of denial on families and communities. Viewed positively, it points to a strategy for addressing problems: individuals, families and communities can all benefit from frank, open discussions where wrongdoing and the suffering it leads to are acknowledged. Put simply, the Inuit way is to talk, to disclose pain and wrongdoing, to cry and eventually to forgive. A participant in one of the AHF’s regional project gatherings also noted that the Inuit way is to correct rather than to punish.

While spirituality in the contemporary Inuit world is often, but not exclusively, based on the Bible, many Christian practices were adapted by Inuit so as to be compatible with traditional practices. The thread connecting traditional healing and spirituality to contemporary Inuit approaches has been stretched, but not broken. Yet, conflicts do sometimes arise. In one project, healing activities were at first inhibited by a belief that the Bible prohibits speaking about negative feelings.

In the Bible there is a verse that says that people with good hearts say only good things and that only people with bad hearts would say bad things. Reading the Bible and being a Christian, it was difficult to want to participate in the talking groups because of the fear of saying or talking about something bad which would indicate that the heart was bad. At all times, only good things had to be said or talked about. One person realized that she could still be a good Christian even if she

talked about bad things. It did not mean that she was a bad person. It was a big relief to realize that and participate in healing activities and lighten her burden by talking about things.²⁶⁶

Denial has also been an issue addressed by other Inuit projects. A healing program in Labrador for men involved with the justice system found that sharing circles became unproductive and frustrating “because of the rambling that went on.” They introduced a more challenging group therapy model that allowed participants to be confronted about their behaviour.

Many alcoholics and drug addicts with whom we work have been in denial for a lifetime and may even have been protected and enabled by spouses, other family and drinking friends. So to counter their denial and negative behaviours that led them to jail, we confront them. This we found to be one of our best and most effective healing practices. We do not confront for the sake of confronting; it is done in the best interests of the client and the group and done professionally and with caring. As we say, we are not attacking the person we are attacking the behaviour.²⁶⁷

They reported that participants learned a lot about themselves in the process, including how to control their anger. In the end, they were more open and trusting and began to request more healing and sobriety programs.

Other promising practices include:

- healing circles;
- individual counselling for those not ready to share in groups;
- family group conferencing/counselling services that include home visits;
- support groups and youth drop-in nights;
- combining reality therapy and counselling by an Elder (reality therapy is a method of counselling that teaches people how to direct their own lives, make more effective choices, and how to develop the strength to handle stress);
- forgiving sessions as a means of helping people let go of painful experiences;
- training social workers and a nurse on how to deal with flashbacks and how to work with clients who hear voices;
- combining sewing groups and healing circles (women and youth);
- Elders working with individuals to discuss the root of their problems;
- including Elders in healing programs as participants and as cultural teachers;
- combining Inuit culture and ceremonies with Western or Aboriginal healing practices; and
- adapting Western tools, such as anger management, using traditional Inuit knowledge and the Inuktitut language.

Also, as mentioned earlier, cultural activities, especially on-the-land programs, were viewed as especially successful components of healing programs.

While almost every facet of Inuit life has changed during the past six decades, the values and beliefs that underlie traditional healing can still be recognized in contemporary Inuit approaches. The need to get to

the root of the problem before healing can begin, to talk about one's pain, to disclose wrongdoing, to cry and to pray, continue to sustain Inuit healing endeavours. In addition, a variety of Western therapies and practices have been successfully integrated with Inuit culture. Traditional knowledge and healing programs are often most effective when delivered in Inuktitut or when learning the language is a part of the program. Finally, success is enhanced when working on the land and when traditional knowledge and skills are incorporated into the healing program.

5.2 Strategies for Healing Métis

According to the 2001 Census, nearly one million people identify themselves as Aboriginal persons and, of these, 30 per cent identify as Métis. Statistics Canada notes a recent rapid growth in the Métis population, which may be attributed to non-demographic factors, such as more people taking pride in their Métis identity.²⁶⁸ Almost 10 per cent of the population in the Northwest Territories are Métis. In 2001, there were 66,060 Métis in Alberta, 56,795 in Manitoba and over 40,000 in Ontario, British Columbia and Saskatchewan. Seven out of 10 Métis live in urban areas—close to 5 per cent of Winnipeg's population identified as Métis. Participants at the 2004 AHF National Gathering in Edmonton agreed that more programs for urban Métis are needed.

According to the 1991 Aboriginal Peoples Survey, 9 per cent of Métis attended residential schools.²⁶⁹ A number of authors and researchers have concluded that the actual percentage is much higher.²⁷⁰ Historical records often fail to distinguish Métis from First Nations students, and many Survivors do not speak about this time in their lives. Identifying Métis Survivors has been challenging. While individual experiences vary, Métis researcher Larry Chartrand notes that those who attended residential school would have experienced the same assault on their language (Michif) and culture as First Nation students. When they began interviewing Survivors, a healing project in Willow Bunch, Saskatchewan, discovered that a great deal of damage had been inflicted by the school system:

The Legacy of the convent school in Willow Bunch has been that Métis people were robbed of their true Métis history and identity. They were taught that Métis people are *miserable, wasteful and lazy, a race that is slowly disappearing* [emphasis in original]. As a result, they stopped speaking their own language (Michif) in favour of the "pure French" demanded by the Sisters and were inculcated with the views of Church officials regarding their own Métis history.²⁷¹

Children who looked more like their First Nation ancestors, as opposed to their European ones, were more likely to attend residential school.

Métis with similar backgrounds and appearance to status Indians were also more likely to be "drafted" by school authorities when room was available to continue receiving funds from Indian Affairs by fulfilling the school quota. Métis that identified more with their European relatives (French/Scottish) or did not appear "Indian" enough were not as readily targeted by school authorities for admission.²⁷²

Many Métis Survivors recall being viewed as outsiders by teachers and others at the school, including the First Nation students. “They were admitted, discharged, educated and treated as outsiders.”²⁷³ Yet, it was also common during the early twentieth century for Métis not to be in school at all. During the 1930s, an estimated 80 per cent of Métis children in Alberta were not in school.²⁷⁴

Métis experiences with the residential school system and its intergenerational impacts are only beginning to be documented. Breaking the silence is a consistent and recurring theme among healing projects. For example, the Louis Riel Institute of Manitoba is documenting and recording the residential school experiences of individuals in written and audiovisual formats. Judy Daniels uses the term “ancestral pain” to refer to the unexpressed anger and grief of Métis Survivors and their descendants.²⁷⁵ While many projects report continued resistance to speaking about residential school, they are also observing an increased willingness among Survivors to open up. Regional and provincial gatherings, and linkages between community groups and provincial Métis organizations, have helped break the ice around residential school issues. It can be argued that, for Métis, the healing journey begins with Legacy education, and learning about and reclaiming the unique history and experiences of Métis in the residential school system. This leads to opportunities for individuals to acknowledge and speak about the personal, intergenerational and community impacts.

A second theme is the recovery of Métis identity and pride. Identity issues are often about reclamation—reclaiming a place formerly denied in the world or denigrated due to racism and lost history. Carrielynn Lamouche passionately laid claim to her own identity at the 2004 AHF National Gathering in Edmonton when she said: “I am no longer a dirty half-breed as the nuns told me when I arrived at residential school but a proud member of the Métis Nation.”²⁷⁶ The process of rebuilding identity and pride includes reconnecting with traditional Métis culture and traditional values, such as independence, self-sufficiency and commitment to the extended family.

Promising Healing Practices

Talking about Métis history and residential schools puts healing in a context of Métis culture and identity. The process of gathering oral histories both initiates and supports healing. Some people share their stories as part of the healing process; others find that gaining the courage to speak about their experiences sets them on a healing path. Support groups for Métis Survivors are growing out of these efforts. Providing opportunities for people to respond to questionnaires and tell their story on paper allows them to disclose without other people being present. Establishing and maintaining the confidentiality and safety of participants are essential throughout the healing process. These issues are especially important at the earliest stages of engagement. Confidentiality continues to be difficult to address, particularly within small, tightly-knit communities. Some groups have found that meeting in an individual’s home builds trust. Home visits often include having a cup of tea and holding general discussions about events and concerns important to the family. Residential school issues are raised only after trust has been established. In many cases, the most successful outreach strategies focussed on individuals and offered a personal touch.

Parenting classes provide another indirect route to opening up residential school issues. One project held traditional parenting sessions presented by a Cree-Métis facilitator, with storytelling and teachings about

the cradleboard, the natural world and parenting styles. Others used informal social activities as outreach. Evening social activities at gatherings with live bands, traditional music, laughter and dancing worked well, especially when combined with the serious issues addressed in workshops. Social gatherings provide opportunities to build community stories. When people exchange information about what happened in their community in the past, they can move into discussions about developing healthier communities in the future. Survivors' gatherings play a more active and direct role in addressing the residential school legacy. In one case, Survivors were publicly acknowledged in a special ceremony and presented with a Métis sash. This was described by participants as a proud and joyful moment that created a new sense of freedom.

Métis culture is integral to many of the programs, from cultural camps that teach about traditional life to on-the-land programs that focus on building healthy relationships among youth, adults and Elders. Cultural activities include medicinal herb walks, feasts, retreats, cultural presentations and educational programs for children. Art, literature and the use of Michif promote Métis culture and strengthen communities. One person suggested that Métis culture be promoted at community libraries.²⁷⁷ Publications promoting history and culture include: *To Be Métis: One Woman's Journey* by Andrea Currie; *Sixties Scoop*, which makes a connection to residential schools and the colonization of the Métis; and *The Free People* by Diane Payment. Hunting and fishing programs, leather crafts workshops, sports and informal social gatherings have been used to attract Métis men to healing programs.²⁷⁸ One urban project held culture nights facilitated by both Métis and First Nation Elders; activities included pow wow dancing, jigging, beaded mitten-making, sashmaking and drumming. Many of the healing programs provided Métis-specific cultural activities along with a combination of First Nation and Western therapies.

Healing strategies for Métis are as diverse as the people involved. Some prefer traditional First Nation ceremonies, while others are more comfortable with Elders, church or mainstream counsellors. Some are willing to talk in group or family sessions; others prefer one-on-one counselling—participant preferences are respected. Tricia Logan points out that First Nation communities have traditional and cultural resources to draw upon when creating healing programs, whereas Métis resources and traditional knowledge on healing methods are more difficult to find in recorded literature. However, "Métis have social devices to deal with community and individual healing needs but these are somewhat unique to the regions and communities where the Métis reside."²⁷⁹ Elders play an essential role. Smudging is accepted by some people and avoided by others. One project emphasized respect for Métis culture: "The Métis do not have the same kind of clear, distinctive approaches to healing, such as sweat lodges, that other Aboriginal peoples do. However, the Métis do have a distinct culture that must be respected."²⁸⁰ The Métis Nation of Alberta observed a growing interest in traditional First Nation practices among younger people who, unlike their elders, had never been taught by the school system that such practices were evil.

Smudging and other traditional ceremonies ... were considered evil procedures at Residential School and are not acceptable practices to some Survivors. It is the next generation that is reviving interest in the historical rituals and that want to learn the protocol and meaning behind the ceremonies. Smudging is becoming more acceptable and it has become a learning tool.²⁸¹

An urban project observed that their First Nation participants prefer traditional ceremonies and healing and sharing circles with smudging and prayers, while the Métis participants prefer a talking or sharing

circle with prayers but not smudging. Clearly, there is no single approach to traditional healing that is acceptable to all Métis. Projects recognize this and support individual and community preferences. However, distinct patterns have emerged with respect to practices that are working well for Métis. First, as noted above, is the remarkable power of reclaiming history and a proud Métis identity. Projects have worked with schools and museums to promote positive, historically accurate views of Métis history. Saskatchewan supports this process through a provincial education policy that encourages the inclusion of Aboriginal history in the school curriculum. Cultural reclamation is equally effective. Celebrating Métis culture, including fiddling, dancing, flying the Métis flag, singing, sash-making and showcasing the Red River Cart, reinforces pride and identity. As a result of such efforts, more children are beginning to identify themselves as Métis in school.

Métis have reported the healing strategies they use include a variety of traditional and Western practices. Many projects offer a menu of services that participants can choose from. One project, for example, offers individual counselling, sharing circles, healing circles, full moon ceremonies, sweat lodge ceremonies and parenting workshops. Traditional and Christian spiritual practices are woven into programs. Ancestral ceremonies, such as the sacred fire ceremony, have been incorporated into some programs. Language preferences are respected, whether Michif, Cree, French or English, and Elders' counsel plays an important role. AHF funding has allowed communities to build their healing capacity. As a result, there are now a number of Métis agencies with qualified Métis professionals available to provide counselling. Western approaches to crisis intervention were reported to work well, along with educational programs and parent effectiveness training.

Other successful combinations of traditional and Western therapies include:

- combining medicine wheel teachings and cognitive behavioural therapy;
- using talking circles with social learning theory and solution focussed approaches;
- Western therapies used by a Métis counsellor;
- incorporating spiritual traditions into therapeutic work;
- blending Gestalt, Jungian psychology, Inner Child therapy and the medicine wheel;
- involving the whole family in healing;
- using the four directions and four seasons in program design;
- providing education on the effects of residential schools within talking and healing circles;
- holding gatherings and workshops in a natural environment;
- combining traditional healing and Reiki;
- combining sharing and healing circles with historical and family research and a Louis Riel Day celebration and feast;
- providing traditional healing sessions for individuals and families during organized events, such as the Indian Village, National Aboriginal Day, Canada Day celebrations and a children's Christmas event; and
- using the medicine wheel as a tool for diagnosis and experiential learning.

Barriers to participation in healing include denial of the residential school legacy, fears that confidentiality will be breached, resistance to identifying as Métis or as a Survivor and, where people have close ties to

Christian religions, a belief that traditional ways are evil. Successful healing practices were supported and enhanced by a variety of strategies. First and foremost, projects worked to build trust and create a safe environment for healing to take place. This was accomplished, in part, by providing a quiet, relaxing, nonthreatening physical setting. Trust was built through the participation of respected Elders and by interviewing and counselling people in their own homes. Feelings of safety and trust were enhanced by addressing individual concerns and finding solutions to issues that were raised. Programs that focus on helping children build trust among their parents. Consistency in the provision of service and a track record of maintaining confidentiality build on the foundations laid by these strategies.

Sensitive, trained, well-balanced project teams contribute to program success. Many successful teams include a core group of volunteers; in one case, an atmosphere of equality was created by including clients as volunteers. Staff often work volunteer hours and are available outside of office hours. Networking with community services, liaising with police and the courts, forming partnerships with schools and health care providers, and a range of other partnership arrangements helped projects establish credibility and extend their reach. Participating in interagency meetings and community consultations provided opportunities for education, awareness-building and understanding. Formal evaluations, client feedback forms, suggestion boxes and participant surveys were among the tools used to build more effective and responsive programs. One project mentioned that AHF funding for Métis to address residential school issues resulted in more awareness and support among external agencies. Finally, success was enhanced for projects that were able to establish a visible presence in the community through an office or at a regular meeting place.

5.3 Healing in Urban Areas

Over the last 50 years, there has been a progressive trend of Aboriginal people moving to cities, and it is important to remember that Aboriginal people had previously been actively displaced from urban areas. Canadian cities have grown where Aboriginal meeting places once stood and reserves were often situated far from urban areas. In 1951, the Census of Canada showed that 6.7 per cent of the Aboriginal population lived in cities; by 2001, that proportion had increased to 49 per cent.²⁸² In 2001, 25 per cent, (245,000) of Aboriginal people lived in Canada's ten largest cities.²⁸³ Non-status First Nation and Métis people constitute the largest urbanized population, while the smallest are Inuit.

Movement back and forth between cities and reserves and within cities is common; today, slightly more people are moving to reserves and rural areas than to cities.²⁸⁴ Canadian cities with significant Aboriginal populations include Winnipeg, Edmonton, Vancouver, Saskatoon, Toronto, Calgary, Regina, Ottawa-Hull (now known as Ottawa-Gatineau), Prince Albert and Montréal. In Winnipeg alone, 55,755 people or 8 per cent of the total population identify as Aboriginal. Five years earlier, Winnipeg had 45,750 Aboriginal people who accounted for 7 per cent of its population.²⁸⁵ A total of 11,640 Aboriginal people accounted for 29 per cent of Prince Albert's total population.²⁸⁶ In contrast, Aboriginal people comprised less than 1 per cent of the population of Toronto (0.4%) and Montréal (0.3%).

The Aboriginal Healing Foundation defines "urban" projects as those situated in an urban centre or a community that can be reached by road or ferry service and is located within 50 kilometres of a town or city with a population of more than 25,000 people. This definition means that projects operating within

cities and those located in areas with reasonably easy access to urban centres are included, even if the community itself appears to be more rural, such as the Six Nations reserve outside of Brantford, Ontario. The range of projects in the promising healing practices study include those in large cities, such as Vancouver and Toronto, to smaller cities, such as Thunder Bay and Sudbury, and even smaller communities, such as Agassiz, British Columbia and Forest, Ontario. More than one-third (36%) of the organizations submitting promising healing practices were urban-based. There were no urban projects east of Quebec City and none in the territories. The provincial breakdown is as follows: eight from British Columbia, two from Alberta, five from Saskatchewan, nine from Manitoba, twelve from Ontario, and one from Quebec.

Urban projects provided a wide range of services. Some operated programs specifically targeting women or men and one worked with couples. Clients presented a variety of problems associated with living in an urban environment. One project identified their clients as coming from “a hard core group,”²⁸⁷ including incarcerated and homeless individuals; another project did outreach to gang members in the inner city.²⁸⁸ Many participants in another program “are in recovery from addictions, homelessness, sexual abuse, family violence or first or second generation Residential School Survivors.”²⁸⁹

A continuing challenge for urban Aboriginal organizations is addressing the multifaceted needs of their clients in a manner that respects their cultures and belief systems. Les Services Parajudiciaires Autochtone du Québec described their clientele as follows:

[TRANSLATION] Our clientele comes from many Aboriginal communities within and without the region (Algonquins, Abenakis, Betsiamites, Attikamekws, Hurons-Wendat, MicMacs, Maliseets etc.). This diversity is, in our view, our greatest strength, because each client can enrich others: bring new teachings, tools and perspectives from their traditions, and gain a new sense of identity as an Aboriginal person, while gaining a broader understanding of the collective value and strength of Aboriginal traditions.²⁹⁰

They also mentioned the challenge of working with clients who live far away from their families: “Our greatest challenge is the fact that clients come from afar in many cases, which means that their families also are far away. We believe very strongly in reestablishing ties with family, but geographical distances make this more difficult.”²⁹¹ The Surrey Aboriginal Cultural Society in British Columbia attempts to incorporate relevant cultural practices into their programs, but this is an especially complex issue because the Surrey/Delta area includes Aboriginal people from all across Canada. “It is necessary therefore, to ensure that service users have access to cultural expertise/practices that are relevant to their particular situation.”²⁹² They refer to this cultural diversity as their greatest challenge, as well as the biggest strength of the healing project.

Another challenge for Aboriginal peoples moving to urban areas, at least initially, is cultural adaptation. In this regard, friendship centres have played an important role. They have acted as a “bridge attempting to narrow the gap between two cultures, between a rural setting and an urban one.”²⁹³ With the help of organizations like the friendship centres, urban Aboriginal people have found it possible to live in the city and maintain their culture. Carole Levesque, speaking about urban Aboriginal people in Quebec, notes that a distinct lifestyle has emerged in cities where the dominant culture and Aboriginal cultures are coming

together in new ways: “In this meeting of cultures, we are seeing new modes of expression that are more closely associated with a strengthening of Aboriginal cultural identity than with its fragmentation and disintegration.”²⁹⁴ However, cultural diversity also creates barriers to social cohesion, community development and cultural retention.²⁹⁵ Some cities, such as Edmonton where the majority of Aboriginal people are from Cree language groups, are linguistically homogeneous and the barriers are, therefore, less of an issue.

Of the 37 urban organizations participating in the promising healing practices study, three-quarters (75.7%) served more than one Aboriginal group. Even within homogeneous groups, such as Inuit, diversity is evident. Tungasuvvingat Inuit, an Inuit service centre in Ottawa, introduces a booklet on Inuit rights in the city with the following observations:

Among *Ottawamiut*, the shared culture, language, values and traditions contribute to the creation of a socially and culturally cohesive community. However, the individuals who are a part of this community are as diverse as in any other community in the Ottawa area.... Like any community, there are people with jobs and those without; students with limited incomes, families living on two salaries and families who rely on social assistance.²⁹⁶

A number of projects attempt to utilize resource persons and Elders from a variety of Aboriginal cultural groups so that the client’s background is represented. Aman House in Regina has a different approach. Since the program is delivered in an urban setting, it does not limit itself to one cultural group. “The one method that we use that is more specific to our program is the Healing through Christ model. It is a seven step program that was developed by church leaders and elders.”²⁹⁷ The conflict between differing beliefs and traditions can be a challenge. “Many of the northern clients are of the Catholic and Anglican beliefs and do not agree with the traditional approach.”²⁹⁸ One project noted that discomfort with the traditional Indigenous culture impacted people’s participation. During one of the workshops, the issue of shame of one’s heritage and the conflict between Indigenous spiritual belief and Christianity was discussed. Participation in healing circles helped to build acceptance, however, divisions between Christian and traditional groups continues to be a barrier to involvement. The project is in what it calls its “struggle phase.”²⁹⁹

Another project mentioned two factions on the reserve: “one faction who has adopted Christianity and the other faction are the people who have continued to practice the traditional way and who are considered Longhouse people. To date, these two factions do not accept the practices of the other which has left families confused and torn over which faith to follow.”³⁰⁰ Another project noted the need for “respect for both Christianity and traditional Elders’ teachings. Often times the men’s first experience has been with Christianity/church and they are introduced to traditional beliefs, some for the first time.”³⁰¹ In another case, healers remain “open to whatever the client requires. Spirituality is spirituality.”³⁰²

A couple of programs in Ontario included non-Aboriginal participants. Native Child and Family Services of Toronto accepts non-Aboriginal spouses, as they are affected by the multigenerational trauma alongside their partners. Another project commented: “It was beneficial to have both Native and non-native participants in the support group/healing circles.”³⁰³

Cultural Interventions

One theme that continues to emerge is the flexibility of Aboriginal healing approaches combined with the constancy of cultural expression. The mixture of cultures, languages, people and backgrounds leads to a more pan-Aboriginal approach than found in smaller, more homogeneous communities. For example, medicine wheel teachings, healing circles, smudging and sweat lodge ceremonies are available in urban centres across Canada.

The significance of the land for Aboriginal people is well documented. Urban organizations continue to incorporate land-based programs into therapies because “[c]lients learn about themselves, their culture, and respect for Mother Earth.”³⁰⁴ The Sulsila Lelum Healing Centre Society in Vancouver has medicine-making workshops, a supply of remedies on hand for dispensing, a garden with natural medicinal plants and a pond with running water. The Surrey Aboriginal Cultural Society reported that one of their best practices is on-the-land camps. The Aboriginal Health and Wellness Centre included on-the-land retreats in their men’s program. Native Child and Family Services of Toronto holds a one-week healing camp in summer and pipe ceremonies and sweats are conducted outside of the city. A number of organizations offered access to outdoor activities, such as medicine walks. The Haahuupayak Society in British Columbia employed an Elder who counselled school children and, in problematic cases, he would take the students to the woods or the water— traditional places of healing.

With respect to language, 18.9 per cent of urban organizations made some mention of language, compared to 23.3 per cent overall. In British Columbia, the Chemainus First Nation has a goal of increasing the number of Ha’quminum speakers and the Haahuupayak Society highlights their Elder, a Survivor and a fluent speaker of the Nuu-chah-nulth language as major strengths of the program. The Kettle and Stony Point First Nation in Ontario provides an Anishinabeg language program that helps them address the needs of a hard-to-serve target group: Survivors who are senior in age.

Culture was also expressed in a therapeutic form. For example, the Wabano Centre for Aboriginal Health in Ottawa combines art therapy with the traditions of Aboriginal art-making. Another project noted that dream therapy is effective because dreams have always played a significant part in Aboriginal culture. Serving traditional foods and the custom of feeding guests continue to play a positive role in the urban environment.

Since the days of our ancestors it was in our culture and tradition for families and other tribes to gather and sit in a circle to share stories, food and daily activities whether that be deaths or births. This was a time of sharing, crying and laughter and was a form of healing for an individual or a community. Today, many individuals and families stop in to visit over a cup of tea and share about their daily activities.³⁰⁵

Feasts and celebration teas were listed as promising healing practices. Foods such as blueberry pie and maple syrup and moose stew were mentioned. Fasting cycles were ended with a celebration feast. The Arrowhead Foundation/Ishaawin Family Resources in Thunder Bay noted that potluck feasts are a good nonthreatening way to provide information on abuse. In British Columbia, the Four Quarters Institute’s impromptu potluck lunches encourage students at the institute to take care of each other.

Therapeutic Healing

In the multicultural urban environment, a combination of therapeutic approaches are common. The traditional component of healing can be manifested in a number of ways: the therapist's background, the type of therapy or the environment where the intervention takes place. In using therapies not considered traditional, "the belief is that the core elements of these modalities are universal and transcultural."³⁰⁶ The trend toward blending therapies to achieve the best result has been noted.³⁰⁷ Urban projects do not really differ from projects overall when it comes to choosing a therapeutic approach. In both cases, more than 85 per cent offer some traditional form of therapy and over half combined traditional healing with a Western or alternative therapy. However, a larger number of urban projects offered alternative therapies and a smaller number engaged in other approaches, such as workshops. Table 13 compares the therapeutic approaches found to be effective in urban centres to overall trends among promising healing practice projects.

Table 13) Therapeutic Approaches in Urban Centres

Therapeutic Approaches	All Projects (n=103)	Urban Projects (n=37)
Traditional	85.4%	86.4%
Western	58.3%	54%
Alternative	20.4%	32.4%
Other (research, workshops, community development)	40.8%	29.7%
Combination of traditional and Western/alternative	56.3%	51.4%

The Circle of Life Thunderbird House in Winnipeg explains that Western and traditional therapies are employed in all aspects of their program, thereby providing participants with a choice. This reinforces each participant's sense of control and ownership. The Aboriginal Health and Wellness Centre of Winnipeg notes that men are comfortable with a combination of traditional and Western methods. Findings from the project include the fact that men feel judged by mainstream methods, that parenting is a huge topic of discussion and that group processes seem to work best for the men. In Ottawa, the Odawa Native Friendship Centre's sentencing circle program uses a combination of Western and traditional therapies "in that the family, extended family and community support persons (i.e., Traditional Elders) are used to reinforce client (wrongdoer) confidence and self-esteem through use of traditional values such as caring and sharing."³⁰⁸

Since many organizations offer services to First Nations, Métis and Inuit clients, services are tailored to accommodate differing traditions. Ceremonies, circles, smudging, drumming and sweat lodges are recurring themes. One project noted, that while Métis may not have distinct approaches to healing, such as sweat lodges, they do have a distinct culture that must be respected. A larger percentage of urban service providers

offer alternative healing practices. Some of these practices include the performing arts, music and dance, meditation, Breath Integration, massage and water therapies, Eye Movement Desensitization and Reprocessing (EMDR) and dream work.

Interesting differences are noted in the use of traditional healing services among urban projects compared to overall trends (see Table 14). First of all, no differences are observed in the overall percentage of projects using traditional healing. However, with the exception of circles and services provided by traditional healers, all other traditional interventions were provided by a greater proportion of urban projects. This suggests that a wider range of traditional healing services are provided in urban areas.

Table 14) Percentage of Urban Projects Providing Traditional Healing

Intervention	All Projects (n=103)	Urban Projects (n=37)
Spirituality (including ceremonies)	69.9%	81.1%
Circles (healing, sharing, other)	49.5%	48.9%
Counselling by Elders	43.7%	54.1%
Sweat lodges	40.8%	45.9%
Medicine wheel	26.2%	29.7%
Traditional healers	6.8%	5.4%
Traditional healing (projects mentioning any of the above)	85.4%	86.4%

Particularly noteworthy is the high percentage of urban projects that highlighted spirituality (81.1%). For some, spirituality may be a rare point of contact with their culture, so perhaps it is not surprising to see a larger number of urban projects offering this service. Many projects used smudges and prayers, and many programs incorporated ceremonies (pipe, naming, purification) into their therapies and practices. “The use of smudge, prayer and stones may also be implemented based on the client’s needs and wants.”³⁰⁹ As well, a larger percentage of urban projects provided counselling by Elders, sweat lodge ceremonies or mentioned use of the medicine wheel. “Through the Elders, the women have the opportunity to learn of their culture; attend traditional ceremonies and sweats; pick traditional medicines and develop stronger identities as Aboriginal Women.”³¹⁰

The Sto:lo Society in British Columbia acknowledged the valuable role of Elders: “Elders are asserting their rightful place and promoting holistic processes rather than pigeon hole processes. Balance and lifelong learning are basic to one’s life.”³¹¹

Table 15 compares urban and overall trends with respect to the type of intervention strategy and various combinations. A larger percentage of urban projects combine cultural intervention with therapy. In fact, promising healing practices involve expressions of culture for most urban projects. There is a smaller percentage of urban projects using a single intervention strategy and a larger percentage combining cultural interventions with a traditional, Western or alternative therapy.

Table 15) Intervention Strategies and Combinations in Urban Centres

Interventions and Combinations	All Projects (n=103)	Urban Projects (n=37)
Legacy education only	-	-
Cultural intervention only	1.9%	2.7%
Therapy only (traditional/Western/alternative)	10.7%	5.4%
Research only	1%	-
Legacy education and cultural intervention	2.9%	2.7%
Legacy education and therapy (traditional/Western/alternative)	7.8%	8.1%
Cultural intervention and therapy (traditional/Western/alternative)	42.7%	54.1%
Legacy education and cultural intervention and therapy	33%	27%
Total	100%	100%

Holism is a term commonly used by urban projects. It has been applied to the healing approach, the components of healing and the delivery of services. In addition to providing holistic healing programs, a number of trends are observed among promising healing practice projects operating in urban areas. First, a wide range of traditional healing services are provided, especially ceremonies, other spiritual work and counselling by Elders. Greater cultural diversity is found among participants in urban centres than in smaller communities. Programs respect this diversity and attempt to meet the spiritual needs of participants in culturally appropriate ways. Many urban projects offer alternative therapies, and many of the cultural activities and ceremonies are pan-Aboriginal or borrowed from other Aboriginal cultures and traditions.

Cultural interventions, like spirituality, are almost invariably woven into the intervention strategy. This sometimes involves forming connections with the people and Elders on whose territory the urban centre sits. In other instances, it means honouring differences by inviting Elders from different nations to conduct ceremonies.

5.4 Healing Strategies for Women

Aboriginal women and children bear the brunt of violence in their families and communities and, often, in Canadian society at large. The 1993 final report of the Canadian Panel on Violence Against Women included full chapters on Inuit and Aboriginal women that describe the pervasiveness of the violence perpetrated against them.³¹² More recently, Amnesty International released a report that chronicles discrimination and violence against Indigenous women in Canada. The report describes high-profile crimes, such as the abduction and murder of Helen Betty Osborne in 1971 and the unsolved murder of her cousin, 16 year-old Felicia Solomon, three decades later. The report discusses violence against women in major urban centres, including cases of assaulted, missing or murdered Aboriginal women and girls in Vancouver, Prince George, Saskatoon and Edmonton. Canadian government statistics are included, revealing First Nations women between the ages of 25 and 44 are five times more likely than other women in the same age group to die as a result of violence.³¹³ Six of the 12 recommendations for action address policing issues. Other recommendations include funding for shelters and counselling services for women and girls, comprehensive research on violence against Indigenous women (including a statistical registry), and public education programs acknowledging racism and the history of dispossession and marginalization of Aboriginal people.

Despite, or perhaps because of the terrible reality of violence in women's lives, Aboriginal women are at the forefront of the healing movement. Women have consistently participated in AHF-funded activities to a greater degree than men. *Mapping the Healing Journey*, a report prepared jointly for AHF and Solicitor General Canada, suggests that community healing is initiated and driven by a core group of dedicated individuals responding to their awareness that things are bad.³¹⁴ This group is most often composed of and led by women. Women's leadership role in healing is one of the themes running through the promising healing practices research. Sylvia Maracle writes about the differences between natural leaders and "people who have titles" in her discussion of community development and the friendship centre movement:

Natural leaders are the ones who seem to get things done. They have a healthy vision, possess knowledge, are passionately committed and have a personal leadership style that promotes action. Early on in our development, it was these natural leaders who worked to change our communities, and these leaders were, in overwhelming numbers, women.³¹⁵

In addition to being leaders in the healing movement, more women than men participate in healing programs. This has implications for the healing of families and communities, as discussed below. First, however, an essential stage of healing is addressed: the safety of participants.

Safety and Healing

Judith Herman states: "No other therapeutic work should even be attempted until a reasonable degree of safety has been achieved."³¹⁶ She also asserts that trauma survivors feel unsafe in their bodies and that their emotions and thinking can feel out of control. Thus, establishing safety begins with focussing on control of the body and then gradually moves outward into the environment. Many of the women involved in AHF-funded programs are in crisis situations. Three of the agencies that submitted promising healing practices

are connected with a women's shelter. For example, the Native Women's Transition Centre in Winnipeg is a safe home for Aboriginal women and their children in need of long-term support and services. "It exists to support women who have been left victimized, either through their interpersonal relationships or through systemic neglect, and who are left without the resources to independently make the life changes they deem necessary."³¹⁷ One of the therapies they use is called "focussing," which they describe as a body and personcentred approach to healing that involves going within and listening to the stories and feelings of one's body. Such an approach is one of many used within healing programs to engender feelings of safety.

The *I da wa da di* traditional healing program on the Six Nations of the Grand River serves Aboriginal women throughout Ontario who wish to address the childhood trauma of abuse and growing up in families and communities made dysfunctional by the residential school legacy. The program also runs training programs for service providers who work with Aboriginal women. Healing and fasting retreats, healing circles and an annual gathering are held on the grounds of the healing centre—a beautiful, reclusive environment that has been described as setting the mind, heart and spirit for healing. The project's promising healing practices include the safe environment it has been able to create. Safety was highlighted by program participants in evaluations, as well as in key informant interviews conducted as part of an AHF case study. For example, over 90 per cent of participants at annual gatherings said they felt safe. Respondents attributed their feeling of safety to factors such as the project team's level of professionalism and their respectful, nonjudgemental attitudes; being with Elders; the intimacy of one-on-one attention; sharing with others; knowledge and use of traditional values, customs and medicines; knowing confidentiality is respected; the safe (emotional and spiritual) environment; the support and nurturing of other women; and the presence of love and laughter.³¹⁸ One person explained why she felt safe:

The warm and kind atmosphere that enveloped us in the setting of a healing place in nature. The respect to each other and the healing words of the Elders and other speakers. Also, there were counsellors on the grounds to support the emotional and mental needs. The spiritual needs through prayer, song, medicines and drumming. As well as our physical needs through food.³¹⁹

Similar references to safety were provided by other groups working with women. In fact, women involved in healing projects often expressed feeling safest in female-only groups. If a group is mixed, women have a right to know if any offenders are in the group before they agree to participate.

A number of programs separate genders for purposes other than safety. "The traditional way is that women heal women and men heal men ... when I hear you talking about men, my belief is that men have to do that for themselves."³²⁰ Some of the AHF programs include mixed groups, but still separate men and women during healing activities. The Ma Mawi Wi Chi Itata Centre in Winnipeg offers weeklong retreats for couples. They incorporate a buddy system where women pair with women and men with men to provide support during the week. Couples are separated, with the men sleeping in one lodge, women in another. On the third day of the retreat, men and women are also separated during the day, coming back together for an evening meal that the men spent the day preparing.

The Municipality of Cape Dorset holds on-the-land retreats where women and men sleep in different dwellings, even if they are married. As well, they do not travel together: the wife goes in a separate boat or sled from her husband. The Conseil des Montagnais de Natashquan, an Innu project in northern Quebec, notes that one day of their retreat is dedicated to gender-specific traditional activities chosen by participants.

Interestingly, a couple of women's projects reported they have expanded their services to include men. For example, Minwaashin Lodge in Ottawa now offers men's circles. The program has evolved from an agency that provided services for women and children to one that also includes men. "We feel this is a better fit for us, as a community cannot heal if there is only support for half of it."³²¹ They have noticed that, as change occurs in one family member, other family members begin to change as well. A similar view was expressed by one of the women interviewed in a case study of the Municipality of Cape Dorset's healing project: "My family is better because of my participation. It has a domino affect."³²² Similarly, staff of a men's healing program offered by Native Child and Family Services of Toronto are excited about the work they are beginning to do with families. They note that the reunification of families is considered a valid goal, whereas mainstream agencies keep men away from the family.³²³ Once sufficient progress has been made on the healing journey and safety and trust have been well established, both women and men appear to want to involve their partners and children in healing programs.

In submissions to the Aboriginal Justice Inquiry in Manitoba,³²⁴ women spoke of the difficulties they experienced in seeking help to escape abusive relationships. In their presentations, women stated they wanted healing for the entire community based on the philosophy that strong, healthy families make strong, healthy communities. While they agree that short-term crisis intervention is needed, they also want to move toward treatment for the family as a unit. They stressed the importance of Aboriginaly-designed and directed programs because of a belief that only Aboriginal services emphasize healing within the family and keeping the family together within the home and community.

With respect to keeping the family together, it should be noted that this can jeopardize the safety of women and children when the family system is not healthy. A report on Aboriginal domestic violence prepared for the AHF states that the "family response to the abuse will depend on many factors, such as the previous abuse history of the family, the nature of the current abuse, levels of wellness of individual family members, and the strength of the family system in terms of mutual support, nurturing and caring for one another."³²⁵ The authors go on to say that if the family is united, and relatively free of addictions and abuse patterns and has a strong sense of mutual support, family members are more likely to intervene to stop the abuse. In less healthy situations, they will tend to look the other way. "When this response occurs, the trauma experienced by victims of violence and abuse deepens as the reality of just how alone and abandoned they really are sinks in."³²⁶ The consequences of not intervening to stop abuse means it spreads "like an aggressive cancer."

Family violence and abuse is like an aggressive cancer. It is progressive (it gets worse and worse over time), it is deadly unless it is stopped and is very difficult to achieve a cure. Like cancer, domestic abuse tends to metastasize to other parts of the family system unless it is detected early and aggressively cut out or otherwise treated.³²⁷

Seen in this light, women's desire to involve their partners and families in healing is understandable. Stated simply, violent and abusive men need treatment in order for women to be safe. For women just beginning on the road to healing, their own safety (and that of their children) are priorities and women-only circles and groups are preferred. Later in the healing process, women are able to express their concern for the healing needs of men. The need for safety does not diminish, it just takes a different route. Goals of personal healing begin to intertwine with family and community healing, and the desire to connect with others and be of service to the community become significant indicators of healing.

Community conditions and dynamics can also influence the safety of women living with violence. In some communities, a culture of violence develops: "The term 'culture of violence' means that the lived patterns of human interactions, as well as the belief and values that support them, are infused with violence to such a degree that violence has become a distinguishing characteristic of community life."³²⁸ The publication on Aboriginal domestic violence, referred to above, identifies 12 determinants of violence and abuse in communities.³²⁹

- **Absence of consequences and personal immunity:** Family violence is common and considered "normal"; abusers are not confronted or charged, and no efforts are made to stop the abuse. Members of certain families may be granted immunity from the consequences of domestic violence.
- **Prevailing male beliefs and attitudes regarding women:** Belief systems include attitudes about male privilege and the belief that abuse against women and children is normal.
- **Past history of domestic abuse:** A family history of abuse leads to higher levels of susceptibility to domestic violence, especially when combined with other determining factors, such as alcohol abuse.
- **Levels of personal and community wellness:** Indicators for assessing personal and community wellness include levels of the following: alcohol and drug use; children and youth experiencing trauma or crisis; community trust and social cohesion; gossip; known family violence; lateral violence; and interfamily conflict. A wide range of other, more positive indicators are also mentioned, such as the number of adults involved in healing and volunteer work and contributing to community well-being.
- **Professional support services:** The availability of services for victims, such as safe houses and shelters, and the capacity and willingness of service providers to intervene in violent situations, will impact on the pattern and prevalence of abuse.
- **Community leadership:** Community leaders play a role in allowing the abuse to continue or in actively stopping it.
- **Public policy:** The existence of policies that authorize and support the commitment of resources to addressing family violence will influence the extent to which the community has an effective response to violence and abuse.

- **Policing and the justice system:** Police respond in a timely way to calls for help, abusers are charged and the case proceeds through the justice system. The most effective police and justice response systems are integrated into a comprehensive community response to abuse.
- **Poverty and unemployment:** In general, higher levels of poverty and unemployment are associated with higher levels of violence and abuse.
- **Community awareness and vigilance:** The extent to which a community is educated and aware of the signs of domestic abuse and the impacts of abuse on victims, child witnesses and the whole community can influence the community's willingness to intervene to stop family violence and abuse from occurring.
- **Geographic and social isolation:** The degree to which a community is geographically or socially isolated can either reinforce the isolation and control measures abusers attempt to impose on their victims or can serve to thwart them.
- **Spiritual and moral climate:** The strengthening of spiritual identity and connectedness may influence the community's capacity to effectively address core healing issues, including family violence and abuse.

Thus, community conditions can greatly influence the degree to which individual women and children are exposed to violence and abuse. For those communities supportive of, and involved in, healing and wellness programs, the influence is a positive one. For example, the Liard Aboriginal Women's Society in the Yukon notes that women involved in their project are:

[B]eginning to understand how people resist violence and reporting that this change in perspective is making a difference in how they feel and do their work and how they see themselves. They are forming stronger connections in communities and not feeling so isolated. Thinking more critically about the issues of violence. They are becoming more aware of the importance of safety and justice to the individual's well being.³³⁰

In Saskatchewan, the Buffalo River Dene Nation made a conscious decision to invest the community's resources into healing. "The chief is supportive of the project and encourages the integration of healing procedures with the development of culture and spiritual practices."³³¹ The Qu'Appelle Child and Family Services, also in Saskatchewan, has support from 23 different community groups, including the chief and council. A supportive political environment, combined with effective networks among community agencies, can go a long way in making the community safer for women and children.

Promising Healing Practices

The following examples of promising healing practices are drawn from the submissions of communities and organizations with projects that focus on women and from the workshop on healing strategies for women held at the 2004 AHF National Gathering in Edmonton. It is also important to remember that the majority of participants in AHF-funded projects are women; therefore, if a therapy or intervention is working well overall, it can be assumed that it also works well for women.

As noted, group processes such as women's talking, sharing and healing circles work well. They provide peer support—an especially important benefit for women living in rural and isolated communities. Circles help women understand they are not alone, allow them to connect with others and with themselves, provide a venue for learning how to speak about difficult and painful issues, and allow for the sharing of experiences. Women learn about confidentiality and trust in the circle, and they learn to respect one another. The Central Urban Métis Federation in Saskatoon describes their circle process:

[P]eople sit in a circle and pass either a feather or rock and a person can either speak or pass, a lot of the women's circles prefer to sit around a table with a cup of coffee or tea and do some type of art or crafts. It gets them sharing about a lot of issues and problems, while everyone is doing something and not just sitting there.³³²

Retreats also provide safe, confidential places for women to engage in healing work. Moon cycle ceremonies, sweat lodges for women and seasonal feasts are also successful healing tools. Older girls are teaching traditional dancing to younger ones. In some communities, "women's secret societies" are being revitalized and used as a healing strategy. Reinforcing cultural values restores women's traditional place in their families and communities. The Native Women's Transition Centre in Winnipeg comments that through the Elders, the women have the opportunity to learn of their culture, attend traditional ceremonies and sweats, pick traditional medicines and develop stronger identities as Aboriginal women. Grandmothers and female Elders are important figures. Connecting with nature plays a role in healing, along with the medicine wheel, full moon ceremonies, sweats, feasts and smudging. Minwaashin Lodge in Ottawa lists their promising practices as using a combination of Aboriginal traditions with Western therapeutic practices; providing traditional activities to offer the opportunity for clients to learn who they are; and providing child care while clients are in session.³³³

A wide variety of therapeutic approaches are used effectively. "[N]on-verbal modalities of healing like art, writing, dance and movement introduce the women to other tools to help heal themselves. Massage therapy has also been incorporated as it is an important way for women to get back in touch with their bodies and it is also useful for releasing trauma."³³⁴ Another project uses a variety of traditional and Western approaches while including opportunities for women to explore, learn and practice healthy play: "Playing is a powerful tool for healing all aspects of the physical, emotional, intellectual and spiritual self."³³⁵

One of the benefits of engaging in healing is an increased sense of empowerment. Women are taking control of their own lives and becoming more active in the community. Forming close interpersonal relationships is viewed as an empowering tool. The concept of empowerment is embodied in the names of some of the women's healing projects. For example: *Returning Voice To Women*; *Aasnaa Naad Maad Daa* (*Come, Let's Help One Another*); *Strengthening Our Circle*; *Taking Back Our Power*; *Reclaiming Our Place Within the Circle*; and *I da wa da di* (*We Should All Speak*).

Participants at the Edmonton gathering cited numerous examples of how women are becoming empowered, both personally and in the community. Women are learning they can make choices in life and they are acting on those choices. Increased levels of self-sufficiency and independence were noted. Women are asking for help when they need it and know where to go and whom to ask; they are speaking out, naming

their perpetrators and supporting each other. There are more women in leadership positions, more pursuing post-secondary education and they are much more visible in the community. A cultural revival is taking place among women in many communities; they proudly wear traditional clothing and jewellery and feel stronger ties to their culture.

Looking to the Future

Because women participate in AHF-funded healing programs at such high levels, research and evaluations examining what works are based predominantly on what works for women. Therefore, the promising healing practices outlined throughout this volume apply to women because so many of the participants are women. Thus, it can be argued that where promising healing programs exist, women are likely to use them and benefit from them. Promising programs include the necessary elements identified in the healing framework: they are designed based on Aboriginal values, safety is assured and the community has the capacity to provide healing through the services of skilled healers, helpers and counsellors. The programs provide a variety of therapies, including traditional healing combined with appropriate Western and alternative methods. They also include cultural interventions and address historical realities. The largest gaps in women's healing exist in those communities that do not provide healing services and where the community environment includes many of the determinants of family violence outlined in this section.

Safety is a promising healing practice among projects that serve women. Safety is foundational, a necessary element in healing. Healing strengthens and empowers women, providing benefits that expand into the lives of those close to them, especially intimate partners and children. Women engaged in healing share their learning: some become counsellors, volunteers, healers and teachers; they volunteer for committees; and they make food for community events. Healthy women give back so much and so often that they keep the healing movement alive and energized.

The next section discusses strategies for healing men. From a women's perspective, one of the logical next steps in the evolution of holistic healing is the implementation of promising healing programs for men.

5.5 Healing Strategies for Men

Overall, men have participated in AHF-funded healing projects in lower numbers than women, although participation rates have improved over the past five years. Ways of increasing their engagement in healing have been explored at AHF project gatherings and in focus group discussions held throughout 2003 and 2004. One of the lessons learned is that men and women approach healing from widely divergent perspectives. For example, it is often difficult for men to admit to having been sexually abused because being a victim is contrary to the widely held stereotype of manliness: "Although abuse of power is the fundamental dynamic behind all forms of victimization, many male victims do not report feeling powerless and do not see themselves as 'victims.'"³³⁶ Some male Survivors fear their admission of a personal history that includes sexual victimization will result in ridicule and, for this reason, they avoid participating in healing programs. One strategy proposed in the *Third Interim Evaluation Report of Aboriginal Healing Foundation Program Activity* involves "framing the healing journey as an act of courage and empowerment."³³⁷

The majority of practical and theoretical work in the area of healing from sexual abuse has taken place among women. Little research is available on the impact of sexual abuse based on the experiences of men. Most social services are provided by women, and programs for healing from sexual abuse have been largely developed in response to what works for women—this is useful, but not sufficient when working with men. In other words, some therapies and approaches are applicable across genders, while others differ significantly in their impact and effectiveness. In a report on rethinking victimization of male children and teens, Frederick Mathews states: “Male victims frequently find that therapists, counsellors or other types of caregivers trained with female-centred models of victimization are unable to help them.”³³⁸ A good example of this is how anger is addressed in the therapeutic process. Anger is generally viewed as an essential phase of healing for women, but it can block progress among men. Mathews distinguishes between toxic and righteous anger. Toxic anger is repressed or misdirected rage and it can harm the person and their relationships with others. Righteous anger, on the other hand, is a healthy response to being abused. He also points out that while men experience the same range of emotions as women, they have more difficulty differentiating their emotions and speaking about them.

[F]eelings of shame, guilt, humiliation, anxiety, sadness and rage can become bundled together in the form of anger. Since anger is the only “legitimate” feeling they can express, they, and we, often mistake what we are seeing when a male victim expresses anger. Some males are afraid to express any anger at all because of the potential tempest of uncontrollable and jumbled feelings they fear will be unleashed. Some are afraid to express anger because they associate it with violence. Therapists, unaware of these complexities, may invite a male victim to express his anger and end up scaring him off counselling. Conversely, suggestions to a male that he needs to learn techniques to “control” or “manage” his anger can convey a message that it is a “pathology” in need of correction and that his underlying pain and confusion are not legitimate.³³⁹

The Centre d’amitié Autochtone de Val-d’Or in Quebec uses a “feeling log” as a tool to help fathers identify their feelings. The men are provided with a list of qualities, feelings and emotions to use as guides in recording their own feelings. When it is time to discuss the content of the log book they are referred to a social worker.³⁴⁰

Engaging Men in Healing

Programs that offer concrete, hands-on activities, such as making drums, singing, song writing, playing musical instruments, sports, drumming, hunting, fishing and tool-making have had greater success in attracting men than those that focus directly on healing. The Métis Family Resource Centre in Sault Ste. Marie, Ontario, reported that they introduce men to healing programs through hunting, fishing and forest retreats because men are less motivated to attend anything to do with physical or sexual abuse. Interestingly, this project also had success in drawing men to Reiki sessions: “a lot of the men come in for this energy healing not realizing that the practitioner was a spiritual healer.”³⁴¹ Providing opportunities for men to take on traditional roles in ceremonies also works well. This includes training to become a doorkeeper, or pipe carrier or assigning responsibilities, such as collecting wood or choosing the stones for the sacred fire and sweat lodge. In other cases, initiating the healing process is a matter of valuing the expertise and knowledge of particular men and providing them with opportunities to share their skills with others. One

project asked a man with traditional skills to teach land-based survival skills to youth in the community. This led to a group that included 10 teenagers spending time in a land-based retreat. An Inuit project found that men enhanced their feelings of connection with the community by participating in a tool-making program.³⁴² Participants were also part of the planning process that led to building a cultural area.

Providing access to male healers, counsellors, team members, facilitators and role models works well. Conversely, having no male staff can seriously hinder male participation. This does not mean that men will work only with male counsellors, but their presence on project teams makes a telling statement about the healing environment and its openness to male perspectives. Role models often include men who have successfully addressed their own issues, including addictions and abuse.

Offering a variety of support services, such as client advocacy, informal drop-ins, social gatherings and help with housing needs can draw men into healing programs. Like hands-on activities, this provides a way for men to be involved without having to explicitly identify themselves as being in need of healing. Building A Nation, Inc., in Saskatoon offers a number of possible explanations for their success in engaging men in healing.³⁴³ Their program provides services geared to individual needs. Multiple layers of support are provided to participants, such as client advocacy, a drop-in centre and help with apartment hunting. Since many of their male clients include individuals with problems related to addictions, homelessness and conflict with the law, these support services are welcome and necessary. Other activities include traditional celebrations and ceremonies. As noted above, providing roles within traditional areas of male responsibility reinforced positive male social models. Lastly, Building A Nation, Inc. utilizes male counsellors and men's circles, which are believed to contribute to higher levels of participation.

Some men come to programs through referrals made by their spouses or other family members. Programs that involve fathers and their children have been successful in engaging men. In one case, it was reported that men who have children do better in the healing program than those without children. Another project found that single fathers became involved through the child care program. In this situation, "word of mouth" was effective in increasing participation:

Once we were able to access one or two fathers to participate in our programs, the rest followed—the moccasin telegraph works! Once they hear it's a safe place to be where each person is a unique individual and are honoured and respected there seems to be no problems in including men in the program.³⁴⁴

Another successful strategy is community outreach: going where men are, developing rapport and addressing immediate needs, such as housing, food or access to emergency care. Also effective is extending personal invitations to an event or program.

Once men have been encouraged to enter a healing program, a number of challenges exist. The Aboriginal Health and Wellness Centre of Winnipeg outlined some of the challenges facing their men's program:³⁴⁵ literacy levels of participants vary greatly; poverty is an issue; it is often difficult to contact the men due to transience; and many of the men have health issues that have never been addressed or treated. Moreover, building trust takes time; in some cases, it is up to a year before significant disclosures are made. There is an

ongoing need to establish and maintain healthy boundaries for participants and staff. Finally, the men benefit from the cultural and traditional elements of the program, such as sweat lodges and on-the-land activities, but these are expensive to implement, especially in an urban environment. Such issues and challenges influence program delivery.

Readiness to Heal

Men who participate voluntarily and show a consistent commitment to healing have better outcomes in healing programs than those who have been mandated to attend. This commitment or “readiness to heal” includes self-motivation, stability, sobriety and a demonstrated interest in healing. Yet, as always, there is more than a single route to healing and the journey can involve both detours and serendipitous successes. At a November 2003 gathering of AHF-funded projects in Montreal, participants were asked what readiness to heal looks like for men. One project, Conseil des Montagnais de Natashquan, reported that their program attracted more women than men. Men were less willing to talk about violence, incest and sexual abuse, and there was the suggestion that taking part in a healing program might be viewed by men as degrading. In some cases, men participated only when they had their backs up against the wall; for example, if their intimate partner threatened to leave or they became involved in the criminal justice system.

The Conseil de la Nation Atikamekw conducts assessments that include questions about participants’ motivation, the difficulties they are encountering and their ability to participate. The Aboriginal Health and Wellness Centre of Winnipeg uses an elaborate intake process as a means to help assess the readiness of people wishing to participate in healing programs. Potential participants are asked to define what they want and, based on this, some are referred to other programs. The program is open to voluntary participants only; it is not available to people who are mandated to enter a healing program by the courts, social agencies or justice circles. The centre believes people tend to do better if it is their first time in a healing program, in part, because they have erected fewer barriers to the therapeutic process. In many cases, men learned about the program through family members who are participating in other programs offered by the centre.

Healing Strategies for Men

In a paper on envisioning a healthy future for Native American men, Paul Rock Krech argues that revitalizing the traditional role of Aboriginal men and reconnecting them with family and community are significant steps toward healing. Traditionally, male identity was rooted in roles such as hunter, fisherman, teacher, storyteller and warrior, roles less likely to be available to men today. Yet, blending appropriate traditional and contemporary practices can advance and support healing. Krech includes traditional activities, such as singing, dancing and storytelling, as well as newer methods, such as 12-step recovery programs, among healing methods that work well for Aboriginal men. All of these activities involve making a connection with others, from learning traditional skills from older men to being a part of a peer group of singers or drummers to sharing with others in a group healing program. “For Indigenous men, fostering connectedness is a template for healing.”³⁴⁶

Bill Mussell, in a guide on healing First Nations men, proposes a similar path. He creates the image of the “Warrior-Caregiver,” a man with a strong social presence who relates easily with people, cares about his environment, and takes pride in being responsible and accountable.

He values safety and security, knows the importance of acceptance, understanding, and love, and enjoys nurturing interpersonal relationships with people at all ages and stages of life. In family and community, a Warrior-Caregiver provides well, enjoys his work, volunteers to assist others and is pleased to discuss needs and challenges when occasions present themselves.³⁴⁷

Creating a safe place for healing to take place is the first step in all counselling and healing relationships. This includes providing a male-friendly environment along with a male-centred approach to healing. Access to male staff and to therapists who are knowledgeable about gender differences, and about how men respond to trauma and sexual abuse, are key ingredients. Mathews, in his study of sexually abused boys, posits that the therapist’s knowledge in these areas is central to reaching men:

Opening up to a therapist can be an extraordinary challenge for male victims who must also cross a barrier with respect to gender-role socialization that instructs males to be stoic and silent, prevents them from wanting to appear vulnerable and encourages them to be self-reliant. The skill and knowledge of the therapist, and experience working with male victims, is of paramount importance in facilitating the development of trust in male victims and getting them past these obstacles.³⁴⁸

For many men, it is not surprising that the safest and most comfortable setting is a natural one. A number of projects have reported that men are able to open up more easily when on the land: “when we do activities in nature the participants feel a contact with their human essence.”³⁴⁹ Whether on the land or in the city, cultural interventions work well. Krech writes about the drum as supporting a time-honoured way of being an Indigenous man. He reports that many dancers and singers are men in recovery from alcohol or drug dependence who benefit from the time and dedication required to learn their craft. Also, cultural celebrations, pow wows and potlatches serve to blend a tradition of sharing and healing and they contribute to rebuilding community—a role that men can contribute to and benefit from.³⁵⁰ This is equally true in urban settings.

Participating in men’s groups helps to build relationships with other men and reduces isolation. An evaluation of the Aboriginal Health and Wellness Centre of Winnipeg’s *Men’s Healing and Wellness Program* reports 78 per cent of men indicated that groups had the greatest impact on them.³⁵¹ In some cases, however, men prefer working one-on-one with a counsellor or healer. This is especially true if they are disclosing abuse or the first time. Some men enter therapy through one-on-one counselling before they are comfortable enough to participate in a group.

There appears to be no consensus on whether men prefer to work with male or female counsellors. Male team members offer reassurance that men’s perspectives will be respected, but when it comes to individual counselling, providing participants with a choice seems to work best. For those with a history of sexual abuse, choices may be influenced by whether the participant sees himself as straight or gay or whether the perpetrator was male or female. However, since not all healing projects have male team members, choices

are sometimes limited. Some projects meet this need by establishing partnerships with other agencies employing male therapists. At the group level, men's healing circles, co-facilitated by a male/female team, provide opportunities to model healthy communication and power-sharing. Also, since many of the participants' issues relate to women, having a woman co-lead the group provides opportunities to work through some of these issues. Among groups for men who batter, group leaders must sometimes intervene to challenge negative comments about women, such as "she asked for it." In fact, one project found their male clients responded well to a strong, hard facilitator, especially when dealing with intense problems.³⁵²

Psychoeducation: Exploring Male Roles

Learning about and exploring gender roles—including concepts and misconceptions of masculinity in traditional and Western culture and men's roles as sons, brothers, fathers, uncles, husbands and grandfathers—is an effective component of healing for men. Eduardo and Bonnie Duran³⁵³ note the effects of colonization are especially severe for men, who, as warriors, were supposed to repel the oppressors and protect their families and communities. Coupled with the destruction of traditional economic and cultural roles, colonization has led to a deep psychological trauma of loss. Working with Aboriginal men around issues of family violence necessitates dealing with historical violence and the accompanying losses. "There is no way that the client can begin to deal with the issues of violence in the family without understanding the dynamics of the historical violence perpetrated on Native American people by the European colonization process."³⁵⁴

Literature on the psychology of masculinity speaks to the "male code" of behaviour and identifies gender role strain as a problem experienced by men who hold themselves up against stereotypes of masculinity.³⁵⁵ Acceptable masculine traits include rugged individuality and indifference to pain, which is equated with physical and emotional strength ("feeling no pain"). Under the dictates of the male code, showing emotion is feminine, sissy and homosexual. Men are considered to be naturally competitive and this is measured by how successful they are (work, sports, income level, etc.). In combination, these beliefs lead to the impression that it is impossible for a man to be a victim. In fact, two of the most common myths about male sexual victimization are one, it does not happen, and two, it does not matter.

Psychoeducational activities in the therapeutic process expose the masculine code to objective scrutiny in order to help participants understand and demystify its impact. Gender role strain can be a particular problem for men who were sexually abused by men due to the social stigma associated with homosexuality. Understanding the social and cultural construction of male identity and the myths about male sexual victimization are an important part of the healing process. Individual experiences and reactions to trauma are also discussed, along with the many variables that can influence behaviours and ways of identifying things that trigger self-destructive behaviour. Psychoeducational activities include teaching, discussion and information handouts.

At an AHF gathering in Iqaluit, an Inuit project reported success with teaching men to recognize triggers rooted in their childhood that cause them to become angry and violent. Teachings include exploring feelings about vulnerability, anger, the cycle of violence and guilt. Psychoeducation, which can include traditional teachings, is empowering because it provides people with tools to understand and better control their

behaviour. The Mooka'am Men's Healing Program offered by Native Child and Family Services of Toronto includes rascal teachings to "[explore] blocks, attitudes and behaviours preventing the realization of such qualities as truthfulness and honesty ... The rascal teaching is a cultural story for introducing such mainstream concepts as 'projection.'"³⁵⁶

Experiential Therapies

As noted above, men are more attracted to activities that involve hands-on learning. The same preference is found in therapy. Boys and men are action-oriented and they are less comfortable with or skilled at dealing with language-intensive and insight-based interventions.³⁵⁷ This explains, in part, why experiential interventions are so effective with men. *The Men's Project*, a well-established mainstream (i.e., non-Aboriginal) program in Ottawa, offers counselling, support and skill development to men who have been sexually abused. *The Men's Project* draws heavily on experiential methods. The program is based on the understanding that traumatic memories are stored in the right brain or nonverbal centre of memory. Children, in particular, tell stories in pictures. Traumatic childhood memories may be stored in the adult memory without ever having been translated into words. In some cases, this can actually lead to a cognitive impairment affecting the language centre of the brain. Time sequences are likewise frequently absent or confused. Part of the process of integrating the memory involves putting what happened into words. At the same time, learning new ways of acting and reacting are more effective if the approach is experiential, rather than cognitive. Psychodrama and art therapy are two examples of Western experiential therapies.

One of the exercises used by *The Men's Project* is a reenactment of the drama triangle as experienced by survivors of childhood abuse. The classic triangle includes a victim, a persecutor and a rescuer; however, in the case of childhood abuse, the rescuer was either absent or ineffective. The individual tends to internalize each of these roles, sometimes feeling and acting like a victim, then shifting to the more powerful persecutor role (retaliation) and then giving up, abandoning their authority in the maladaptive role of rescuer. Under stress, an individual will quickly shift from one role to the next, although women tend to have a harder time identifying with the persecutor role and men can be reluctant to admit they are victims.

The goals of *The Men's Project's* sexual abuse program are to encourage emotional integrity (honesty within oneself about what happened and related feelings) and the assumption of responsibility for personal behaviour. Intimacy, defined as closing the emotional space between self and others in significant relationships, is also encouraged. Counsellors report that, of the three, intimacy is most difficult for men to achieve. The group healing process goes through the following phases, which appear to be based on a combination of Judith Herman's work on healing from PTSD, psychoeducation and psychodrama:

1. Building safety and support as a foundation for healing, including suicide prevention planning, curbing self-injury, education about trauma and abuse, and building self-supporting skills.
2. Developing skills to manage the experience and face the history of abuse, including how to manage triggers, flashbacks, intrusive memories and contain overwhelming feelings. This includes reconnecting with the body and the emotions, setting boundaries and goals and developing problem-solving skills.

3. Facing the abuse, a process of recalling and integrating the abuse experience, which includes testimony or telling the abuse story, sexual healing, confronting the abuser (usually symbolically) and forgiveness.
4. Reconnecting with ordinary life, including setting new life goals, reconnecting and getting on with the difficulties of normal life (parenthood, aging, illness, etc.).

Another exercise used in the program is intended to help men expand their repertoire of skills beyond the victim/persecutor/rescuer triad, thereby increasing the personal resources they can draw upon as they move through the therapeutic process. Following a psychoeducational framework providing information about different types of strengths (interpersonal, intrapersonal, and transpersonal or spiritual), individuals are asked to name one of their strengths; then they choose someone in the room to represent that strength and engage in a conversation with that strength/person. The goal of the interaction is to experience, acknowledge and integrate the particular strength. This process can take a long time and it must be guided by a skilled therapist, but the experiential method results in an understanding that moves beyond the verbal and cognitive centres into the intuitive centre of the person.

Another exercise demonstrates how a therapist can assist an individual who is experiencing a flashback or is disassociating from their surroundings. The intent is to ground or anchor the person in the “here and now.” The exercise is called the “containing double” in psychodrama because the therapist speaks on behalf of the participant and models a process of “containing” overwhelming feelings. This involves three stages: 1) the therapist verbalizes the participant’s feelings, always checking back to see if he/she is accurately reflecting those feelings; 2) a containing statement is made, such as “I’m feeling angry and I can express as much or as little of that anger as I choose”; and 3) the person is taught to anchor in the here and now by focussing on something in the immediate environment and then affirming that the present place is a safe one.

These are examples of exercises designed to help individuals build the personal resources they need to increase their feelings of safety before going further into their traumatic experiences and preparing to tell their story (testimony). Most often used in groups, these exercises are effective across genders. Nevertheless, it is significant that they work particularly well for male survivors of sexual abuse.

Incarcerated Men

While the links between victimization and offending are not fully understood, many men incarcerated for violent and sex crimes were themselves abused as children. In such cases, the healing process involves addressing the pain they inflicted on others, as well as the abuse they suffered themselves. Low reporting rates for sexual abuse means that most offenders have never been charged. In *Aboriginal Sex Offending in Canada*, John Hylton estimates there are 150,000 Aboriginal sex offenders in Canada.³⁵⁸ The paper provides ample evidence that the criminal justice system does not work for Aboriginal sex offenders. Moreover, since most offenders are actually living in the community, Hylton points to the need for community-based programs implemented within a community development framework: “Long-term, meaningful solutions to the high levels of crime in some Aboriginal communities involve strengthening Aboriginal families, communities and nations.”³⁵⁹

Participants at the AHF National Gathering in Edmonton proposed that community justice committees establish and maintain contact with inmates.

Special strategies and approaches are required to meet the healing needs of incarcerated men.³⁶⁰ Hylton presents evidence that voluntary participation is one of the factors linked closely to successful outcomes, even among incarcerated men. Mathews calls male prison rape the most overlooked form of sexual assault in our society. He says it is easy to dismiss the plight of these men because of their status as offenders.³⁶¹ Denial is a persistent issue, but even if men wish to disclose, the prison may not be a safe place to do so. Labrador Legal Services provides programs to clients both in and out of the judicial system. They moved from a more flexible sharing circle to a structured group therapy model in order to have tools to better confront the denial they were seeing in participants.

Waseskun Healing Lodge, an AHF-funded project located in the Laurentian foothills in Quebec, provides a holistic residential program for incarcerated men. It is a medium-security residential program that accepts Aboriginal offenders who voluntarily commit to following a healing plan and to participating in all programs. Many of the residents are long-term offenders who have committed violent offences. The treatment model incorporates both Western and traditional therapies, as well as cultural interventions. These disparate program components work together and reinforce healing within a holistic framework. Traditional instruction and contemporary teaching are offered on alternate days. The treatment model is a blended approach based on the medicine wheel: each client develops an individual treatment plan to address their identified issues (i.e., violence, abuse), issues are related to short- and long-term goals within a holistic framework, then the healing plan is superimposed on the medicine wheel. An Elder coordinates the program, and culture, spirituality, ceremonies and rituals are built in. The following table summarizes a presentation by Waseskun Healing Lodge to an AHF project gathering in March 2003, along with the project's response to the promising healing practices questionnaire and information contained in program evaluations.

Table 16) Waseskun Healing Lodge: Therapeutic Framework

	Traditional	Western/Contemporary
Philosophy	<ul style="list-style-type: none"> * many problems arise from loss of traditional values and culture * traditional concepts and practices are essential to restoring balance and healing * healing is a lifelong process * problems of offender, victim and community are an integrated part of the whole 	<ul style="list-style-type: none"> * both traditional and contemporary therapies can benefit the individual and contribute to healing
Therapeutic Approach	<ul style="list-style-type: none"> * client-centred * based on respect and trust * client is able to resolve problems and make decisions without direct intervention of healer * empathy and understanding help client to understand self * Elder focusses on the “here and now” and acts as a model * increased self-awareness by resident 	<ul style="list-style-type: none"> * help individual eliminate dysfunctional behaviour and acquire new skills * emphasis on cognitive learning to change behaviour * stress self-regulation of behaviour * focusses on behavioural change to assess progress * developing better life skills, problem-solving skills and empathy
Treatment Goals	<ul style="list-style-type: none"> * provide climate to restore balance * help client reestablish contact with self and trust of oneself * enable view of reality without distortion (i.e., accept responsibility for past actions) * look to self for answers, standards of behaviour and decisions for action 	<ul style="list-style-type: none"> * define issues to be addressed, e.g., abuse * create new conditions for learning * replace maladaptive with healthy behaviour * develop goals in cooperation with resident
Therapeutic Techniques	<ul style="list-style-type: none"> * see healing as an ongoing process * healing and talking circles * community circles * cleansing ceremonies * sweat lodges * traditional feasts * Elder’s counsel * storytelling * drumming ceremonies * sacred fire 	<ul style="list-style-type: none"> * relaxation training * systematic desensitization * assertiveness training * meditation * anger management * self-management training (includes self-monitoring and self-reward) * genograms * role-playing

Promising Healing Practices

In summary, promising healing programs for men are designed specifically for men, as they heal differently than women. Providing a male-centred approach and a male-friendly environment works well. Men generally do not want to participate in therapy where they appear as the victim. One strategy involves framing healing as an act of courage and creating an atmosphere that acknowledges people's needs without emphasizing their weaknesses.

Activities that involve a physical approach, such as participating in ceremonies, drumming and dancing, and on-the-land activities, attract men. Hunter and warrior activities help men to relearn their roles, provide a sense of purpose and bring them back to the land. Land-based healing programs build self-worth and provide opportunities for men to talk about their feelings. Other cultural activities are equally effective. Helping men connect or reconnect with their cultural identity through traditional teachings, access to traditional resource people, and creating a culturally positive environment frees them to begin working on other issues.

Male healers, Elders and counsellors make important contributions to healing programs. Providing access to Elders in formal counselling sessions, during informal gatherings or while on the land leads to opportunities to discuss a range of issues related to healing. This often begins with the Elder speaking about life in the old days. Moreover, male workers can model healthy masculinity. Positive male role models include men who have successfully addressed their own issues, including addictions and abuse.

Programs should offer men a choice of traditional or Western therapies, since some men are not comfortable with traditional healing and spirituality while others have difficulty with Western approaches. Group healing processes also work well. Participating in men's groups helps build relationships with other men and it reduces isolation; however, it is also important to offer individual counselling. In addition to individual and group counselling, offering a variety of support services, such as client advocacy, informal drop-ins and social gatherings are effective strategies.

Participants at the Edmonton gathering noted that parenting programs often engage fathers. Men with children often do better in healing programs than those without family responsibilities. An integrated, multidimensional healing strategy will involve men, families, the community and Elders. It is important to create opportunities to see healthy male/female partnerships and healthy family relationships in action. Psychoeducational approaches involve exploring gender roles, concepts of masculinity in traditional and Western cultures and men's roles as father, uncle, husband, grandfather and brother. Creating and reinforcing positive images of men and women and their roles in traditional and contemporary society is viewed as a promising practice.

5.6 Healing Strategies for Youth

Grim statistics are often cited concerning the social conditions and problems of Aboriginal youth. For example, "suicide and self-injury were the leading causes of death for [First Nations] youth and adults up to age 44"³⁶² and suicide rates among Inuit youth have been called the highest in the world. In contrast, recent

approaches to the problems of Aboriginal youth tend to focus on strengths and resilience. In the introduction to its October 2003 report, *Urban Aboriginal Youth: An Action Plan for Change*, the Senate Standing Committee on Aboriginal Peoples stated:

When we first began our examination into issues affecting urban Aboriginal youth, we could not have imagined the unshakeable resilience displayed by many of these young people in the face of so many daunting challenges. We were impressed by their strength, their quiet determination, their honesty in talking so frankly about their lives, and their sincere desire to overcome their circumstances, however difficult it may seem at times.³⁶³

The Senate standing committee said they wish “to move beyond the near exclusive focus on problems and begin to explore a more constructive approach, one emphasizing the contribution Aboriginal youth now make, and can continue to make, to Canada’s future.”³⁶⁴ In doing so, the report sets out key principles of effective service delivery under the following headings: support for community-based urban Aboriginal initiatives; involve youth in decision-making; foster community and youth capacity building; funding certainty and flexibility; coordinated and holistic approach; service delivery; culturally appropriate programs and status-blind services; and suggestions for mainstream providers. The report describes a number of best practice programs for urban Aboriginal youth, including safe drop-in centres, peer support, working with Elders, education about sexuality and life skills, art, sports, treatment centres for drug and alcohol abuse, and private sector employment partnerships.³⁶⁵ A Positive Adolescent Sexuality Support program at the Ma Mawi Wi Chi Itata Centre in Winnipeg is highlighted as a best practice. The centre’s mission is to provide culturally relevant, preventative and supportive programs and services for Aboriginal families in the Winnipeg area. Programs are based on the belief that all members of the community have a role in the care, protection and nurturing of children.

Prevention is a common goal of youth programs. In 2003, the Centre for Suicide Prevention in Alberta issued a manual of promising suicide prevention strategies for Aboriginal youth. This is an informative, practical guide to developing prevention programs that are grounded in existing knowledge about what works for Aboriginal youth. One of the points stressed is that suicide prevention efforts should include the promotion of protective factors in the lives of youth. Among the many protective factors listed in *A Manual of Promising Suicide Prevention Strategies* are the following: good physical and mental health, creative problem-solving, strong spiritual or religious faith, an optimistic outlook, warm family relations, strong traditional culture, adults modelling healthy lifestyle, healthy peer modelling, community self-determination and solidarity, and opportunities for participation.³⁶⁶ Increasing these protective factors may be more effective at reducing the probability of a suicide attempt than decreasing risk factors.³⁶⁷

Healthy Peer Modelling

More than any other group, youth are influenced by their peers, and peer culture can support or subvert healthy behaviours and lifestyles. A supportive peer culture is often driven by youth themselves. The Circle of Life Thunderbird House in Winnipeg developed a number of programs upon suggestions from gang members.

These include: PAA PI WAK, a safe house for gang members; “Clean Start,” a gang tattoo coverup and removal project; and an intervention program designed to address criminal thinking and behaviours. Youth and their families feel comfortable participating in these programs, which are staffed by youth outreach workers who have experienced street life. When youth become involved in mentoring others, their self-esteem and cultural pride increases, so the benefits of hiring young people to work with youth go both ways.

Sharing experiences in a group can create peer support. Group therapy may be particularly helpful for victims of sexual abuse who suffer from being silenced and shamed and have lost their trust in others. The walk-in mental health clinic on the Keeseekoose First Nation in Saskatchewan uses a group process for young Survivors of sexual abuse. Participants provided the following feedback about the group process.³⁶⁸

- “I am not alone.”
- “I know it was not my fault.”
- “The more people I tell, the more I help myself.”
- “It feels really good to be believed.”

Others indicated that they gained respect for themselves and for each other, and that through sharing laughter they learned to trust. Native Child and Family Services of Toronto holds weekly circles for young men between the ages of 16 and 25. Over 20 youth attend every circle, attesting to their popularity.

Young women’s groups allow for the safe exploration of issues faced by female youth. In Baker Lake, Nunavut, young women who were identified as “high risk” met weekly at the high school to discuss issues such as managing stress, healthy relationships, positive self-esteem and other topics chosen by the girls. The group format was considered culturally relevant in that storytelling, the sharing of experiences and active listening are consistent with Inuit traditions. Teachers reported an increase in attendance at school, an improvement in the attitudes and moods of some of the girls and an increased eagerness to participate both in the group process and in class.

At the beginning of the group there was some conflict between members and obvious mistrust, however, by the end of the experience the facilitators were impressed by how cohesive the group had become. Through positive, respectful sharing the girls had moved past the conflict and had found many commonalities and trust in one another.³⁶⁹

The Saddle Lake Boys and Girls Club in Alberta invites their junior media coordinators to submit articles to the local newspaper and future plans include profiling a youth role model each month. Driftpile First Nation, a Cree community in Alberta, comments that their youth worker leads by example and is a good role model for both youth and adults. Circle of Life Thunderbird House in Winnipeg highlights their youth outreach workers as one of the greatest successes of their program: the workers serve as positive role models in the urban Aboriginal community because they have retained their cultural heritage while participating in contemporary Canadian society. Strong cultural connections are important protective factors.

Cultural Interventions

Many organizations offer retreats and activities in natural settings. Centre d'entraide et d'amitié autochtone de Senneterre, located about 700 kilometres north of Montreal, invites street youth to participate in sharing circles held in a natural setting. This is seen as the best way to bring the youth into contact with a traditional healing environment. "The traditional sharing circle is a place where people have freedom to express themselves or to remain silent, their contribution or silence is respected. In turn they are expected to be authentic to share what they really feel or what they have really experienced."³⁷⁰

The youth also help prepare animals for food, clothing and drums. Driftpile First Nation, a semi-isolated Cree community in Alberta, held a series of camps that brought together Elders, youth and the community to get "back to their roots." The camps became a natural teaching environment. Young people also participated in a 300 kilometre wagon trail ride from Driftpile to Lac St. Anne and they experienced the Sun Dance. The Cree language was used during the camps: "We have lost our language with the younger generations; with usage of language in the camps we are hoping to teach them through repetition."³⁷¹

Mnjikaning First Nation, an Ojibway community near Orillia, Ontario, provided a one-week cultural camp for children that included activities such as canoeing, firekeeping, arts and crafts, sweats, drumming, games, songs and cooking. Two Elders shared teachings and ceremonies with the children, while other adults chaperoned and participated with the children in music, art and outdoor activities. Turning the community's focus to youth brought the community together. In 2001, approximately 40 children between the ages of seven and 15 attended the camp. Many community members also attended for storytelling and feasting. "This camp was immensely successful in bringing the community together to nurture the children."³⁷²

The Municipality of Cape Dorset, in Nunavut, provides a weeklong, on-the-land experience for youth where they participate in activities such as fishing, drying meat and having an experience of being in an igloo. Youth "get a deeper understanding of Inuit traditions and their body and mind become less burdened."³⁷³ They learn to dry meat, a portion of which is taken back to their own families. "This is really good because they learn the meat drying skills and they feel happy and proud to be able to bring something useful back to their families."³⁷⁴

The Parents and Teens Program offered by the Kikinahk Friendship Centre in La Ronge, Saskatchewan, has a healing team that includes two Elders (grandparents) and a support coordinator. The presence, experience and character of the Cree grandparents were consistently credited with any positive changes noted in program participants. Traditional activities include dressing and preparing moose meat and fish for smoking and drying.

In the art therapy program at the Wabano Centre for Aboriginal Health in Ottawa, children make "talking sticks," which are used to promote self-expression and respectful communications.

The Talking Stick was an effective tool for children and parents; for the first time their voices were valued. Their voices had been lost because they had lost communicating in a respectful way but

the Talking Stick is bringing that back and it's empowering when you have it in your hand because you don't judge what the person is saying who's holding it.³⁷⁵

Linking youth and Elders, teaching Aboriginal history and providing cultural activities build a positive context for understanding self, family and society. The Bent Arrow Traditional Healing Society in Alberta has a youth group entitled *Vision Seekers*. They have found the youth want traditional teachings and knowledge from the Elder they work with. The youth help with the Sweat Ceremony by being a *Shcapeo* (helper). Elders are involved in circles and gatherings. Circle of Life Thunderbird House notes, by having Elders accessible to the urban Aboriginal community, "the continuation of one's cultural practices will not be interrupted in the transition from a reserve-setting to an urban environment. Furthermore, those living in the urban environment will have the opportunity to reconnect with their cultural practices."³⁷⁶

The Seabird Island Band in Agassiz, British Columbia, involved youth and Elders in carving a 26-foot housepost for the health centre. The post symbolizes a future free from the effects of residential school. The Elders chose the animal symbols on the pole, and community members and students participated in the carving process. The children gained knowledge of Sto:lo culture, while the process provided healing opportunities for the Elders: "I know now that I can talk about the Residential School system, because the youth did and they did not even attend Residential School."³⁷⁷

Healthy Families and Adult Role Models

The Wabano Centre for Aboriginal Health notes that one of their best practices is engaging the whole family in their child/parent art program, including the extended family. Other projects hold parenting classes. A focus on family and community is reminiscent of traditional ways: "With the picnics and dinners we have brought the community and families together again like it was in the past."³⁷⁸ The Sunrise Regional Health Authority and Keeseekoose First Nation in Saskatchewan commented that group work is significant to the healing of First Nations people, especially youth. Their promising healing practices include the use of group family sessions and sharing knowledge of traditional ceremonies and healing practices with youth.

Positive role models are critical for youth who are searching for their identity and place in society. Positive Aboriginal role models are necessary to combat the negative images and racism that pervade today's society. Many of the promising healing practice programs emphasize modelling positive behaviour, a traditional way of imparting knowledge and skills. Elders guide circles and participate in a variety of programs for children and youth (and sometimes their parents), all the while modelling compassion and wisdom and providing strong images for families to follow. "Because of the high number of single parents in the program, female/male Elder dyads are especially important as role models for both parents and children of mutually respectful and empowering relationships between the genders."³⁷⁹

Adults can also model how to accept responsibility for one's actions. The Kainai Education Society in Alberta holds circles for students where the Elders and school counsellors relate their own experiences, sometimes mentioning addictive life patterns and dysfunctional behaviour. Parents often participate offering their perceptions. This process helps students learn to recognize their own negative behaviours and accept responsibility for them.

Opportunities for Participation: Sports, Crafts and Nonverbal Activities

Active, nonverbal activities engage youth and children, including sports, art therapy, dancing (traditional and modern), acting in plays and learning traditional skills. The Sunrise Regional Health Authority and Keeseekoose First Nation notes that using social and recreational activities to address the physical and mental health of youth draws youth into the program. The Bent Arrow Traditional Healing Society in Alberta offers social activities, such as dancing, crafts, movie night and sharing circles, to encourage the youth to interact in healthy ways. Big Cove First Nation in New Brunswick found that meeting the social and recreational needs of youth allowed them to shift from crisis management to long-term planning and community development. Centre d'entraide et d'amitié autochtone de Senneterre Inc., which runs a program in rural Quebec, uses a combination of sports and traditional activities, including sharing circles held in a natural setting, snowshoeing and trapping. Team sports include hockey and *pitoune* (log rolling). Youth workers do outreach on the streets and in drop-in centres, inviting young people to participate in these activities. Research in Australia suggests that, where there is a high level of sport, suicide and delinquency rates among Aboriginal youth decline.³⁸⁰

Eskasoni Mental Health and Social Work Service in Nova Scotia organized traditional food cooking classes for young men and women (separate classes). A basketball summer camp for girls was held and the male youth worker has been coaching sports activities, including a girls' hockey team. "Instead of being in the house on the Internet, they are out having fun and making friends. Instead of thoughts of suicide, they are anxious to play the next game."³⁸¹ In the process, they learn about teamwork and how to overcome challenges. They feel good about themselves. During the March break when youth are looking for somewhere to go and something to do, they hold an all-night hockey tournament.

Reclaiming History

Knowing the history and impact of the legacy of residential schools and relating this to their own lives helps young people to understand their families. They are free to set aside blame. Classes for Aboriginal children and youth delivered in Manitoba at Brandon University's mini-university include fine arts, humanities and physical education, along with Aboriginal history and cultural awareness programs. A member of the project team said: "I believe that the first step to healing in any type of project, whether it is educational or through counselling, the first step is to understand what has happened in the past and I think that Mini U is very successful in educating our participants in understanding the past."³⁸² The Nemaska First Nation of James Bay, Quebec, found viewing the site of the original community helped younger people begin to understand what their community had been through: "Stories were recorded and people were encouraged to mourn their loss and to let it go so they could move on with their futures. Younger people started to understand the importance of visiting the original site and to thank those who had suffered for their new community and the comforts that comes with progress."³⁸³

At the Saddle Lake Boys and Girls Club in Alberta, a bannock and tea gathering is held every second month. Elders and youth are invited to eat together and share stories, with a different keynote speaker at each gathering. Elders share their experiences of residential schools and how they were affected. Connecting with youth also benefits Elders. The Driftpile First Nation reports: "The youth are finally interested in

learning about culture and the Elders have an audience and most important, play a vital key in our community. We have become a throw-away society and with the use of culture we are hoping to find our foundation in order to move forward and, most importantly, heal.”³⁸⁴

Connecting with Schools

A number of the projects offer their activities at schools. Developing partnerships with schools and providing in-school programs can extend the reach of projects that target children and youth. For example, a youth worker with the Eskasoni Mental Health and Social Work Service facilitates counselling sessions along with guidance counsellors at the local school. The Kainai Education Society on the Blood Reserve in Alberta uses an adaptation of the traditional *Aisiimohki* circle with students who have been suspended from school. *Aisiimohki* is a traditional form of discipline designed to maintain harmony between individuals. The traditional approach was modified to meet the needs of students manifesting violent behaviours, such as bullying and fighting. Circle participants include the student, his or her parents, community resource people, Elders and school personnel. The circle process is followed by a feast. Occasionally, circles are also used to recognize academic or sports accomplishments.

The atmosphere at Alexander Bremner School in Melfort, Saskatchewan, is one of the most important factors in creating the sense of belonging that is so important to youth. “The provision of a stable, accepting environment is the first step in the formation of trusting relationships with the youth.”³⁸⁵ The relationship between staff and students is especially important. Many youth have been hurt by the adults in their lives and their ability to trust is shattered. Staff believe that, if a teenager can form a healthy relationship with at least one adult, it can make a tremendous difference in their growth and development.

If activities are not held at school they must be easily accessible. There is a walk-in mental health clinic for youth on the Keeseekoose First Nation (the clinic is partnered with the Sunrise Regional Health Authority, which is 110 kilometres away). The Circle of Life Thunderbird House is located in an area of Winnipeg with a high Aboriginal population, making the programs and services more accessible to those who have no transportation or limited mobility. The Aboriginal Centre of Winnipeg, which contains a campus, day care and health services, is located across the street. The daily flow of traffic at the centre helps to promote the services and programs offered by Thunderbird House.

What also can be helpful is if youth have a place of their own. Eskasoni Mental Health and Social Work Service provides a trailer for its youth worker. This provides a quiet atmosphere for counselling while the youth, who often show up in groups and can be very excited and loud, have a space to express themselves.

Looking to the Future

Participants at the AHF National Gathering in Edmonton discussed some of the changes they are seeing among young people in their communities. For example, teachers are noticing positive changes in the behaviour of their students, including increased levels of self-confidence. Youth are proud of their Aboriginal identity and they are participating more in cultural events. Some are reaching out and teaching their peers and mentoring younger children. Some are learning and speaking their language, spending time with Elders,

asking questions and beginning to share stories about their grandfathers and grandmothers. More youth are staying in school and more are attending post-secondary institutions. Many, many young people are passionate, energized and committed to life. As families and communities grow healthier, children and young people face fewer obstacles in their pursuit of active, meaningful lives. The number of protective factors in the lives of Aboriginal children and youth is growing slowly, but consistently. They will continue to grow as the benefits of youth-oriented healing projects, including cultural programs and sports, are combined with the progress being made by parents and grandparents engaged in healing programs, and committed Elders and community leaders who are working to build healthy community environments. Sylvia Maracle raises a number of questions about how Aboriginal people will adapt to the new challenges associated with a healthier future:

As the numbers of Aboriginal people on the healing path increase, there will be questions and challenges about what to do after the healing is completed. We are not used to living life to its fullest, but rather to healing and helping others. We will need to learn how to balance the numerous aspects of life that we juggle: academic and lived experience, traditional culture and new forms of cultural expression, professional and personal life, and nurturing others versus nurturing ourselves.³⁸⁶

It is hoped that the children and youth of today will be in the happy position of having to answer these questions.



Participants at the Aboriginal Healing Foundations National Gathering
July 9, 2004
Photo: Kanatiio

The Healing Environment: Supporting Strategies

Barriers to healing are well documented in Volume II of this series. They include resistance and denial, lack of resources, racism, geographic isolation, healer fatigue, poverty, unsupportive leadership and challenges related to meeting the needs of high risk participants with complex needs. While recognizing that these real life challenges exist, this chapter focusses primarily on the conditions that facilitate healing and the strategies used by healing teams to support and enhance their promising healing practices. AHF-funded projects were asked what helped make their healing practice or program successful. As Table 17 shows, more than half the projects replied their healing team (57.3%) or their therapeutic approach (55.3%) helped make the healing practice successful, while only slightly fewer (43.7%) felt that providing a safe environment was critical for success.

Table 17) Supporting Strategies by Percentage of Projects*

	≤ 10	11-20	21-30	31-40	41-50	51-60	61-70
Team characteristics						57.3%	
Therapeutic approach						55.3%	
Safety					43.7%		
Stakeholders		14.5%					
Networking		13.6%					
Community support	8.7%						
Language	7.8%						
Range of services	7.8%						
Accessibility	6.8%						
Other		14.5%					

*(n=103)

In response to the question: *What helped make this healing practice or program successful*, fifty-seven (57.3) per cent mentioned their healing teams, especially staff, but also volunteers, Elders and board members. They spoke of the dedication and skills of team members and about the personal qualities of healers and counsellors. Among the qualities mentioned were the following: nonjudgemental; knowledge about residential school impacts, traditional roles and ceremonies; hardworking, trained and professional; sensitive,

caring and supportive; sober; on their own healing path; Aboriginal; Survivors that speak the language; proud of their heritage; know the community; know their strengths and limitations; good interpersonal skills; do not put themselves above others; and well-known and respected in the community.

Also significant was the make-up of the team—the combination of skills and experience among team members and their ability to model healthy interactions. Counsellors who matched the target group in age, gender and life experience, and who had gone through the therapy being used, were appreciated. One project commented: “in order for the program to be successful ... facilitators must walk what they talk ... The success of our current staff in working with groups is due largely from their own healing.”³⁸⁷ The active participation of Elders and volunteers was also significant in promoting success. “Elders are consulted prior to the implementation of programs, are involved in the programs as instructors and advisors, and are key players in the transmission of the culture to the younger generations.”³⁸⁸

More than one-half of the projects (55.3%) identified factors related to the chosen therapy and healing methods as contributing to their success. In other words, their activities, alone or in combination (many mentioned using more than one approach), were the basis of their success. In some cases, the simple fact that the program was offered was important: “Our groups have flourished and continue to grow and attract people from the community who are looking for a place to work on themselves.”³⁸⁹ In another case, the significant point is that activities were regularly scheduled with the date, time and location known to the community. Overall, responses were as diverse as the therapies and approaches being used.

References to the therapeutic approach include both formal and informal activities (e.g., tea and bannock lunches for Elders, socializing, cultural activities). In fact, the mix of formal therapeutic sessions and informal social and cultural activities was recognized as contributing to overall success. Traditional healing, ceremonies and the inclusion of culture in the healing program were frequently mentioned, as well as the combination of traditional and Western or traditional and alternative therapies. The wide range of participants was occasionally cited as contributing to program success. For example, the fact that participants included mixed generations, youth and Elders. Another contributing factor is the high level of engagement and commitment exhibited by participants, including the fact that they were consulted about the program, participated in its implementation or had opportunities to identify their needs and priorities. Finally, it is important that programs are long-term: “This healing practice is successful because of the holistic approach, the way it works with the whole family. The program is long-term therapy opposed to just bandaging the problems with Residential School abuse.”³⁹⁰

Safety was mentioned as contributing to success by 43.7 per cent of the projects. This includes references to establishing a safe environment, ensuring confidentiality, building trust and developing guidelines to ensure participants’ safety. Maintaining high levels of confidentiality was a consistent theme. “Participants are assured their experiences with us are respected by confidentiality. It has been a big plus for this project that they are not connected with any of the agencies in the community as people are still leery that there may be a lack of confidentiality within many of our Aboriginal agencies.”³⁹¹

Some spoke about creating a nonjudgemental atmosphere and about how breaking the silence around violence and abuse builds trust. One project created an atmosphere that encouraged people to open up in

a lighthearted, less-than-serious way. A number of projects commented on the role of staff in creating a safe environment: "What helped our program become successful is in the honesty and trustworthiness of our counsellors."³⁹²

Many commented on the importance of the physical environment: the role of quiet, warm, comfortable surroundings; a place for counselling or meeting without interruptions, often in a separate building or in a natural on-the-land setting; cleansing the healing centre on a regular basis; working in a place that has been decorated in a traditional manner; and counselling away from the office (sometimes in people's homes or at a retreat located away from the community or, in one instance, at the reclaimed site of a former residential school).

Stakeholders include Survivors and program participants. A small percentage of projects (14.6%) mentioned the involvement of Elders, Survivors and participants in the planning or implementation of the project as contributing to success. Some noted their activities were offered to a range of participants who, in turn, helped make the program successful. A number of projects use client satisfaction surveys as a means of gathering information and responding to the needs of participants: "What made the programs successful were the participants that came out to our functions. Without the people, the programs would not have been as successful as they were. With their feedback from the evaluations they completed we were able to better ourselves for the next workshop."³⁹³ The Métis Nation of Alberta credited their success to the involvement of Métis Survivors, community ownership and project transparency: "Last year they [Survivors] gave suggestions of where information could be found, they shared personal stories of their involvement, and they have 'owned' this project from the beginning."³⁹⁴ The Coqualeetza Cultural Education Centre in Chilliwack, British Columbia, reported:

The Coqualeetza Elders Group recognized from the onset of their group that they needed to take ownership of their agenda, to be empowered, to make careful selection of Health Workers, to have weekly programs, exercise, peer counselling, practice traditional processes like brushing off with cedar boughs, burnings, talking circles, prayer and to have a central non-political place that is comfortable and safe. Telephoning or just dropping in at the Centre means a lot to them. Having a role within their society is an important factor for wellness.³⁹⁵

Networking refers to establishing partnerships and networks, and collaborating across agencies and sectors. This also includes coordination among service providers or agencies and establishing working relationships with other providers, in order to increase the range of services available to clients. In all, 13.6 per cent of projects mentioned networking as a supporting strategy. Relationships were established with police, band councils, RCMP Victim Services, training institutes, Elders' residences, schools, justice personnel (court workers, probation offices, Crown attorney, etc.), Aboriginal organizations, interagency groups and health, mental health and social service agencies. Gordon First Nation, a small rural community in Saskatchewan, established relationships with a wide variety of agencies in order to better meet client needs.

Our healing model approach is further assisted by our community resource list comprised of 23 interagency groups ... It is important that partnership-building objectives are adhered to in order to best meet community needs. Most importantly, a wrap around process has been implemented

in which partner agencies become involved with client solutions. For example, a client may have an issue that involved three different agencies. These agencies can then meet together (confidentiality is priority) and bridge their services to best meet client needs. The wrap around process avoids duplication of services, and promotes continuity of improved services, and shared information vital to client supports.³⁹⁶

Fewer than one in 10 projects (8.7%) mentioned community support and/or leadership support as contributing to their success. In one case, a decision was made to invest the band's resources in healing: "The chief is supportive of the project and encourages the integration of healing procedures with the development of culture and spiritual practices. The involvement and support of the chief has proven to be invaluable in the success of this project."³⁹⁷ In another, leadership played a key role in supporting the process very early in the program design: "The community is very supportive of the program and has a vested interest in seeing its influence thrive and expand."³⁹⁸ Projects also commented on the importance of engaging community support during project planning:

The way in which the pilot was introduced into the community is especially important where there are historical tensions and mistrust between Aboriginal people and the service system, especially around "child protection" and parenting issues. Adequate time for outreaching the project into the community, especially with the Grandmothers, was essential in generating community support for the project and inspiring trust in the process as well as the project staff team.³⁹⁹

Conversely, a lack of community support was an obstacle. A number of projects commented on how "local politics got in the way of healing."⁴⁰⁰ The use of an Aboriginal language as a critical factor for success was cited by 7.8 per cent of the projects. References focussed on the relationship between the words or terminology used and people's understanding of concepts, as well as the increased level of comfort and participation of Elders and speakers of Aboriginal languages. Language use also encouraged participation by Elders and exposed younger people to their traditional language.

Some projects (7.8%) mentioned that success was enhanced as a result of the range of services provided through the sponsoring organization. This was possible either because the organization itself was multifaceted (e.g., friendship centres) or because of the range of supplementary programs or services available, such as addictions services or second-stage housing. "Having the program run jointly with two alcohol and drug programs exposes the clients to many opportunities for healing."⁴⁰¹

A small number of projects (6.8%) mentioned factors associated with accessibility, including holding counselling sessions for students at the school, providing babysitting services, being centrally located or providing transportation for participants. Other responses (14.6%) included the importance of AHF funding; the capacity of projects to develop the skills or confidence to meet client needs; respecting all religious denominations; using evaluation forms as a means of providing participants with a voice in the program; the longevity of the program; and the participants' commitment to healing.

In addition to the strategies identified as contributing to program success, a number of the projects mentioned the barriers they encountered. Some are social in nature, others are geographical and financial, still others

are related to the extent of the trauma individuals are attempting to address. The Liard Aboriginal Women's Society in Watson Lake, Yukon, notes that the barriers to healing are significant when the critical effects of sexual and physical abuse are considered. The challenges of personal isolation and social stigma were mentioned, combined with the effects of geographical isolation and limited access to appropriate community resources. At one point, deaths in the community affected the delivery of the program. Because of the limited availability of funding, another noted that cuts to Elders' honoraria resulted in a significant decrease in participation by Elders and other community members. In other cases, community politics and conflicts between traditionalists and Christians sometimes got in the way of healing initiatives.

As noted at the beginning of this section, AHF projects were asked what helped make their healing practices successful. There were no questions addressing barriers and, not surprisingly, few projects referred to them. A focus on promising healing practices does not discount the severity of the barriers facing individuals and communities attempting to develop healing programs. Instead, this focus is meant to provide some insight into approaches to healing that are working well. In all cases, the community environment, including its strengths and its challenges, influences the success of healing programs. The same is true for individuals: each person brings their strengths, as well as their unresolved issues, into the healing process. One can learn much from examining both positive and negative influences. However, the focus of this volume is on sharing information about healing practices that work well. The final chapter of this report builds upon the insights about promising healing practices provided by participating individuals and projects.



Participants at the Aboriginal Healing Foundation National Gathering
July 9, 2004
Photo: Kanatiio

Conclusions

Diversity is the word that best reflects the healing methods and approaches found to be working well in Aboriginal communities. However, promising healing practices also share a number of interrelated characteristics. These are described in the *Framework for Understanding Trauma and Healing Related to Residential School Abuse* presented in Chapter Four. This framework was developed as a result of analyzing the responses of AHF-funded projects to the promising healing practices questionnaire; and it was also informed by insights contained in interim evaluations of AHF program activities and in the voices of participants in project gatherings and focus groups. The promising healing practices described in the main body of this volume provide the evidence upon which the framework is based.

To summarize, the framework includes three “necessary elements” of successful programs—Aboriginal values and worldview, personal and cultural safety, and capacity to heal; and “three pillars of healing”—reclaiming history, cultural interventions and therapeutic healing. They are based on lessons from the field, especially the practical, grassroots wisdom of community healing teams who work with these issues every day. Applying this framework should result in successful programs aimed at healing from the dark aftereffects of the residential school system. Healing programs will naturally reflect community goals and conditions, as well as individual needs and aspirations. They will incorporate the cultures and traditions of the community and the special needs of particular target groups, such as women, men and youth. The framework is based on the best knowledge we have been able to gather on successful healing programs and, as such, it can be an effective tool for program design.

Implications for Program Design

Promising healing practices include the necessary elements and three pillars of healing set out in the healing framework:

- Promising healing practices are based on an Aboriginal worldview and on the values and philosophy of the community. They are holistic in nature and they strive to help participants restore balance and harmony to their lives. Connections to the natural environment and to other people, especially families, are encouraged and respected. Programs are designed to address the whole person and to meet their physical, emotional, mental and spiritual needs.
- Promising healing practices build personal and cultural safety into programs and services. Personal safety includes developing guidelines, standards of practice and codes of ethics concerning the physical and emotional safety of participants; it addresses issues of confidentiality and informed consent. Trust is enhanced by processes that allow community members to express their needs and preferences. Cultural safety is created by providing environments that reflect the unique culture and traditions of the community. Such environments affirm Aboriginal identity and foster feelings of belonging. Many projects accomplish this by incorporating on-the-land activities into their programs.

- Promising healing practices are dependent upon the skills and dedication of project teams, including healers, counsellors, helpers, administrators, Elders and volunteers. It is important to continually build upon the community's capacity to support healing through ongoing education and training. This facilitates continuous growth and helps team members to avoid burnout; even the most highly-skilled healers need support and nurturing. Networking with other organizations and agencies expands the range of programs and services available to the community and leads to the creation of support networks for service providers.
- Promising healing practices include an educational component that provides information about the history and impacts of residential schools and the history of Aboriginal people and communities. In addition to providing an historical context for understanding personal issues, this encourages the development of cultural pride. Incorporated into the therapeutic healing process, it allows for a process of acknowledging and mourning the many losses associated with forced attendance at residential schools, including the impacts on subsequent generations.
- Promising healing practices include a wide variety of cultural interventions and activities. Cultural pride and identity are affirmed in collective activities, such as feasts and pow wows and in immersion in traditional arts, languages, music, dancing, storytelling and drumming. These are positive, empowering experiences that provide a secure base from which to launch personal healing. Moreover, cultural interventions form an integral part of the holistic healing process.
- Promising healing practices include a diverse range of traditional therapies, which are often combined with an equally diverse assortment of Western and alternative therapies. Specific therapies and combinations are chosen to support a holistic approach to healing, thereby ensuring that the physical, emotional, mental and spiritual needs of participants are addressed in the healing process.

In addition to the program design implications of the three necessary elements of promising healing practices and the three pillars of healing outlined above, the design process can benefit from the following observations:

- Cultural interventions combined with one or more traditional, Western or alternative therapies were the preferred approach among the promising healing practices projects. This preference was followed by combinations that included elements of all three pillars of healing: Legacy education, cultural interventions and therapeutic healing.
- Where Western and alternative therapies were used, they were almost invariably used in combination with a traditional approach. Moreover, these therapies appear to have been chosen for their compatibility with the culture and values of the community.
- Healing programs often capitalize on and use the skills, knowledge and resources available in the community. This means that choices about the therapeutic approach, especially in geographically isolated areas, are often influenced by the existing skills of people living in the community. For instance, if someone has been trained in cognitive behavioural therapy or psychodrama, then this particular Western approach will likely be incorporated into the overall healing program.

- Mobile training, where trainers are brought into the community, works well in isolated and remote regions. This allows for a greater number of community people to be trained in the chosen therapy. Mobile training can help with filling gaps in programs, thereby contributing to the holistic nature of the program.
- Healing initiatives that emerge from community needs and aspirations, and are designed and delivered within the community, are most likely to succeed.



Letter Faxed to AHF-funded Projects: Share Your Best Healing Practices With Us, 24-25 October 2002

The Aboriginal Healing Foundation is looking for best healing practices among its funded projects. We want to share your successes with other projects at the **Best Healing Practices Conference in 2004** where projects will be able to get together to share, discuss and determine best healing practices.

What we want to know is the healing method that is working well in your community. Did you develop an effective new method of healing specifically for a certain group (for example, women, men, youth, Elders, incarcerated, homeless, etc.)? Are you using a traditional healing practice that is making a real difference to the lives of the participants? Have you discovered an effective way of combining traditional and Western approaches to healing? If you used a specific tool (for example, video or training manual) that worked well in your community, please provide the name, full description and how it was used.

The Foundation invites you to answer the attached questions and send your response to our office by **November 15th, 2002**.

What are best healing practices?

Best healing practices are activities that result in participants making positive changes in their lives. Best healing practices are based on Aboriginal experiences that feel right to survivors and their families.

To be considered a best practice, there must also be evidence or written proof that the activity works.

Examples of best healing practices:

A project in British Columbia collected feedback from all participants in its residential healing program through formal and informal surveys and group discussions. This feedback provided proof that the program's approach – a particular blend of traditional (Welcoming Home ceremony, sweats, spiritual pond) and Western methods (psychodrama), engaging Elders as teachers and counsellors, and Legacy education – made a positive difference to the lives of the majority of clients. Noticeable differences included increased cultural pride, empowerment and reduced feelings of victimization.

In Nunavut, “modern” approaches to healing were chosen based on their fit with Inuit culture and values. Training workshops were delivered in Inuktitut (English-speaking trainers used interpreters) and Elders shared their knowledge of traditional ways. Healing activities included weekly circles, community healing workshops and on-the-land camps. Those involved with the activities reported improvements in their personal lives (healthier coping patterns, higher self-esteem, better family relationships) and an increase in the number of skilled caregivers in the community.

In Ontario, participant evaluations from a healing and training project for Aboriginal women showed an increase in participants' knowledge and understanding of the Legacy and traditional healing practices. The project's focus on historical and modern-day impacts of the Legacy appeared to establish a positive framework for healing. It helped people understand personal and family histories and motivated many to further their healing through counselling and participation in traditional ceremonies. Ninety percent of participants in a special gathering reported being provided with tools to continue their healing.

How to Participate:

Please answer the four questions outlined below and submit your answers to the Aboriginal Healing Foundation in one of the following ways.

- **Fax:** (613) 237-4442
- **E-mail:** fkallies@ahf.ca
- **Mail:** Research Department, Aboriginal Healing Foundation, 75 Albert Street, Suite 801, Ottawa, Ontario K1P 5E7
- To arrange a **telephone interview**, contact Flora Kallies or Janice Horn by telephone (613) 237-4441 or toll-free at (888) 725-8886

Important information to include in your completed questionnaire:

- Project Number
- Project Title
- Organization Name
- Name and contact number of person completing the questionnaire

Best Healing Practices Questionnaire:

1. **Briefly describe your project's best healing practice** (for example, a model, technique or approach to healing that is working very well, a practice that you are excited about and want to share with other survivors, communities). Please be specific about the traditional and Western therapies being used and if they are being blended, describe how. Also, information about the length of time participants spend in the program (for example, once per week for ten weeks), screening procedures, who are the participants (for example, women, youth, incarcerated) and any other relevant details.
2. **What evidence can you provide that the healing program is working?** Include information from evaluations and participant feedback forms as well as informal observations (for example, two of ten participants returned to school, one entered a treatment program, three couples report improvements in their relationship and the police report a decrease in incidents of family violence. *(Note: if you have completed an evaluation, please forward the report to the Foundation's Research Department.)*)

3. **What helped make this healing practice or program successful?** For example, counselling activities were conducted in a separate trailer away from other buildings; the counsellor was sympathetic, sincere and well-liked in the community; healing circles that took place on the land and away from the community.
4. Please note any approaches or methods you use that are specific to your region or culture.

Thank you

Interventions and Therapeutic Approaches Used By Participating Projects

The following table lists the projects that submitted promising healing practices and the therapeutic approaches used.

Grantee	Nation/People Locale ⁴⁰²	Legacy Education	Cultural Intervention
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Atlantic

Atlantic First Nations AIDS Network	Mi'kmaq Dartmouth, N.S. pop. 65,741 Regional/Provincial		Traditional Mi'kmaq teachings, history, values
Big Cove First Nation	Mi'kmaq Big Cove, N.B. on-reserve pop. 1,693 off-reserve pop. 402 Rural		
Eskasoni Mental Health and Social Work Service	Mi'kmaq Eskasoni, N. S. on-reserve pop. 3,045 off-reserve pop. 570 Rural		Traditional food preparation, smudging, reconnecting with nature
Labrador Legal Services	Inuit Northern Labrador Region/Semi-isolated		Storytelling, Elders speak about past, outings.
Mi'kmaq First Nation Healing Society	Mi'kmaw Hantsport, N.S. Regional/Provincial	Testimonials, Welcome Home reception, effects of Legacy	Drumming, singing, storytelling

Traditional	Western	Alternative	Other
Teachings on sweat ceremony, Elders			
Circles, traditional healing ceremony, vision quest	Parent/child substance abuse support group, psychological services		Sport
Sweat lodge, therapists blend knowledge of culture and traditions	Counselling, parenting program, on-line counselling for youth		Outreach
Elders	Structured group therapy for clients involved in justice system		
Medicine Wheel teachings, ceremonies, healing and talking circles, Spiritual Elder			Process combines information, testimonials, research, knowledge

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
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Quebec

Centre d'entraide et d'amitié autochtone de Senneterre Inc.	Aboriginal Senneterre pop. 3,275 Rural		Traditional snowshoeing and trapping for youth, cultural site, social gatherings around animals from the hunt
Conseil des Montagnais de Natashquan	Innu Natashquan pop. 366 Semi-isolated		Innu teachings about traditional food, medicine, nature, animals, history of tribe and families
Cree Nation of Eastmain	Cree Eastmain pop. 502 Semi-isolated		Traditional medicine workshop
Les Services Parajudiciaires Autochtones du Québec	Aboriginal Wendake pop. 1,555, near Quebec City 682,757 Urban		Cultural activities, Medicine Wheel teachings
Makitautik Community Residential Centre (CRC)	Inuit Kangirsuk pop. 436 Remote (14 communities)		

Traditional	Western	Alternative	Other
Elders, healing circles, sharing circles			Sports for youth (hockey, pitoune)
Elders, traditional Innu healing in Innu language (blended with Western and alternative therapies)	Individual and group psychotherapy, psychodrama and role playing		
Sweat, traditional healer, traditional medicines, one-on-one counselling with Aboriginal counsellors			
Sweat lodges, Elders as counsellors, sharing circle led by Elder	Individual and group counselling with psychologist/ therapist		
	Emphasis on spirituality (Bible), counselling brings in the whole family		

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Nemaska First Nation of James Bay, Quebec	Cree Nemaska pop. 566 Remote		Display of photos of old community site
Ungava Tulattavik Health Centre	Inuit Kuujuaq pop. 1,932 Remote		
Waseskun House	Aboriginal (incarcerated men) St. Alphonse-de- Roderiguez Regional/provincial	Survivors interviewed about residential school experiences	Cultural symbols, teachings, story telling

Traditional	Western	Alternative	Other
Traditional medicine	Self-esteem building workshop	Massage, alternative medicine	Music and singing lessons
	Survivors interviewed by clinical psychologist		Video
Sweats, Elders, circles, healing plans superimposed on medicine wheel, drumming, sacred fire, cleansing and sweat ceremonies	Genogram, cognitive-behavioural therapy, role playing, art therapy	Journals, breath coordination	Community development

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Ontario			
Algonquins of Pikwàkanagàn First Nation	Algonquin Golden Lake pop. 2,279 Rural		Drumming, wilderness camps for children and youth
Anawim Counselling	Six Nations Six Nations pop. 20,000 (near Brantford, 86,417) Urban		
Arrowhead Foundation Operating as Ishaawin Family Resources	Aboriginal Thunder Bay pop. 109,016 Aboriginal 8,205 Urban		Incorporating a celebration feast into the healing and recovery groups
Centre for Indigenous Sovereignty	Aboriginal (women) Six Nations pop. 20,000 (near Brantford, 86,417) Regional/provincial	Legacy education	Cultural teachings about women's roles, songs, drumming,
The Children of Shingwauk Alumni Association	Aboriginal (Ojibway, Cree, Mohawk, Blackfoot, Inuit, Dene) Sault Ste. Marie pop. 78,908 Aboriginal pop. 4,530 Regional (38 communities, primarily rural)	Legacy education, Survivor reunions, archive (photos, documents, audio- visual)	

Traditional	Western	Alternative	Other
Sweats, smudging, feathering, circles	Some Western methods		
	12-step program	Dream work, psychosynthesis, regression therapy	
Healing circles during facilitator training, Elder prays with staff			
Fasting retreats, circles, annual gatherings, medicines, and traditional teachers		Nonverbal modalities: art, writing, movement, massage	
Traditional sharing and healing circles, sweats			

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Chippewas of Kettle and Stony Point First Nation	First Nations (Iroquois, Anishinabeg and Delaware Nations) Forest pop. 16,415 (within 50 km of Sarnia) Urban		Focus on re-learning language: Anishinabeg Language & Culture Camp traditional learning approaches: speakers circle, teaching circle
Ganohkwasra Family Assault Support Services	Onkwehon:we (Six Nations, Haudenosaunee) Six Nations pop. 20,000 (near Brantford, 86,417) Urban		Traditional teachings, Onkwehon:weh history, cultural package for participants to explore roots
Giizhgaandag Gamig Healing Lodge Inc	First Nations Sudbury pop. 155,219 Urban		Teachings, feast, drumming, singing
Kige Wigiwam Wahgoshig Healing Lodge	First Nations Wahgoshig First Nation, near Matheson pop. 2,912 Rural	Legacy education training for staff	Culturally centred program in a natural environment
Minwaashin Lodge: Aboriginal Women's Support Centre (Retreat plus aftercare)	Aboriginal (on Algonquin territory) (women) Ottawa pop. 774,072 Aboriginal pop. 8,625 Urban		Cultural teachings, respect for all cultures, Elders and grandmothers involved in planning; build cultural pride

Traditional	Western	Alternative	Other
	Individual and group counselling, psychoeducation, psychodrama, bodywork, play therapy	Creative art, EMDR, energy tapping	
Fasting Cycle, sweat lodge, pipe ceremony, cedar bath teachings, four sacred medicines teachings, Elders			Aftercare planning
5-day program ends with traditional sweat lodge ceremony, smudging	Inner child program	Staff self-care includes Reiki therapy sessions	
Medicine Wheel, sweats, Elders, cultural framework for therapies	Cognitive behavioural (most effective), solution-focussed therapy, psycho-education	Focussing therapy, progressive relaxation, EMDR	

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Missanabie Cree First Nation	Cree Garden River pop. 859 Semi-isolated		
Mnjikaning First Nation	Ojibway Rama pop. 442 on-reserve, 25 km from Orillia Rural		Cultural camp for children, teachings, crafts, drumming, games, storytelling, feasting, firekeeping
Nahndahweh Tchigehgamig Wikwemikong Health Centre	First Nations (women) Wikwemikong pop. 6,409 (Manitoulin Island) Rural	Legacy education	5-day program concludes with sweat, honouring ceremony, give-away and feast
Naicatchewenin First Nation	First Nations Devlin pop. 1,073 Rural	Second stage recovery issues address Survivor needs and unresolved grief	Storytelling
Native Child and Family Services of Toronto	First Nations (men's program) Toronto pop. 4,682,897 Aboriginal pop. 20,300 Urban		Nishnawbe and Haudenosaunee teachings

Traditional	Western	Alternative	Other
Sweat ceremony, healing circles, referral to healing people for medicine, smudging, naming ceremony			The promising healing practice was a video, presentations, workshops
Sweats, Elders, traditional healers, healing ceremonies	Psychologists		
Medicine Wheel, sweat lodge, circles, teachings, healing ceremony	Cognitive-behavioural and client centred methods		
	Community designed and delivered 10-day group therapy program; family systems, anger reduction, identifying risk, healthy support systems, aftercare		
Sweat lodge, healing and talking circles, healing camp, pipe ceremony	Gestalt, reality therapy, psychodrama body work, psychoeducation		

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
NorWest Community Health Centre	First Nations, Métis Thunder Bay pop. 109,016 Urban		Workshop on making healing drums, drumming, feast to celebrate the drum; Medicine Wheel workshop; sewing, crafts; development of community Elders
Odawa Native Friendship Centre	Aboriginal Ottawa pop. 774,072 Aboriginal pop. 8,625 Urban		Traditional food after circles
Ojibway and Cree Cultural Centre	Ojibway, Cree (men's project) Head office in Timmins pop. 48,000 Semi-isolated and remote communities		Teaching circles at conference, gifts
Rising S.U.N. Women's Support Group	First Nations, Métis Barrie pop. 103,710 Urban	Address effects of assimilation in residential schools	Life Road and Two Roads teachings, sweats, water teachings, feasts
Six Nations Health Services	Six Nations Six Nations pop. 20,000 (near Brantford, 86,417) Urban	Legacy education, Six Nations history	Traditional teaching, traditional custom of feeding guests

Traditional	Western	Alternative	Other
Sweat lodge ceremony			Links to medical staff at health centre
Elders, healing circle			Sentencing circle (adaptation of traditional circle)
			Conference linking Elders and frontline workers
Medicine Wheel used to provide structure to group sharing			
Healing circles, sharing circles			Presentations (sexual abuse, attachment disorder, etc.)

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
United Chiefs and Councils of Manitoulin	First Nations Anishinabec, M'Chigeeng First Nation pop. 279 Rural		Teachings in language of the community, harvesting medicinal plants
Wabano Centre for Aboriginal Health	Aboriginal (Algonquin territory) Ottawa pop. 774,072 Aboriginal pop. 8,625 Urban		Cultural traditions of participants woven into program; engage the whole family (not just nuclear family)

Traditional	Western	Alternative	Other
Traditional Healer, traditional medicine			
Circles, Elders, smudging, talking stick used in circle	Art therapy program for children and parents		

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Manitoba			
Aboriginal Health and Wellness Centre of Winnipeg, Inc.	Aboriginal (men's program) Winnipeg pop. 653,728 Aboriginal pop. 55,760 Urban		Cultural teachings
The All Nations Traditional Healing Centre Inc.	First Nations, Métis Winnipeg pop. 653,728 Aboriginal pop. 55,760 Urban		Cultural awareness
Brandon Aboriginal Wellness Centre	First Nations, Métis Brandon Aboriginal pop. 3820, non-Aboriginal 41,037 Urban	Legacy education and Aboriginal history	Storytelling, drumming, singing, traditional feasts (respect diversity of cultural backgrounds)
Brandon Friendship Centre	First Nations, Métis Brandon Aboriginal pop. 3820, non-Aboriginal 41,037 Urban		Feasts and gatherings
Brandon University	Ojibway, Sioux, Dene, Métis, Inuit (children/youth) Brandon Aboriginal pop. 3820, non-Aboriginal 41,037 Regional/provincial	Aboriginal history	Cultural awareness

Traditional	Western	Alternative	Other
Smudging, Elder's teachings, circles, sweats, retreats, Medicine Wheel used in assessment and treatment, sunrise ceremony	Individual and group counselling, Aboriginal psychologist performs assessments		
Sweat Lodge, certification of Traditional Healers, sharing circles, Pipe Ceremonies			
Medicine Wheel, Elder, circle training, Native Liberation Training, circles, smudging, prayers			
Sharing and healing circles (men, women), smudging, pipe ceremonies, prayer, home visits, Medicine Wheel, Resident Elder	Therapies: Client-Centred, Existential, Gestalt, Rational-Emotive, Behavioural, Cognitive Behavioural, Reality, Psychoeducational Workshops		
Elders, circles, Aboriginal counsellors			Instruction in Native studies, science, fine arts, computers

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Circle of Life Thunderbird House	Aboriginal Winnipeg pop. 653,728 Aboriginal pop. 55,760 Urban		Beading lessons, Pow Wow lessons
Cross Lake First Nation	Cree, Métis Cross Lake pop. 670 Semi-isolated		
Eyaa-keen Centre, Inc.	Aboriginal Winnipeg pop. 653,728 Aboriginal pop. 55,760 Urban (some participants from semi-isolated communities)	Residential school conditioning addressed in healing process	Traditional and cultural teachings
Louis Riel Institute of the Manitoba Métis Federation	Métis Winnipeg pop. 653,728 Aboriginal pop. 55,760 Urban	Recording Métis experiences in residential school	Métis culture
Ma Mawi Wi Chi Itata Centre, Inc.	First Nations (couples program) Winnipeg pop. 653,728 Aboriginal pop. 55,760 Urban	History of residential schools	Ceremonies (sometimes innovative rather than traditional)

Traditional	Western	Alternative	Other
Elders' counselling (family or individual), healing and naming ceremonies, sweat			Referral to other agencies (education, medical treatment, etc.) community development
Home visits/home counselling, sharing circles	In-office counselling, group counselling		On-reserve workshops, community awareness meeting
Traditional spirituality, team comprised of Midewewin initiates, sweats, Elders, ceremonies	Clinical work, individual and group processing	Massage, hot/cold water therapies, chiropractor	
			Research
Sweat lodge, sharing circle	Family Ties exercise, art therapy (masks), psychodrama	Massage, relaxation, meditation	

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Manitoba Métis Federation	Métis Winnipeg pop. 653,728 Aboriginal pop. 55,760 Regional (75 communities, most rural, some semi-isolated)	Education on historical context of residential school abuse	
Native Women's Transition Centre, Inc.	First Nations, Métis (women) Winnipeg pop. 653,728 Aboriginal pop. 55,760 Urban	Legacy education	Harvest traditional medicines, cultural teachings by Elders
Southern Manitoba First Nations Repatriation Program	First Nations Winnipeg pop. 653,728 Aboriginal pop. 55,760 Regional (urban and some rural communities)		Feasts, picking medicine, speaking with Elder, beading, sewing a star blanket
Wasagamack First Nation	Anishinaabe Wasagamack pop. 1,068 Remote		
West Region Tribal Council Health Department	First Nations, Métis Dauphin Aboriginal pop. 2,273 non-Aboriginal 8,085 Rural	Survivors conference	Story stick, holistic healing workshops, traditional teachings, Elders

Traditional	Western	Alternative	Other
Elders, talking circles, home visits, (Medicine Wheel used with western therapies)	Cognitive behavioural therapy, individual and family counselling, solution-focussed approaches		
Sweats, Elders, ceremonies, medicine wheel philosophy		Guided meditation, focussing therapy, play and humour	Drama, art, poetry, music
Sweats, Elder, Clan system			Booklets for adoptees describing culture; workshops
Gatherings/circles, Elders provide one-on-one support as needed	Resource people from Health Authority at gatherings		
Sweats, cleansing and healing ceremonies, Sunrise ceremonies, prayer			

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Saskatchewan			
Aman House Inc.	First Nations Regina pop. 192,800 Aboriginal pop. 15,685 Urban		
Asini Kanepawit Counselling Services Inc.	Cree Cut Knife pop. 600 Rural		Traditional therapists speak Cree, emphasize cultural and traditional aspects of healing
Buffalo River Dene Nation	Dene Dillon pop. 607 Semi-isolated	Residential school remembrance weekend	Promote cultural identity, teachings on medicine wheel and traditional family systems
Canadian Métis Heritage Corp.	First Nations, Métis (youth) Melfort pop. 5,559 Rural	Students do research into residential school history and relate this to their lives	Picking sage and sweetgrass, traditional teachings from Elder, Tipi Concept, Sacred Tree Curriculum, drum group
Central Urban Métis Federation Inc.	Métis, First Nations Saskatoon pop. 225,927 Aboriginal pop. 20,275 Urban		Cultural Night facilitated by Métis and First Nation Elders; pow-wow dancing, jigging, beading, sash- making, drumming, feasts, celebration teas, skits in Cree and English

Traditional	Western	Alternative	Other
	Healing Through Christ Model developed by church leaders and Elders		
Sweat lodge, Elders, traditional therapists, traditional counselling	Western counselling		
Sweats, integrate traditional approaches to healing into counselling	Individual counselling based on problem-solving method		
Sweat lodge, Elders, daily talking circles, smudging and prayer	Life skills		School setting, drama, referrals to other programs
Sweats, Elders, circles, ceremonies	Peer counselling, group counselling, parenting skills		Workshops, seminars

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Deer Creek Training & Therapy, Inc.	First Nations, Métis Prince Albert pop. 41,460 Aboriginal pop. 11,640 Urban	Residential school history	
Gordon First Nation	First Nations Punnichy pop. 279 Rural		
Keeseekoose First Nation	Saulteaux Kamsack pop. 2,009 Rural		Saulteaux language, teachings, culture camp
Kikinahk Friendship Centre Inc.	First Nations, Métis La Ronge pop. 2,727 Rural		Ice fishing, dressing and preparing moose and fish for smoking and drying, beadwork, camping, feasts
Qu'Appelle Child and Family Services	First Nations Fort Qu'Appelle pop. 1,940 Rural	Historical perspective validates Survivors	Aboriginal language, culture as foundation of healing
Saskatchewan Indian Federated College School of Indian Social Work	Aboriginal Saskatoon pop. 225,927 Aboriginal pop. 20,275 Urban	Training for Aboriginal social workers to work with impacts of the Legacy	

Traditional	Western	Alternative	Other
Circles, prayer, smudging, referral to traditional healers	Inner child therapy, art therapy, Trauma Symptom Inventory (pre- and post-program assessment tool)	Thought field therapy, self-regulation therapy, Reiki	
Medicine Wheel, sweats	Problem-solving method		
Elders, traditional prayer, sharing circles	Psychodrama body work		
Elders model good parenting	Parenting skills		
Sweat lodge, Elders, traditional healer, ceremony, circles	Problem-solving, counselling model		Research, development of training materials
Medicine wheel and other teachings incorporated into social work program; some blending—four directions used as an assessment tool			Masters of Aboriginal Social Work Program

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Saulteaux Healing and Wellness Centre Inc.	Saulteaux Kamsack pop. 2,009 Rural		
Stardale Women's Group Inc.	First Nations, Métis (women) Melfort pop. 5,559 Rural		
Sunrise Regional Health Authority & Keeseekoose First Nation Health Authority	First Nations (Saulteaux) (children and youth) Yorkton pop. 17,554 Rural		Youth retreat—sharing knowledge with youth; bringing First Nations culture and approaches to western medicine
Waterhen Lake First Nation	Cree Waterhen Lake pop. 577 Semi-isolated		Sundances, fasting, dancing
Western Region Métis Women's Association	Métis, First Nations (women) Saskatoon pop. 225,927 Aboriginal pop. 20,275 Urban		Cultural events, feasts, celebration teas, crafts, Elders share stories about traditional role of women
Willow Bunch Métis Local # 17	Métis Willow Bunch pop. 439 Rural	Legacy education related to convent school in community	Métis history, Métis Day at the school, Dine and Dance with traditional Métis fiddlers and jiggers

Traditional	Western	Alternative	Other
Sweats, Elders			Workshops (issues identified by participants)
Medicine Wheel	Art therapy, life-skills		Lesson plans, literacy
Medicine Wheel, smudging, prayer	Family counselling, group therapy, walk-in mental health clinic for youth and family		
Medicine wheel, sweats, traditional approach: gentleness and directness		Alternative healing methods	10-week training program
Medicine Wheel, sweats, Elders, circles, full moon ceremony	Parenting classes		
			Research, document Métis history

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Angels R Us Aboriginal Society	Métis Heinsburg pop. 6,145 Rural	Post colonial psychology (blends Aboriginal history, intergenerational trauma and psychology)	Sweetgrass, feasts
Bent Arrow Traditional Healing Society	First Nation, Métis, Inuit Edmonton pop. 937,845 Aboriginal pop. 40,980 Urban	Presentations on residential school system	Cultural program: spirituality, ceremonies, values; incorporate cultural practices into healing; Teepee and Medicine Wheel teachings
Blackfoot Canadian Cultural Society	Blackfoot Lethbridge pop. 67,374 Urban	Aboriginal cultural studies include cause and effects of Legacy	Cultural studies, Pow Wow/ Survivors gathering
Driftpile First Nation	Cree Driftpile pop. 655 Semi-isolated	Elders interviewed on video about life before and after mission schools	Cultural camps, Sun Dance, survival camp for teens, 300 km. wagon trail ride
Hinton Friendship Centre Society	First Nations, Métis Hinton pop. 9,405 Rural		Cultural component developed in conjunction with Elders
Kainai Education Society	Blackfoot Blood Reserve pop. 3,800 Rural	Reflections on residential school era	Traditional approach to discipline and healing based on culture and Blackfoot tradition, feasts

Traditional	Western	Alternative	Other
Talking and healing circle, ceremonies	Blended approach to counselling (Post-colonial psychology)		
Talking circles, Elders and youth, Sweats	Psychotherapeutic process: shame, guilt, cycle of abuse, suicide, abandonment, anger, AA, co-dependence		
Holistic program includes 5 components (works best when all 5 are combined)	Life skills, psychologists	Performing arts, music and dance	
Medicine Wheel, linking Elders and youth			Video
			Community-based family violence awareness, prevention and intervention
An adapted sentencing circle model for students, Elders involved in circle			

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Métis Nation of Alberta Association	Métis Edmonton pop. 937,845 Aboriginal pop. 40,980 Regional (7 communities)		
Métis Nation of Alberta Association Local Council # 78	Métis Peace River pop. 6,240 Regional		Field walks to learn about medicinal plants and herbs
Peigan Nation Inter-Agency Committee	Blackfoot - Piikani Nation Brocket pop. 1,537 Rural		Weekly Elders' Tea to share stories, history of family and community, values, beliefs, healing wisdom, use of plants
Saddle Lake Boys and Girls Club	Cree Saddle Lake pop. 5,494 Rural	Elders share residential school experiences	Monthly Elders' gatherings to reconnect to culture, share traditional parenting practices, language, bi-monthly Elders and youth gathering
St. Paul Treatment Centre	Blackfoot territory (clients include Blackfoot, Cree, Sioux, Dene, Inuit) Cardston pop. 3,475 Regional (Healing Centre)	Model addresses cause and effect of Legacy	Program includes cultural week, daily smudge, pipe ceremonies, sweats, night lodge, round dance, pow wow, sundance, fasts, singing, dancing

Traditional	Western	Alternative	Other
			Research, Advisory Committee of Métis Survivors
Talking circles, Elders as mentors/facilitators		Reflexology	Workshops
Blackfoot sweat lodge	Art therapy (shield therapy method)		
Medicine Wheel teachings, ceremonies, Elders and youth			Workshops
Healing lodge, sweats, Elders, talking circles	AA, co-dependence, one-on-one counselling, discussion group, sessions on anger, abandonment, grief, etc.		

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Sturgeon Lake Cree Nation	Cree Sturgeon Lake pop. 1,200 Rural	Workshop on healing residential school wounds	Bring the community together like in the past: picnic, family fun days, annual camp out

British Columbia

Carrier Sekani Family Services	Carrier Vanderhoof pop. 4,517 Regional (rural and semi-isolated communities)	Letting Go Ceremony at site of residential school, Welcoming Home Ceremony	Traditional camp includes hunting, fishing, berry picking, Labrador tea and traditional medicine harvest (including sacred protocol of the healing plants)
Chemainus First Nation	Hul'qumi'num (Coast Salish) Ladysmith pop. 6,587 Aboriginal pop. 325 (25 km south of Nanaimo, pop. 85,664) Urban		Healing includes Hul'qumi'num cultural and traditional teachings
Coqualeetza Cultural Education Centre Association	Sto:lo Chilliwack pop. 66,618 Urban		Brushing off with cedar boughs, burnings, sweats, longhouse, pipe ceremony, Elders are cultural advisors to staff, Board, weekly Elders luncheon

Traditional	Western	Alternative	Other
Open healing circles, Medicine Wheel teachings			Workshops on anger, grief, loss, healing residential school wounds
Talking circles, sweat lodge, Medicine Wheel, healing ceremonies	Mental health therapist at healing camp, addictions recovery workshop, anger management, individual therapeutic plans	Reiki	
Longhouse teaching, smudging, spiritual bathing, sweat, Elders, healing circles	Individual and group counselling	Journaling, meditation	Education, physical exercise, workshops
Sweats, Elders			Structural empowerment of Elders: e.g., Elders Executive Committee, seat on Board of Directors

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Four Quarters Recovery Society	First Nations, Métis Vancouver pop. 568,442 Urban	Aboriginal and residential school history	Morning smudge, passing a feather or rock to talk
Gitwagak Education Society	Gitksan Kitwanga pop. 481 Rural		Feasts, traditional forms of decision-making,
Haahuupayak Society	Nuu-chah-nulth Port Alberni pop. 18,235 Urban	Elder connects students' issues to grandparents' residential school experiences	
Hailika'as Heiltsuk Health Centre	Heiltsuk Waglisla pop. 1,500 Semi-isolated		Cultural night uses traditional Heiltsuk customs to help people make positive changes in their lives. Use of ceremonies, songs, drumming and dancing
Houston Friendship Centre Society	Wet'suwet'en Houston pop. 3,551 Rural	Display board on residential school history and impacts, workshop on Legacy	Monthly Elders luncheons with students; traditional art, language and other cultural projects in school; button blanket; drum-making

Traditional	Western	Alternative	Other
Smudging, prayer, talking circles	Jungian-based counselling skills, individual and group counselling skills	Expressive arts	
	Group healing format		Workshops
Resident Elder in school conducts weekly talking circles	Clinical counsellor in school 2 days/week		
Ceremonies			
Healing and sharing circles, Medicine Wheel facilitator training, Elders and youth	Workshop topics include grief and loss, PTSD, suicide prevention training		Community workshops, "Dream Wall" with pictures from all events, staff wellness plan

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Inter Tribal Health Authority (ITHA) (Healing Centre)	West Coast First Nations cultures Nanaimo pop. 76,763 (healing centre is on Quadra Island, pop. 4,000) Regional Healing Centre serves 29 communities: urban, rural and semi-isolated)		Cultural activities maintain connection to ancestral roots— includes Kwakiutl, Coast Salish and Nuuchah-nulth traditions
Ktunaxa/ Kinbasket Health & Wellness Society	Ktunaxa Creston pop. 5,082 Rural (multiple communities)		
Lower Kootenay Indian Band	Ktunaxa Creston pop. 5,082 Rural	Questionnaire addresses residential school issues	Community dinner most effective way of gathering information on Survivors' needs
Northwest Band Social Workers Association	Gitksan Terrace pop. 19,980 Regional (Pacific Northwest)	Legacy education, unresolved grief issues, Welcoming Home Ceremony	
Nuu-chah-nulth Tribal Council Community & Human Services	Nuu-chah-nulth Port Alberni pop. 18,235 Regional (21 semi-isolated and rural communities)	Letting Go ceremony at residential school site, Welcome Home Ceremony	Cultural values as basis of therapeutic interventions

Traditional	Western	Alternative	Other
Healing centre has resident Elders, talking circles	Western therapeutic approaches, psychoeducation, group work	Reflexology, massage therapy	Best practice is philosophy of healing: safety and healing as life-long journey
Holistic healing centred on Medicine Wheel (blended with western methods), smudging, prayer	Genogram and lifeline, psychodrama		
Medicine Wheel, men's talking circle re-introduces traditional practices, Welcoming Home Ceremony	Genogram, cognitive behavioural and family systems therapy, Gestalt, suicide intervention training		
			Process ensures safety (code of ethics and standards of practice)

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
Seabird Island Band	Sto:lo Agassiz pop. 4,926 (20 km to Chilliwack, pop. 69,776) Urban	Carved house post symbolizes overcoming the Legacy, youth presented play on residential school, Coming Home gathering	Carving a House Post, cultural arts and crafts, programs for parents and kids include family camp, traditional crafts
Squamish Nation Healing & Wellness Centre	Squamish North Vancouver pop. 44,303 Urban		Cultural Outreach Worker provides cultural awareness
Sulsila Lelum Healing Centre Society	Musqueam Vancouver (Musqueam territory) pop. 568,442 Urban		Medicine-making workshops, workshops include cultural components
Surrey Aboriginal Cultural Society	Aboriginal (clients from across Canada) Surrey pop. 390,145 Urban (plus two reserves)		Elders provide cultural services; on-the-land camps, sweats, nightly drumming and singing
Tsow-Tun Le Lum Society (residential healing program)	Coast Salish Lantzville pop. 3,500 11 km north of Nanaimo Regional (Healing Centre, multiple communities)	Legacy education, Welcoming Home Ceremony	Elders' teachings, environment reflects culture

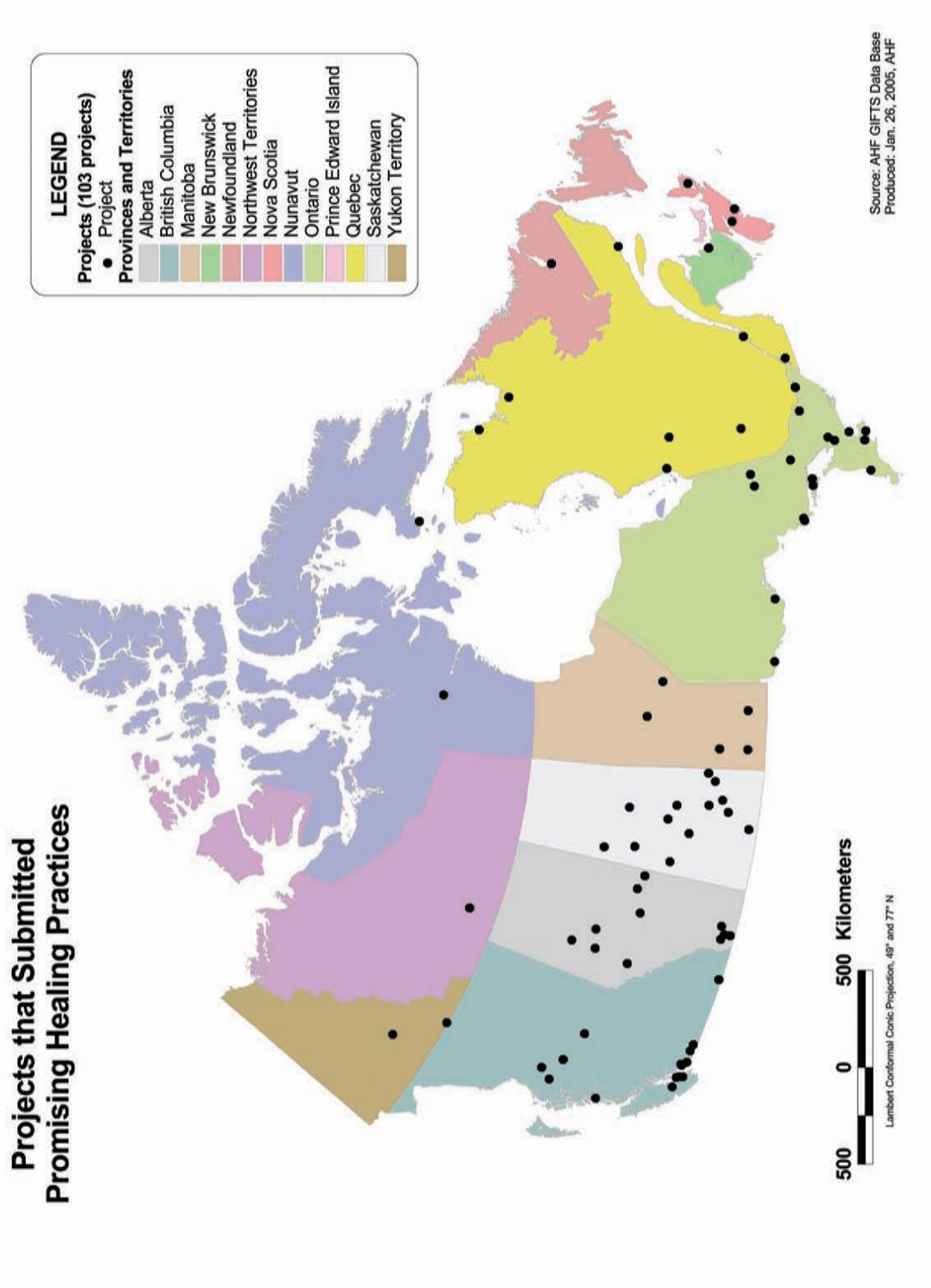
Traditional	Western	Alternative	Other
Sharing circles			
Sweats, Medicine Wheel teachings, Traditional and Shaker Church hands-on healing, smudging, prayer		Breath Integration (Gestalt, Metaphysics and Native American teachings); Integrative Bio-field Therapy	
Traditional healers and medicines	Counselling focussing on client strengths	Neuro-Linguistic Programming, Time Line Therapy, Huna	
Sweat lodge ceremony, Elders, pipe and sage ceremonies, Burning Ceremony	Contemporary approach to family therapy/counselling		
Elder, Sweat lodge ceremony, Black Print ceremony	Genogram, psychodrama	EMDR (Eye movement desensitization and reprocessing) thought field & emotional freedom therapy	

Grantee	Nation/People Locale	Legacy Education	Cultural Intervention
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North

Fort Providence Residential School Society, NWT	Dene Fort Providence pop. 753 Rural	Document Survivors experiences (use old school photos)	Dene cultural knowledge
Liard Aboriginal Women's Society, Yukon	Kaska Watson Lake Semi-isolated (5 communities)	Work with residential school impacts in therapy	Cultural traditions program
Margaret Thompson Centre Ross River Dena Council, Yukon	Kaska Ross River pop. 337 Semi-isolated	History of residential schools	Self-esteem through culture
Mianiqsijit	Inuit Baker Lake, Nunavut pop. 1,507 Remote		
Municipality of Cape Dorset	Inuit Cape Dorset, Nunavut pop. 1,148 Remote		On-the-land retreats, fishing, drying meat, building igloos, Inuktitut language
Totals		44	83

Traditional	Western	Alternative	Other
Dene Wheel of Life, Dene Life Cycles (based on medicine wheel), Elders			Fieldworker contact form to guide and record contact with Survivors
Sweat lodge, traditional healing program, spiritual retreats	Family Psychotherapy program		Community Development/ Outreach program
Circles with traditional circle keeper	Open workshops with clinical psychologist, mental health nurse		
	Young women's group at local high school		
Inuit values integrated through Elders' participation and stories	Groups for women, men, youth; community caregivers' training		
88	60	21	42



Sample Selection of Project Profiles

The following are 17 project profiles that were randomly selected to show a variety of promising healing practices for various target groups.

Qu'Appelle Child & Family Services (QCFS) Fort Qu'Appelle, Saskatchewan

Qu'Appelle Child and Family Services works with residential school Survivors of the Muscowpetung, Nekaneet, Pasqua, Piapot, Standing Buffalo and Wood Mountain First Nations. Twenty training packages were developed for workshops on topics such as self-esteem, grief, loss, denial, anxiety, guilt and memory. Elders and traditional resource people worked with project field staff to develop the packages. Our “best practice requires listening [to] and accurately interpreting what Survivors are saying. We recognize that as Survivors we have various belief systems that give form to our current world. However, we also recognize that we continue to maintain core belief systems that are a central part of our cultural worldviews.”

Language and philosophy were significant themes running through the project. Elders spoke in their own language (Dakota, Lakota, Nakota, Ojibway and Cree) about key concepts relevant to therapy; then staff spoke in English about similar findings in the literature. The project coordinator connected the two versions, putting English words to First Nations concepts—a difficult task given the interconnectedness of all the First Nations concepts discussed. During the implementation phase, the project reported three issues that became very clear:

1. Survivors wanted to help themselves;
2. culture was the foundation upon which healing could flourish. Culture was critical to developing a positive self-esteem and a stable self-concept; and
3. knowledge of historical issues related to Survivor experience was seen to be extremely important. Validation of Survivor experience was necessary.

Evidence of Success: More than one hundred evaluation forms attest to the learning generated in workshop/training sessions. For example, one person reported that the information was excellent and the sessions “help me to understand a lot more of where I came from – what I lost along the way and it makes me realize I still have a long way to go in helping people or at least giving others the tools to be able to help themselves.” Another said: “All the modules are very helpful and will be beneficial to other First Nations.” A Survivor who began her healing journey twenty years ago wrote: “Thank you for what I consider my after-care project.” One person enjoyed the program, but wished they had someone to talk to once a month about these issues.

Strategies Contributing to Success: Success was based on the support and commitment of the following: AHF, Survivors, Elders, leaders, intergenerationally impacted, and QCFS board of directors, staff and advisory personnel. Success was enhanced by the use of traditional methods and prayer, as well as by well-attended group sessions and the trust and community understanding that grew out of the project. Elders were involved at every training session, review session, discussion and internal meeting where context and

content were discussed. “The Elders discussed. They did not write in English. They used their languages to explain. These methods created an interest in language and First Nations law, economy, social issues, and self concepts.”

*Centre for Indigenous Sovereignty, “I da wa da di”
Six Nations, Ontario*

Through a series of retreats and workshops, *I da wa da di* (We Should All Speak) applies traditional healing principles to addressing the needs of Aboriginal women. They also provide training for community caregivers who work with Survivors. Programs are designed specifically for women and are open to Aboriginal women across Ontario.

Healing and training programs are cultural and traditional in nature and are provided within an atmosphere that is holistically safe, caring and non-judgemental. “One of our best practices is the safe environment we have been able to create for our healing activities.” Participants attribute their feeling of safety to factors such as the level of professionalism of project staff; respectful, non-judgemental attitudes; being with Elders; sharing of others; cultural aspects of the program; knowing confidentiality will be respected; the support of other women; and the presence of love, nurturing and laughter.

The program seeks to instill an awareness of the dysfunction created by residential school abuses. A variety of traditional approaches to healing are used, such as fasting retreats, circles, traditional medicines, songs, drums and traditional teachers. Other modalities, such as art therapy, are used when appropriate. Workshops help to equip participants with the tools needed to further their healing. Much of the work is focussed on rebuilding trust through sharing within the circle of women. During retreats and workshops, women learn about cultural traditions concerning women’s roles and healing through song, writing and ceremony.

Evidence of Success: All programs include an evaluation component based on participant feedback. For example, of the women who responded to the evaluation at a national gathering, 63 of 68 said they felt safe and 64 of 68 said group sharing was supportive for them. Comments were made about the lack of pressure to share, permission given to express feelings, learning they were not alone, learning from the experiences of others, respect and the benefits of having different age groups participate.

Strategies Contributing to Success: The location, structure and setting of the healing centre is conducive to healing. Participants feel that all their needs are met, holistically, while they are at the centre: physically, through nutritious homemade meals and refreshments; spiritually, through the natural environment and ceremonies; mentally, through the teaching and healing tools they are given; and emotionally, through the caring and nurturing they receive.

The cultural and traditional nature of the program has been essential to its success. The women are receiving traditional teachings from teachers and facilitators who are credible, knowledgeable, kind and nonjudgemental. Many women are experiencing kindness and caring for the first time. Many are experiencing ceremonies and the use of medicine, such as sage, tobacco and sweetgrass, for the first time. Past project participants who are residential school Survivors or intergenerationally impacted are frequently used as resource persons to help facilitate program activities.

*Asini Kanepawit Counselling Services Inc.
Cut Knife, Saskatchewan*

The project has several different healing practices that work well. There are four traditional therapists on staff whose approaches to counselling are based on their different personalities and areas of expertise. They use the sweat lodge as they have a pipe carrier on staff and he is the sweat leader. "One of the greatest advantages we have over other mainstream counsellors is that we are all residential school [S]urvivors who have worked hard on our own personal healing. We not only use traditional counselling techniques but also some of the Western philosophies on counselling. We are all Cree speakers so we do our counselling in the language of the client's choice." Elders are enlisted to teach people the use of traditional healing plants and to teach the youth about rites of passage.

The project provides counselling, talking/healing circles and monthly social activities celebrating community strengths. It produces a quarterly newsletter, is developing a resource library, and provides specific information on life/coping skills addressing the impacts of the residential school experience. A calendar with profiles of Survivors and descendants showcases the heroes of the community.

Evidence of Success: The project receives regular referrals from clients, organizations and other therapists. They have been called into several schools in the North Battleford District in order to counsel students. They have worked hard to build an untarnished reputation, which is referred to with pride, not only by staff, but also by clients and their families. Children counselled by Asini Kanepawit Counselling Services are no longer getting into trouble and are no longer seen as having behaviour problems at their schools.

Strategies Contributing to Success: "What helped our program become successful is in the honesty and trustworthiness of our counsellors. We are not here just to sympathize but to help our clients make healthy choices and the choice to make changes is up to our clients. We tell them that we cannot change anything for them they themselves have to make these changes. We can walk with them but we cannot carry them. We can arrange traditional ceremonies for them but the responsibility to attend is up to them."

The ceremonies used are specific to the culture and region. The traditional way of dealing with problems is by taking responsibility and by being honest with one's own self. The counselling provided is holistic and every aspect of the client is addressed: the emotional, mental, physical and spiritual.

The Children of Shingwauk Alumni Association
Sault Ste. Marie, Ontario

The Children of Shingwauk Alumni Association cites, as its best healing practice, biannual reunions held at the site of the former residential school. The school was in operation from 1833 until 1970. Students included a variety of First Nations (Cree, Mohawk, Ojibway, Blackfoot and Dene) as well as Inuit. "Healing is rooted in establishing the truth of the history of Shingwauk as the foundation for each individual's remembering of their own personal truth." Reunions function as social gatherings, celebrations and healing opportunities, and they include ceremonies, circles, feasts, teas and recreational activities. The first reunion took place in 1981. "Of all the healing resources and supports available to us, our coming together and helping each other as Survivors ourselves is the greatest."

Through the project, the history of the residential school period is embraced and the power it encompassed has been reclaimed and passed on to the school's rightful owners, the children who lived there and their descendants. Thousands of photographs, documents and artifacts have been collected along with hundreds of hours of audio and videotape interviews with former students. These are displayed at the reunions so that participants can access information about themselves and community members, as well as gain a perspective about the operations of the school as an institution within the residential school system. This "offers a far more rational and realistic account of what happened and why, and what we must do to regain our power and self-determination over our lives."

The association has an alumni council of approximately 20 members from different tribes and regions. The council has various committees responsible for the administration and organization of reunions, maintaining a directory of members, and publishing a newsletter and a website. An extensive archive was established where personal stories and photographs are kept on file. Members and resources are drawn upon to assist in the production of materials, broadcasts and videos.

Evidence of Success: The association knows its healing program is working because former participants return and new ones come to the reunions and other events. The membership list is growing, other residential school groups are seeking their assistance, and requests for information and speakers are growing. Healers have been identified who go out and assist Survivors. A positive progression has been observed in participants who move from victim to Survivor to thriver and leader.

Strategies Contributing to Success: The Children of Shingwauk's most important asset has been the survival of the physical site and structure of the school itself. The land, four of the original buildings (the main hall, chapel, manse and carpenter's shop) and the cemetery have all been preserved. "Our journey back to the Schools, however painful, is part of our healing, as is our reclamation of them." The school is now putting back "what it took away."

*Hailika'as Heiltsuk Health Centre
Waglisla, British Columbia*

Hailika'as Heiltsuk Health Centre cites cultural nights as their promising healing practice. Traditional ceremonies, dances and songs facilitate healing by using traditional Heiltsuk customs to help people make positive changes in their lives. When a person has done something wrong, it is viewed as misbehaviour, which requires healing. Healing is initiated through the ceremonies, songs and dances.

Cultural nights are described as creating a safe place where everyone is welcome. Participants may join in or they may simply observe. When dances and songs are performed for an audience, the members of the audience also benefit. Through these activities that Heiltsuk values, such as respect, self-esteem, working together (unity) and sharing, are taught. "All of our traditional values are shared and taught through stories, songs and dances. This helps participants to restore a sense of pride, self-esteem and honour (to ones-self and others)."

Each traditional song and dance belongs to someone and they can not be used without permission of the owner. Each song and dance is sacred and reflects the history and lineage of where it came from. Participants are encouraged to bring their own dance regalia (blanket, tunics, vests, leggings and head bands). Those who do not have their own regalia may borrow from the community treasure chest. Some songs and dances require particular ceremonial items, such as masks, paddles, feathers and headdress.

Evidence of Success: As a result of cultural nights, a number of people have expressed an interest in learning how to make their own ceremonial dress, drums, rattles, paddles and masks. Young people are interested in relearning the ways of the ancestors. This will allow future generations to "inherit a legacy that is once again strong."

Strategies Contributing to Success: Trauma training has been delivered to members of the community. There is a core group of 10 people who are working hard on their healing. The community is aware of problems and is dealing with them through traditional means.

Eyaa-Keen Centre Inc.
Winnipeg, Manitoba

The Eyaa-Keen Centre uses a series of interrelated healing practices that cannot and should not be implemented on their own or attempted without proper training, experience and guidance. Their promising healing practices are based on traditional spirituality and blend traditional, clinical and contemporary disciplines. The trainers, assistants and Elders are Mediwin initiates, so everything is delivered and conducted from that perspective. Also, the trainers have been working together as a team for over 14 years and they provide and model an environment of safety, comfort, understanding and expertise. A well-known and respected traditional and spiritual teacher is used for the traditional/cultural teachings and the sweat lodge ceremonies. This teacher is the advisor and teacher for the trainers.

Healing practices include: presentations and teachings, individual and group processing, hot/cold water therapies, massage therapy, chiropractic therapy and sweat lodge ceremonies/teachings. Therapies are formulated to help participants holistically move masses of fear, pain and tension from their system. The removal of these negative influences reinforces stronger aspects of self and help participants develop strengths where once there was weakness. They revive their sense of clarity, strength, vitality and cultural pride, and improve their self-care, parenting and leadership skills.

As a safety measure, participants must meet specific criteria before entering the program. They must be adults over the age of 25; they must be willing to be responsible and accountable for their own healing process, ready to participate in the processes and able to stay and complete the program; and they must reveal their medication use and be free of substance abuse problems.

The healing team believes a participant's psychological system needs to be prepared, stabilized and grounded before attempting to begin the healing process. "One of the core practises necessary ... is a constant grounding re-enforced by a constant explanation of current process so participants can safely understand what is happening with them throughout their healing experience."

Evidence of Success: Self-evaluation forms are used both at the end of the session and months later to provide feedback about life changes. Many participants have made significant changes in their lives: they have changed jobs, returned to school, obtained employment and become more active in the community. Parents who have attended the program are more confident in caring for themselves and their children.

Strategies Contributing to Success: The location of program delivery is on a semi-isolated island that can only be accessed by ferry or winter road; and is untouched by commercial development. The inhabitants and surrounding communities are predominantly Aboriginal. All these factors combine to support individuals and enable them to more fully concentrate on their personal development.

*United Chiefs and Councils of Manitoulin
Manitoulin Island, Ontario*

The M'skwa Miikan healing project "is about renewing our capacity to heal ourselves ... Given such, we assume the responsibility to bring notice to a mostly overlooked aspect of healing, namely: the spiritual dimension of practice."

The project's most promising healing practice is attributed to their traditional healer. His presence inspires genuine respect and confidence and offers a deep sense of reassurance to members of the community. His teachings are made acceptable because they are transmitted in the language of the community and amplified by his abiding belief in the benefits of traditional healing. In direct contrast to the residential school experience, people are made comfortable by speaking their own language in their own surroundings. "He receives all persons who seek healing and actively listens to each one to determine their representation of spiritual self and their connectedness with our source."

The healer's methods follow no Western schedule of treatment. He makes house calls to dispense medicine and gives counsel in the environment of the client, which lends assurance and comfort to those who seek healing. This approach is opposite of the Western practice of being available by appointment, at a certain place, with a prescribed clinical treatment.

Evidence of Success: The most traceable indicators of success are the established participation of trainees, residential school Survivors, Elders, leaders and community caregivers. Institutions from outside the catchment area of the United Chiefs and Councils of Manitoulin have expressed interest in the project. Most importantly, however, is the continued support the project has enjoyed from Survivors and their level of comfort and ownership of the project.

Annually, First Nation communities invest in the healing initiative by assigning young people to the project for work experience. All of the young people have stated this experience has given them a new appreciation of their culture and enhanced their understanding of their natural ability to heal themselves. Trainees also serve as a good example of how to bridge the generation gap and show great promise that cultural renewal is attainable.

Strategies Contributing to Success: The most notable quality of the project is the healer's personification of the community's traditional beliefs. He exemplifies that healing is not totally dependent on method or ingredients, but relies more on the individual becoming spiritually attuned to nature and the Infinite Force that orders it. The project coordinator is a Survivor and a fluent Ojibwe speaker. This also contributes to the project's success.

*Conseil des Montagnais de Natashquan
Natashquan, Quebec*

Contemporary psychotherapies combined with traditional Innu healing practices in the Innu language constitute this project's promising healing practice. The healing team is composed of psychologists, therapists, local practitioners and Innu Elders who work together within a community and family intervention framework. Community Elders were consulted early in the project and asked for advice regarding the best people to work with the project. In addition to qualities related to healing, wisdom and traditional knowledge, they were looking for people with a solid knowledge of family histories.

During retreats, two kinds of circles are offered. A sharing circle, led by a psychologist or a therapist, focusses on the emotional and psychological issues faced by the participants. The healing circle is led by the Elders and is focussed on traditional spiritual issues. Each circle is offered on an alternate evening: one evening will be a sharing circle, the other a healing circle.

The traditional approach used by the Elders is rooted in Innu teachings related to the use of traditional foods, medicinal plant and traditional knowledge about nature. Spiritual traditions and healthy physical habits are discussed, along with family and community history. Among the specific techniques used by Elders are the Innu drum teachings. Elders tell the story of the drum and teach the importance of respecting it. These teachings strengthen a sense of identity, respect for the culture and the power of its traditions. Elders use Innu stories and legends to pass messages that strengthen a sense of self-identity and belonging. They also play an important role in reconstituting family histories, helping to fill the gaps.

[TRANSLATION] "The force in our community is our Elders, who have a deep commitment to heal others and to help them heal themselves. They are sustained by a powerful vision to break the cycle so that the new generation can enjoy health and well-being. This also goes for other members of our team, who are truly dedicated."

Evidence of Success: The program documents the satisfaction of clients by means of an evaluation form in which clients evaluate the degree of their satisfaction with the services offered, as well as the degree of their own progress. They also use a standardized evaluation called *épreuve d'estime de soi sans apport culturel*. Participants in the 35–60 age bracket, including Survivors, do better in the program than younger people. They have lived many traumas, they suffered with a greater intensity and, therefore, are better able to seek healing and absorb what is offered to them. Participants with the least chance to benefit are those who have severe affective dependencies and a long history of multiple and severe addictions. Women have made more progress than men on issues such as self-esteem and self-knowledge.

Strategies Contributing to Success: The single most important factor is taking clients away from the community and from their family, thereby giving them the space to reflect upon and reexamine their lives. It is important to underline the fact that these healing activities are practised in a specific setting: retreats on traditional Innu hunting grounds.

*Wabano Centre for Aboriginal Health
Ottawa, Ontario*

The Wabano Centre for Aboriginal Health developed a pilot project to assess the effectiveness of art therapy and traditional art-making in addressing the intergenerational impacts of residential schooling. The short-term goals of the project include increasing parenting skills and improving the communications and problem-solving skills of children and their parents or caregivers. Other goals include increasing knowledge and understanding of traditional parenting and of the intergenerational impacts on parenting and family relationships. Inuit, Métis and First Nations families participated in the program.

The program is founded on the belief in the healing capacity of Aboriginal traditions of art-making. These traditions are used in the context of contemporary art therapy to provide a powerful means for self-expression. Participants develop a clearer picture of themselves, their interaction with others, the problems they face and the solutions that are possible. Moreover, the nonverbal expression of feelings through art provides a neutral, positively-centred activity from which families can begin to explore their relationship and communication patterns. The program supports a holistic approach to healing by interweaving art therapy with specific cultural practices and a broad Aboriginal worldview.

In order to accommodate traditional concepts of family, the program is open to extended family members, such as grandparents, aunts and uncles. The program runs for 12 weeks and is offered at least three times a year.

Evidence of Success: All of the children involved showed improvement in self-expression. The program evaluation reports a number of other successes: among children, the ability to express feelings through their art; a new willingness and ability on the part of parents to listen to their children; increased confidence among parents; and, for children, increased trust that the process of expressing feelings will result in being listened to and helped, even around very difficult emotions such as anger.

In the pilot year, a total of 90 children and 46 parents/caregivers participated. Three grandparents and three youth were trained as helpers. Sixty-eight Aboriginal community members participated in educational activities related to the residential school legacy, and 120 Aboriginal and non-Aboriginal professionals were trained in art therapy and residential school issues.

Strategies Contributing to Success: The way in which the project was introduced into the community is especially important, where there are historical tensions and mistrust between Aboriginal people and the service system, especially around child protection and parenting issues. Adequate time for outreaching the project into the community, especially with the Grandmothers, was essential in generating support and inspiring trust in the project team. Because of the high number of single parents in the program, the presence of male and female Elders was especially important as role models for both parents and children. The project team was seen as a parallel “family”, whose members had a key role in modelling intercultural and cross-gender dignity, respect and trust, as well as effective communications and problem-solving skills. Finally, post-session team debriefing promoted team cohesion and generated a sense of shared responsibility through mutual respect for each other’s unique expertise.

*Inter Tribal Health Authority
Nanaimo, British Columbia*

The Inter Tribal Health Authority's healing centre, Tsa-Kwa-Luten Lodge, is located on Quadra Island, approximately 150 kilometres northwest of Vancouver and accessible by ferry from Vancouver Island. Healing is viewed as a journey and creating a safe healing environment is considered essential. Over a period of weeks spent living at the lodge, participants are supported in their healing at a pace that is safe for them. Participants are referred to as guests. As a guest, they are not subject to many of the strict requirements or rules that are often a hallmark of residential programs. Programs run for one, two or three weeks.

The environment helps guests to feel empowered and in control of their healing. Facilitators with extensive individual and group counselling experience closely monitor safety in the therapeutic process. Each healing program has two resident Elders who are available to provide one-on-one guidance. The guest-to-facilitator ratio is also kept to a low number. A typical healing program of 18 guests would have a team of three facilitators, two Elders and one massage therapist. Two full-time community outreach co-ordinators ensure that guests have an adequate support network before starting their journey, and that they also have a realistic plan and support system in place when they leave the program and return to their communities.

Therapeutic interventions include beginning and ending each day with a circle, traditional teaching groups, healing ceremonies, psychoeducational groupwork, psychodrama, narrative therapy, one-on-one traditional healing with an Elder, one-on-one counselling with helpers, physical exercise, crafts and journal writing. A closing ceremony and evaluation take place at the end of the program.

Evidence of Success: Guests complete two types of written evaluations and participate in one confidential debriefing session with the clinical co-ordinator. The first written evaluation is a pre-test/post-test that rates clients' self-perceptions on a numerical scale before and after the program. The second written evaluation asks for feedback on the healing program. The debriefing session allows guests who are more verbally-oriented to have a safe, confidential opportunity to provide their comments and suggestions. In addition to the positive changes witnessed by staff, facilitators, Elders and participants' families, the guests themselves report significant changes in their feelings about themselves and the progress they have made.

Strategies Contributing to Success: The project referred back to its philosophy: healing is a journey that must take place in an environment of safety as being the most unique factors contributing to success. Full time community outreach co-ordinators ensure that guests have an adequate support network before starting their journey. Self-referrals are not accepted. All participants must be clean and sober for three months prior to the program. Every effort is made to incorporate a West Coast focus to the healing program. Elders are from the coastal communities and bring with them a rich knowledge of West Coast practices and teachings.

*The Kivalliq Inuit Association
Rankin Inlet, Nunavut*

The Kivalliq Inuit Association provides an on-the-land program called “Somebody’s Daughter,” which targets Inuit female Survivors, single mothers and abused women impacted by the legacy of residential schools. The program offers an opportunity for participants to develop cultural pride and identity through learning traditional Inuit survival skills, enhancing their literacy skills and developing life skills. From 24 August to 3 September 2003, 12 participants were taken by plane and boat to a remote northern location. They were accompanied by an Elder, four traditional skills instructors (two of whom were also recognized counsellors in the region), a writer/facilitator and the social development coordinator for the Kivalliq Inuit Association. All staff connected to the program committed to being drug and alcohol free.

In this traditional and secure environment, the women began their healing journey by learning and practising traditional Inuit women’s skills and by participating in writing workshops. Each day began with prayer and meetings and ended with self-reflective writing exercises. During the course of the retreat, every woman chose a sewing project to be completed using traditional skills. “The hands-on learning of traditional Inuit women’s skills was a very emotional experience for all the women. Through these daily exercises women connected with their culture and often thought of their own mothers and the love that their mothers had for them.” The sewing projects ranged from a caribou parka to kamiks, mitts and pants. Holding the program on the land was identified as one of the project’s best practices.

Writing sessions were devoted to thematic explorations on topics such as love, fear, residential school, leaving home, shame, guilt and blessings. Sessions ended with: “Today I am ...,” an exercise in which each woman summed up her feelings about her experiences, accomplishments and her own self-image for the day. One assignment required each participant to write a long piece about themselves for their children and grandchildren to read. This proved to be a powerful sharing tool. “For many participants the camp was the first opportunity to develop trust and deal with their healing needs from residential schools, abusive husbands and/or childhood trauma.”

Evidence of Success: In 1999, over five thousand adults in Nunavut were reported as having less than a grade nine education. Several studies indicate that low literacy rates are related to an increase in domestic violence. This was part of the rationale for including literacy programming in the healing project. The Canadian definition of literacy incorporates problem-solving skills and critical thinking skills; verbal literacy can increase a woman’s sense of self-reliance and improve her access to resources. The writing and literacy skills of participants were developed and enhanced during the camp.

The women emerged from the camp experience with an increased level of trust, confidence and accomplishment, built over a comparatively short but intense period of time. The foundations of a sense of traditional community and cultural values, established during the camp, contributed significantly to the possibility of new and continued support systems for the participants in their day-to-day lives.

Other notable outcomes include addressing the healing needs of participants and an increase in cultural identity, pride and self-esteem through cultural learning.

Willow Bunch Métis Local #17
Willow Bunch, Saskatchewan

The project's best healing practice has been the writing of a history book on the Willow Bunch Métis community. Traditionally, the Métis who settled in Willow Bunch were third or fourth generation from the Red River, descendants of French or Scottish men and First Nation women. They spoke Michif, a language that incorporates French nouns with Cree or Sioux verbs. In Willow Bunch, many of the Elders and senior citizens are still comfortable speaking in French.

The process of writing the book has involved several elements of healing. Interviews and personal counselling sessions have been conducted with Survivors, descendants and others affected by the residential school Legacy to confront their negative experiences and deal with their loss of identity and pride. Group discussions have been held with Elders, women and youth to discuss positive Métis experiences and supports from the past, such as the strong sense of family that helped children cope with the residential school experience. Community meetings were held to remember local Métis heroes. Research findings on local history and Métis traditions were reintroduced to the community. Celebrations, such as Métis Day at the school and a "dine and dance" with traditional fiddlers and jiggers reaffirm the historical significance of the Métis in Willow Bunch. Collectively, these activities helped build confidence and inspire people to tell their own story. Interviews were also conducted with members of the non-Métis community to document the Legacy, to gather stories and to encourage people to talk about the Métis history in Willow Bunch.

Evidence of Success: Survivors and descendants are speaking about their negative experiences for the first time. Interviews with non-Métis residents are allowing the wider community to recognize the legacy of the Convent school. One resident admitted that the Métis "had reason to be insulted because we treated them like inferior humans." Interview respondents are also describing the positive contributions that Métis people have made in the community. One remembered her mother making bannock and speaking Michif, and another recounted a field trip where a teacher showed the class how to weave baskets from willow gathered in the nearby hills. The Willow Bunch Métis community has purchased an office, and descendants of Métis families have visited the office to discuss family history and to view the historical and genealogical resources available. The Métis Flag, flying prominently outside the office, demonstrates the growing pride of the Willow Bunch Métis people in their common identity.

Factors Contributing to Success: Success was enhanced by the involvement of professional consultants, local staff and local volunteers. Consultants are coordinating the research and ensuring the information is complete and comprehensive. Local staff are involved in the interviews and counselling sessions with Survivors and descendants. Interviews and counselling sessions are conducted in the homes to ensure the privacy and comfort of those being interviewed. Staff who are from the community are also adding to the familiarity and security of the interview process. Volunteers are participating in the interviews, telling their stories, welcoming people and wearing their Métis sashes at public events. In Willow Bunch, many of the Elders and senior citizens are still comfortable speaking in French. An approach to healing that is specific to the region and culture is encouraging people to communicate in the language in which they are most comfortable.

*Les Services Parajudiciaires Autochtones du Québec
Wendake (Québec City)*

This is a unique program designed to meet the needs of a unique group of clients. The majority of the participants are previously incarcerated and homeless men from diverse Aboriginal cultural backgrounds. The program blends traditional Aboriginal healing with contemporary Western practices within an urban setting. The challenges faced by this project are exacerbated by the fact that many of the participants are homeless when they enter the program. The vast majority of clients are not yet ready to embark on a healing journey. They need to feel secure and accepted before they can begin to open up.

The project's promising healing practice is a four-step approach: 1) creating an atmosphere of trust; 2) helping clients to open up and to gain insight into the root causes of their problems; 3) helping clients define their needs; and 4) helping them choose the therapy and the therapist best suited to their needs.

In carrying out this approach, the project provides one-on-one counselling with a choice of a male or a female counsellor trained in contemporary psychological methods and one-on-one sessions with an Elder. The Elder provides spiritual counselling and teachings. When the client is ready, he or she can join group therapy. Two types of groups are offered: sharing circles led by an Elder and a healing circle led by a psychologist/therapist. By employing a professional Aboriginal therapist trained in contemporary approaches, the program integrates Aboriginal cultural insights into a contemporary therapeutic framework.

Traditional healing activities are also offered, including sweat lodge ceremonies, pipe ceremonies, smudging, medicine wheel teachings and four directions teachings. Traditional activities are grounded in a variety of cultures based on the backgrounds of clients. This is possible because the project Elder has a solid knowledge of many Aboriginal cultural traditions and teachings. Despite their urban location, they teach about and encourage the use of traditional foods and medicinal plants.

This approach works well with people who have a history of long-endured neglect, abuse, abandonment and deeply buried wounds; it meets the needs of clients to development trusting relationships; and it respects their preferences regarding the pace and type of therapeutic intervention.

Evidence of Success: While the healing team stressed that the length of time the project has been operating is too short to measure progress, they were able to make the following observations. At least two-thirds of the clients have stopped self-mutilation. Many have reestablished relationships with their family and several incarcerated people now have stable and independent lives. One woman who was severely addicted for many years has a job, and she is astounded at how her life has turned around and at the progress she has made.

Strategies Contributing to Success: While many clients are not yet ready to heal, the key to their success has been through one-on-one contact. The counsellors respect the special needs of clients to proceed at a slow pace. The project also places a high value on the personal traits of their team members: [TRANSLATION] "the priority is people with a heart—open, able to listen, non-judgmental." Competence is listed as the second criteria: [TRANSLATION] "We feel that it is of no use to have expertise, if it is not supported by the capacity to understand the needs of the client for trust, compassion, love and respect."

*Minwaashin Lodge: Aboriginal Women's Support Centre
Ottawa, Ontario*

"Strengthening Our Circle" is a women's program designed to address issues related to the residential school legacy in a supportive urban setting. All therapeutic approaches are delivered within a cultural framework: "We believe that cultural and personal identity are part of the healing process and take steps, however subtle, to ensure our clients are receiving a service that will give them the best of both worlds, that is, cultural identity and pride blended with western therapeutic techniques that are empirically supported."

Individual counselling approaches include: cognitive-behavioural approaches, focussing therapy, solutionfocussed therapy, progressive relaxation techniques, and Eye Movement Desensitization and Reprocessing (EMDR). Of these techniques, cognitive-behavioural therapy has been most successful.

In addition to individual counselling, Minwaashin Lodge offers holistic group programs. The Trauma Recovery Program begins with a six-day retreat and continues with 10 weeks of aftercare. The program includes psychoeducation, group exercises and trauma work, all within a cultural context.

Cultural traditions and teachings are an integral part of the healing program. "Many clients feel, for the first time in their lives, that there is a place for them to be Aboriginal and to take pride in their heritage and identity. Both the Cultural Program and the 2 Spirit Program offer specific cultural events, such as Sweat Lodge Ceremonies, Elder teachings, and workshops such as drum making, sage picking, and medicine walks."

Evidence of Success: In addition to receiving positive feedback from client satisfaction surveys, the project team reports that many clients have entered the workforce or returned to school. Clients are recommending friends and family members to the program; the referral base is widening. They receive an increasing number of referrals from physicians and mental health professionals outside the Aboriginal community. The lodge's relations with the Children's Aid Society is strengthening as they work collaboratively to serve the best interests of their mutual clients. Nearby communities, including Kitigan Zibi First Nation and Akwesasne First Nation, are referring women to the program. Through referrals from the Ottawa Inuit community, Minwaashin Lodge hopes to ensure the continuous development of skills in serving Inuit participants.

Another indication of the program's success is the number of past and present clients wishing to offer volunteer services as their way of giving back to the community.

Strategies Contributing to Success: Minwaashin Lodge credits their clients with making the program a success. They operate from the belief that people know what they need in order to heal and they accept direction from clients regarding the programs and services they need.

Qualified, skilled staff ensure delivery of quality programs. Ongoing staff development and a supportive team environment also contribute to success.

*Aboriginal Health and Wellness Centre of Winnipeg, Inc. (AHWC)
Winnipeg, Manitoba*

The AHWC's Men's Healing Program is a voluntary, community-based program for Aboriginal men, aged 18 or older, who were affected by residential schools as children. Healing activities include regular support meetings, sessions with Elders, drop-in counselling and cultural retreats. Smudges, sweat lodges and sharing circles are also available. Specific topics, such as residential schools, have been introduced in a structured format into the support groups. Feedback from the men serves as a guide for planning future sessions. Training and participation in traditional skills are provided in a spirit of cooperation. An example is picking medicinal plants where half go to the project, the other half to the individual. Participants receive teachings on the medicines as they pick. Each participant must complete an intake form in order to be admitted to the program. Once admitted, a participant is encouraged to explore his feelings of loss without being pushed into a disclosure until he is ready. Building trust takes time and some participants are not ready to discuss their abuse for as long as two months after beginning the program.

Most participants experienced some form of institutional parenting, such as residential schools, foster care or adoption, and, for this reason, feel comfortable in an organized group setting. AHWC relies on ceremonies such as sweat lodges and smudges, together with teachings from a variety of First Nations, to facilitate healing. Every effort is made to provide a comfortable, welcoming and safe environment. The centre shows respect for traditional and Christian beliefs alike. They incorporate contemporary healing practices with traditional healing based on the medicine wheel.

Located in a densely populated urban setting, the program is open-ended. Men who choose to participate in healing do not reach a formal conclusion to therapy. Instead, they continue to use the centre and its services as a support network and a resource for dealing with the specific challenges in their lives. As a result of this approach, the centre does not provide aftercare programs. As they advance in their healing, men are able to make self-referrals to other healing programs. Family referrals are also available through the centre. The centre lists a wide variety of activities as their best healing practices, but it is the combination of these activities and their accessibility that make the program unique.

Evidence of Success: The program's effectiveness and outcomes are evaluated annually. The men feel that the program's components were taught the traditional way and provided spiritual guidance. Participating in traditional activities generated trust and respect, increased group cohesion and provided the men with time to focus on their healing. The men are becoming independent while acquiring skills and initiating their own personal healing beyond the program. They are staying healthier without the use of drugs, alcohol and gambling. Some men are reconnecting with their children. The participants are associating with healthier people, forming their own healthy networks and living a healthier life. They are planning ahead and structuring their days.

Strategies Contributing to Success: Collaboration and networking with other community resources help meet the needs of participants in a balanced approach to their healing. A community resource group working with the program is beginning to look at issues of mutual referrals and sustainability.

Circle of Life Thunderbird House
Winnipeg, Manitoba

The objective of the Elder's Helper Program is to reintroduce Survivors and their descendants to the Aboriginal way of life, in order to enhance their lives and assist them in healing. This is accomplished by teaching helpers, *Oshkabewis*, the knowledge necessary to assist and support Elders with the tasks and responsibilities of their work. As a result of the program, female helpers are able to prepare the lodge for ceremonies by setting up the inside and outside, smudging and laying tobacco. They also share the *Waters of Life* during the ceremony by distributing medicine tea. Male helpers are able to prepare other aspects of the lodge. All of this takes place under the watchful eye of the Elder and his assistant.

The Elder's Helper Program allows street youth to make a practical, personal connection to their cultural traditions through regular interaction with an Elder. The program involves a series of workshops, talking circles, sweat lodge ceremonies and one-on-one counselling sessions.

Thunderbird House also has a gang outreach program that involves daily on-foot outreach in the inner-city area. Western and traditional therapies are employed and participants are given a choice about which route they wish to venture on, thereby creating a sense of control and ownership. Traditional therapies include Elder's counselling for families and individuals, healing and naming ceremonies, beading lessons, pow wow lessons and sweat lodge ceremonies. Western therapies include referrals to existing agencies that offer training and education, medical treatment and recreation.

Evidence of Success: Participants in the Elder's Helper Program have successfully incorporated the teachings into their lives. Observed changes include a better understanding of, and increased pride in, their culture and an increase in self-esteem and self-discipline. More youth are making the transition from client to helper.

Strategies Contributing to Success: One of the greatest successes of the program is the outreach workers. They serve as positive role models in the urban Aboriginal community—they have retained their cultural background and practices while participating in contemporary, Canadian society. These outreach workers are proud of their heritage and are willing to share this knowledge with those who are interested and ready to connect with their heritage.

The Elders play an equally vital role in the success of the program. Elders are consulted prior to the implementation of programs, are involved in the programs as instructors and advisors, and are key players in the transmission of the culture to the younger generations. By having Elders accessible to the urban Aboriginal community, the continuation of cultural practices is not interrupted in the transition from a reserve setting to an urban environment. Furthermore, those living in the urban environment have the opportunity to reconnect with their cultural practices.

The location of the Thunderbird House is vital to the delivery of the services. The Aboriginal population in Winnipeg is located in the same area as Thunderbird House, thereby making the programs and services more accessible to those who are limited in transportation and/or mobility.

*Buffalo River Dene Nation
Dillon, Saskatchewan*

Despite a history of involvement with the Roman Catholic residential school system, Buffalo River Dene have maintained much of their traditional hunting and gathering lifestyle. September's annual moose hunt is supplemented by the tradition of year-round lake fishing, and many people catch fish to add to the winter's food supply. This traditional self-reliance has formed the foundation of Buffalo River's approach to community healing.

Twelve years ago, a decision was made to invest the band's resources into the process of healing. Community meetings were held. People were encouraged to tell their stories. This began a process of healing in the community, to which many remain committed to this day. This is the context into which the Aboriginal Healing Foundation project was introduced.

Both the healing project and some community activities play a strong interactive role in the community's healing. Two counsellors organize activities and events related to healing. Each year, hundreds of people attend the Residential School Remembrance Weekend where honour is paid to those who attended the schools. The survival of those who have returned is celebrated, as is the survival of culture and tradition. Of the two counsellors hired by the project, one speaks Cree and one speaks Dene.

A therapist works with individual clients to develop problem-solving skills for dealing with issues related to past abuses and negative relationships. The band council portfolio holder for the AHF conducts sweats and other traditional approaches to healing. Attendance at these events is continually growing. A sense of cultural identity is thus built into the sense of personal identity.

Evidence of Success: Thirty-five people have been trained in suicide intervention, 25 people in Native family systems and hundreds more in addiction prevention and treatment activities. Between 40 and 50 men and women take part in the healing retreats. In addition to conducting group and family work, the therapist has seen over 100 children and adults. Ten boys are currently participating in a youth values group. The community now has a 40 per cent employment rate, as well as a lot of private business ownership. Ongoing healing is a part of life and is celebrated regularly.

Strategies Contributing to Success: The Buffalo River Dene Nation made a decision many years ago that it was time to begin the process of healing. The chief is supportive of the project and encourages the integration of healing procedures with the development of cultural and spiritual practices. The involvement and support of the chief has proven to be invaluable in the success of this project.

The councillor cares about the project, which is evident in his involvement on a day-to-day basis and in the ways in which he works with the community during his spare time. The project coordinator is involved in the development of traditional strengths within the community. He also documents the world as it once was through videotapes.

Notes

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5. Kishk Anaquot Health Research (2001). *An Interim Evaluation Report of Aboriginal Healing Foundation Program Activity*. Ottawa, ON: Aboriginal Healing Foundation.
6. Kishk Anaquot Health Research (2002). *Journey and Balance: Second Interim Evaluation Report of Aboriginal Healing Foundation Program Activity*. Ottawa, ON: Aboriginal Healing Foundation. A third interim evaluation was completed in 2003 after the promising healing practices project was underway: Kishk Anaquot Health Research (2003). *Third Interim Evaluation Report of Aboriginal Healing Foundation Program Activity*. Ottawa, ON: Aboriginal Healing Foundation.
7. Archibald, Linda and Philip Bird (2001). *Innovations in First Nations and Inuit Health Systems: Models, Structures and Approaches*. Ottawa, ON: Health Canada, First Nations and Inuit Health Branch, unpublished.
8. Marriott Mable [Mable, Anne L. and John Marriott] (2001). *A Path to a Better Future: A Preliminary Framework for a Best Practice Program for Aboriginal Health and Health Care.* Ottawa, ON: National Aboriginal Health Organization, 21.
9. Marriott Mable (2001), 21.
10. Marriott Mable (2001).
11. de Guchteneire, Paul, Ingeborg Krukkert and Guus von Liebenstein (eds.) (1999). *Best Practices on Indigenous Knowledge*. Joint publication of Netherlands Organization for International Cooperation in High Education (Nuffic) and UNESCO's Management of Social Transformations Programme (MOST), section 1.2.3. Retrieved 11 November 2004 from: www.unesco.org/most/bpikpub.htm#ikbest_practices
12. Richard, Kenn and Lynne Davis (n.d.). *Ethical Issues in Aboriginal Research*. In *Aboriginal Healing and Wellness Initiatives*. Presented by the Aboriginal Healing and Wellness Strategy and researchers from the Centre for Applied Social Research, Faculty of Social Work, University of Toronto, 30. Retrieved 11 November 2004 from: <http://www.mun.ca/cassw-ar/papers2/davis.pdf>

13. Health Systems Research Unit, Clarke Institute of Psychiatry (1997a). *Best Practices in Mental Health Reform: Discussion Paper*. Ottawa, ON: Minister of Public Works and Government Services Canada.

14. Marriott Mable (2001), 36.

15. National Health and Medical Research Council (NHMRC) (1996). *Promoting the Health of Aboriginal and Torres Strait Island Communities: Case Studies and Principles of Good Practices*. Canberra, AU: Australian Government Publishing Service.

16. Canadian Aboriginal AIDS Network (CAAN) (2004). *Foundations of a Good Practices Approach for Aboriginal Organizations in Canada: Integration of STI Prevention Education with HIV/AIDS and Addictions Programs*. Ottawa, ON: Canadian Aboriginal AIDS Network.

17. Royal Commission on Aboriginal Peoples (1996). *Gathering Strength, Volume 3: Health and Healing*. Ottawa, ON: Minister of Supply and Services Canada.

18. The letter inviting organizations to participate in this study used the term “best healing practice.” Since many of the submissions responded in kind, some of the quotations refer to best healing practices. Except when directly quoting a text, the term “promising healing practice” is used throughout volume three.

19. An updated list of the number of funded projects by region can be found on the Aboriginal Healing Foundation’s website: <http://www.ahf.ca>.

20. Wesley-Esquimaux, Cynthia and Magdalena Smolewski (2004). *Historic Trauma and Aboriginal Healing*. Ottawa, ON: Aboriginal Healing Foundation, 1.

21. Wesley-Esquimaux and Smolewski state: “In 1492, an estimated ninety to one hundred and twelve million Indigenous people lived on the American continent” (2004:12). They reference Ubelaker (1988) as reporting a population decline of 72 per cent, but go on to say: “The magnitude of this demographic collapse has been debated and some researchers even believe that the population decline across the Americas was over 90 per cent” (2004:29).

22. Wesley-Esquimaux and Smolewski (2004), 12.

23. See, for example, Braveheart-Jordan, Maria and Lemyra DeBruyn (1995). *So She May Walk in Balance: Integrating the Impact of Historical Trauma in the Treatment of American Indian Women*. In Adelman, Jean and Gloria Enguidanos (eds.). *Racism in the Lives of Women: Testimony, Theory and Guides to Antiracist Practice*. New York, NY: Haworth Press, 345–368. See also, Duran, Eduardo, Bonnie Duran, Maria Braveheart-Jordan and Susan Yellow Horse-Davis (1998). *Healing the American Indian Soul Wound*. In Danieli, Yael (ed.). *International Handbook of Multigenerational Legacies of Trauma*. New York, NY: Plenum Press, 341–354. Also, Duran, Eduardo and Bonnie Duran (1995). *Native American Postcolonial Psychology*. Albany, NY: State University of New York Press.

24. Wesley-Esquimaux and Smolewski (2004), 24.

25. The federal government, through an order-in-council, formally established the “joint partnership” arrangement and set government regulations - without which there would be no “system” of residential schooling and began to fund, on a per capita basis, Indian residential schools in 1892. However, various religious orders operated residential schools prior to 1892. For example, in 1831, the Mohawk Institute was established by a Protestant missionary society based in Britain to accommodate Six Nations’ children.

26. Archuleta, L., Brenda J. Child and K. Tsianina Lomawaima (eds.) (2000). *Away from Home: American Indian Boarding School Experiences 1879–2000*. Phoenix, AZ: Heard Museum.

27. Archuleta, Child and Lomawaima (2000).

28. O’Donoghue, Lowitja (2001). *I am black. I am proud. Dealing with my Identity*. Keynote Address at the 2001 ‘Healing the Pain’ Stolen Generations Conference, 12–14 March 2001, Adelaide, AU, 106. Retrieved January 2004 from: http://www.healthinonet.ecu.edu.au/html/html_bulletin/bull_11/stolengen.pdf

29. Australian Human Rights and Equal Opportunity Commission and M. Wilkie (ed.) (1997). *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*. Sydney, AU: Human Rights and Equal Opportunity Commission. The full report can also be retrieved from: <http://www.austlii.edu.au/au/special/rsjproject/rsjlibrary/hreoc/stolen/>

30. Wesley-Esquimaux and Smolewski (2004), 65 (see n. 20).

31. Wesley-Esquimaux and Smolewski (2004), 77.

32. Wesley-Esquimaux and Smolewski (2004), 76.

33. Duran, Eduardo and Bonnie Duran (2000). *Applied Postcolonial Clinical and Research Strategies*. In Battiste, Marie (ed.). *Reclaiming Indigenous Voice and Vision*. Vancouver, BC: UBC Press, 99.

34. Wesley-Esquimaux and Smolewski (2004), 78.

35. Herman, Judith (1997). *Trauma and Recovery: The aftermath of violence-from domestic abuse to political terror*. New York, NY: Basic Books.

36. Laenui, Poka (Hayden F. Burgess) (2000). *Processes of Decolonization*. In Battiste, Marie (ed.). *Reclaiming Indigenous Voice and Vision*. Vancouver, BC: UBC Press, 150–160.

37. Laenui (2000) credits his observations on colonization and decolonization to the late Virgilio Enriques.

38. Kishk Anaquot Health Research (2001; 2002; 2003) (see n. 5 and 6); Wesley-Esquimaux and Smolewski (2004).

39. Duran, Eduardo and Bonnie Duran (1995), 154 (see end of n. 23).

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41. Aboriginal Healing Foundation (2004). *National Gathering Draft Proceedings, 8-10 July 2004*, Edmonton, Alberta.
42. Health Systems Research Unit, Clarke Institute of Psychiatry (1997a). *Best Practices in Mental Health Reform, discussion paper*. Retrieved 11 November 2004 from: http://www/phac-aspc.gc.ca/mh-sm/mentalhealth/pdfs/best_practices.pdf
43. Assembly of First Nations (1997).
44. Currie, Janet C. (2001). *Best Practices Treatment and Rehabilitation for Women with Substance Use Problems*. Ottawa, ON: Minister of Public Works and Government Services Canada; and Currie, Janet C. (2001). *Best Practices: Treatment and Rehabilitation for Youth with Substance Use Problems*. Ottawa, ON: Minister of Public Works and Government Services Canada.
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46. Nabigon, Herb and Anne-Marie Mawhiney (1996). *Aboriginal Theory: A Cree Medicine Wheel Guide for Healing First Nations*. In Turner, Francis J. (ed.). *Social Work Treatment: Interlocking Theoretical Approaches*. New York, NY: Free Press, 21.
47. Hart, Michael Anthony (2002). *Seeking Mino-Pimatisiwin: An Aboriginal Approach to Helping*. Halifax, NS: Fernwood Publishing.
48. Assembly of First Nations (1997) (see n. 40).
49. Assembly of First Nations (1997), 9.
50. Brant, Clare C. (1990). *Native Ethics and Rules of Behaviour*. *Canadian Journal of Psychiatry* 35(6): 534-539.
51. Pauktuutit (Inuit Women's Association) (1990). *The Inuit Way: A Guide to Inuit Culture*. Ottawa, ON.
52. Mianiqsijit (2003). *Response to AHF promising healing practices questionnaire*.
53. Sawatsky, Len (2001). *A Search for Understanding: The Métis and Residential Schools in Manitoba*. Winnipeg, MB: Manitoba Métis Federation, unpublished.

54. Jones, Rhys Griffith (2000). Rongoa Maori and Primary Health Care. A thesis submitted in partial fulfilment of the requirements for the degree of Master of Public Health, University of Auckland. Retrieved February 2004 from: <http://www.hauora.com/downloads/files/Thesis-Rhys%20Griffith%20Jones-Rongoa%20Maori%20and%20Primary%20Health%20Care.pdf>.
55. Waseskun Healing Lodge (2003). Response to AHF promising healing practices questionnaire.
56. Hailika'as Heiltsuk Health Centre (2003). Response to AHF promising healing practices questionnaire.
57. Blackfoot Canadian Cultural Society (2003). Response to AHF promising healing practices questionnaire.
58. Sulsila Lelum Healing Centre Society (2003). Response to AHF promising healing practices questionnaire.
59. United Chiefs and Councils of Manitoulin (2003). Response to AHF promising healing practices questionnaire.
60. Waseskun Healing Lodge (2003).
61. Nuu-chah-nulth Tribal Council Community and Human Services (2003). Response to AHF promising healing practices questionnaire.
62. Currie (2001), 39 (see n. 44).
63. Inter Tribal Health Authority (2003). Response to AHF promising healing practices questionnaire.
64. Kige Wigiwam Wahgoshig Healing Lodge (2003). AHF internal project file.
65. Herman (1997), 159 (see n. 35).
66. Kishk Anaquot Health Research (2002), 78 (see n. 6).
67. Kishk Anaquot Health Research (2002), 32.
68. University of Toronto, Centre for Applied Social Research (2000). Aboriginal Healing and Wellness Strategy Longitudinal Study, Third Interim Report, 25.
69. Ellison-Loschman, Lis and Neil Pearce (2000). He Mate Huango: An Update on Maori Asthma, Review Paper. *Journal of Community Health and Clinical Medicine for the Pacific* 7(1): 82-93.
70. Centre for Indigenous Sovereignty (2003). Response to AHF promising healing practices questionnaire.

71. Arrowhead Foundation Operating as Ishaawin Family Resources (2003). Response to AHF promising healing practices questionnaire.
72. Eyaa-Keen Centre, Inc. (2003). Response to AHF promising healing practices questionnaire.
73. Eyaa-Keen Centre, Inc. (2003).
74. Eyaa-Keen Centre, Inc. (2003).
75. Liard Aboriginal Women's Society (2003). Response to AHF promising healing practices questionnaire.
76. Western Region Métis Women's Association (2003). Response to AHF promising healing practices questionnaire.
77. Manitoba Métis Federation (2003). Response to AHF promising healing practices questionnaire.
78. United Chiefs and Councils of Manitoulin (2003) (see n. 59).
79. Conseil des Montagnais de Natashquan (2003). Response to AHF promising healing practices questionnaire.
80. Centre d'entraide et d'amitié autochtone de Senneterre Inc. (2003). Response to AHF promising healing practices questionnaire.
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85. Marriott Mabel (2001), 22 (see n. 8).
86. Assembly of First Nations (1997) (see n. 40).
87. United Chiefs and Councils of Manitoulin (2003) (see n. 59).
88. Aboriginal Healing Foundation (2004). Project Gathering Notes, Winnipeg, MB.
89. Nabigon and Mawhiney (1996), 37 (see n. 46).

90. The All Nations Traditional Healing Centre Inc. (2003). Response to AHF promising healing practices questionnaire.
91. Wabano Centre for Aboriginal Health (2003). Response to AHF promising healing practices questionnaire.
92. Saskatchewan Indian Federated College School of Indian Social Work (2001). AHF internal project file.
93. Nuu-chah-nulth Tribal Council Community and Human Services (2003). Response to AHF promising healing practices questionnaire.
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95. Asini Kanepawit Counselling Services Inc. (2003). Response to AHF promising healing practices questionnaire.
96. Sturgeon Lake Cree Nation (2003). Response to AHF promising healing practices questionnaire.
97. Mi'kmaq First Nation Healing Society (2003). Response to AHF promising healing practices questionnaire.
98. Native Child and Family Services of Toronto (2003). Response to AHF promising healing practices questionnaire.
99. Big Cove First Nation (2003). Response to AHF promising healing practices questionnaire.
100. Nahndahweh Tchigehgamig Wikwemikong Health Centre (2003). Response to AHF promising healing practices questionnaire.
101. Chemainus First Nation (2003). Response to AHF promising healing practices questionnaire.
102. Tsow-Tun Le Lum Society (2003). Response to AHF promising healing practices questionnaire.
103. Circle of Life Thunderbird House (2003). Response to AHF promising healing practices questionnaire.
104. Conseil des Montagnais de Natashquan (2003) (see n. 79).
105. Les Services Parajudiciaires Autochtones du Québec (2003). Response to AHF promising healing practices questionnaire.

106. This information is drawn from the Legacy Education section of the Aboriginal Healing Foundation National Gathering Workshop Guide, 9–10 July 2004, 21–22.

107. Aboriginal Healing Foundation (2004), 9 (see n. 41).

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109. Native Women's Transition Centre, Inc. (2003). Response to AHF promising healing practices questionnaire.

110. Kishk Anaquot Health Research (2002) (see n. 6).

111. The Children of Shingwauk Alumni Association (2003). Response to AHF promising healing practices questionnaire.

112. Willow Bunch Métis Local # 17 (2003). Response to AHF promising healing practices questionnaire.

113. Fort Providence Residential School Society (2003). Response to AHF promising healing practices questionnaire.

114. Haahuupayak Society (2003). Response to AHF promising healing practices questionnaire.

115. Herman (1997), 1 (see n. 35).

116. Herman (1997), 181.

117. Brasfield, Charles R. (2001). Residential School Syndrome. *BC Medical Journal* 43 (2): 78–81.

118. Laenui (2000), 155 (see n. 36).

119. Laenui (2000), 154.

120. Carrier Sekani Family Services (2003). Response to AHF promising healing practices questionnaire.

121. Tsow-Tun Le Lum Society (2003) (see n. 102).

122. Northwest Band Social Workers Association (2003). Response to AHF promising healing practices questionnaire.

123. Tsow-Tun Le Lum Society (2003).

124. Mussell, W.J. (Bill) (2004). *Warrior-Caregivers: Understanding the Challenges and Healing of First Nations Men*. Ottawa, ON: Aboriginal Healing Foundation, unpublished, 53.
125. Qu'Appelle Child and Family Services (2003). Response to AHF promising healing practices questionnaire.
126. Amadahy, Zainab (2003). The Healing Power of Women's Voices. In Anderson, Kim and Bonita Lawrence (eds.). *Strong Women Stories: Native Vision and Community Survival*. Toronto, ON: Sumach Press, 145.
127. Skye, Warren (2002). E.L.D.E.R.S Gathering for Native American Youth: Continuing Native American Traditions and Curbing Substance Abuse in Native American Youth. *Journal of Sociology and Social Welfare*, 29(1): 117-135. Skye cites as the source of this definition of culture: Yutrzenka, B.A., E. Todd-Bazemore and S.J. Caraway (1999). Four Winds: the evolution of culturally sensitive clinical psychology training for Native Americans. *International Review of Psychology*, 2/3, 11, 129-135.
128. Driftpile First Nation (2003). Response to AHF promising healing practices questionnaire.
129. Liard Aboriginal Women's Society (2003) (see n. 75).
130. Buffalo River Dene Nation (2003). Response to AHF promising healing practices questionnaire.
131. Liard Aboriginal Women's Society (2003).
132. Brady, Maggie (1995). Culture in Treatment, Culture as Treatment: A Critical Appraisal of Developments in Addictions Programs for Indigenous North Americans and Australians. *Social Science and Medicine* 41(11): 1487-1498.
133. See, for example: Association of British Columbia First Nations Treatment Programs (ABCFNTP) and Nechi Training, Research and Health Promotions Institute (2002). Report on the Research Project Exploring the Facilitation of Healing for Survivors of Sexual and Physical Abuse in Residential Schools, including Intergenerational Impacts and the Cycle of Abuse in Residential Schools; Kishk Anaquot Health Research (2002).
134. Brady (1995).
135. Association of British Columbia First Nations Treatment Programs (ABCFNTP) and Nechi Training, Research and Health Promotions Training Institute (2002).
136. Duran and Duran (1995) (see n. 23).
137. Minwaashin Lodge: Aboriginal Women's Support Centre (2003). Response to AHF promising healing practices questionnaire.

138. Leclair, Carole and Lynn Nicholson with Métis Elder Elize Hartley (2003). In Anderson, Kim and Bonita Lawrence (eds.). *From the Stories that Women Tell: The Métis Women's Circle. Strong Women Stories: Native Vision and Community Survival*, Toronto, ON: Sumach Press, 56.
139. Inter Tribal Health Authority (2003) (see n. 63).
140. Brant Castellano, M. (1999). *Developing Indigenous Paradigms: Part 1*. In Indigenous Knowledge Conference Proceedings. Hamilton, ON: McMaster University Indigenous Studies Program.
141. *Aboriginal Healing and Wellness Strategy (2001). Respectful Treatment of Indigenous Knowledge*. Toronto, ON: Aboriginal Healing and Wellness Strategy.
142. Hailika'as Heiltsuk Health Centre (2003) (see n. 56).
143. Little Bear (2000), 81–82 (see n. 45).
144. The Canadian Panel on Violence Against Women (1993). *Changing the Landscape: Ending Violence—Achieving Equality, Final Report*. Ottawa, ON: Minister of Supply and Services Canada, 101.
145. Hailika'as Heiltsuk Health Centre (2003).
146. King, Thomas (2003). *The Truth About Stories: A Native Narrative*. Toronto, ON: House of Anansi Press Inc.
147. Little Bear (2000), 81.
148. Karetak, Rhoda (1995). Rhoda Karetak: Summary of a presentation originally in Inuktitut. In Augaitis, Daina, Lorne Falk, Sylvie Gilbert and Mary Anne Moser (eds.). *Questions of Community: Artists, Audiences, Coalitions*. Banff, AB: Banff Centre Press.
149. Tuer, Dot (1995). *Parables of Community and Culture for a New World (Order)*. In Augaitis, Daina, Lorne Falk, Sylvie Gilbert and Mary Anne Moser (eds.). *Questions of Community: Artists, Audiences, Coalitions*. Banff, AB: Banff Centre Press, 17.
150. King (2003).
151. Little Bear (2000), 78.
152. Chippewas of Kettle and Stony Point First Nation (2003). Response to AHF promising healing practices questionnaire.
153. Chippewas of Kettle and Stony Point First Nation (2003). Response to AHF promising healing practices questionnaire, quoting residential school Survivor Gwen Tervo.

154. Qu'Appelle Child and Family Services (2003) (see n. 125).
155. Assembly of First Nations (2000). National First Nations Language Strategy: A Time to Listen and the Time to Act, *Pisindamok cigoh Kegoh Icitci kek Kegoh Icitci kek cigoh wewenipisindmok*. Ottawa, ON: Assembly of First Nations, 10.
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157. Adelson (2000), 9.
158. Kirmayer, Laurence J., Christopher Fletcher, Ellen Corin and Lucy Boothroyd (1994). *Inuit Concepts of Mental Health and Illness: An Ethnographic Study*. Division of Social and Transcultural Psychiatry, Department of Psychiatry, Montreal, QC: McGill University.
159. Skye (2002) (see n. 127).
160. Native Child and Family Services of Toronto (2000). AHF internal project file.
161. Liard Aboriginal Women's Society (2003) (see n. 75).
162. Kikinahk Friendship Centre Inc. (2003) (see n. 82).
163. Aboriginal Healing Foundation (2004) (see n. 41).
164. Dion Stout, Madeleine and Gregory Kipling (2003). *Aboriginal People, Resilience and the Residential School Legacy*. Ottawa, ON: Aboriginal Healing Foundation, 23.
165. Herman (1997), 96 (see n. 35).
166. Morrisseau, Calvin (1998). *Into the Daylight: A Wholistic Approach to Healing*. Toronto, ON: University of Toronto Press, 84.
167. The All Nations Traditional Healing Centre Inc. (2003) (see n. 90).
168. Eyaa-Keen Centre, Inc. (2003) (see n. 72).
169. Nabigon and Mawhiney (1996), 21 (see n. 46).
170. Weaver, Hilary N. (2002). *Perspectives on Wellness: Journeys on the Red Road*. *Journal of Sociology and Social Welfare* 29(1): 7.
171. The Children of Shingwauk Alumni Association (2003) (see n. 111).

172. Liard Aboriginal Women's Society (2003).
173. Eyaa-Keen Centre, Inc. (2003).
174. Minwaashin Lodge: Aboriginal Women's Support Centre (2003).
175. St. Paul Treatment Centre (2003). Response to AHF promising healing practices questionnaire.
176. Keeseekoose First Nation (2003). Response to AHF promising healing practices questionnaire.
177. Hodgson, Maggie and Doug Heckbert (1996). Factors Associated with Successful Re-integration of Aboriginal Offenders into the Community. Ottawa, ON: Correctional Services Canada, 3. Retrieved 6 January 2003 from: http://www.csc-scc.gc.ca/text/pblct/forum/e083/e083o_e.shtml
178. Rojas, Aluki (2002). Indications of Best Healing Practices: Sexual Abuse, Physical Abuse, Family Violence, Substance and Drug Abuse and Suicide. Technical report, Unpublished. Ottawa, ON: Aboriginal Healing Foundation. The report includes summaries of a large number of articles related to healing. Relevant to the above discussion are the following: Herbert, Elaine and Katherine McCannell (1997). Talking Back: Six First Nations Women's Stories of Recovery from Childhood Sexual Abuse and Addictions. *Canadian Journal of Community Mental Health* 16(2): 51-68; and Garrity, John F. (2000). Jesus, peyote, and the holy people: alcohol abuse and the ethos of power in Navajo healing. *Medical Anthropology Quarterly* 14(4): 598-602.
179. Association of British Columbia First Nations Treatment Programs (ABCFNTP) and Nechi Training, Research and Health Promotions Institute (2002), 59-63.
180. The Children of Shingwauk Alumni Association (2003) (see n. 111).
181. Hart (2002) (see n. 47).
182. Municipality of Cape Dorset (2003). Response to AHF promising healing practices questionnaire.
183. Hart (2002), 87.
184. Angels R Us Aboriginal Society (2003). Response to AHF promising healing practices questionnaire.
185. The Children of Shingwauk Alumni Association (2003).
186. Northwest Band Social Workers Association (2003) (see n. 122).
187. Centre d'entraide et d'amitié autochtone de Senneterre Inc. (2003) (see n. 80).
188. Gitwangak Education Society (2003). Response to AHF promising healing practices questionnaire.

189. Weaver (2002), 7 (see n. 170).
190. Nabigon and Mawhiney (1996), 19 (see n. 46).
191. Hart (2002), 39 (see n. 47).
192. Cohen, Kenneth (2003). *Honouring the Medicine: The Essential Guide to Native American Healing*. New York, NY: The Random House Ballantine Publishing Group, 50.
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196. United Chiefs and Councils of Manitoulin (2003) (see n. 59).
197. Hart (2002), 105.
198. Ellerby, Lawrence and John Stonechild (1998). *Blending the Traditional with the Contemporary in the Treatment of Aboriginal Sexual Offenders: A Canadian Experience*. In Marshall, William L., Yolanda M. Fernandez, Stephen M. Hudson and Tony Ward (eds.). *Sourcebook of Treatment Programs for Sexual Offenders*. New York, NY: Plenum Press, 405.
199. Ellerby and Stonechild (1998), 407.
200. Haahuupayak Society (2003) (see n. 114).
201. Conseil des Montagnais de Natashquan (2003) (see n. 79).
202. Martin-Hill (2003), 26.
203. Waseskun Healing Lodge (2001). AHF internal project file.
204. Hylton, John (2002). *Aboriginal Sex Offending in Canada*. Ottawa, ON: Aboriginal Healing Foundation, 119. Cited in Becker, Judith V. (1994). *Offenders: Characteristics and Treatment*. In The David and Lucile Packard Foundation, *The Future of Children*, Volume 4(2), Summer/Fall. Los Altos, CA: Center for the Future of Children.
205. Kellermann, Peter and Kate Hudgins (eds.) (2000). *Psychodrama with Trauma Survivors: Acting Out Your Pain*. London, UK: Jessica Kingsley Publishers, Ltd., 12.

206. Keeseekoose First Nation (2003) (see n. 176).
207. Kellermann and Hudgins (2000).
208. Altman, Kerry Paul (2000). Psychodramatic Treatment of Dissociative Identity Disorder. In Kellermann, Peter Felix and M.K. Hudgins (eds.). *Psychodrama with Trauma Survivors: Acting Out Your Pain*. London, UK: Jessica Kingsley Publishers, Ltd., 15.
209. Schutzenberger, Anne Ancelin (2000). Health and Death: Hidden Links through the Family Tree. In Kellermann, Peter Felix and M.K. Hudgins (eds.). *Psychodrama with Trauma Survivors: Acting Out Your Pain*. London, UK: Jessica Kingsley Publishers, 286.
210. Wabano Centre for Aboriginal Health (2002). AHF internal project file.
211. Submissions rarely provided details on the interventions they called “individual counselling” or “one-on-one counselling.” Notable exceptions include specifying counselling by an Elder. Similarly, “family counselling” rarely included information about the particular method used or whether or not it was carried out in a traditional or Western way.
212. Deer Creek Training and Therapy, Inc. (2003). Response to AHF promising healing practices questionnaire.
213. Kishk Anaquot Health Research (2003) (see n. 6).
214. Algonquins of Pikwàkanagàn First Nation (2003). Response to AHF promising healing practices questionnaire.
215. Cohen (2003), 216 (see n. 192).
216. Ktunaxa/Kinbasket Health and Wellness Society (2003). Response to AHF promising healing practices questionnaire.
217. Eyaa-Keen Centre, Inc. (2003) (see n. 72).
218. Therrien, Michèle and Frédéric Laugrand (eds.) (2001). *Interviewing Inuit Elders: Perspectives on Traditional Health*. Iqaluit, NU: Nunavut Arctic College, 248.
219. Therrien and Laugrand (2001), 6.
220. Oosten, Jarich and Frédéric Laugrand (eds.) (1999). *The Transition to Christianity: Inuit Perspectives on the 20th Century*. Iqaluit, NU: Nunavut Arctic College, 13.

221. Nunavut Social Development Council (1998). Report of the NSDC Justice Retreat and Conference: Towards Justice that Brings Peace. Iqaluit, NWT.

222. Crnkovich, Mary, Lisa Adario and Linda Archibald (2000). Inuit Women and the Nunavut Justice System. Research and Statistics Division. Ottawa, ON: Department of Justice Canada, Research and Statistics Division, 15.

223. The plural of *angakkuq* (shaman) is *angakkuut*. Both men and women could be shamans, and women were thought to be especially powerful (Saladin d'Anglure, 2001).

224. Oosten and Laugrand (1999), 94.

225. Oosten and Laugrand (1999), 103.

226. Oosten and Laugrand (1999).

227. The word *tuurngaq* (plural: *tuurngait*) was used by Catholic priests to refer to Satan. Traditionally, Inuit recognize both good and evil *tuurngait*.

228. Oosten and Laugrand (1999), 99.

229. Oosten and Laugrand (1999).

230. Oosten and Laugrand (1999), 107.

231. Oosten and Laugrand (1999), 96.

232. Christianity was introduced to Labrador much earlier: the Moravian church established a mission in Nain in 1771. See Oosten and Laugrand (1999), 5.

233. Oosten and Laugrand (1999), 5.

234. Minor, Kit (1992). *Issumatuq: Learning from the Traditional Healing Wisdom of the Canadian Inuit*. Halifax, NS: Fernwood Publishing, 93.

235. Oosten and Laugrand (1999), 3.

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