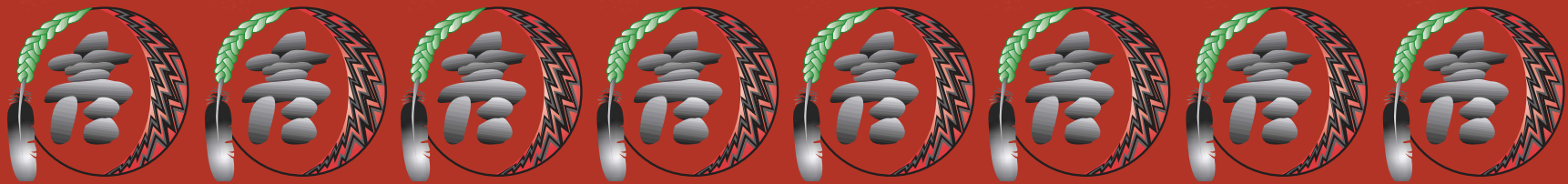


WARRIOR-CAREGIVERS:
**Understanding the Challenges and
Healing of First Nations Men**

A Resource Guide



The Aboriginal Healing Foundation

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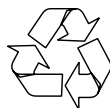
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A guide prepared for
The Aboriginal Healing Foundation

by

W. J. (Bill) Mussell

2005



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All my relations,

Bill Mussell

Key definitions

Aboriginal or Aboriginal People - “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” (Aboriginal Healing Foundation, 2001:4).

Aboriginal mental health - Aboriginal explanations of mental illness differ from Western definitions exemplified through the disciplines of psychology, social work and psychiatry that tend to focus on pathology, dysfunction or coping behaviours rooted in the person. Aboriginal mental health is relational; strength and security are derived from family and community. Aboriginal traditions, laws and customs are the practical application of the philosophy and values of the group. The value of wholeness speaks to the totality of creation—the group as opposed to the individual (Little Bear, 2000).

Acculturation - the change of feelings, actions, beliefs, lifestyles and thought that accompany the adoption of another’s cultural ways. For First Nations people, this process began disconnecting them from their holistic worldview and introduced the scientific, linear, reductionistic worldview (Connors, 1999).

Adaptation - a process of personal evolution that enables human beings to change for the better as a result of life’s circumstances, recover from wounds and trauma, and cope effectively with stress. Through adaptation, negative experiences can have a beneficial effect as fragile creatures are transformed into resilient beings (Neufeld, 2003).

Addiction - the quality or condition of being addicted, especially to a habit-forming substance.

Affect - a purely physiological unconscious process or state—the biological component of an emotion. See “emotion.”

Aggression - comes from the root word *to aggress* meaning *to attack*, and refers to any attack, regardless of form, target or impact. Included in aggression are gestural, verbal, emotional and psychological attacks, as well as attacks directed towards the self or erupting in tantrums or fits. Not all aggression is violence; that is, violated our expectations, rules or sensibilities (Neufeld, 2003).

Alexythmia - When authority figures make a habit of ignoring or negating a person’s own deeply felt experience, when they lack the patience, skills or caring to help this person figure out what was really going on, authority figures put this individual in danger of developing alexythmia. It may be seen as a social disease that is most often transmitted to children from parents who are out of touch with their own feelings. When this happens early in life, a person begins to ignore one’s own feelings, confuse one’s own needs, distrust one’s own interpretations of his or her deep personal experience, and thwart one’s development of self-balancing skills necessary for knowing what to feel and describe what is true for him or her (Levey and Levey, 1998).

Alienation - a concept referring both to a psychological condition found in individuals and, more importantly, to a social condition that underlies and promotes it. People who participate in alienated social systems tend to feel like cogs in a machine — isolated and disconnected from others, themselves and meaningful work in which they can experience themselves as whole, integrated human beings whose lives have a purpose.

Anxiety - a problematic and confusing emotion. It is disturbing enough that one will go to great lengths in order to not experience it, but ambiguous enough that one often has trouble recognizing it when experiencing this emotion. It is an unsettled, agitated state that brings a sense of urgency, a need to do something about it and a sense of discord seeking resolution (Frattaroli, 2001).

Assessment - refers to the process of determining a person's strengths and weaknesses. It involves making an inventory of the person's sources of stress, his or her coping abilities and a description of available and accessible sources of support in that person's external support system. This concept also applies to family and to community.

Assimilation - a dominant group effectively imposes its culture on other groups in ways for them to become virtually indistinguishable from the dominant culture; acculturation.

Autonomy - for First Nations, autonomy describes independence from government control or having the right of self-government.

Awareness - a natural, self-manifesting quality: it is one's ability to perceive, experience and know (Glazer, 1999).

Bureaucracy - a type of formal organization that is complex and hierarchically structured with top-down authority. This functions with a fixed and often narrowly focused mandate, established rules and a defined division of activities, functions and responsibilities.

Capacity - ability to receive, hold or absorb. Capacity may also be viewed as innate potential for development or accomplishment; hence, capacity building.

Colonization - viewed as a system of oppression, not a personal or local prejudice. Its systematic nature creates cognitive imperialism (Battiste, 2000). "[T]he colonized society as a whole is made to think of itself as entirely alone in the universe ... At the individual level, colonized people learn to hide their real feelings and sincere beliefs because they have been taught that their feelings and beliefs are evidence of ignorance and barbarity ... From this loneliness comes a lack of self-confidence, a fear of action, and a tendency to believe that the ravages and pain of colonization are somehow deserved. Thus, the victims of colonization begin, in certain cases, to blame themselves for all the pain that they have suffered" (Daes, 2000:7).

Community - a value shared by Aboriginal people. The spirit that holds a relatively healthy group of families together is embedded in community. For First Nations people, this strength is connected with living on the land that has been “home” for many, many generations. For its members, the healthier community offers physical, psychological, intellectual and spiritual resources. For members of communities burdened with health, social, emotional and other difficulties, there are serious material and human resource problems. Through recovering the Sacred, they might recover a sense of community with each other and with all of Creation — the community that Thomas Merton named so wonderfully as the “hidden wholeness.” Recovery of community is at the heart of good teaching (Palmer, 1999b).

Community development - a process that can serve a variety of functions, including:

- identifying and utilizing local community resources;
- identifying and communicating community needs and issues;
- addressing community needs and community issues;
- identifying and using sources and circles of support;
- helping the local community to develop a voice;
- nourishing and supporting local leaders and representatives to stay at the table(s); e.g., regional health boards or community health councils assisting with community consultation and community input in decision-making;
- engaging in community education by locating, documenting and sharing resources;
- developing local leadership, including volunteers and other resources;
- advocating for monetary means and/or access to health as necessary and appropriate in health matters; for example, serving a two-way channel of communication and action between local communities and health authorities, Aboriginal organizations and other relevant systems and institutions; and
- celebrating community accomplishments and achievements (Seebaran, in Mussell and Stevenson, 1999).

There are First Nations and other Aboriginal leaders, workers and volunteers who believe in and want community development in order to build their own communities. As more of them discover what community development is and how to initiate it, more First Nations and other Aboriginal groups will be able to restructure their societies.

Community healing - goal involves efforts to rebuild the human foundations for healthy communities. “In all too many cases, high levels of communal violence, lack of recreational facilities and deficient housing and infrastructure are links in a vicious circle that are pushing people toward the adoption of destructive coping strategies” (Dion Stout and Kipling, 2003:57). As individual and collective developments follow in harmony with the environment, health is realized. Since healing must deal with struggles and losses of Indigenous people, it employs the power of the Great Spirit and the wisdom and strength of living and spirit creatures that have found ways to overcome adversities. For Aboriginal people, the health continuum is about wellness, not illness. Besides sharing healing traditions, Indigenous communities are bound by a concept of wellness where the mind, body and soul are interconnected (Dion Stout, 1994).

Compassion - “a lived experience of profound connection from which all behaviours and actions we might call ‘compassionate’ emerge. When we know ourselves to be connected to all others, acting compassionately is simply the natural thing to do” (Remen, 1999:34).

Compulsion - workaholism is a compulsive behaviour — compulsive exercising, shopping or spending. When we rely on escape mechanisms to relieve our sense of unworthiness, our behaviour often becomes compulsive in nature (Black, 1992).

Concept - can be a thought or an idea, especially a generalized idea of a class of objects, such as a forest made up of different kinds of trees.

Conscientization - “enables students and teachers to have confidence in their own knowledge, ability and experiences. Often, people will say that conscientization is a power we have when we recognize we *know* that we *know*” (Wink, 1997:26).

Consensus - a widely shared agreement or understanding among a group of people concerning preferred values, beliefs, norms, goals or other essential aspects of existence.

Consultation - an interactive process of seeking input and comparing views and information that will form the basis for decision-making and follow-up action.

Controlling behaviour - often developed out of a need to bring order into one’s life. For some people, it is a response to feeling shame. Controlling people’s places could be a direct attempt to make sure that nobody else ever shames you. The more you manipulate people, places and things, the less likely you will be exposed; the less likely someone will see your vulnerability. To manipulate people, places and things, to be in control and to feel powerful can compensate for the sense of powerlessness in one’s life (Black, 1992).

Cosmology - the study of knowledge of the origin and nature of the universe.

Critical literacy - theory “teaches people how to filter the discourses to which they are exposed, spot hidden forms of manipulation, and develop alternative accounts to which their own experience is central” (Fettes, 1997:306). Fettes reports that critical literacy is a task of confronting, marginalizing and dismantling the secondary discourses of alienation carried by the invading language.

Critical pedagogy - viewed by some people as a new lens that enables them to see more clearly their past, their present and their future. It encourages them to find the magic in personal discovery based on their own lived experiences and to reconstruct the words and thoughts of others so that they become meaningful in their own life (Wink, 1997).

Cultural safety - refers to a specific set of values, attitudes, knowledge and skills that sensitize and improve sharing of information and assistance between people of different cultural backgrounds. This concept has been developed well by the Maoris of New Zealand.

Cultural disruption - forces over which a cultural group has no control can seriously disrupt the group's lifestyle. In the case of Indigenous peoples, diseases such as smallpox took the lives of many, many people and were seriously disruptive. The effects of residential schooling are another and more recent example of cultural disruption.

Cultural diversity - relates to non-biological differences between people, groups of people, communities, sub-populations and populations.

Cultural identity - refers to a set of behavioural or personal traits by which an individual is recognizable as a member of a cultural group. Pipher points out: "The healthier the culture, the more individual and familial factors can be the defining ones. In a healthy, decent society, families have some power to define their members. And individuals have great power to define themselves. Many important variables, such as safety, education, adequate income and freedom, can be taken for granted. Hence, family dynamics and individual choices account for many of the differences between people" (1996:18).

Cultural invasion - an agency with motives to carry out activities to satisfy its own needs, not those of the society affected, would be responsible for cultural invasion. History of Canada's Indigenous peoples reveals invasion by Western religious and governmental agencies whose goal was to civilize them.

Cultural psychology - "the study of the ways subject and object, self and other, psyche and culture, person and context, figure and ground, practitioner and practice live together, require each other, and dynamically, dialectically and jointly, make each other up" (Shweder, 1991:73).

Culture - viewed as a dynamic, complex network of meanings enmeshed within historical, social, economic and political processes. Culture is a set of value systems that relate strongly to religious beliefs, kinship patterns, social arrangements, communication networks, including regulatory norms of person, familial and social conduct (Anderson and Reimer Kirkham, 1999).

Culture of care - is vital for successful performance and has five dimensions: mutual trust, active empathy, access to help, lenience in judgement and courage (Fullan, 2001).

Culture of domination - does not strive to teach one how to live in a community. As a consequence, learning to live in a community may be a core practice for all who desire spirituality in education. To be guided by love is to live in a community with all life (hooks, 1999).

Culture shock - occurs when a person, family or group from one culture is attempting to function within an unfamiliar culture. Disorientation occurs from not understanding the language, customs, beliefs and expectations of the other culture.

Custom - a regular, patterned way of appearing and behaving that is considered characteristic of life in a social system; for example, smiling, shaking hands and bowing are customary ways of greeting people that distinguish one society from another.

Cycle of oppression - describes a momentum and consists of the linkages between these concepts: stereotype, prejudice, discrimination, oppression, internalized oppression and lateral violence. It begins with: "A preconceived or oversimplified generalization about an entire group of people without regard for their individual differences ... The stereotypes we hold form the basis of our **prejudices** [that are] conscious or unconscious negative belief about a whole group of people and its individual members. When the person holding the prejudice also has and uses the power to deny opportunities, resources or access to a person because of their group membership, there is **discrimination**" (Q2 Ally Network, 2004).

Decolonization process - Burgess (2000) presents five phases for decolonization: (a) rediscover and recovery; (b) mourning; (c) dreaming; (d) commitment; and (e) action. The process begins with creating a cultural identity by doing such things as learning family and community history, and discovering personal abilities connected with perception, insight and creation of knowledge. Discovering a personal and cultural identity can prepare the person for the following stages. Grieving of losses and other forces connected with victimization and freeing self to immerse in dreaming about possible desired futures for self, family, community and/or nation is a critical stage to work through. "True decolonization is more than simply placing Indigenous or previously colonized people into the position held by colonizers. Decolonization includes the reevaluation of the political, social, economic, and judicial structures themselves and the development, if appropriate, of new structures that can hold and house the values and aspirations of the colonized people" (Burgess, 2000:155).

Deficiency-oriented - describes a tendency to focus mostly upon the negative; for example, what a person, family or community does not have as resources or strengths. Such an approach does not demonstrate the practical value of a balanced perspective.

Depression - "signifies a form of suffering experienced as demoralization and hopelessness, the resignation and loss of animus of a dispirited ego, a form of suffering experienced and expressed by the sufferer as an affliction of the central goal-striving system of the soul or ego" (Shweder, 1991:317). The disorders range from dysthymia (which is something like being in a very bad mood a lot of the time) up to and including what is generally referred to as a major **depression** or a clinical **depression**. "Another form of depression is what psychologists call bipolar disorder, or manic-depressive illness" (Pollack, 1998:306). "**Depression** affects boys in many ways. It may make them feel sad, anxious, or numb. The depressed boy may act sullen and withdrawn or ... may become agitated, overly aggressive, and full of rage. He may

misbehave in school or become dependent on drugs or alcohol. Or he may just seem glum” (Pollack, 1998:307).

Detachment - a sense of standing alone, indifference, being withdrawn, alienated or being in a defensive position.

Determinants of health - “These determinants include income and social status, social support networks, education, [employment and] working conditions, physical environments, biologic and genetic endowment, personal health practices and coping skills, healthy child development ... and ... health services”(Langille, Lyons and Latta, 2001:12).

Dialogue - describes a process of getting to, and accessing, the knowledge that one possesses in his or her own experiences. To do this, one needs to open up, have contact with others, engage each other, really connect and cultivate intimacy that does not annihilate difference (Simmer-Brown, 1999).

Disability - describes what disables, such as an illness or being deprived of normal strength or power.

Discipline - root meaning of discipline is to impose order.

Discrimination - described as prejudice plus power and can take many forms, such as sexism, racism and ageism. When a prejudice is acted upon, the resulting action is discrimination. “Many acts of discrimination build up over time, [are] perpetuated against one relatively less powerful social group by [another] ... [and can] lead to a group of people being in a state of **oppression**” (Q2 Ally Network, 2004).

Diseases - in the scientific paradigm of modern medicine, diseases are abnormalities in the structure and function of body organs and systems.

Disparity - speaks of inequality; for example, difference or inequity as in amount or condition of education, health and housing.

Drug - a substance that changes the structure or functioning of a living organism.

Dysfunction - describes “the narrowing of behavioural options, the loss of trial-and-error behaviour, decreased styles of coping and/or maintaining intractable beliefs ... Constraints that increase the likelihood of such forms of rigidity are the target of intervention” (Cimmarusti in Combrinck-Graham, 1995:359).

Economic and social development - refers to any change that results in increased economic productivity and prosperity, and new and more complex forms of social structure and organization. For Third World countries, the level of economic and social development is statistically defined in terms of indices, such as per capita income and proportion of population employed as wage labour (Harper Collins Dictionary, 1991).

Educare - means to lead forth the hidden wholeness, the innate integrity that is in every person (Remen, 1999).

Education - in the Western world, “*education* means “to be led out of ignorance into knowing and knowledge”... [In] tribal cultures, [it relates to] *initiation*, plunging inward. Initiation takes us into the unknown and is grounded in not-knowing.” (Halifax in Glazer, 1999:173). What constitutes life is clearly spelled out as self-knowledge, duty, self-responsibility, acceptance of ageing and loss, and preparation for death.

Elder - in most First Nations, an Elder is a person of wisdom who has earned the respect of the community through his or her qualities as a citizen, cultural achievements and “good” deeds. Such a person possesses length and depth of life experience and is usually among the older segment of the population.

Emotion - a complex conscious experience that is based on an affect. It involves a sense of physiological arousal, an impulse or urge toward action, along with a degree of discernable feeling, which is a more subtle quality of awareness that can be introspectively distilled out from the physiological urgency of the emotional experience and does not impel toward action (Frattaroli, 2001).

Epistemology - the study or theory of the nature and grounds of knowledge or knowing.

Ethics - “Ethics, rather than laws, determine most of our behaviour. Unwritten rules of civility—for taking turns, not cutting in lines, holding doors open for others and lowering our voices in theatres—organize civic life. Unfortunately, those rules of civility seem to be crumbling in America. We are become a nation of people who get angry when any one gets in our way” (Pipher, 1996:25).

Ethnocentricity - the tendency for a group (ethnic, cultural or other) to regard its own ways as superior and to look down upon the ways of others.

Explicit - to be fully and clearly expressed, defined or formulated.

External support system - This system consists of social groups, organizations, agencies, programs and individuals upon which a person can count for support and information.

Extended family - a group of individuals associated by birth, marriage or close friendship who nurture and support one another.

False self - describes a mask that is worn in “dealings with other people (and too often with themselves) [and] reflects a tendency to comply with the needs and expectations of others — to live according to someone else’s idea of how we should live, the way a child lives according to his parents’ rules and needs. This orientation is sometimes called *extrinsic motivation*” (Frattaroli, 2001:118).

Families - beliefs about families speak of biological families. “There is a power in blood ties that cannot be denied. But in our fragmented, chaotic [world,] many people don’t have biological families nearby. For many people, friends become family. Family is a collection of people who pool resources and help each other over the long haul. Families love one another even when that requires sacrifice. Family means that if you disagree, you still stay together. Families are the people for whom it matters if you have a cold, are feuding with your mate or training a new puppy ... They like to hear stories about when you were young. They’ll help you can tomatoes or change oil in your car. They’re people who will come visit you in the hospital, will talk to you when you call with “a dark night of the soul” and will loan you money to pay the rent if you lose your job. Whether or not they are biologically related to each other, the people who do these things are family” (Pipher, 1996:21-22).

Family violence - following behaviours are considered to be abusive and violent: (a) physical force such as kicking, punching or slapping; (b) verbal abuse such as making fun of, ridiculing and yelling; (c) emotional deprivation by not showing acceptance, understanding, love and care; and (d) unwanted sexual action. In the family system, the members most victimized are women and children.

Functional - perform in a required or expected manner, to have some use, to act or to work is to be functional; for example, a steering wheel is functional to the steering of an automobile.

Governance - the act, process, or power of governing.

Grief - a natural and necessary human response or reaction to a personal loss that involves physical and/or psychological symptoms.

Healing - a process involving the grieving of significant losses in one’s life that have inhibited growth and development and contributed to personal difficulties. As the healing process takes place, usually with guidance of a helper/healer/counsellor/therapist, the person creates insight (self-knowledge), increases other working tools (skills and knowledge of the external world) and positively modifies his or her capacity to manage life’s trials and tribulations. **Healing is seen as an everyday thing for everyone, like nutrition, which creates health.** In short, the healing perspective must be built into the attitudes and processes that shape every aspect of every day. If it is not, then those attitudes and processes will contribute to ill health for all (Ross, 1996). When culture is disrupted, it is like one is uprooted and floating in space with no feelings of being rooted. Today Aboriginal people are trying to root themselves, give themselves a feeling of permanence, of being part of all things and being related to all things. This is what healing is (Latimer, 1992).

Health - a condition of optimal well-being. Members of healthy families possess personal purpose, value family membership, seek information, offer assistance, make choices, experience humility, have a sense of humour, believe in an optimistic future, identify with family heritage and possess a relatively secure personal identity. Wellness is

balancing the physical, emotional, intellectual and spiritual aspects of life (Fraser Valley Aboriginal Steering Group, 2002). **Aboriginal health providers** see health as an outcome of many kinds of services, early childhood experiences, poverty, personal and political self-determination, and more. Those who propose the 'population health' model and describe the 'determinants of health' that include social, psychological and political factors have followed this thinking.

Health indicators - standardized measures by which to compare health status and health system performance and characteristics among different jurisdictions in Canada (Canadian Institute for Health Information and Statistics Canada, 2003).

Healthy community - consists of "people getting involved in their community," showing a sense of trust, caring and sharing including positive parenting and sharing of intergenerational wisdom. Other traits of community health include "openness and communication among community members without blaming or shame; clear role expectations, people taking responsibility and a sense of connectedness and sensitivity to one another promotes healthy partnerships and collective action" (Krawll, 1994:3).

Heart speaking - "the speech finds, develops and demonstrates its *own* life as it emerges from the speaker's lips, heart and spirit during the course of its delivery. In practical terms, this means not writing it down in advance, not being trapped by what a piece of paper tells you to say" (Ross, 1996:164).

Hegemony - refers to the situation in which certain social groups exert power over a subordinate group through coercion by gaining and influencing consent in ways that make the authority of the dominant group seem natural.

Helplessness - a state of not being able to act without assistance.

Heritage - something passed down from preceding generations, such as traditions; for example, the traditions of making canoes and paddles, or wind-drying salmon each summer.

Hidden curriculum - the unexpressed perpetuation of the dominant culture through institutional processes describes a hidden curriculum. It teaches what is assumed to be important and it defines the standard for the dominant culture. Society has a tendency to domesticate students into believing the dominant view. "The hidden curriculum is covert and insidious, and only a ... lens will bring it into view" (Wink, 1997:43). Examples include: how little girls are raised differently from little boys in most Indigenous societies; how First Nations students are tracked into "slow" or "special" classes; how only European versions of Canadian history are taught; and when heroes, not heroines, are presented in historical and other accounts.

Holism - with respect to the nature of social life, holism identifies the whole of social systems as more than the individuals who participate in them.

Holistic health - satisfied physical, emotional, intellectual and spiritual needs of a group or person that result in greater balance is the key trait of holistic health. Basic principles at the core of holistic health are honesty, fairness, honouring integrity, being of service, recognizing that each person can modify self and an optimistic belief in the future.

Holistic worldview - a paradigm that explains illness and disease in terms of all aspects of the Aboriginal world environment and Aboriginal people themselves (Connors, 1999).

Honourable behaviour - qualities include living by the highest principles or truths: being honest, reliable, dependable, conscientious, openhearted, truthful and just.

Illness care services - services for medical conditions that are less severe but requiring long-term care such as extended care services.

Illnesses - experiences of devalued changes in states of being and in social function.

Implicit - a message that is implied or understood, though not directly expressed, or is contained in the nature of something not readily apparent.

Indigenous - anything of, or relating to, any of the Aboriginal peoples is said to be Indigenous.

Individualism - refers to a way of thinking both about how people are related to social systems and about the nature of social systems themselves. The primacy of individual interests over those of society has become entrenched in cultures of Western industrial capitalist societies. **Individualism** can refer to the idea that social systems are comprised primarily of individuals and can be understood in terms of their choices, characteristics and interests. As such, it challenges the core sociological premise that social systems are more than the sum of their parts and exist independently of the individuals who participate in them (Johnson, 1995).

Inner peace - an important quality for anyone whose daily work puts them in contact with human suffering. It is about knowing life so intimately that one has become able to trust and accept life whole, embracing its darkness in order to know its grace (Remen in Glazer, 1999).

Institution (social institution) - "An institution is a social structure that reflects the values of a society and is recognized as the appropriate agency for fulfilling certain purposes within the collective. Institutions such as the family, the education system, and the police force socialize or influence members of the group to conform to group values. The family as a social institution fulfils in some measure all the various roles of social institutions: it performs a mediating or bridging function, helps the individual understand the world and respond appropriately to society's expectations, and helps society recognize and make a place for the individual" (RCAP, 1996:17).

Institutionalize - to make into, treat as, or give the character of an institution (i.e., dull and unimaginative) is to institutionalize.

Internal resistance - the force within an individual that opposes the task of putting thoughts and feelings into words (Frattaroli, 2001).

Internal resources - knowledge and skills, including character strengths and strategies, a person draws from within, such as belief in an optimistic future, faith, patience, valuing individual differences, insight and planning skills are examples of internal resources.

Intrapersonal - processes occurring within the individual mind or self.

Inward journey - “a universal process of spiritual quest, the need for which seems to be part of the human condition.... Martin Buber described the inward journey as a process of actualizing our inner capacity for “authentic human existence” (Frattaroli, 2001:76).

Knowledge (explicit) - words and numbers that can be communicated in the form of data and information represent explicit knowledge; while skills, beliefs and understanding that are below the level of awareness fall under tacit knowledge (Fullan, 2001).

Knowledge (tacit) - knowledge that is highly personal and hard to formalize, making it difficult to communicate or share with others. Subjective insights, intuitions and hunches fall into this category of knowledge. Tacit knowledge is deeply rooted in a person’s actions and experience, as well as in the ideals, values or emotions that he or she embraces (Fullan, 2001). Successful families, like successful therapists, access tacit knowledge.

Levelling - a pattern of communication learned and developed in relationships that can heal ruptures, break impasses and build bridges between people. All parts of the message (body, voice, words, music behind the words, and so on) are all going in the same direction. The parts complement each other in ways that bring together the intent of the message. Human beings engaged in levelling (communication) share messages, as people who share mutual respect interact; there is dialogue. In fact, Paulo Freire (1970) describes the levelling process as dialogue.

Listening to the soul - a process through which one can discover who he or she really is by becoming strongly aware of feelings, not by one’s thinking. This entire process of self-reflection, of paying careful attention to one’s conscious experiences of anxiety, shame and guilt, and then to deeper layers of disowned, less conscious emotions they point to is the heart of effective therapy. Inner conflict can also revolve around anger, sadness, dependency, pride or any other emotion that triggers anxiety, shame or guilt — any emotion that threatens to make an individual more conscious of something and would rather not know about himself or herself (Frattaroli, 2001).

Literacy - to read, to write and to comprehend; the condition or quality of being literate, especially the ability to read and write.

Loneliness - “solitude split off from the community is no longer a rich and fulfilling experience in inwardness; now it becomes loneliness, a terrible isolation” (Palmer, 1999a:65).

Making the unconscious conscious - “to resolve inner conflict by bringing our unconscious emotions into full conscious awareness. This is a liberating and healing experience because it allows us to reclaim a disowned part of ourselves, along with the increased power and responsibility that go with it” (Frattaroli, 2001:75).

Marginalize - to relegate or confine to a lower or outer limit or edge.

Mediated learning - a process of assisting a learner to draw on what he knows that can be connected with what is to be learned. The mediator comes between the life experience of the learner and what is being learned. With guidance, the learner discovers what is to be learned and adds the new information to his life experience — focus is on ‘learning how to learn.’ A person who has awareness of knowledge embedded in his life experiences has abilities to mediate his own learning.

Medicine people - from a Western perspective, Medicine people refers to a branch of medicine encompassing treatment by drugs, diet, exercise and other non-surgical means. From an Aboriginal perspective, it refers to people who promote wellness, usually by using herbs, sweats, diet, exercise and other non-surgical means.

Medicine Wheel - “a paradigm that is relevant to the needs for assessment purposes in healing work; an expression of a First Nations worldview, that views healing as a process that achieves a balanced relationship with self, Mother earth, and the natural world” (Absolon, 1994:5). “Mother Earth,” a concept popular in many First Nations cultures, refers to relationships with the environment and need for human kin to take care of it.

Mental health - instead of thinking about mental health problems as medically defined disorders, many Aboriginal caregivers and policy analysts feel it is more appropriate to focus on mental health issues posing the most serious threat to the survival and health of Aboriginal communities. They argue that suicidal and other self-destructive behaviours, such as alcohol and drug abuse and violence, are primarily “a by-product of the colonial past with its layered assaults on Aboriginal cultures and identities” (RCAP, 1995:21).

Morality - refers not only to sex and violence but also to the use of power, time and money. Broadly defined, morality is about making decent and wise choices about how to be in the universe. It implies purposeful action for the common good (Pipher, 1996).

Mother tongue - “today, mother tongue means several things: the first language learned by the child and the language which the authorities of the state have decided ought to be one’s first language. Thus, mother tongue can mean the first language picked up at random, generally a very different speech from the one taught by paid educators and by parents who act as if they were such educators” (Illich, 1981:63).

Multigenerational grief - losses experienced in a person’s life that are not grieved and healed, and that are transmitted to future generations without appropriate healing.

Mutual aid - describes a process of people helping people, especially in small groups wherein members are learning self-help. Effective families often consist of members who share responsibilities for the care, maintenance and daily operations of the home.

Myth - “something that is so important that you hold on to it because it has an importance beyond its truth” (Fishman, 1996a:2).

Norms (health) - standards of health for a group.

Norms (community) - accepted standards of social behaviour and customs in a community.

Nuclear family - made up of people consisting of biological parents and their children and can include common-law spouses, stepparents, half brothers and sisters and stepsisters and brothers. For First Nations and similar societies, this concept is new. Many of their societies thrive upon an extended family (or clan) system that has the capability of being self-supporting and self-sufficient.

Nurture - as a verb, to nurture is to help grow or to develop, as in to nurture growth emotionally through acceptance and understanding, to nurture talent or to nurture spiritual growth. As a noun, focusing on biological matters, it describes the sum of environmental conditions and influences acting on an organism.

Object of life - human beings who are treated as though they are “not good enough” to be accepted and respected as being fully human are depersonalized and treated as an object of life.

Oppression - “[t]he systematic subjugation of a group of people by another group of people with access to social power, the result of which benefits one group over the other and is maintained by social beliefs and practices. Because oppression is institutionalized in [Western] society, target group members often believe the messages and internalize the **oppression** ... When target group members believe the **stereotypes** they are taught about themselves, they tend to act them out and thus perpetuate [them] ... [This] reinforces the prejudice and keeps the cycle going” (Q2 Ally Network, 2004). When the people employ active aggression to maintain their power and control, what they do is often described as using lateral violence. Members of oppressed ‘communities’ who live in fear and uncertainty often use character assassination methods and threats to personal safety and security.

Patriarchy - literally means a hierarchy — a rule of priests — in which the priest, the *hieros*, is a father. It describes an order of living that elevates fathers, separating fathers from sons (the men from the boys) and men from women, and placing both children and women under a father’s authority. (In recent years the foundations of patriarchy have been eroding) (Gilligan, 2002).

Pedagogy - the science of teaching children, which includes the knowledge of the nature of learning and the instructional strategies developed around this knowledge. It is also the epistemological/philosophical framework out of which one approaches teaching/learning challenges.

Personality - an organization of forces within a person, associated with attitudes, values and perception that accounts for the person's way of behaving. "[H]aving a personality ... further[s] the survival of the species because it provides emotional stability for the individual. Specifically, it allows us to engage in social interactions without being too disrupted by them (as we would be if we were never quite certain who we were or how we were going to react next" (Frattaroli, 2001:215).

Phenomenology - the study of conscious human experience in everyday life. Phenomenological sociology is the study of the connection between human consciousness and social life, between the shape of social life on the one hand and how people perceive, think and talk about it on the other (Johnson, 1995).

Play - "vital to the healthy development of one's nervous system.... [It is about] mutual discovery, learning and delight.... A play dysfunction can dramatically impair the quality of our health and relationships with others" (Levey and Levey, 1998:216-217).

Pleasure - a sensation. It is written into one's body; it is one's experience of delight, of joy. The English word "pleasure" is a sensual word; the z of the "s" and the sound of the "u" coming from deep within one's body, trapping the wellsprings of desire and curiosity, a knowing that resides within self (Gilligan, 2002).

Prejudice - the theory of racial and other forms of inequality, and discrimination is the practice of prejudice. Prejudice is a positive or negative cultural attitude directed towards members of a group or a social category. As an attitude, it combines beliefs and value judgements with positive or negative emotional dispositions.

Prevention - the act of preventing or impeding. When a variety of activities designed to sustain health and/or wellness are undertaken in the field of health, these actions are said to be preventive.

Principles - viewed as guidelines for human conduct that are proven to have enduring value; for example, respect, fairness, honesty, human dignity, excellence and being of service. Such principles or truths, when learned and used by a caregiver, can make this person an effective agent of change.

Projection - seeing in someone else the projected image of what one does not want to see in oneself is projection.

Psyche - Greek word for "soul." It also means "breath" or "life." This ancient word carries the wisdom that one is more than our genetic makeup, more than one's life histories, more than one's cultural lineage. Whether conceived as a divine spark or as part of the

natural wonder of the human being, the soul is the wellspring of the mind, the heart, the voice and the capacity for resistance. But, Psyche is also the name of the young woman in the ancient story about love (Gilligan, 2002).

Psychiatry - means “healing the soul” (Frattaroli, 2001:12).

Psychotherapy - the application of various forms of mental treatment for nervous and mental disorders.

Rage - when one is full of rage, one does not feel the inadequacy or inferiority that has been so much a part of First Nations lives. Rage is often a wonderful defence at keeping people away. It keeps people at a distance and is a holding tank for shame, humiliation and anger (Black, 1992).

Real philosophy - this concept describes “a living organization of experience; a set of implicit assumptions, deep, often hidden in the grain of one’s personhood ... that is the basis both for our way of life and for our attitude about the meaning and purpose of life” (cited in Frattaroli, 2001:107).

Reductionism - one of the great sins in education is reductionism; the destruction of otherness that occurs when one tries to cram everything one studies into categories one is comfortable with — ignoring data, or writers, or voices, or simple facts that do not fit into a box, simply lacking respect for the ways in which reality is other than one wants it or imagines it to be (Palmer in Glazer, 1999).

Resilience - follows in the wake of felt futility. When the brain registers that something did not work, it also registers that this circumstance was survived. This is the key to resilience. As ironic as it seems, the tears of futility are essential in developing the confidence to cope with unmet demands, thwarted agendas, unfulfilled needs and with what goes wrong (Neufeld, 2003).

Respectful behaviour - honours the wholeness of a person and acknowledges the significance of his or her life experience, self-knowledge, ability to change and uniqueness as a human.

Restructuring - at the personal level, restructuring involves learning to perceive, think, feel and/or behave differently. When one learns a new way to view self or something in the external world, for example, this “new way of perceiving” may initiate a restructuring of one’s thinking that can lead to other changes as well. At the group and community levels, restructuring involves making decisions and undertaking actions that can result in changes to the life of the collective.

Role - the rights, duties and obligations of any group member who performs a specialized function within a group.

Sacredness - “the practice of wholeness and awareness. It is approaching, greeting, and meeting the world with basic respect.... It is rooting education in the practices of openness, attentiveness to experience, and sensitivity to the world” (Glazer, 1999:11). This vision of education is rooted in revealing knowledge, rather than acquiring it, and is serious, difficult work.

Secure - the word “secure” comes from *se cura* meaning *without care*. To be secure is to be able to take for granted that the connection will hold, the contact and closeness is safe from disruption and the invitation to exist in another’s presence can be counted on. This is only something that an adult the child is attached to can provide (Neufeld, 2003).

Self-alienation - results from a defensive need to detach oneself from the disturbing awareness of inner conflict (Frattaroli, 2001).

Self-care - care of oneself without medical, professional or other assistance.

Self-determination - determination of one’s own fate or course of action without compulsion; acting upon one’s free will.

Self-government - a collection of people constituting a community is viewed to be self-governing when its members are responsible and accountable to each other for the lifestyle they share. Being self-determining and self-sufficient are key characteristics of this community.

Self-injury - to harm oneself with knives, razors, paper clips or burning oneself with cigarettes. Self-injury could also include punishing oneself for having been bad, drawing attention to oneself, shame, expressing anger toward oneself or it could be a way to ascertain whether or not one is even capable of feeling. These behaviours are characteristic of someone who is from a sexually abusive home (Black, 1992).

Shadow - a wound that a culture inflicts on its people: a diminishing of innate wholeness through a collective judgement or disapproval. Every culture diminishes wholeness in its own way. It is only human to trade one’s wholeness for approval and share in the collective wound. Some are more deeply wounded than others, but no one escapes. There are many healers of family shadow, but few healers of cultural shadow that a cultural group carries collectively (Remen, 1999).

Shame - a belief that there is something wrong with oneself, a belief in one’s own defectiveness, a belief that self is less than, that self is inferior, that self is bad. Sometimes, people use ugly words such as ‘damaged goods,’ which will generate shame (Black, 1992).

Silence - the way one can connect to another and to oneself (Remen, 1999).

Silencing - “usually a quiet and insidious process. Sometimes, those who are being silenced know it and sometimes they do not. Those who are doing the silencing rarely know it” (Wink, 1997:57).

Social supports - family and friends who aid, help sustain a friend or family member(s) in time of need or provide encouragement to continue a course of action, e.g., while healing from unresolved personal issues (e.g., sexual abuse) are social supports.

Socialized - society sends messages to everyone and, sometimes one hears those messages, and sometimes one does not. However, when someone consciously or unconsciously accepts those messages and lives by those messages, this individual is being socialized (Wink, 1997).

Soul - something spiritual, not physical, and is the most important element of one's existence as an individual, as a society and as a culture (Frattaroli, 2001).

Spiritual - of or having the nature of spirit as opposed to tangible or material is to be spiritual. It is concerned with, or affecting, the soul.

Spiritual identity - arises in and of itself from identification with experience, rather than submission, to a particular set of concepts and beliefs (Glazer, 1999).

Spirituality - the experience or relationship with an empowering source of ultimate value, purpose and meaning of human life producing healing and hope, and is articulated in diverse beliefs and practices of individuals, families and communities.

Structure of family - "largely comprised of rules, roles and boundaries. A family must be adequately organized to sufficiently meet the emotional, physical and social needs of its members" (Rathbun et. al. in Combrinck-Graham, 1995:49).

Subject of life - a person who interacts reciprocally with others, creates/recreates knowledge through sharing and makes his or her own history lives as a subject of life.

Suffering - signifies the experience of devalued and unwanted subjective states (feelings, sensations, emotions, ideas); its meaning overlaps with aspects of the concept of illness, the experience of devalued changes in states of being and in social function and the way individuals perceive symptoms, categorize and label those symptoms, experience them, and articulate that illness experience through idioms of distress and pathways of seeking help (Shweder, 1991).

Traditional healing - speaks of time-honoured practices or set of such practices (generation to generation) designed to promote whole and sound health, sometimes perceived by Aboriginal peoples as spiritual wholeness. Over time, such practices may be modified while still honouring the intent of action taken.

Traditional society - reflects an inherited pattern of thought or action in social attitudes and institutions. It features a process of handing down information, beliefs and customs, often without written instruction. Followers of this process are often called 'traditional people.'

Transmit culture - one generation of caregivers transmit culture to their children — the behaviour patterns, actions, beliefs, institutions and all other products of human work and thought. The abilities of most Indigenous people to do this have been disrupted with serious negative consequences in some instances.

Trauma - a feeling that gets stimulated or triggered. It is a very strong emotional response for which there is no outlet; it does not go anywhere. When trauma sits, it starts to take hold and eats away at one's humanness — who one is, what one has to offer, and where one belongs. It starts to erode feelings of inner-centredness and valuing, and your personal identity (Latimer, 1992). Gilligan reports that “[t]rauma is a shock to the psyche that leads to dissociation: our ability to separate ourselves from parts of ourselves, to create a split within ourselves so that we can know and also not know what we know, feel and yet not feel our feelings. It is our ability, as Freud put it in *Studies on Hysteria*, to hold parts of our experience not as a secret from others but as a “foreign body” within ourselves” (2002:20).

True self - describes the person who lives for oneself, not for someone else, and at the same time does this responsibly. A person experiencing the “devastating pain of her own depression — the mixture of anxiety, shame and sadness over losing her familiar self-image — ... who recognize the sound of her innermost being crying out for something more real, more genuine to care about and live for” (Frattaroli, 2001:119), has an emerging true self.

Vernacular - the Indo-Germanic root of vernacular implies ‘rootedness’ and ‘abode.’ The Latin word ‘vernaculum’ was used for whatever was homebred, homespun, homegrown or homemade, as opposed to what was obtained in formal exchange or borrowed (Fishman, 1996b).

Vernacular speech - made up of words and patterns grown on the speaker’s own ground, as opposed to what is grown elsewhere and then transported. Fishman (1996b) points out that vernaculars are acquired in infancy, in the family, which means in intimacy. They are handed down that way, in intimacy and in infancy. By speaking about vernacular language and the possibility of its recuperation, Fishman aims to bring into awareness and discussion the existence of a vernacular mode of being and doing, and making it a feature of life in a desirable future society.

Victimization - when one has difficulty setting limits, difficulty saying: “No, that is not OK with me,” this individual can be taken advantage of and therefore be victimized.

Vulnerable - to be capable of being wounded.

Warrior-Caregiver - a family and community member who relates easily with people who sense that he cares about his environment and all things within it. He enjoys inner peace and relates well to the life forces in his world. As an adult, he takes pride in being responsible and accountable. He values safety and security, knows the importance of acceptance, understanding and love, and enjoys relationships with

people of all ages and in all stages of life. In family and community, he provides well, enjoys his work, volunteers to assist others and is pleased to discuss needs and challenges when occasions present themselves. He has clear beliefs, stands on principle, and is alert and prepared to resolve conflict when in the presence of injustice, unfairness and violence. He knows humility, genuine pride and believes in the ability of people to modify themselves. A “good” upbringing is not a necessary background to become a Warrior-Caregiver.

Wellness - a condition of optimal well-being.

Western paradigms - typically furnish a view of reality; whereby, logic, rationality, objectivity, individualism, truth, unity and a trust in scientific methods are privileged. For centuries, the Western view of the world assumed primacy and was often accepted as the “natural order of things,” legitimizing practices of social oppression and control, as well as destruction of the natural environment.

Whole health - in a whole health system of care physical, emotional, spiritual, social and economic needs are considered and cared for.

Worldview - from an anthropological perspective, worldview is an aspect of culture that functions to replace presented chaos with perceived order by supplying the members of a culture with definitions of reality with which to make sense of their surroundings and experiences; it is the meaningful organization of experience, the ‘assumed structure of reality’ (Whelshula, 1999). Put simply, worldview refers to ways of interpreting the world.

Part I Background and overview



Part I:

Background and overview

1.1 About the author

In my work as a researcher, curriculum developer, health educator, First Nations policy and program consultant and author, I have discovered that little is known about strengths of healthy nuclear and extended families of any of the Aboriginal cultures in Canada. This absence of information poses a huge challenge for anyone wanting to discuss how to make change in the lives of any Aboriginal population. Gender analysis of pertinent Aboriginal cultures is even more difficult to find.

There are few literature sources and resources that may be used to complement the lived experience of the author and informed community workers first-hand associations with Aboriginal males. In the absence of models for First Nations males, I created that of the Warrior-Caregiver, based upon my perceptions of roles and responsibilities filled by effective males at all stages of development and of healthy family and community life.

A Warrior-Caregiver has a strong social presence because he moves with confidence and is aware of, and in touch with, his surroundings. He relates easily with people who sense that he cares about his environment and all things within it. He enjoys inner peace and relates well to the life forces in his world. As an adult, he 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. He has clear beliefs, stands on principle, and is alert and prepared to resolve conflict when in the presence of injustice, unfairness and violence. He knows humility, genuine pride and believes unfailingly in the ability for people to modify themselves.

The Warrior-Caregiver is this way not because life was easy for him or that he enjoyed every comfort and support. You do not have to have a “good” upbringing to be such a person. You do have to learn along your life’s path to take responsibility for, and to regulate, your own internal emotional life so that you respond to challenges, setbacks and threats. You do this not out of rage, pain or helplessness, but from acceptance, love and compassion. The key is to learn from and model yourself after people who are nurturing, believe in your goodness, inspire you to experience life and to welcome renewal day by day. Such people contribute to the conditions in which families and communities flourish. They help enrich personal and cultural identity. They know and facilitate knowledge of the relatedness of past with present and future, and contribute to building an optimistic future.

In this guide, I share knowledge relevant to two target populations: (a)

parents desiring to raise healthy, strong and responsible male children and youth; and (b) community workers and other leaders working with abusive and abused First Nations males. I draw on my formal education and what I learned non-formally and informally to be successful in my work as a probation officer, parole officer, social worker, program planner, community leader, manager, post-secondary educator, son, brother, father, uncle and trusted friend.

I was raised as an eldest child in a First Nations village (Sto:lo) by resourceful and attentive parents and other caregivers who taught me enough of my family and community history to want to know more. This knowledge was extended and enriched when I worked with the chief of my band and served on the executive committee of the North American Indian Brotherhood as treasurer, secretary, vice-president and spokesperson.

After I graduated from university, I was elected chief of my band. I understood this role relatively well because I was instrumental in establishing an administrative centre while my mother, Genevieve Mussell, was the chief from 1959 to 1963. During the same period, the North American Indian Brotherhood did community-based research to propose changes to legislation such as the *Indian Act*, and to policies for health, education, fishing and housing that applied to First Nations. The land question was always a major agenda item at all meetings.

I began to teach adults, first through the Chilliwack School District in 1966 and then as an instructor for Douglas College

in the early 1970s. Some years later, following 10 plus years of work both as a parole officer and full time parole board member, I did graduate studies in adult education and extensive work addressing Aboriginal violence, suicide, learning disabilities, oppression and decolonization.

In 1988, under my leadership, the Sal'i'shan Institute designed, developed and, for the next 10 years, delivered residential training programs for First Nations health, addictions and other human services workers employed by their communities to do health education, counselling, addiction treatment and prevention, and associated work. In 1990, I joined the Native Mental Health Association of Canada and have actively served on its executive, first as treasurer and, later, as president and chairman up to the present time.

As a child, I remember my parents' concern for our safety and their need to know of our whereabouts. My dad made extra efforts to be sure we were healthy. I recall him telling us about a few people who had tuberculosis (TB) and that it was OK for my brothers and I to visit with them but not to eat or drink anything in their home, or to be close to them when they coughed. I recall being impressed with how well scrubbed everything seemed to be in a few homes of our village — the floors, the clothing worn by all family members, the food about to be processed for canning and so on. Cleanliness was an implicit value.

I was also impressed with the everyday activities of families. Before 1955, most families did not have motor vehicles, central heating and running

water. They possessed and often shared: a stock-pile of logs as sources of energy; fresh water drawn from a well or collected at a centrally located source of running water; gardens to plant, nurture and harvest; animals to take care of; and work such as trapping, wood cutting or fishing. Some of these activities were connected with primary and cottage-type industry because some of the families produced wool and wood products. Travel was facilitated by the use of canoes, bicycles and horse-drawn wagons. Physical exercise was an integral part of everyday activities. Self-sufficiency, mutual aid and hard work were important values.

I also remember that involvement in sports was very important, especially canoe racing, logging, lacrosse, boxing and track and field. Annual sports days at hop-picking time and canoe racing events were very popular. Harvesting salmon, a wide range of berries and other kinds of fresh fruit and vegetables from the garden contributed in positive ways to quality teaching and learning for young people and a rich family life. All these activities promoted social interaction and togetherness.

In the intervening five decades, major changes have taken place in lifestyles and in some values. From 1950 to the present, I witnessed the following changes:

- ❑ from relative self-sufficiency and teamwork to relative dependency and absence of teamwork;
- ❑ from unconditional acceptance and understanding of each other to increasing distance and distrust;
- ❑ from natural or organic networking and communication to increasing

dependence upon formal means of sharing information, including television;

- ❑ from mutual support in most families to reliance upon government service systems to address emergencies and priority needs;
- ❑ from predictable “caring and sharing” as an organic feature of lifestyle to waiting for the paid worker to do his or her job;
- ❑ from mother as the in-home caregiver and father as worker/breadwinner to mother taking on more of what father used to do;
- ❑ from investments in non-formal and informal education to dependence mostly upon formal education to prepare and equip children and youth for adulthood;
- ❑ from some awareness and understanding of family and community history to relative absence of such understanding and knowledge;
- ❑ from firm beliefs about what is right and wrong, and “good and bad,” to loosely constructed and seldom enforced beliefs about these things;
- ❑ from a relatively strong sense of what is normal to confusion about what is normal and/or abnormal;
- ❑ from some commitment to spiritual practices by older community members and their families to increasing involvement by some younger adults, and less involvement of seniors; and
- ❑ from reliance upon the land and its resources to increasing dependence upon what is available in the stores.

It is important to consider values because they strongly influence the nature of life being lived by families and transmitted to their children, from birth through to adulthood and when the children become new parents and grandparents of succeeding generations. Values of a people are embodied in their worldview.

1.2 Worldview

The worldview associated with First Nations people strongly influences the philosophy, approach and values of the author and choice of reference materials as resources in this guide.

Wholistic health is the vision most First Nations people articulate as they reflect upon their future. At the personal level, this means each member enjoys health and wellness in body, mind, heart and spirit. Within the family context, this means mutual support of each other, mutual respect for one another's differences and individual needs for growth and development.

[G]ood health is ... the outcome of living actively, productively and safely, with reasonable control over the forces affecting every day life, with the means to nourish body and soul, in harmony with one's neighbors and oneself, and with hope for the future of one's children and one's land. In short, good health is the outcome of living well (Royal Commission on Aboriginal Peoples, 1996:314).

From a community perspective, it means leadership committed to whole health, empowerment, sensitivity to inter-relatedness of past, present and future possibilities, and connectedness between cultures.

For First Nations people, mental ill-health is the outcome of a lack of balance or harmony within and among the four aspects of human nature. It is due to many factors, both within and external to the person. The social structures outside the person that promote and sustain practices for maintaining, supporting and restoring balance provide the context for the development of positive self-care practices.

By contrast, the Western worldview of health features specialization and an illness orientation with the focus mostly on the patient as opposed to context. A common feature of this worldview that has found some acceptance in the lives of First Nations communities is the failure to take ownership of positive health improvement measures between episodes of illness.

1.3 Nature of the wellness challenge

Many First Nations men have experienced sexual and physical violence as children, youth or adults, within their families, at residential school and in their communities. Being a victim of violence has many direct and hidden effects, such as addictions, depression, difficulties in relationships, parenting, practicing safer sex and so on. In some cases, men become part of the cycle of violence by hurting others. Power and sexuality expressed as violence are harmful to everyone, and

active healing through treatment programs, healing ceremonies and health centres is needed. To a large degree, First Nations people have suffered something different from minority groups because they have had assaults on their personal and cultural identity, and through attacks on their cultural modalities, among other things.

Healing from harmful effects of the past begins with the person deciding it is time to find help to heal and to take risks involved in talking openly about what they remember of their past. Within a safe caring relationship, the person acknowledges the real feelings related to the trauma instead of staying stuck with the defensive feelings of rage, blame and helplessness. It is trauma and attachment difficulties that cause emotional development to regress, slow down or become blocked. Fortunately, it is never too late to catch up on emotional growth. With help, trauma can be resolved and attachment needs met so that emotional development can proceed. Relationships with people who are capable of intimacy and able to express their love in caring ways that help us to meet our needs are essential for such development. In these relationships, we develop feelings of self-care, the skills to be self-caring and the capacity to care for others.

Many males in First Nations have suffered trauma and sexual abuse, in particular. Relatively few have sought assistance to help them work through the process of trauma so as to become able to move forward in their overall growth and development. Most men have not healed themselves and continue to behave in ways that show the effects of unresolved personal issues.

1.4 Goals and objectives

The purpose of this project is to produce a guide for caregivers, parents, community-based health, education and social development workers, leaders, consultants, advisers and educators that achieve the following objectives, not presented in any order of priority:

- ❑ to reach and to inspire more men in First Nations contexts to address the effects of loss and trauma in their lives;
- ❑ to influence more boys, youth and men in First Nations contexts to overcome their resistance to engagement with others of both sexes, of different cultural backgrounds, and to discover the joys of personal growth, genuine care and rewards connected with supporting and assisting others in effective ways;
- ❑ to work more effectively with parents and other caregivers to prepare and equip young boys and youth with abilities required *to find a place and make a personal space* in a range of social situations, to enjoy self-care, to learn how to learn and to be of assistance to others; and
- ❑ to provide practical reference materials.

Men have major roles to fill in creating safe, secure, nurturing and inspiring environments in which infants, young children and youth become healthy, strong, intelligent and wise leaders who truly value family and community life. To achieve this goal, together with their

partners and other caregivers within family and community systems, men must enjoy health, genuine pride, intelligence, quality family life and wisdom for themselves.

Our modern history has made it difficult for most family units in First Nations to create the conditions and relationships to promote and support ongoing holistic wellness or health. Why this is the case is not well understood. What needs to be done to create the conditions for healthy growth and development are not well understood either, especially for males.

1.5 Intended audience

This guide's intended audience includes: (a) parents and other caregivers, such as support workers, recreation workers, youth leaders and volunteers; (b) counsellors, psychologists, social workers and teachers; and (c) educators charged with transmitting awareness, understanding, and knowledge about families and community life, especially concerning children and youth.

1.6 Language

This guide is written in language commonly employed by workers in the human services professions: health, education, social development, child welfare, family services and community development. The theoretical pieces are anchored in teaching, learning and social change theory, including paradigms that feature a Medicine Wheel, an Awareness Wheel and other holistic models.

A list of key definitions is prepared as a resource for this guide. It contains definitions of most of the concepts that may pose some difficulty or uncertainty in the mind of the reader. See previous section to this chapter.

1.7 Overview of guide

Key definitions

Special attention is given to the many key concepts being used to describe First Nations and other Aboriginal peoples.

Part 1

Background and overview

Information about the author, the guide's purpose, the intended audience, suggested use of the guide, and preferred teaching and learning models are described.

Part 2

Key findings from the literature review

Key findings from the literature review feature changes in family life, especially in the roles and responsibilities of males. Other findings touch on violence and families, perceptions of family life by youth, cycle of oppression and lateral violence, and family and community life. These findings are summarized and used for discussion and analysis of the lives of First Nations males.

Part 3
Key findings from interviews conducted with a special focus on boys, youth and men

Findings from interviews with community leaders and workers regarding perceived influences in raising First Nations males, male roles and responsibilities, personal and social skills, models and expectations, and attitudes are described. What may be done to assist males, how, and in what context are also described and discussed.

Part 4
Painting the big picture

Reflections on the above content are brought together to capture historical effects on the lives of First Nations males, including residential schooling and the challenges facing them today for tomorrow. Their poor preparation as caregivers and warriors is highlighted. Conditions suggesting opportunity for change are explored in this chapter. Thoughts about making a living and personal renewal in the twenty-first century, and about the significance of play and sports in their lives, are included.

Part 5
Grieving, healing and personal empowerment

The what, how and why of grieving and healing in the lives of First Nations males and major changes in family roles and responsibilities are explored in this chapter. Losses and their effects on males, and elements of healing and recovery processes, are considered. Perspectives for change that include mediation and building of healthy relationships are described.

Part 6
Strengthening community of care

Togetherness and mutual support between family members has declined in First Nations communities in the past four decades. There is less social cohesion in most families and communities. Family reconstruction is viewed as a necessary strategy to re-establish and strengthen the community's cultural foundation. Promising strategies to do this essential work are presented.

Appendices that contain information to supplement and complement the content of the guide

- A. Methodology
- B. Worldview
- C. Story of Pete and Sadie
- D. Relationship building
- E. Big picture
- F. Survival skills
- G. Medicine Wheel
- H. Awareness Wheel
- I. Risk and protective factors
- J. Victim-rescuer-persecutor and nurturer model

References and other readings

1.8 Suggested uses of this guide

- ❑ As a study guide for self-development by the motivated parent, learner, caregiver or community worker;
- ❑ as a reference for ongoing staff development in health, social and educational agencies addressing service delivery challenges related to Aboriginal peoples;
- ❑ as a resource book in classes addressing matters of First Nations life;
- ❑ as a source for topics to explore in small groups, talking circles and presentations related to First Nations people;
- ❑ as recommended reading for college level courses and programs; and

- ❑ as a resource for any programs addressing First Nations life, especially in programs giving priority to roles and responsibilities of males.

1.9 Teaching/learning models

In First Nations prior to contact, culture was transmitted in less **formal** ways than at present. There was no physical institution called a school or formal classroom as we know them today. Teaching and learning activities relied upon **non-formal** and **informal** methods that were supplemented by unplanned or **incidental** learning.

Non-formal learning is organized, has a purpose, addresses a group of learners and benefits from leadership. It represents a popular strategy. For example, employed by all human societies before formal schooling was instituted in First Nations, strategies for catching game, creating dwellings and facilitating travel, such as making snowshoes and building canoes, would be learned in non-formal ways. In modern times, good examples include working in small groups in the community hall, learning how to clean, cut and hang salmon for drying on or near the fishing ground and participating in team play.

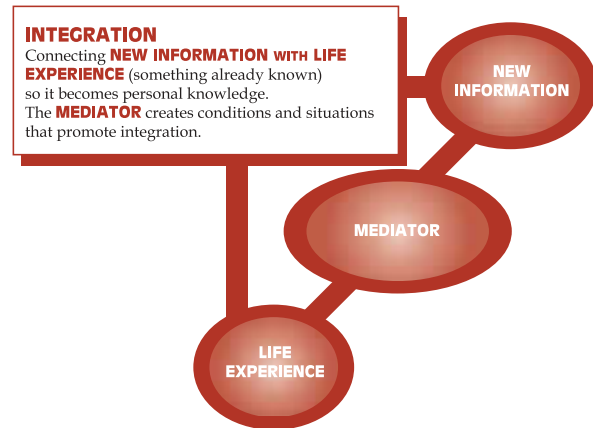
Informal learning, like non-formal, is planned, organized and facilitated, and also experiential. It usually takes place one-to-one in spontaneous ways. When signs of need for assistance are read, the person available and ready to assist figures out what is needed and how it may be discovered or created by the person in need. For example, a four-year

old who is playing with coloured toys and holding up a yellow ball, asks her father: “What colour is this?” The father knows that she knows most colours well and decides to review colours she already knows instead of immediately telling her the answer. By doing this, he hopes she will remember the colour yellow herself. He is committed to practices that build teaching and learning skills and feelings of positive self-worth. He then asks her: “Which of the colours that you know are you holding in your hand?” They continue to interact in this way as they play together. The father truly values the importance of building on *teachable moments*.

Incidental learning is not planned: it happens spontaneously. While driving home from work, you are stopped by the driver of another vehicle and asked for directions. After directions are given, you find out that the driver is the brother of someone with whom you attended school. You are amazed that you remember him and decide to call him for a visit. Or, you jump into your truck, start the engine and the radio is tuned in on the news. You learn that two young men who are your cousins from the next community were killed in a car crash earlier that day.

The **formal** teaching and learning model is the most familiar to First Nations people today. They tend to believe the most important things taught and learned by young people take place in the classroom and not at home or in other settings. Ask any sample of First Nations people about their education and most of them will describe the number of years they spent at school. Few will describe what they learned in their family, with peers and in the community,

either on their own or through membership in sports teams or a hunting or fishing party. Relying mostly on the formal teaching and learning model deprives people of other modes of learning that can enrich their knowledge, skills and abilities as effective human beings.



A teaching/learning model that builds on life experience is featured in this guide, and is described here because of its importance to the philosophy and methods being proposed for consideration. The model, shown on the left, is based on the work of Dr. Reuven Feuerstein (1980) who created the theory of **Mediated Learning Experience**.

Feuerstein developed this model after working with victims of war who were relocated from family, community and country. He helped them to develop thinking skills as tools for personal and social change that enabled them to enjoy success in their adaptation to a new lifestyle.

Critical to successful interaction with a learner is the ability of the educator to create conditions and/or situations for this person to integrate new information with his or her life experience. In the

learner's life experience are the tools he or she will call upon to *make meaning* of new information.

The educator is challenged to find ways for the learner to discover tools that provide clues about the meaning of the new information. When enough meaning has been made of the information, the learner becomes able to show alternative applications of the newly created knowledge.

An effective mediator has means to assist the learner to discover knowledge embedded in life experience. While in the process of making meaning of the new information being considered, the learner becomes consciously aware of newly created knowledge. The process of discovery includes being able to apply or use the newly formed knowledge to carry out a task and, thereby, experience self-empowerment. When integrated, the new information is added to the store of knowledge the learner will continue to build upon as more knowledge is conceptualized.

Feuerstein and his colleagues (1988) demonstrated that everyone is capable of learning; no person is hopeless or helpless and deserving of sympathy or pity. Treating a person in this way keeps them as they are, and such an approach is fatalistic. It does not do anything to encourage the person to think and feel differently about them.

This model works well in all teaching/learning situations that are designed to increase the feelings of self-worth and esteem of the learner.

1.10 Concepts from the key definitions

Do take a few minutes to check on the meaning of the following definition items:

- community development
- Medicine Wheel
- multi-generational grief
- object of life: subject of life
- personality
- psychotherapy
- rage
- self-care
- structure of family





Part II
Key findings from
the literature review

Part II



Part II:

Key findings from the literature review

Aboriginal caregivers and policy analysts contend that suicidal and other self-destructive behaviours such as alcohol and drug abuse and violence are the most serious threats to the survival and health of Aboriginal communities. They view these threats as primary by-products of the colonial past with its layered assaults on Aboriginal cultures and identities (RCAP, 1995).

2.1 Introduction

Decimated populations, much smaller land bases upon which to make a living, and major changes in family composition in the home because of the removal of children to residential schools and the introduction of single family dwellings are major forces over which First Nations people had no control. The consequences of these experiences, especially the reduced human and material resources in their lives, strongly affected the roles of males.

Major themes emerging from the review include:

- (a) marginalization that encompasses government laws, policies and practices, including the creation of reserves, a bureaucratic administration and residential schools;
- (b) absence of programs and services designed to address bridging the needs of First Nations people as their lives were being disrupted;
- (c) lack of resources to tackle underlying issues in the lives of First Nations people;

- (d) need to employ traditional worldviews and cultural values as guides for planning change, creating strategies and working out developmental processes; and
- (e) focus on family reconstruction to strengthen the cultural foundation of the nation and address needs of males in all life stages, so that they can enjoy life as complete, fully human, intelligent and responsible family and community members.

Information about First Nations families and parenting is presented as follows: (1) family life; (2) perceptions of family life by youth; (3) violence and families; (4) personal and cultural insecurity; (5) cycle of oppression and lateral violence; (6) family and community health; and (7) approaches and ideas.

2.2 Family life

Many changes in family life and parenting described in the introduction are affirmed and elaborated on in some of the literature reviewed for this guide. For example, Dr. Clare Brant (1990), a psychiatrist of Mohawk ancestry, described life of the Native family living in a non-Native community as:

- lacking in verbal expression of praise;
- withdrawal of parental energy and involvement in coping with family problems;

- indirect methods for dealing with family issues rather than intervention;
- inability to cope with anger, frustration and aggression; and
- seeming inconsistency in parenting, especially non-interference (Brant and Brant, 1983).

It seemed to Brant that parents wish to avoid the unpleasantness involved in setting up rules and regulations, and then enforcing them. Parents tend to resist taking any action that may result in their rejection by significant others, especially their children. The need to be liked is very strong in some parents because of a personal history lacking in unconditional acceptance, understanding and love. Children do use and abuse parents like this, not only in their youth, but also as adults with children. Think of the number of grandparents who spend most of their time raising grandchildren without having been asked if that is something they are prepared to do.

Parents who continue to suffer from emotional deprivation have difficulties meeting the physical and emotional needs of their children as they approach adolescence, especially when the young people have developed close relationships with peers. Think of the number of young people who spend most of the time each day with friends, not at home and sometimes not at school. This pattern suggests that the young people who cope with life in this way feel little sense of satisfaction from relations at home. Young people do their best to find some satisfaction in life by spending time with their friends and their peers who may share similarly unattractive lives at home.

Brant observed that nine of ten young Aboriginal people he saw in his practice were being socialized by their peer group. He reported that, through the peer group, the children often destroy their educational opportunities, create an alcohol/drug habit and experience illegitimate pregnancies (Brant and Brant, 1983). The circumstances of families that contribute to the negative roles of peer groups in the lives of pre-adolescent and adolescent youth continue in many communities today.

It is normal for a child to seek the respect or appreciation of peers. Friendship provides affection, intimacy, and reliable alliance ... What only a group can provide is a sense of inclusion, which all children crave (Kindlon and Thompson, 2000:78).

Needs met by a peer group can also be met in other social situations, such as in a home, at school, or on a team managed effectively by someone who knows the dynamics of relations that nurture, as opposed to doing the opposite. Think of young people who prefer to spend time at home with family and/or friends, instead of going to town and looking for a good time. Think, too, of how often friends of such a young person enjoy spending time at his home because of relationships with members of his family, especially with one or both parents. A person who enjoys spending time at home, participating at school (or on the job if in the workforce) and doing things with peers from time to time may be said to enjoy some balance in his life.

2.3 Perceptions of family life by youth

First Nations youth long for better relationships with their parents. They want their parents to nurture and support them and to protect them against the vagaries of life. A case in point is the young men who are at highest risk to commit suicide. The fear, hurt, shame and anger youth sometimes feel is aided and abetted by parents who neglect and abuse them usually while under the influence of substances like alcohol. In the publication titled *Stories From Our Youth*, edited by Cecilia Zoe-Martin (1999), frank testimonials by youth attest to this. Here are some examples:

1. Sometimes, my mom wants to move away from my dad because my dad always beats up my mom. But sometimes, my mom gets drunk and she tells me she does not love me and it really, really hurts my feelings and it makes me cry.
2. Many people in our community say that alcohol and other addictions are causing very serious problems and it affected me because my mom drank when she had me.
3. I think alcohol, drugs and gambling are making problems. Too often mom and dad make these needs a priority, not the needs of their children who may end up doing the same thing.
4. Kids around my age like to swear for nothing. Instead of saying shut-up, they like to use the F-word or the A-word. They use those swear words because they hear it from their parents. Many people who do not drink show violence and abuse to those they love.
5. When you were a child, did your mom and dad spend time with you? Did they feed you well, did they tell you tons of evening stories? Did they show you how to do work, did they take you out on the land, did they make you beaded clothes, did they protect you? Did they show you how much they care, did they show you respect and love? Well, I guess my parents do not do that anymore because they love to drink more than they love me.

Young people learn about gender from two main sources: (1) friends and peers; and (2) media images.

Young people most prone to the negatives of the first source do not usually have good relations with caregivers and rely mostly upon peers for support. These youngsters are also most vulnerable to the images continually bombarding them from the television, print and music industries. Through these means, popular contemporary models of masculinity and femininity become familiar to all children and youth. Almost none of these models are of positive First Nations men and women.

Foremost among differences between males and females in First Nations contexts is the greater success of females in the formal education system, both at the kindergarten to grade 12 and post-secondary levels of study. For every quartet of First Nations females graduating from high school, there is usually one male. Many smaller First Nations in British Columbia and other parts of Canada seem to share this ratio. Another major gender difference, showing greater involvement of the female, becomes apparent in the management of family life, engagement in parenting matters, and filling of professional and technical roles both inside and outside of the cultural communities. More First Nations males than females end up with criminal records, engage in violent activities and commit motor vehicle infractions (Mathews, 2003).

Many more males than females break the law and end up in provincial jails and federal prisons. More males than females commit suicide, and males have a shorter life span than females. Reasons for such differences are not known or fully understood.

The following statistics (Mathews, 2003) are thought-provoking and suggest there are differences in the ways boys and girls (both Aboriginal and non-Aboriginal) are raised by their families:

- ❑ boys account for about 90 per cent of juvenile alcohol and drug violations;
- ❑ four out of five suspects in juvenile crime are boys;

- ❑ in some provinces, most adolescent males in jail for committing offenses suffer from FAS/FAE;
- ❑ boys, more than girls, are less likely to graduate from high school or to pursue higher education;
- ❑ boys will commit suicide four times more often than girls; and
- ❑ 70 per cent of the victims of non-sexual assault under age 12 are boys.

At the elementary level of schooling, boy's academic difficulties show in three ways: (a) "difficult[y] in learning the language of instruction (reading and writing); (b) academic delay; and (c) learning or adjustment difficulties" (Mathews, 2003:7). Specifically, by the end of elementary school, there are 25.3 per cent of the boys and 17.3 per cent of the girls who are held back. There are two boys for each girl diagnosed with a learning or adjustment difficulty. For behaviour difficulties, there are 5.5 boys for each girl identified (Mathews, 2003).

Although these statistics are not exclusive to First Nations young people, the thrust of the information does apply to their lives and does suggest that something is wrong in the preparation of boys for the later stages in their lives.

Another important issue is positive gender identity and its relationships to all aspects of health (Krech, 2002). Colonization took away men's roles as providers and protectors, and racism often prevented men from getting jobs or developing businesses that would allow them to be self-supporting. For some, addictions and violence have resulted.

Too many males live with a poor ability to have healthy relationships, to protect their own and their partner's sexual health from HIV/AIDS and other sexually transmitted infections, and to be free from sexual and physical violence.

Boys are expected to be self-sufficient, independent, physically fit, good looking and cool. Although similar traits are promoted for girls, they are portrayed as being more fully human, especially emotionally. Boys are placed in a gender straightjacket that limits their emotional range and ability to think and behave as freely and openly as they have the potential to do (Pollack, 1998). Many boys use drugs and alcohol simply to numb the pain of their emotions — the disconnection they feel from their parents, their low self-esteem, their problems at school, with peers, or with their budding sexuality. Drugs and alcohol present only short-term and illusory relief from a boy's worries and cares (Krech, 2002).

First Nations leaders, workers and other caregivers will more successfully implement plans to modify in positive ways the quality of life of males, females and, especially, the infants, young children, youth and all other community members, when causes of such differences are better known and more fully understood.

2.4 Violence and families

The story of Indigenous family violence is inextricably linked to the violence of colonialism and its legacy (Blagg, 2000). Aboriginal family violence is distinct in that it has invaded whole communities and cannot be considered a

problem of a particular couple or an individual household (Warry, 1998); it is a community problem. As adults began experiencing the frustrations of oppression within their own communities, similar patterns began to establish themselves within the family structure. Parents, especially fathers who had become disenfranchised of their roles, began acting in oppressive and abusive ways within their own families. The family often became the only place that men felt any degree of control or influence. Never before had the tribal family and community experienced such division, internal conflict, and lack of balance (Conners, 1999).

Most work targeting family violence in First Nations dwells on the needs of the victims and sometimes on the needs of the perpetrator. If the victim fails to seek assistance, life continues as before because, in most communities, no one chooses to intervene in any way. Similarly, unless required by the courts, the abuser usually avoids any kind of therapeutic aid. Human resources of First Nations communities are seldom drawn on to do something about the incidence of violence in their midst.

The logical response to violence is the community taking ownership of the problem, which results in implementing a plan of action. The Hollow Water project in Manitoba is a fine example of this approach. Leaders and workers of neighbouring communities (one First Nations and three Métis) banded together to create this program, which enjoys significant success in addressing the need to eliminate violence of all kinds by employing long-term, community-based treatment and support, and effective

working relationships with outside agencies. Critical to their success is the attention to the continuing wellness of the staff and being fully accountable and transparent as they work toward realizing their vision of whole health (Hollow Water, 1997; 2001).

Literature on violence in Indigenous communities identifies multi-causal factors for “high rates of violence including:

- marginalization and dispossession;
- loss of land and traditional culture;
- breakdown of community kinship systems and Aboriginal law;
- entrenched poverty;
- racism;
- alcohol and drug abuse;
- effects of institutionalization and removal policies;
- the redundancy of traditional Aboriginal male role and status compensated for by an aggressive assertion of male rights over women [and] children” (Blagg, 2000:5-6).

All these factors are effects of colonization experienced by First Nations. They have been institutionalized and trained mostly to do as they were told and have conformed because their survival was at stake.

Since World War II, the First Nations population has increased, especially in the past three decades, thanks to improved health and social services. While these services have helped to bring improvements, other more pressing changes complicate their lives. A high incidence of diabetes continues to grow and is being diagnosed among younger people.

In some First Nations, the incidence of suicide is high enough to be considered alarming in a country like Canada with its wide range of economic and other resources. In other communities, children continue to be born with Fetal Alcohol Spectrum Disorder (FASD) because of a community’s dependence upon, and attitudes toward, alcohol use and abuse.

These examples represent serious and complex challenges for First Nations leaders, workers and families, together with support and resource people who share responsibilities to bring about positive changes in health, education and social development. As continuing progress is made to institute and achieve desired outcomes for these changes, the decolonization process will become apparent.

Colonization strategies ... have touched everything ... and are making it difficult for many communities to break free of punitive approaches and re-root themselves in restorative approaches instead (Ross, 1996:14-15).

2.5 Personal and cultural insecurity

In a study on mental health in their community, the Swinomish people in Washington, United States, identified the psychological conditions for alcohol abuse, depression and destructive acting out behaviour as cultural insecurity. Creating conditions and situations to promote the development of a positive personal and cultural identity is, therefore, the core challenge.

People struggling with personal and cultural insecurity associated with depression appear to lack energy and spirit. They are prone to be anxious, tired and uncomfortable because of emotional pain. Physical illness, school and job failures, poor self-esteem and sense of personal doom are other identifiable traits (Swinomish Tribal Mental Health Project, 1991). Destructive acting out behaviours identified in the same study are: (a) fighting; (b) truancy; (c) unsafe sex; (d) reckless driving; (e) rape; (f) domestic violence; and (g) impulsive suicide attempts.

It is not surprising that half as many men as women seek help from professionals; yet, as Krech (2002) points out, men commit suicide at least three and up to eight times as often as women. It is not uncommon for the spouse of a male to make contact with therapeutic help and to accompany him to his visit. Krech reports that there is much to be gained by focusing upon healing and development of life skills tailored for First Nations males. Unhelpful values learned, especially by First Nations males, include bearing of pain and agony in silence, denial of deep feelings and non-disclosure of personal problems.

Many males do not know where to begin a process of change and may need guidance for problem-solving. Guidance regarding topics such as: desirable behaviour; healthy lifestyles; how to be supportive, respectful and helpful to others; how to resolve conflicts; and who to involve in finding answers, represent desirable places to start.

2.6 Cycle of oppression and lateral violence

A powerful and seldom understood outcome of colonization experienced by First Nations people is the cycle of oppression. Societies of people who have been oppressed, generation after generation, learn how to adapt so well to the lifestyle that they become their own oppressors. They learn to treat each other as objects of life, often without realizing the ill-effects from such behaviour.

In *Pedagogy of the Oppressed*, Paulo Freire (1970) describes how people become objects of life and suggests educational strategies to make it possible for them to make their own history as subjects of life. He stresses the need for them to define those beliefs or myths that work to keep them as they are. For First Nations people, these beliefs will include:

- Aboriginal people lack intelligence
- Aboriginal people lack initiative and industry
- Aboriginal people do not have a history
- Aboriginal people get everything for free
- Aboriginal people do not have a culture
- Aboriginal people are unreliable
- Aboriginal people lack morals

Think about the effects of such beliefs in the lives of those who were subjected to these teachings without exposure to validating experiences and other opportunities to build positive identities.

Spin-offs from the false beliefs transmitted to First Nations people by their own leaders often include the following:

- giving people answers as opposed to helping them to find their own;
- withholding information that can have consequences for their comfort, security and future as families;
- making decisions for the community that should be made by the electors;
- choosing not to be accountable to the electors;
- choosing not to hire the most competent, experienced and effective candidate for a job for personal/political reasons; and
- using threats, malicious gossip and/or other kinds of violence, particularly by members with strong vested interests in holding a particular job or office in the local government.

People engaged in these practices tend to not welcome change, or even to consider the possibility that something they are doing could be done differently to produce better and more socially desirable results. It is therefore important to consider why First Nations people are prone to live life passively, a lifestyle promoted by colonization.

False beliefs need to be replaced by positive beliefs; otherwise, opportunities to make desirable change can be thwarted by those who do not truly believe they can change themselves. Paulo Freire (1973; 1970) reports that positive change can take place in communities after the people have defined and rid themselves

of false beliefs that have limited their growth and development. Naming these beliefs and understanding their effects can help people define strengths in their cultural foundation upon which they can build a brighter future.

In cultures under stress, the smooth operation of society and the sense life makes to its members can be seriously impaired. Culturally transmitted norms that once provided meaning and guided individual behaviour become ineffectual as rules for living or sustaining relationships, and the rules themselves fall into disrepute. People lose confidence in what they know and in their own value as human beings. They may feel abandoned and bewildered and unsure about whether their lives have any real meaning or purpose (RCAP, 1996:586).

A momentum that keeps the cycle of oppression going consists of the linkages between these concepts: stereotype, prejudice, discrimination, oppression, internalized oppression, and lateral violence (Q2 Ally Network, 2004).

The cycle begins with a preconceived or oversimplified generalization about an entire group of people without regard for their individual differences. The stereotypes form the basis of prejudices that are conscious or unconscious negative beliefs about a whole group of people and its individual members. When the person holding the prejudice also has and uses the power to deny opportunities, resources or access to a person because of their group membership, there is discrimination.

Discrimination is described as prejudice plus power and it can take many forms, such as sexism, racism and ageism. When a prejudice is acted upon, the resulting action is discrimination. Many acts of discrimination build up over time, are perpetuated against one relatively less powerful social group by another, and can lead to a group of people being in a state of oppression.

Oppression is the systematic subjugation of a group of people by another group of people with access to social power, the result of which benefits one group over the other and is maintained by social beliefs and practices. Because oppression is institutionalized in Western society, target group members often believe the messages and internalize them. When target group members believe the stereotypes they are taught about themselves, they tend to act them out and thus perpetuate the stereotypes that reinforce the prejudice, and keep the cycle going. "Colonization strategies ... have touched everything...and are making it difficult for many communities to break free of punitive approaches and re-root themselves in restorative approaches instead" (Ross, 1996:14-15).

When people employ active aggression to maintain their power and control, what they do is often described as using lateral violence. Members of oppressed communities who live in fear and uncertainty often use character assassination methods and threats to personal safety and security.

Lateral violence may be perceived as behaviour developed in reaction to alienation from history and culture, feelings of frustration, defeat,

discouragement, and lowered self-esteem that is associated with randomly aggressive behaviour against self or others, moral disorientation and alcohol abuse (Jilek, 1983; Jilek and Jilek-Aall, 1985).

People who experience oppression, violence and shame may find others whom they perceive as weaker and direct prejudice, violence and shaming against them. This dynamic is expressed in put-downs, malicious gossip, family feuds and gang conflicts. "[T]here are many [First Nations] communities where victims who have reported their abuse to the Western system are ostracised, punished or driven right out of the community for good" (Ross, 1996:203).

2.6.1 Rose's experience

Rose works part-time for her First Nation, lives in the village, and does university studies part-time. She is well read and sociable. Her employer is the brother of a community council member and she is a member of another family that has served the community for many years. She did not support her employer's brother in the recent band council election and she has been told that she could easily be fired for not doing so. In addition, members of this family have threatened Rose for socializing with the wrong people (her immediate extended family). Being subjected to power and control of this kind frightens her because she knows that such active oppression is difficult to stem. Who would dare to take action without clear evidence of violation of the law? She knows that this is lateral violence and feels powerless to do anything about it.

People of the same band and with fewer resources and skills than Rose would be easier to control. They would not necessarily be aware of the oppression in their lives and, in all likelihood, would accept such treatment as normal. They would not have experienced an alternative way of life. Rose's situation is an example of how "the family as an institution is under severe stress from internal violence, which is both a symptom of stress and a cause of further distress" (RCAP, 1996:54).

The interaction between most people of First Nations is not reciprocal. It is not a process of sharing information that generates discussion and creation of knowledge. Instead, it is usually person "A" telling or asking person "B" something, and person "B" responding, without any discussion. There are few close or intimate friendships because of distrust. Members living in the same village therefore tend to be cautious about what they share with others. The absence of privacy has been identified as a serious problem in communities. This concern is fuelled by the gossip that takes place, especially gossip that is malicious. There is an absence of community in some First Nations.

2.7 Family and community health

There is no mental health care system or social service system in most First Nations because the more traditional and natural ways of caring have been displaced by Western ways that continue to be foreign to these communities. First Nations do have some kinds of social services delivered, but not necessarily as part of a care system. They do not have a

mental health care system because services are provided more on an as needed basis, not as a program or service system that has been deemed by the governments to be a priority need nor a funded service. What is delivered mostly on an as needed basis conforms to the Western ways that feature confidentiality, one-to-one interaction, and little attention to context or influences from other sources outside of the person and treatment, rather than holistic healing.

These modern ways are crisis-oriented. No action takes place until the person is in trouble. At this stage, paid workers appear on the scene, ready to do the job. If practices based on traditional ways were used, most of what is done by the caregivers would be preventive. They would intervene at first signs of difficulty, letting the person know they are available, accessible and ready to assist. This approach to care shows that the caregivers do not expect the worst to take place: they are not crisis-oriented. Moreover, it shows attunement of people to one another, and awareness that imbalances experienced by one will affect others if they are ignored.

First Nations people have become dependent upon external programs and services, which have been delivered in Western ways, that have not honoured their ability to learn how to learn and become increasingly self-caring and self-sufficient. As this dependency has increased, the people have become less and less inclined to make serious efforts to regain pride associated with self-care and self-sufficiency as unique human beings and as family members. John McKnight (1995) describes pitfalls of such dependency in his book; namely, the quality of care delivered by paid

professionals and other workers does not measure up to what takes place naturally between people who do accept and care about each other.

Care is the consenting commitment of citizens to one another. Care cannot be produced, provided, managed, organized, administered or commodified. Care is the only thing a system cannot produce. Every institutional effort to replace the real thing is counterfeit. Through the invention of childhood, we have made children the raw material of the "helping" profession[al]s. The result has been the loss of the capacity of families, communities, neighbours, neighbourhoods, churches and synagogues to include children as a useful part of their communities. Policies that use age to separate people into the categories of young, middle age and old in order to meet the needs of a growth-oriented caring economy should be systematically dismantled. The age-oriented service industries break up families and communities, and decimate the caring capacities of human beings (McKnight, 1995 cited in Mussell, Cardiff and White, 2004b:15).

The spirit that holds a relatively healthy group of families together is embedded in community. This strength is connected with living on the land that has been home for many generations. For its members, the healthier community offers physical, psychological, intellectual and spiritual resources. Social and emotional health links each person to family, community and the earth in a circle of dependence and interdependence (RCAP, 1996).

Because there is an absence of resources to meet fundamental needs for safety, genuine friendship, family support and peace of mind, people of some First Nations do not experience and enjoy community. The following is not an unusual story because it shows what does happen when there is distrust among members of families and between families and, in political circumstances, characterized by a consistently oppressive regime for a few decades.

Most members of the community became accustomed to following, not taking responsibility for their own affairs and that of their community. When they elected a new chief who believed in self-care, self-determination, fairness and justice, most of the membership was not ready to respond favourably to such inclusiveness. When a further election took place, a few major issues came to the forefront.

There were four candidates for chief, one of them the present person holding the position as chief. The chief and two other candidates are very closely related and served together on the immediate past council. It appears that jealousy inspired the two cousins familiar with the role as councillor to stand for election as chief. Both did a variety of things to discredit the chief, and now that the results are in and the past chief re-elected with a good margin of support, the defeated cousins are looking for grounds to appeal the outcome. People close to the realities in the community describe the discrediting used as violent, unfair and unjust, and point out that no serious attention has been given to the importance of a balanced assessment and evaluation of facts. They worry about the continuing potential for violence

regardless of the decisions of the appeal board.

2.8 Approaches and ideas for solutions

First Nations men are beginning to examine how their roles have changed and to look at their gender issues. Feeling good about themselves and the people they love is important to good health and healthy sexuality. Positive gender identity contributes to overall personal well-being and, in turn, helps build stronger families and communities.

Krech (2002) points out that:

- ❑ the most important thing that men can do now is to talk openly and honestly about themselves — to talk to each other, their partners, their children, their parents, and to health care providers and other leaders about their changing roles, their hopes and fears for their communities and nations, their past experiences and their needs for the future;
- ❑ the closeness of fathers to their children, and of grandfathers to all family members, has been lost, and the whole family and community are feeling this loss. Men are important role models for their sons and daughters, and for their sisters, as well as important teachers of traditions and values;
- ❑ service providers can assist First Nations men in remaining connected, and in reconnecting with their families, by actively including them in programs from prenatal support to parenting

programs and sexuality education sessions; and

- ❑ service providers can also encourage young men to question stereotyped gender roles of mothers and fathers, and involve men in the planning and delivery of education and awareness programs.

There is strong support for using the following principles to design, develop and deliver services addressing needs of children and youth in First Nations (Health Canada, 2003; Mussell et. al., 2004a; White and Jodoin, 2003).

Differences in preparedness between most male and female young people to adapt to expectations of family, school and other institutions of the community suggest that boys have much to gain from application of these principles if caregivers and community leaders work together to restructure family life:

- ❑ the future is inescapably linked to the past;
- ❑ an ongoing learning process is required;
- ❑ the well-being of the person is inseparable from the well-being of the community;
- ❑ the solution must come from within the community; and
- ❑ spiritual and moral discussions must be central and must come from within the culture (Fleming, 1994).

Parents, other caregivers, and community leaders of First Nations communities are sometimes viewed as having more personal resources, knowledge and skills than is the case,

especially for parenting and mentoring. They therefore continue to do what they are doing with little or no positive change in outcomes. Reasons for this may be identified with:

- (a) the absence of models and benchmarks for assessing and evaluating competencies;
- (b) the fact that being honest about personal strengths and weaknesses is very difficult even when relationships with others are quite positive;
- (c) lack of insight or self-knowledge on the part of parent(s) and caregiver(s), a factor that would make assessment and evaluation virtually impossible without effective assistance; and
- (d) the fact that the level of distrust in most First Nations is high and does serve as a serious barrier when personal and social change goals are being pursued.

If parents, other caregivers and community leaders commit themselves to understanding each of these principles, are able to discuss the practical aspects of each of them and work conscientiously to implement them, opportunities for success will be multiplied. These caregivers and leaders would have increased the potential to make a positive difference in the lives of children and youth by:

- ❑ promoting bonding and laying the foundation for relationship building;
- ❑ fostering self-care, ability to care for others and healthy standards of behaviour;

- ❑ meeting emotional needs, especially for positive recognition, acceptance, understanding and love;
- ❑ affirming a relatively secure personal and cultural identity;
- ❑ promoting emotional, cognitive, moral and social competencies;
- ❑ fostering resilience;
- ❑ experiencing both self-determination and team membership; and
- ❑ introducing the world of sacredness and spirituality.

While these approaches and ideas are not new to some people, they are described in this guide because they have not been applied in most First Nations.

2.9 Conclusion

Children and youth in the residential schools were not able to learn anything about their family and community history or culture. Methods employed in the classrooms were not designed to facilitate learning how to learn; instead, remembering what the teacher taught as facts was emphasized. When these young people returned to their community, nurturing relationships and tools to facilitate sharing of information were mostly absent.

Conditions for the transmission of culture from family and community to the young people were impossible to create in these circumstances. Similar constraints limited transmission of culture between family and young people when the residential school system ended for most status Indian children in the nation. Mediated learning could not take place,

and continues to be a desired process that is not yet fully known to most First Nations families.

There are serious material and resource problems for members of communities burdened with health, social, emotional and other difficulties. Because of earlier life experiences, they are often distrustful and choose not to build nurturing relationships with others. They may have experienced serious impairment with the bonding process. They know emotional and intellectual deprivation and its negative consequences. Such people usually isolate themselves from others who are more social, purposeful, productive and self-determining, even though they share the same community and may, in fact, be related by blood. What needs to be done to bring these two groups together?

Breakdown in relational aspects of family and community life is real and poses a serious problem as we search for strategies to provide the best environment for infants and young children of First Nations families. The high level of distrust and absence of nurturing relationships prevent emotional growth and affect performances of learners in all situations.

Further, because of distrust and absence of balance and harmony in the lives of young adults, too often they seek satisfaction of needs for intimacy and connection through sexual exploits. Most children are unplanned; they are products of accidents (Wilson, 2004).

To make social change, family members of communities need to move from complacent acceptance of the way things are to taking the initiative to apply

available knowledge about self-care, health, wellness, raising of infants, young children and youth and effective discipline. Often, they need help to take personal initiatives in changing life circumstances that create difficulties for them.

Most difficulties identified in the research conducted relate to interpersonal relationships; in particular, evidence of non-acceptance of persons perceived to be different from the majority, and the absence of trust. Many people who experience personal and social difficulties identify with a victim role and appear to value being rescued when the going becomes threatening or filling the role of rescuer with others. A victim-oriented lifestyle usually indicates an absence of adequate nurturance — physical, emotional intellectual, and spiritual. See Appendix J for a description of the victim-rescuer-persecutor and nurturer model.

Integration of culture as a resource for working with children and youth and their families is essential for best results. Promising practices for this work are presented below. The author's own practical experience concurs with views of authors such as Connors (1999; Connors and Maidman, 2001), and Catalano and his colleagues (2002), namely:

- ❑ to build upon the strengths of the family and extended family;
- ❑ to build upon traditional teachings that focus upon health, birth, death, wellness, balance, inner peace, co-reliance (togetherness) and similar other values, and use them to create a picture of a model family;

- ❑ to promote storytelling, dialogue or personal sharing, use talking circles, informal and formal get-togethers, ceremonies, meditation and make conscious how mediation of learning (learning how to learn) is taking place, thereby contributing to personal renewal and healing;
- ❑ to undertake activities including relationship building that sustain and promote connections to family, culture, history, community and extended family;
- ❑ to find ways to help young people to manage and comfortably deal with both positive and negative forces they will encounter in different cultural contexts;
- ❑ to discover the rewards of meaningful interaction and dialogue with others;
- ❑ to learn how to provide “help that is helpful;”
- ❑ to learn how to set appropriate boundaries and limits for one’s own culture and those of others;
- ❑ to honour an alcohol and drug-free event policy;
- ❑ to learn how to deal respectfully with substance abuse, and people who have addictions;
- ❑ to promote the use of traditional languages;
- ❑ to learn key concepts and phrases, songs, poems and the like for those lacking traditional language tools and skills;
- ❑ to use modern and traditional ways and means to identify and treat intergenerational personal and family trauma, giving preference to doing such work in small groups; and

- ❑ to build upon the worlds of experience possessed by elders and community members in their middle years, especially those who experienced effective transmission of culture guided by their parents and grandparents.

2.10 Reflective questions

Set One

1. Dr. Brant describes parenting he observed as passive, not intentional or action-oriented. What behaviours does he describe that reveal a passive behaviour? Choose and discuss three of these behaviours.
2. Why do you think parents, who have a great need to be liked, experience difficulties managing their children and youth?
3. Is there some truth to the belief that parents do not provide loving protection and consistent care to their children because they love drinking more? Explain.
4. Describe three risks associated with boys being socialized by peers as opposed to their caregivers.
5. Describe five major factors that contribute to high rates of violence in First Nations.
6. Why do you think parents fail to protect, support and nurture their sons?

Set Two

7. Why is the need for inclusion so important to young people?
8. Describe three major habits of modern dysfunctional First Nations families that make lives of boys risky and often unhealthy.
9. Describe three major habits of First Nations families that promote healthy growth and development of their sons.
10. According to the literature, for what reasons do boys use drugs and alcohol?
11. Why is family violence in First Nations viewed as a community problem?
12. Describe briefly three false beliefs that have affected your life. Be specific.

2.11 Concepts from the key definitions

Do take a few minutes to become familiar with the following concepts listed in the key definitions list:

- addiction
- assessment
- colonization and colonization process
- custom
- dialogue
- knowledge (explicit)
- knowledge (implicit)
- literacy

- Determining how to harness human and material resources so that those in need will have access to positive resources and opportunities to experience nurturing, caring, sharing and personal growth is the key challenge facing community builders.*
- Strengthening personal support networks, and building others as needed, is essential for personal health and togetherness as a group.*
- The will and ability to communicate meaningfully are essential for change to occur.*





Part III
Key findings from
interviews: Perceptions of
First Nations males

Part III



Part III:

Key findings from interviews: Perceptions of First Nations males

How do we reach and inspire more men in First Nations to deal with their resistance to effective engagement with others, and to discover the rewards of personal growth and genuine care? This is the central question posed to selected frontline caregivers/practitioners and leaders interviewed for this guide.

3.1 Introduction

People who were interviewed saw roles of First Nations males and reasons for their performance in these roles in similar ways. Most of them described how the education system fails to capture the interests of most First Nations males. At best, students learn to deal with what the teacher presents to them and expects of them. The school system seems to fail to affirm for children and youth that they have the ability to change themselves. It seldom offers them ways to grow emotionally and spiritually. The consensus of the interviewees was that 3 out of 10 males enjoy relatively good health and 7 out of 10 males are wounded. The latter group does not usually know how to deal with their feelings, hurt and pain, and use violence. Most do know how to deal with their feelings of rage, hurt, and pain, and resort to violence. They do not see that they have the power to change their lives.

Parents and other caregivers that believe boys know how to take care of

themselves, pay little attention to how these boys are managing their lives. Parents and other caregivers often raise wounded offspring. Those interviewed believe boys may be floundering because they need support and guidance to deal with personal uncertainties. They agree that most boys choose not to ask for help. Two of the interviewees stressed that teaching in the school system is more female than male based, and that little attention has been paid to discovering how male children learn.

For First Nations males, most traditional roles disappeared as populations declined, reserves were created and occupied, residential schools filled, and *Indians and lands reserved for Indians* were controlled and administered by the Government of Canada. Many parents seem to continue to have low expectations of sons, who do not usually adapt as well as their sisters to life's everyday pushes and pulls. For girls, like their mothers and grandmothers, there has been greater continuity of responsibilities and roles.

Nothing was done to deal with the impact of dramatic changes in roles and lifestyles of the children and youth, or their caregivers, as colonization took place. This was ignored by the powers that be, especially the Church as the educator and substitute parent. When they returned home from residential schools, many of the young people experienced isolation and loneliness connected with poor social skills, no work

skills and inadequate language skills. Positive relatedness to family and community eluded many of them. Together, with people who were similarly deprived and searching for relief, they found alcohol and the kind of togetherness that it fosters, including fighting, assault and breaking the law.

Several interviewees described the phenomena *nobody seems to care* and connected it to the colonization process, particularly the *Indian Act* and its effects. They described people's unwillingness to see, to stop, to intervene, to take risks or even to "meet and greet" one another as embedded in the learned hegemony. While both young men and young women of First Nations were oppressed, people interviewed agreed that males seem to have been more broken than their sisters. Many of them appeared less able to fulfil roles and responsibilities of the responsible adult male compared with the ability of the female to fulfil her roles and responsibilities.

Those people interviewed stressed the need for men:

- ❑ to be familiar with the special roles of caregivers, especially for raising healthy sons;
- ❑ to describe the what, how and why of healthy role models for all children and youth;
- ❑ to accept responsibility for their behaviour;
- ❑ to acknowledge any personal needs to heal;
- ❑ to learn how to "go through" the process of grieving and healing;
- ❑ to experience the desirability of working through the strengths of family and/or other social networks;

- ❑ to understand developmental needs of boys; and
- ❑ to know how to satisfy these developmental needs throughout the life stages of growth and development.

Additional major findings from the interviews are described in the following parts of this guide. These findings address perceptions of male roles and responsibilities, lifestyle, personal and social skills, models, expectations and attitudes, how males are raised, family life, more on expectations and modelling, and matters of safety and testing of fates. See Appendix A for a description of who was interviewed, what was explored in the semi-structured interviews and related information.

3.2 Findings from the interviews

The following six categories emerged from the interviews conducted:

- (a) lifestyle;
- (b) personal and social skills;
- (c) models and expectations;
- (d) attitudes;
- (e) teaching and gaps in parenting; and
- (f) safety and testing of fates.

The interviewees focused on weaknesses and negative behaviours because of their roles as helpers who work with the most injured segments of First Nations. It must be remembered that many families in First Nations do raise healthy and responsible sons.

3.2.1 Lifestyle

Boys

- ❑ live with abandonment — feel alone, isolated
- ❑ into addictions, test fates with acting out behaviour
- ❑ blame others — decline to accept responsibility
- ❑ live with fear, insecurity and absence of safety
- ❑ tend to be raised by peers, not adult caregivers
- ❑ prone to act out, be aggressive and cope poorly
- ❑ assaults in boys' lives are common

Youth/men

- ❑ blame others/things such as health conditions, FASD, addictions, residential school effects and abuse
- ❑ may be strongly negative — believe that nobody cares
- ❑ wear a façade, a false self
- ❑ tend to be self-destructive
- ❑ some younger males tend to brag, be boastful
- ❑ live a passive-aggressive lifestyle
- ❑ high use of prescribed drugs (anti-depressants to deal with emotional and other problems)
- ❑ tendency to lie and steal is often traced to life at residential school
- ❑ structures imposed on boys reinforce passivity: they do not learn to think, plan, make own decisions

Men

- ❑ tend to have few possessions; some of them believe they own their partners
- ❑ prone to keep people at a distance; tend to live in their own prison
- ❑ older males do not usually brag
- ❑ if hurt, licks wounds (no scene) — hides
- ❑ do not usually ask for assistance, especially for personal matters
- ❑ in their middle years, if a residential school “graduate,” most school friends are deceased due to causes linked with addictions and self-abuse through violence and aggressive behaviour; men tend to cling to the last vestige of the persona of the warrior

Family/community

- ❑ most young families live with presence of violence by males
- ❑ oppression turns families and communities inward

Other

- ❑ can see assaults (boys to boys) as striking back at self — to hurt self and suffer
- ❑ see lots of evidence of institutionalization
- ❑ too many boys have serious difficulties with their identity
- ❑ boys need more social skills — to be able to find a place and make a space for self
- ❑ suicide among boys is viewed by some practitioners as occurring in the absence of accessible counsellors
- ❑ not knowing how to obtain help and admitting difficulty helps to make self-destruction and suicide among youth more understandable
- ❑ a sense of humour for many young people remains a strength

As described, the lifestyle of First Nations males features the absence of a relatively secure personal and cultural identity. Without a secure foundation for selfhood, people rely mostly upon a façade, a false self. A person who works hard to satisfy expectations of others and has not begun to discover his own preferences, qualities, strengths, and ability to make his own decisions based upon his personal best thinking, has yet to discover his true self. He dedicates his energy to sustain the false self. When threatened or under stress, the false self cannot be maintained and he will experience confusion, anxiety and tension. In most instances, temporary relief is found by taking flight — using something that is addictive. A minority of

First Nations people enjoy the relative balance, harmony and self-determination that come with being a true self.

Reasons for this identity problem are suggested in the next table that identifies gaps in the personal and social skills transmitted to, or learned by, boys.

3.2.2 *Personal and social skills*

Personal and social development gaps

- ❑ problems with intimacy
- ❑ difficulties in asking for help
- ❑ not socialized to assist others
- ❑ emotional expression is problematic
- ❑ do not learn clear roles and responsibilities and how to live by them

Observations

- ❑ for many boys, reading and writing skills are not valued
- ❑ some boys learn to live life as a victim
- ❑ many boys learn more from peers than from parents/caregivers
- ❑ too many boys are not taught how to be responsible for self and others in context of family and community
- ❑ few boys are taught to make a living and to provide for family — they are not taught how to be brave

These difficulties suggest poor preparation for relationship building and problems with early attachment. They indicate a lack of skill development for

effective communication, cooperation and collaboration, decision-making, planning and sharing.

3.2.3 *Expectations and modelling*

What was said about expectations of boys

- to be tough
- to look after themselves
- boys will be boys
- do not need to know most life skills identifiable with home care and maintenance, educational success and family life
- often seen as poor students, lacking in language and interpersonal skills
- as at home, little is done to facilitate a boy's movement and success as a student in the school system

What was said about modelling for boys

- boys usually raise themselves, after age 6 or so
- TV has lots of influence on the lives of boys
- identification with books, classes, schooling and role of student is seldom evident
- poorly motivated to make change
- few models of honesty, openness and genuineness
- lots of influence to employ violence to settle differences
- influenced by behaviour of older male models to assume a superior attitude towards females and children

Parental expectations identified by the interviewees are consistent with the gaps in parenting described above. The absence of positive expectations and healthy modelling contribute to the presence of a huge world of uncertainty that is bewildering to most young people. When expectations are mostly absent or unrealistic, life may seem purposeless and hopeless.

3.2.4 *Attitudes*

Behaviours

- sensitive to how they are seen by others
- tend to suffer silently
- do their best to get better on their own
- believe they are "not good enough," so often accept abusive treatment
- do not admit to having difficulty or having failed
- usually resist making conscious efforts

Observations

- ❑ often do not know how to handle feelings, pain and distress
- ❑ seldom believe they have the power to change
- ❑ rely mostly on personal physical and emotional resources to deal with stressors, not cognitive or intellectual resources
- ❑ prone to live by individualistic values “me” and “mine”
- ❑ 6 out of 10 are wounded due to violence and abuse
- ❑ many men resist rather than model, accept and promote taking responsibility for change

Other

- ❑ are often viewed by caregivers and other adults to be more secure, self-sufficient and resourceful than they are
- ❑ many boys cannot wait to “grow up” and be seen as an adult because of unhappiness in their earlier roles

The picture painted in each cluster of information — lifestyle, personal and social skills, models and expectations, and attitudes — reveals similar images portrayed on the canvas. Images of people worn by defeat, afraid to reach out to each other for assistance and struggling to cope in poorly lit surroundings abound. In the foreground and backdrop, there is light that makes visible a few people who stand tall, alert and are in small groups working together — perhaps pooling best thinking about ways to inspire people to value life.

Caregivers tend to have low expectations of boys. Parents and grandparents who were interviewed concurred that this is true of most families. In the home of these families, most boys have no responsibilities, are not expected to do well at school and are not expected to participate in seasonal sports. The social presence of family is diminishing, much like the fading of roles filled by the extended family following the effects of imposed government programs and services on First Nations about five decades ago. This declining togetherness in the family is identified with today’s parents who do not seem to have learned how to parent and strengthen family bonds. Instead, it seems they have adopted individualism. It is very difficult to get small families together for any purpose (Wilson, 2004).

The closeness of fathers to their children, and of grandfathers to all family members, has been lost, and the whole family and community are feeling this loss. Too many men are no longer important role models or teachers of traditions and values for their sons, daughters, and sisters.

3.2.5 *Teachings and gaps in parenting*

Teaching/learning

- how to follow, conform or do as you are told
- acceptance of conflict, abuse and violence
- become accustomed to living as a victim
- how to keep people at a distance

Gaps in teaching/learning

- understanding of physical, emotional, cognitive and spiritual development
- no guidance, support and teachings about play
- no activities with father and grandfather — absence of positive modelling
- not included in family talks and in-home family activities
- not taught the “good ways” of the culture — family values, co-reliance, care of Mother Earth, togetherness and renewing relationships
- no understanding of parental (family) history
- no clear teachings about safety and prevention of injuries
- how to manage differences and conflict resolution

Observations

- understanding of physical,
- sometimes the children (both boys and girls) find themselves parenting their parents
- parents call down, put down and sometimes swear at their sons: they undermine the child’s confidence and self-esteem
- often find children, especially boys, raising each other
- not knowing history of family, especially of parents, and community can deprive a boy from creating a relatively secure personal and cultural identity
- with absence of effective parenting/caregiving, boys are inclined to live with poor judgement
- boys lack maturity, decision-making skills and coping abilities
- single parent families led by a caregiver with his or her own unresolved issues usually transmit problems to the next generation

These deficits in parenting can be directly related to generations of parents experiencing custodial care as children in residential school. There, they were deprived of learning cultural ways of meeting basic needs and nurturing self and others in developmentally appropriate ways.

3.2.6 *More on expectations and modelling*

What was said about expectations in the lives of males

- ❑ mothers and fathers want their sons to grow up quickly; their expectations are often unrealistic
- ❑ parents believe that boys can take care of themselves because they are boys
- ❑ parents are often inattentive to the needs of boys, especially the emotional, intellectual and spiritual ones
- ❑ it is not unusual for boys to live without positive expectations for their roles as a student and a successful adult

What was said about modelling in their lives

- ❑ parents are seldom consciously aware of the influences they have on their children
- ❑ parents tend to lack the literacy and knowledge necessary to transmit culture by modelling and using teaching/learning strategies
- ❑ most males did not learn how to play because nobody played with them as infants, children and young men
- ❑ relationships with the land, care of Mother Earth and the spiritual nature of everyday life is not modelled in most families
- ❑ seems that most adults are too busy or preoccupied with their own needs to make quality time to spend with children and youth

Related comments

- ❑ boys tend to not learn the good ways of their culture
- ❑ absence of involvement in family and home-based activities deprives boys of opportunities to learn about family history, life experiences of parents and skills associated with planning and supporting such events
- ❑ social controls and structures are needed, especially by boys who seem lost and uncertain
- ❑ if boys are raised in relatively healthy families, most of the time they share, have manners and look after each other
- ❑ if boys are from dysfunctional families, they often hurt each other when experiencing conflict, and may learn other bad habits

Most parents are seldom consciously aware of their influence, and potential influence, on their children. It appears that boys who experience difficulties coping are more familiar with negative treatment, and seldom experience positive recognition in their home and school environments. A negative orientation also characterizes the involvement of parents and other caregivers with children and youth. Parents appear to be more accustomed to finding weakness and fault as opposed to strength and success at home, in the work place, and in the community. Many parents who do not have the knowledge and experiences that prepare them to transmit culture in supportive and instructive ways are guilty of this habit.

3.2.7 Safety issues and testing of fates

What was said about safety issues

- ❑ there are serious safety issues concerning personal boundaries, choice of friends and drug use
- ❑ no serious parental attention to risks connected with transition from childhood to adolescence
- ❑ absence of attention to safety contributes to the incidence of violence, sexual abuse and other injuries

What was said about risky behaviour

- ❑ most boys live with lots of uncertainty about their safety — there are few and often inadequate social controls and structures to guide them
- ❑ risky behaviour often begins with smoking, abusing other drugs, and drinking alcohol sometimes before the age of 10
- ❑ when risky behaviour starts early, it is usually continued into adulthood, often with serious health, social and economic consequences
- ❑ dangerous driving, driving without a license and joy riding in stolen transportation adds to death statistics
- ❑ there is a high incidence of illegal use of prescribed drugs in First Nations communities

These behaviours are indicative of the devaluation of one's life and those of others. Such behaviours may represent the acting out of suppressed anger, helplessness and hopelessness.

Many people do not know where to begin a process of change and may need guidance for problem-solving. Guidance may be required regarding topics such as: desirable behaviour; healthy lifeways; how to be supportive, respectful and helpful to others; how to resolve conflicts; and who to involve in finding answers.

Children grow into adults by learning stories, and so do nations and communities ... Deprive children of stories and you leave them unscripted, anxious stutterers in their actions as in their words... There is no way to give us an understanding of any society, including our own, except through the stock of stories which constitute its initial dramatic resources (Fulford, 1999:33).

3.3 Recommendations from service providers

- ❑ Work mostly outside of the office, especially when it is located in a central location of the community, because life is so public, not private. Many community members are sensitive to holding onto the remaining bits of privacy they possess and, therefore, prefer not to be seen to be going to the band office for aid.

-
- ❑ Work through the strengths of family, clan and community. Find their natural leaders and draw on their experiences and skills in this process.
 - ❑ Work with family members in ways for them to take charge of their own problems.
 - ❑ Help the family to make choices most suited to their lifestyle and strengths.
 - ❑ Work with both mother and father with their children. Get them to tell their own story, in their own words, and help them to discover what they know. Knowing what they know provides them with tools to make increasing meaning of their life.
 - ❑ Assist younger males to become aware of limiting life expectations they were taught in their home, and how these affect subsequent behaviour, perceptions and beliefs.
 - ❑ Help boys to become familiar with personal strengths and weaknesses, especially those associated with making meaning of what they are expected to learn and demonstrate. Boys often have special needs that are two or three times greater than girls.
 - ❑ Help men to acknowledge a commitment to “heal self,” to change unacceptable behaviours. By doing this, you can help them accept responsibility for past behaviour and open up by “letting it go.”

- ❑ Facilitate opportunities for men to step back, to identify personal values, and to find ways to express care and bravery. Satisfying a need to belong, a person can go a long way towards developing a more secure personal identity.
- ❑ Educate boys and men to familiarize themselves with emotions to become emotionally literate. When a person fears his emotional life, he attempts to suppress or control it.
- ❑ Create opportunity for any male to reflect on his personal life. The incidence of violence and abuse in families and communities is high and may be a hidden aspect of his life, or one that is accepted as the norm.
- ❑ Assist First Nations men in remaining connected, and in reconnecting with their families, by actively including them in programs from prenatal support to parenting programs and sexuality education sessions.
- ❑ Encourage young men to question stereotyped gender roles of mothers and fathers, and involve men in the planning and delivery of education and awareness programs.
- ❑ Surround First Nations children with healthy role models who have positive expectations of young people, both male and female.

- ❑ Create opportunities for males to rediscover their spirit of life — the excitement living brings after forgetting its inspiration — by building upon informal, non-formal or formal strategies that may have appeal to males in the context. Some males might enjoy being invited on a fishing or hunting trip with a leader or leaders who enjoy the adventure, challenge and togetherness offered by such an activity. Other males may become inspired by being included in a non-formal gathering to talk about “males as leaders,” “men as parents,” “caring for our parents,” or something similar. Still, others may enjoy a one-on-one visit while watching a sports game, having lunch together in a quiet café, or on a walk.
- ❑ Build on what we know about cultural values and institutions, especially the family and other supportive social systems.
- ❑ Make the personal work of the male — with less perceived uncertainty — more manageable, by helping him set priorities and do basic planning.
- ❑ Assist adult men who became withdrawn and isolated because of learned self-hatred to experience greater self-acceptance and compassion so they can engage positively in the day-to-day life of their families, even in settling family disputes.

- ❑ Promote and facilitate the collection of information and statistics of First Nations that, when studied, will contribute to the understanding of differences between the behaviours of boys and girls, and their formative influences.
- ❑ Empower grandparents and other elders of the community.
- ❑ Offer education/training and support to male and female caregivers. Resources to facilitate self-care and parenting skills for caregivers are essential.
- ❑ Be prepared to make a long-term commitment if you are a future worker in a First Nations community.
- ❑ Be aware that there may be unique difficulties facing a community member choosing to work as a professional in his or her own village. Before deciding to accept a job offer from the community, do a careful assessment of the forces that will support “good work” and of the negative forces because the latter may constrain chances for success as a paid practitioner.

3.4 Reflective questions

Set One

1. What made it difficult for male youth to become active members of family and community after spending eight to ten years at residential school?
2. Why do you think most boys have few models of honesty and openness in their lives?
3. Explain how oppressive forces turn family and community members inward.
4. Describe why some men are addicted to anti-depressants.
5. At age 41, what would it be like to be the only Survivor of eight people who were your friends at residential school?

Set Two

6. How do you explain self-destructive and suicidal behaviour of male youth?
7. Give three reasons why boys tend to not enjoy success at school like many of their female cousins.
8. Discuss why blaming is commonly done in First Nations by both males and females.
9. Provide three examples of risky behaviour of males who lack maturity, judgement and coping abilities.

10. Name three common safety issues in the lives of young males. Be specific.

3.5 Concepts from the key definitions

Add to your understanding of words and their meanings by looking up and reflecting on the meaning of the following concepts:

- acculturation
- aggression
- alienation
- community
- cultural invasion
- mental health
- nuclear family





Part IV
Painting the big picture

Part IV: Painting the big picture

With every lesson in dominance, fear, and betrayal, a boy is tutored away from trust, empathy, and relationship. This is what boys lose to the culture of cruelty. What they learn instead is emotional guardedness, the wariness with which so many men approach relationships for the rest of their lives (Kindlon and Thompson, 2000:75).

4.1 Introduction

An account of the legacy of residential schools and how it affected First Nations families and communities, generation to generation, is essential background and contextual information for this guide. The effects of this history have created the complex web of “knowing” First Nations are seeking to generate and employ to become increasingly self-caring, self-managing, and self-governing as unique cultural families and nations in this country. To assist First Nations in this process, the framework of the Big Picture, presented in Appendix E, is used as a model that brings together the past, present and future so that we can focus clearly upon today.

Children who were removed from their families and sent to residential schools suffered emotional and psychological harm that had differing degrees of impact upon their own coping and parenting skills. Often, the result was a belief on their part that what was “Indian” was bad — their languages, their ceremonies, their beliefs, their rituals,

their religion, their Elders and other traditional people. When these children became adults, they sometimes carried on the culturally destructive attitudes and attacks of missionary people with whom they had grown up. None had received instruction on how to raise children, so that when they had families, they experienced coping problems (Sinclair, 1998).

Roles and responsibilities of First Nations adult males and females were modified by the intergenerational institutionalization. The family structure was further fractured with modern housing, and chances of building and rebuilding relationships between parents and children in the residential schools were reduced because of social isolation and language difficulties. The effects of residential schooling included disruption of family relations, especially rights of parents to transmit their identity to the next generation; violation of trust inherent in colonial oppression; and withholding of communication and silent suffering (Williams, 1991). The ways of the Western world have found a home in First Nations where there are strong evidence of male superiority and use and abuse of power by males, and some females.

4.2 First Nations adapt to Western ways and values

Like Western society and culture, contemporary First Nations value profit at the expense of others, legitimize certain forms of abuse and tolerate social

inequities. By failing to address abuse, abuse becomes legitimized. Such an attitude promotes values that are highly restraining to the development of truly respectful relationships and attribution of responsibility for abusive behaviour. Many of the points made in this section are guided by the best thinking of Paul Hanki, a faculty member of the Sal'i'shan Institute Society, British Columbia, who specializes in addressing violence, abuse and addictive behaviours and related counselling matters.

Western industrialized society is competitive and hierarchical, and values individualism or individual achievement as opposed to cooperation, collaboration and co-reliance. This need for individual status and success promotes the acquisition of property and of control and power over others and the environment. This belief is conveyed when we refer to "feeling good about one's self" as "being on top of the world." In the bureaucracy, people at the top are seen to have acquired greater status and are entitled to greater privilege, respect and admiration from those in lesser positions and roles. These values are honoured in the hierarchical relationships of Canada's political, economic, familial and educational systems.

This blueprint for individual success encourages the notion of ownership of subordinates by superiors and the right to use power over the subordinates for the fulfilment of individual needs. It promotes competitive values at the expense of co-operative relationship values, such as empathy, trust, respect, nurturing, sensitivity, equity, altruism, sharing, communication and co-reliance.

Structures, norms and beliefs that promote the individual pursuit of status and entitlement at the expense of responsibility for the welfare of others are highly restraining forces for the development of respectful and sensitive relationships. Certain types of violence and sexual exploitation are legitimized and sanctioned in Western culture if they are seen to further a noble cause or provide means to a higher cause. Violence and sexual exploitation, for example, are legitimized and sanctioned as entertainment in sports, books and in advertising.

Our educational, legal, political and religious systems often fail to promote the attribution of responsibility for abusive behaviour to the perpetrator of that abuse. They do not provide the necessary responses and sanctions. There is an historical absence of clear-cut legal prohibitions and penalties for the perpetrators of abusive behaviour.

Within families, there are long-standing historical and legal precedents that have sanctioned and legitimized violence and sexual exploitation of subordinates by superiors. Traditionally, superiors have had the right to chastise or discipline subordinates by using physical violence if they do not fulfil their obligations.

Recent surveys indicate significant percentages of both males and females regard physical violence in marriage as acceptable in certain circumstances. Some research indicates that, as couples progress from a first date to marriage, men gain support to violate their partner's consent.

Research on community attitudes to child abuse reveals that child victims are also regarded as partly responsible for their own victimization under certain conditions. These attitudes, when combined with the belief in the privacy, harmony and sanctity of the family and family life, reduce the likelihood of external intervention to stop abuse.

Traditions, habits and beliefs that promote an imbalance between males and females in perceived status, entitlement, and responsibility for the social and emotional climate of relationships do not foster development of respectful, sensitive and equitable relationships. Social-emotional responsibilities include intimacy, nurturance, conflict resolution, empathy and sensitivity to others' needs and feelings, awareness and respect of others' rights and emotional awareness and expression.

Belief in ownership and superiority promote social-emotional avoidance and reliance on others to face these responsibilities. The man's "recipe" for conflict resolution involves reliance on others within the family to prevent conflict. Within the family, a partner's (female) traditional area of responsibility is to nurture others and take care of domestic duties.

This role for males prescribes an avoidance of intimacy, nurturance and relationship responsibilities. This gender stereotype is a "recipe" for social and emotional incompetence, and total reliance on a female partner for the social and emotional requirements of relationships.

Gender role prescriptions work to prevent abusive males from taking responsibility for their abusive behaviour. Abusive males tend to take little responsibility for monitoring and regulating their own abusive behaviour, and often blame their partner for incidents of abuse. Partners of abusive males may believe they are responsible for preventing and controlling the man's abusive behaviour and for the consequences of the abuse. This is evident when some victims of incestuous abuse appear to be less forgiving of, and attribute more blame to, their mothers for not protecting them than to their fathers for abusing them.

Topics addressed in the balance of this chapter highlight: (a) consequences of colonization upon First Nations males, especially in their roles as caregivers and warriors; (b) the state of mental health care in First Nations; (c) crisis-orientation of modern programs; (d) making a living and personal renewal; (e) the significance of play and sports; (f) value-based strategies for change; and (g) approaches and ideas for solutions.

4.3 Poor preparation as caregivers and warriors

It appears discontinuity in male roles and responsibilities has persisted so long that distinctive male characteristics have become blurred and even forgotten. Some families and communities seem to define maleness by stressing the negative of femaleness. At the same time, most First Nations live by traditions, habits and

beliefs that perpetuate male superiority and privilege without the social and emotional responsibilities that underpin family health and wellness.

Seven major examples are presented here to highlight consequences of colonization upon First Nations males, especially in their role as caregivers. These examples include: (a) problems with acceptance and trust; (b) relative comfort with rejection; (c) difficulty with emotional expression; (d) few teaching/learning skills; (e) difficulties relating to youth, both male and female; (f) problems with intimacy; and (g) filling role as provider.

a) **Problems with acceptance and trust**

“Graduates” of training institutions, including residential schools, did not learn unconditional acceptance or to trust and be trusted. Parents who were deprived of such learning themselves cannot transmit these crucial aspects of life to their children. They often raise their children the way they were raised. For more information, see Appendix G that features discussion of human needs for survival and continuing positive growth and purpose.

b) **Relative comfort with rejection: discomfort with positive recognition**

People raised in non-accepting, uncaring and non-supportive surroundings grow accustomed to handling put-downs, criticism designed to hurt and other hurtful actions. When confronted with opposite kinds of behaviour and especially positive recognition, they usually experience

considerable discomfort and may shed tears if they feel safe enough to let go. Some people may quickly leave such an encounter because of their emotional reaction and desire to hide. They need help in changing core beliefs about their self-worth.

c) **Difficulty with emotional expression**

Colonization processes are identified with training people not to think, to feel or to act. The training regime is dehumanizing because it values conformity, not leadership, creativity and self-determination. Emotional expression is discouraged and often punished. Products of oppressive regimes learn to fear letting go in most circumstances, and experience serious discomfort in the presence of a person who becomes emotional. When a person fears his emotional life, he attempts to control it. Frontline workers (healers/helpers) need to work with boys and men in ways for them to establish comfort with emotions, to become emotionally literate.

When people consume addictive substances, such as alcohol, letting go is facilitated. Strong pent-up emotions, especially anger, find expression in violence. For healing to take place, processing of what is released in letting go is necessary. Such processing leads to insight and understanding and increases self-discipline.

d) **Few teaching/learning skills**

Up to four generations of First Nations people were trained at residential school and, later, as parents and workers, practised what they were taught. Few learned ways and means to create the

conditions for meaningful interaction with others and to promote learning how to learn, especially with their children. In the family setting, it has been more common for girls to fill meaningful roles and responsibilities than boys who tend to be left to fend on their own, or be taken care of by the mother, older siblings, especially sisters, and granny. Such attention does not prepare and equip the young male to become self-caring and able to care for others. As shown in the following quotation, society fails its sons and is therefore responsible to make desired changes.

[It is] suspect that much of what is called ADD is closer to MDD - male deficit disorder - with the deficiency lying not in our sons but within society's inability to correctly perceive boys' inner needs, yearnings, and pain. We tend to label and treat, rather than to listen (Pollack, 1998:257).

Most contemporary First Nations families appear to create more opportunities for daughters than sons to learn life skills. Girls are more likely to be required to assist their mother in child-care, home maintenance, shopping, attending to the needs of visitors, and planning activities and projects. They tend to participate more often and more fully in family discussions and other social activities. As a result, more of them develop the social and associated skills that prepare them for a student's life. This difference is reflected in the performance of First Nations young people in the formal education system. Fewer males graduate from high school or attend university than females. More males end up in special classes, get into trouble and

end up leaving the education system in their early teens.

“Boys will thrive at school if there is a pervasive sense that they are welcome, that they are liked, and that who they really are—and how they really enjoy learning—will be embraced in a genuine way by their teachers” (Pollack, 1998:250). Boys, like girls, do best in schools that give them the chance to participate in learning activities that correspond to their personal interests and competencies, enabling them to sound their authentic voices and thrive as individuals. To learn and to tell personal, family, and other stories that are shared with others can do a great deal to achieve these objectives.

e) Discomfort relating to youth, male and female

Impoverished relations make it virtually impossible for a person to relate in meaningful ways with others. Fathers especially find it difficult to engage in communication with adolescent daughters and sons, and tend to leave interaction with them up to the mother. Further, it is not unusual for parents to avoid setting limits or saying “no” to requests of growing children for fear of rejection. The need to be “liked” by those who are considered close to you can be very strong where effects of social dysfunction prevail.

f) Difficulty with intimacy

Intimacy is connected with acceptance and trust that is learned by children in their relationships with caregivers. When mutual acceptance and understanding are not integral to a person's life experience and personality, they usually approach others cautiously, particularly if they

have experienced rejection. Because this is a feature of family history in First Nations, many fathers have difficulties creating caring and loving relationships with others.

g) Filling role as provider

In most First Nations, people employed year round work for their local government and its service centres. Relatively few adult members enjoy a monthly pay cheque. Most rely upon seasonal employment supplemented by social assistance. In recent years, the number of First Nations individuals employed in non-Aboriginal work places has gradually increased, thanks to more available and accessible education and training opportunities, and ongoing support from family and/or others.

The market economy requires that someone in the family do the shopping for food, clothing and other home-based requirements. For most households, this role is filled mostly by the wife/mother who carries out a range of roles in the family system. A few husbands/fathers do share these roles and responsibilities. The life of many others would be enriched as providers if they created ways to *find a place and make a space for self* in different social situations.

4.4 Support for belief in an optimistic future

In spite of the persistence and prevalence of oppressive relationships in the history of First Nations/non-First Nations people in Canada, groups within the former populations have managed to hold onto some important aspects of their

personal and cultural identities. Relevant aspects include the following:

- for some of them, relationships with the land and the bounty of nature continue to be an important dimension of their everyday life;
- while some traditional languages have disappeared, most of those that continue to be spoken are being taught formally and non-formally;
- some families continue to be particularly attentive to the emotional and cognitive development of their children. They seem to know the importance of perceptions, feelings, access to stored information, and thinking, to one's identity and ability to transmit culture;
- members of some families promote healthy social activities to bring together all community members — play games, encourage socializing and promote storytelling;
- beginning numbers of community members are promoting the learning of family and community history as a first step towards overcoming the negative effects of oppression and colonization; and
- some families are learning consciously to relate to the patterns of sound and the stirring of spiritual energy inspired when listening to the beat of the drum, the voice of a person speaking or singing a song in a traditional language, or the resonating sounds of the loon. The spirit of the language moves one's soul, stirs one's memory, and speaks to him or her, whether one has familiarity

with his or her family's mother tongue or not. This practice facilitates connecting with, and relating to, the essence of culture (McGuire, 2003).

While there have been, and continue to be, serious effects upon transmission of skills as caregivers, there is evidence of resilience reflected in the fact that descendants of many original families continue to survive and thrive. See Appendix I for a list of protective factors identified with health and wellness, as opposed to factors identifiable with suicide risk that are outlined in the same document.

4.5 Making a living and personal renewal

Viewed holistically, making a living is more than having paid employment. It encompasses all activities connected with home and property maintenance, family care and recreation, active membership in the family system and community, and more. Some First Nations people who are sensitive to, and aware of, factors that contribute to the quality of family and community life prefer this perception.

Satisfaction on the job often leads to satisfaction in doing other tasks. People who live in this way have reserves of energy to share with others. They enjoy people, learning new things and being of service. As Ross states: "Our needs for [self-] acceptance, self-affirmation, social involvement, friendship, fun and spiritual sustenance do not evaporate with adulthood or "independence;" they all require that we are in meaningful relationships with others" (1996:24).

Sources of human satisfaction are usually based in life at home, life on the job or at school, and life with peers away from home and work. The notion of making a living encompasses all three sources of satisfaction. Household heads, usually the male, who do not attend school full-time or have remunerative work, have only two available and accessible sources to enrich their lives — relationships at home and socializing with peers. If relationships and conditions at home are not satisfying, they will usually spend very little time there. Pollack explains this in this way: "A boy who is cared about will be more likely to care about others. If he feels connected to his parents and his family, he will feel more connected to other people. If he feels his parents understand him and empathize with him, he will have the ability to do the same with others" (1998:350).

Many adult males seem to gain greater satisfaction from being with friends than with family. As indicated in this reference, their upbringing tended not to give priority to learning home and community-based skills, or to prepare them well to enjoy success in the education system.

4.6 Significance of play and sports

Play is at the heart of healthy, integrated development and is, therefore, significant for whole health and wellness. Any strategy designed to promote health, and social and economic development, needs to address this need.

Ability to play in family and other social circles tends to be poor in the lives of most First Nations people because it was almost lost as colonization took hold. Experiences with sports were different because some opportunity prevailed in the communities over the years. In residential schools too, sports were a part of school life for most young people there.

In some First Nations, sports are a very popular activity, both for young people and adults, especially the men. Sports are a wonderful outlet for emotional expression and stimulation of cognitive abilities. Such activities require ongoing strategizing that is dependent upon clarity of perception and instantaneous processing of information that guides decision-making. For some communities, it also includes some partying (use of alcohol and drugs), which may be viewed as aiding socialization, especially for people feeling socially inadequate, or feeling a need for inclusion and approval. This is a rationalized view of unacceptable behaviour because of risks associated with alcohol and drug use.

Sports lend themselves to learning a great deal about personal needs, skill development and mastery, and living within the limits of the game and one's body. A player committed to success fully invests self in the pursuit and will show strong emotion. Sports bring young people face-to-face with loss more than winning, and with good coaching and support, they can learn to manage disappointment and unhappiness in

healthy ways (Pollack, 1998). They offer life-sustaining teaching and learning when managed by a perceptive, dedicated and effective team builder/ leader who believes in the ability of the players and enjoys the support of understanding caregivers.

In most First Nations families, play is scarce, especially play between the father or mother and the child. Modern history taught some of them that life is a serious matter, so serious that play is viewed to be a wasting of time. For others, play is absent simply because it was not a part of their up-bringing.

In the 1950s, survival was a way of life. Resources were scarce, and social programs were not yet established and accessible on reserves. For some people, alcohol use provided temporary relief from stressors of life. It also consumed the attention of caregivers that would otherwise be available for friends, family and, especially, infants, young children and youth. Today, most people live with the effects of deprivation rooted in the struggle to survive and the absence of opportunities to recreate, especially through play.

Some First Nations people acknowledge and honour the fact that play is at the heart of healthy, integrated development, and that it contributes to the creation of a wholesome personal way of life (Kindlon and Thompson, 2000). Many other caregivers do not appear to understand the capacity for healthy play as an essential life force, perhaps because they themselves have not experienced it.

4.7 Value-based strategies for change

Traditional values can serve as guides for efforts in change focusing on males; for example, self-care, self-determination, bravery, wisdom (experience) and togetherness. Families created the foundation for learning these values. From birth, infants and young children were included in family activities in ways that enabled them to see, experience and understand how all things come together, and fit together (Ross, 1996). Through inclusion and teaching, new family members learned to communicate, to understand cause and effect, and to integrate information identified with their respective inner and outer worlds. They learned habits of self-care, were encouraged to work together with others and to share responsibility and accountability, learned how to make informed decisions, and had opportunities to show others what they were learning. As they developed increasing skills and confidence, these young people were acknowledged and affirmed for assisting others, and for taking manageable risks, such as meeting and greeting visitors to the home.

The profound impact of residential schooling on family functioning, generation to generation, was disruptive to the transmission of the above-noted values, especially for male children and youth. For many of them, self-care was limited mostly to meeting some physical needs, such as dressing oneself, getting something to eat, washing face and hands, and perhaps tidying up the hair. Less attention was paid to how well these tasks were carried out, and to the importance of positive recognition for

having done something well; for example, a fine job of dressing oneself appropriately for a cold, wet day or getting oneself a nutritious breakfast. Inadequately satisfied emotional needs discourage more than encourage the young man to make personal improvements, become increasingly self-determining, and to join groups of people who enjoy creative productivity. Coupling unsatisfied emotional needs with the absence of meaningful social interaction that generates the creation of increasing personal awareness and understanding, makes for unhappiness and possible depression. Such life circumstances do little to foster development of a relatively secure personal and cultural identity; in fact, they often contribute to ill-health if they are sustained over time.

Programs and services created and being delivered to address the needs for healthy infants and young children are beginning to make a difference in many First Nations and in urban areas populated with Aboriginal families who have access to resources, such as friendship centres. More can be done to enrich the lives of young people by working directly with parents and other caregivers within their own homes and neighbourhoods. Workers delivering these early childhood services are concerned that extending the positive effects of these programs into *closer-to-home* settings is often very difficult. It appears that anxieties and fears about being reported to child welfare authorities for inadequate child care discourages parents from cooperating and benefiting from the available resources.

With some exceptions, little attention is paid to the growth and developmental needs of children from ages six to ten and from ages eleven to fifteen. The behaviours of boys in these categories, especially in the school system, demonstrate that *working harder* with some of them and *working differently* with those experiencing difficulties is necessary to truly help them settle into roles that bring honour to oneself and to others in due course.

It is also very important to attend to the needs of the middle-aged community members because of their abilities, and potential abilities, to provide support, guidance and structure in the lives of children and youth.

Given the importance of transmission of culture to the developing identity of young people, children and youth should not be separated from (or isolated from) the healthy influences of older family and community members. Youth workers and others who attempt to work only with youth without engaging significant others in the activities make a serious mistake by so doing. They fail to achieve their intended purpose.

Not long ago, elders would intervene when something socially and culturally unacceptable was taking place. They would use their education, training and life experiences, and share what they had learned related to the concern. They would provide another point of view and suggest alternatives in the process of being helpful. Today, unfortunately, most elders wait for someone else to intervene — to say something — giving the impression that they are comfortable with chaos, conflict or oppressive behaviour because they choose to “let it pass.”

Addressing the consequences of oppression and lateral violence in communities requires the facilitation of teaching/learning activities to assist members to find the power within to renew themselves. This must be done out of respect and concern for the future of First Nations people, not to blame, point fingers, or further victimize or devalue them. Facilitating processes that result in people discovering what they know, and being able to use this newly discovered *old* knowledge, is renewing; in fact, it is often inspirational because it urges the learner to continue to create and recreate knowledge. Such a process works to overcome the negative consequences of colonization.

4.8 Conclusion

A man who has experienced being valued from birth knows that his membership in the family and community is valued. He has awareness of what he brings to it, his importance to it, and how others are important to it as well. He was raised to recognize connectedness of all people with one another and with all things of the Creator. He functions both as a proud warrior when needed and as a peacekeeper that gives priority to safety and well-being of all community members and supports their abilities to renew and to modify their lives.

Today, there is strong confusion about the place of maleness in First Nations. This confusion is identified with colonization for over the span of four and five generations — setting aside of reserves, establishment of, and administration by, a bureaucratic branch of government, residential schooling, and

modern child welfare practices. More recently, exposure to images and values easily available and accessible in the media has been a source of negative influence and destructive role modelling. Aggression is touted highly in movies, some television programs, popular songs and popular magazines. It is also experienced directly by First Nations young people in their communities, sometimes in their families, and especially between siblings. When they are told aggressiveness is not acceptable and bad, and in the absence of positive role models, they revert to imitating the familiar.

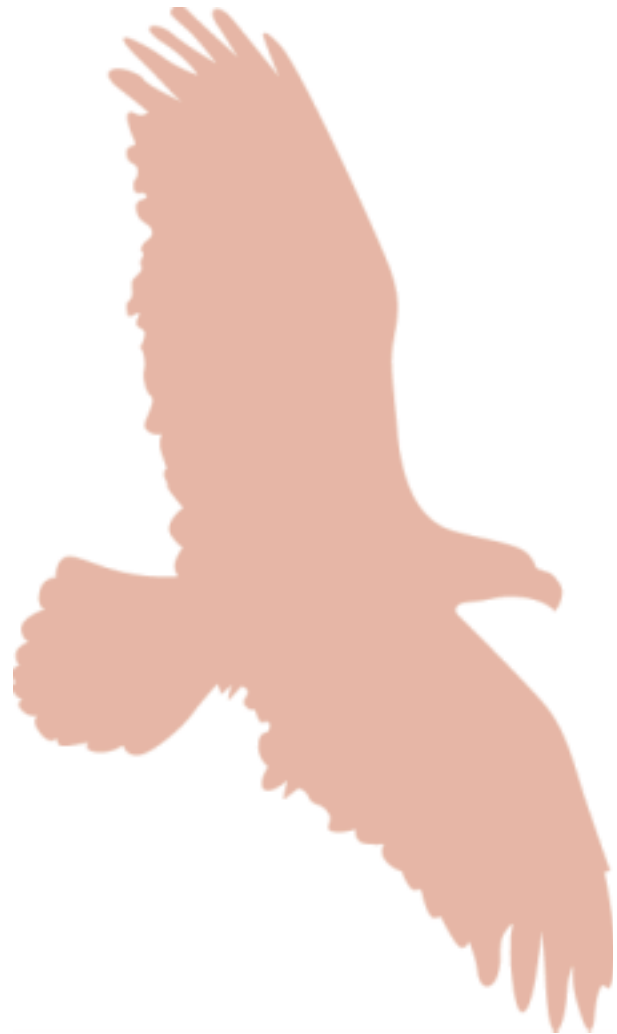
4.9 Reflective questions

1. Provide three examples of how the ways of the Western world have found a home in First Nations.
2. Why do you think most First Nations organizations have adopted the hierarchical system of governance?
3. In what ways are violence and sexual exploitation legitimized in Canadian society?
4. Discuss the implications of this statement: "Some families and communities seem to define maleness by stressing the negative of femaleness."
5. How do children learn to trust themselves?
6. What happens to a person who fears his emotional life?
7. Describe why you think fewer First Nations males than females graduate from high school or attend university.
8. For what reasons do some First Nations males have difficulty with intimacy? How do they often cope with this difficulty?
9. What evidence of First Nations cultural continuity is described in this part of the guide?
10. Describe two additional items of evidence to support First Nations cultural continuity.
11. Describe three main contrasts between Western ways and more traditional First Nations ways as you reflect upon the importance of worldview.
12. Fred, an 18 year old, enjoys balance and relative harmony in his life. Describe his relationships at home, at school (or at work) and away from home, school or work.
13. Discuss why most help made available and accessible in First Nations is mostly crisis-oriented.
14. Describe why storytelling in the Aboriginal context is so important to identity formation.
15. It is important for children and youth to learn to become resilient. What is resiliency? Give two examples of resiliency.

4.10 Concepts from the key definitions

Definition items to be considered at this time include the following:

- depression
- detachment
- education
- healing
- Medicine wheel
- multigenerational grief
- object of life
- personality
- psychotherapy
- rage
- self-care
- self-injury
- shame
- socialized
- structure of family
- suffering and trauma





Part V
Grieving, healing and
personal empowerment

Part V:

Grieving, healing and personal empowerment

In cultures under stress, the smooth operation of society and the sense life makes to its members can be seriously impaired. Culturally transmitted norms that once provided meaning and guided individual behaviour become ineffectual as rules for living or sustaining relationships, and the rules themselves fall into disrepute. People lose confidence in what they know and in their own value as human beings. They may feel abandoned and bewildered and unsure about whether their lives have any real meaning or purpose (RCAP, 1995:Chapter 3).

5.1 Introduction

Strategies to undertake change that will result in increasing social balance and harmony within and between families of a community will focus upon the inner and outer world of the people, individually and collectively. Most people in First Nations communities, like other people in Canada, seldom have systematic and organized ways to learn about their personal inner world and its relationship with the outer world. The education system focuses on learning about the external world. This type of learning is seldom balanced by teachings, which facilitate understanding of inner life with a strong emphasis on the use of one's powers of perception, feeling, thought and action. Traditionally, knowledge of both the inner and outer worlds was valued.

In this chapter, the following topics are considered as we search strategies for change that promote healing, personal well-being and empowerment:

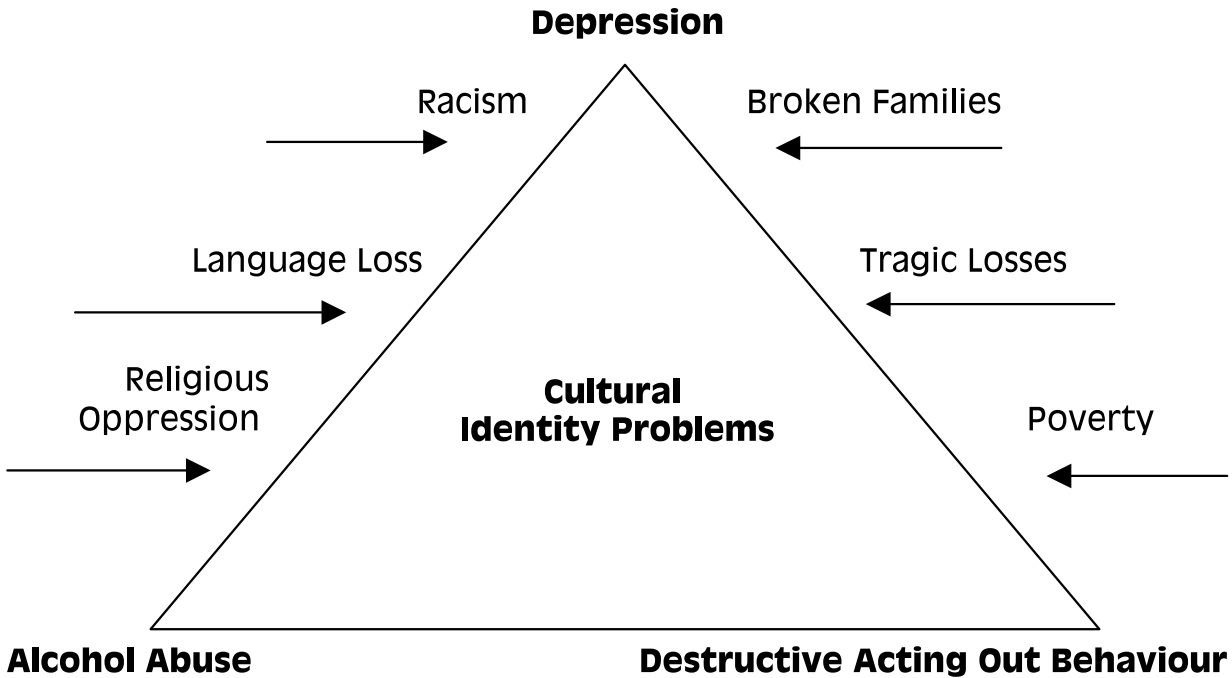
1. losses and their effects
2. traumatic experiences of males
3. elements of the healing process and recovery
4. mediating recovery
5. healthy relationships
6. stages in relationship building
7. levelling/dialogue

5.2 Losses and their effects

Traumatic losses include loss of language, spiritual and cultural practices, and identity; loss of land, self-sufficiency and self-governance; loss of children to residential schools and child welfare systems; loss of parenting roles and skills; and breakdown of family kinship and social structures.

Manifestations of trauma resulting from these losses include self-destructive behaviours, substance abuse, violence, depression, anxiety disorders and suicidal behaviour, all signs of great inner pain. Examples of these losses are shown on the following diagram that identifies major contributing factors to cultural identity problems in a First Nations context.

Of the three core indicators of identity problems shown here, depression is the most difficult to see. It is less visible than alcohol abuse and acting out behaviours,



[Adopted from *A Gathering of Wisdoms: Tribal Mental Health*, Swinomish Tribal Mental Health Project, 1991]

unless the person suffering from the condition makes it more visible. People who experience depression and are familiar enough with it to name and talk about it may choose not to reach out for help for fear of being labeled “crazy.” Most people in First Nations who do articulate concerns about depression were formerly addicted to alcohol and other drugs, and often become aware of its symptoms only upon achieving sobriety.

5.3 Traumatic experiences of males

Staff of treatment centres serving First Nations clients reported that up to 90 per cent of men coming for treatment disclosed they had been sexually abused. Such abuse most often occurred early in their lives,

when they were developmentally most vulnerable. In the absence of the support and safety necessary to deal with the abuse, as well as with other stressors in their lives (threats, racism, poverty, violence, deprivation of parenting), these men chose to escape through substance abuse.

The lack of post-traumatic support actually causes long-term difficulties, not the traumatic event itself. This is key to understanding what is necessary to help traumatized people regain their equilibrium and capacity to function fully.

People become traumatized because they cannot cope either with the traumatic event or the reactions it produces in them. They are overwhelmed and flooded with physical, emotional, and cognitive responses. Most often, they attempt to

recover by shutting down mental and body memories, and feelings. This results in blocked energy in each of the dimensions of being human — mental, physical, emotional and spiritual. Intelligence shuts down, physical well-being is diminished, care for oneself and others is limited, as is the zest for life. Distortion is experienced in the powers we are each born with: to perceive what is, was and will be; to feel the full range of human emotions; to think, remember, problem-solve and learn; and to act purposefully and appropriately in the world.

A life shaped primarily by the past (RCAP, 1995), with a limited future and with negative impact on other lives it touches, shows symptoms of post traumatic stress disorder: hyper-vigilance (hyper-arousal), nightmares, body memories, flashbacks (intrusion), numbing, splitting off of, or dissociation from, feelings and substance abuse (constriction). These behaviours, and others, represent the person's best efforts at blocking the overwhelming feelings resulting from the trauma, so they can survive and carry on with life. They are actually doing the best they can, by defending themselves with anger, isolation, work or addictions.

5.4 Healing and recovery process

Four things are essential for recovery:

- (a) a relationship with a person capable of helping the traumatized individual restore trust in oneself and others, and access his full range of human abilities;

- (b) safety in his personal environment to risk entering into such a relationship and remaining in it throughout the difficult journey of facing what has been avoided;
- (c) strategies for emotional self-regulation; and
- (d) time.

Positive personal growth takes place over time and in a mediating relationship through which one can learn how to take responsibility for one's inner life and, thereby, makes desired changes in one's outer world.

Restoration of trust in oneself is challenging for people who have been traumatized. Satisfying this challenge usually begins with unconditional acceptance on the part of the helper. When the person being helped accepts the helper's assistance, sharing of information occurs; the two people begin to communicate. The more open the communication, the more the person being assisted gets in touch with what he knows. As he shares his experiences, he tells his story, or parts of his story. While doing this with a skillful and knowledgeable helper, he learns how to organize and make something whole from, sometimes, chaotic feelings of pain and confusion (Wylie and Simon, 2002). The person helped may learn that the more ways he interacts with others, experiences himself and understands life, the more likely he is to find new ways of approaching his problems. Learning is a process of helping learners rewrite the story of their lives.

The more we reflect on our life experience, the more we discover what we know. With a richer and fuller pool of information in our conscious awareness, we are able to create and tell more complete and more realistic stories that are often modified over time. These serve well as a framework for goal setting, including opportunities to assist others (self-help and mutual aid groups, for example). Participating in relevant cultural ceremonies and learning more about spirituality, one's story can become anchored in the wider realm of one's culture, tradition and history.

A clear and positive sense of cultural identity in institutions that allow for collective self-control, along with strong bonds of love and mutual support in the family and community, can act as a protective force against despair, self-destructiveness and suicide (RCAP, 1995). Language, land and colonial legacy lie at the heart of culture for First Nations people and should, therefore, be targeted in all work connected with grieving, healing and prevention.

For change to occur, it is vital for 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 colonial 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.

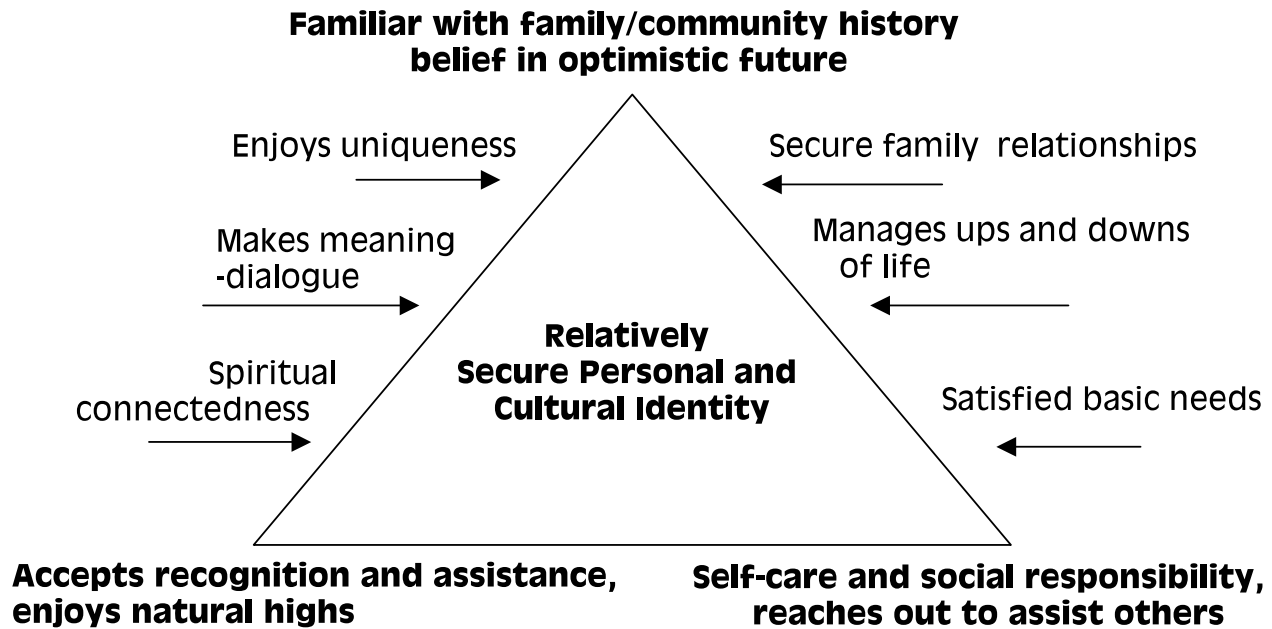
5.5 Mediating recovery

The helper in this relationship serves as a mediator between the client and his inner and outer worlds. In so doing, the helper acts with faith in his ability to change, and with the intention of influencing his learning and behaviour in a positive direction. In a sense, the helper interposes himself between the person and the event that traumatized him, helping him revisit it and its impact on him. (See teaching/learning models in section 1.9). The helper helps him reconnect to his feelings, perceptions and beliefs, and to develop insight as to their meaning. The helper teaches him strategies for taking responsibility for internal regulation of distressing, potentially destructive emotions, strategies that affirm his value and that of others (Stosny, 1996). The helper helps him rework the story he has made of his life, a story that produces alienation, and helps him to revise the narrative into one that is life-affirming and reconnects him to himself and others.

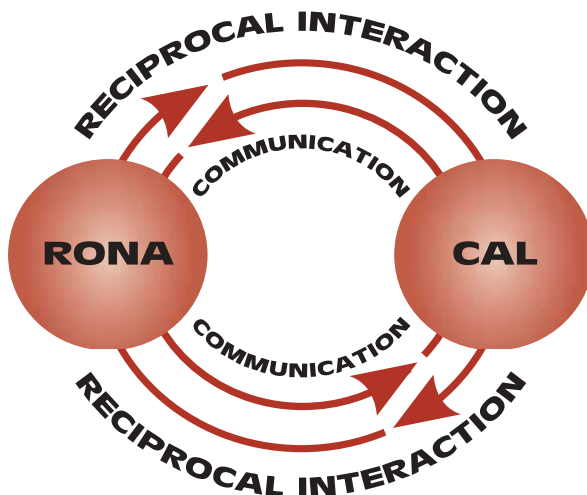
As he progresses in this internal change process, he becomes more capable of initiating and sustaining positive change in his outer world of family and community. Healing from trauma, then, is a vital prerequisite for achieving desired societal change. Critical to such change are healthy relationships. See more details about relationship building in Appendix D.

5.6 Healthy relationships

Secure family relationships — sharing that supports emotional and intellectual growth — and spiritual connectedness are key factors for healthy development.



Unmet safety and security needs, together with the absence of trusted others to confide in, are often associated with the incidence of violence and sexual abuse.



People who enjoy healthy relationships with others interact person-to-person, as shown in the picture to the left. They are comfortable sharing neutral space that is used by each of them as they interact. They each value one another's experiences and ability to share in helpful ways.

The two people in the picture share information that increases their respective awareness, understanding and knowledge. Neither has the need nor the desire to control the other. They do not use blaming or placating behaviours (Satir, 1988) that are described in Appendix F. People who communicate easily and naturally usually possess

some self-knowledge, and are perceptive as they focus upon their external world. They observe carefully and describe in detail what they see. Their ability to convey feelings and to articulate what is happening in their inner and outer worlds brings everything to life. They are interesting to attend to and they listen attentively to what is being shared with them.

People who dialogue, call upon their respective inner resources: the powers to perceive, to feel, to think and to act that represent abilities that work in unison. Each relates to the other by using “I” statements. An effective “I” statement reveals the speaker’s perceptions, feelings and thoughts, and may invite a clarifying response from the listener. “I heard the door slam and felt concerned that you were angry with me. Is that the case?” This is an example of levelling communication in contrast to a blaming, placating, computing or distracting response. See the Awareness Wheel for more about the power of perception, feeling, thinking and doing in Appendix H. Also, see Appendix C for a case example that demonstrates tough love and levelling communication.

In some First Nations, there are few people who relate and interact reciprocally. Consequently, community members who become aware of such people either want to get to know them better or tend to keep their distance. They may be feared because they are socially confident, listen attentively, ask questions easily, speak well, and seem knowledgeable without seeming to be arrogant.

5.7 Balance, harmony and personal presence

People who enjoy relative personal balance and harmony in their lives are recognized for being friendly, attentive and helpful. They are comfortable giving of themselves in relationships, even with strangers who may be seeking guidance and direction. People who function in this way have found ways to satisfy their physical needs, to have relationships with others that satisfy emotional, intellectual and spiritual needs, and to develop the insight and discipline necessary to sustain a balanced lifestyle. See Appendix G for a discussion of the Medicine Wheel that focuses upon physical, emotional, intellectual and spiritual needs.

A person who seeks to become an effective person, personally and professionally, can grow in understanding and skills by studying these needs and the culturally appropriate ways of satisfying them. The model of the Medicine Wheel can be successfully used to increase self-knowledge, both in the classroom and counselling settings, by a facilitator skilled in relationship building. Positive relationships are described in some detail in Appendix D.

One confiding relationship, meaning a relationship where one [is invited to] speak one’s heart and mind freely ... [offers the] best protection against most forms of psychological trouble, especially in times of stress (Gilligan, 2002:28).

5.8 How therapy can help

Mary Pipher (1996) explores how culture affects the mental health of families and considers, in her book *The Shelter of Each Other, Rebuilding our Families*, how therapy can help. Her best advice strongly influenced in the development of the following points:

1. Good therapists do not give much advice and stay out of the way when clients are succeeding. Making your inner resources available and accessible to the clients is important, especially the sharing of positive energy led by an unfailing belief in their ability to change themselves.
2. Good therapists help people sort out what they can and cannot control. Often, this requires exploration of what “control” means and how it manifests itself in everyday activities. The Awareness Wheel (Appendix H) is a very useful tool in this exploration that can be enriched by a discussion of relationship formation/building (Appendix D).
3. Therapists can help people think clearly about goals and move toward them. Doing this usually requires exploration of how the client is dealing with everyday challenges: *Is he or the family prone to live in the past, stuck living in the present, or already future-oriented most of the time?* See the discussion on “decision-making” in part VI.
4. Therapists can teach all feelings are acceptable and that all behaviour is not acceptable.
5. Therapists can encourage people to express feelings honestly, and to behave properly by modelling honesty and proper, honourable or respectful behaviour. Learning to be honest with feelings poses a major challenge for some First Nations people because it has not been organic to their lifestyle. As Pipher points out: “By emphasizing both [emotional] honesty and good behaviour, they integrate the wisdom of different eras” (1996:137).
6. Therapists can teach relationship skills, empathic listening, clear communication, strategic praising, conflict mediation and simple good manners. Most First Nations people who have not learned to know mutual trust do well in their progress after they understand stages of relationship building and the forces that work to support and to restrain this development. Progress naturally lends itself to skill building in listening, communicating and so on.
7. People need natural, biological time to allow their stories to unfold. Note that therapeutic sessions are often the only time families are all in one room together talking about their situation. It is important that this sharing is equitable; that is, each member of the family has a chance to hear and to be heard in a

relatively safe environment. This time together to talk is sometimes all that needs to happen for things to improve. Pipher (1996) emphasizes that talking and listening are healing. She goes on to say that, often, most healing to clients is the knowledge that another person understands their reality.

8. To claim to understand another person's life too quickly is both a lie and an insult. Inexperienced counsellors and other helpers often make this error in their enthusiasm to be helpful. The story to attend to is the client's, not that of the helper.
9. Therapists can help people clarify their values and set priorities. This is very important in Aboriginal contexts because their history of formal education lacked depth and consideration of inner world aspects of life. As people get in touch with their life experiences, they begin to discover what they know and do not know. Processing of such experiences is crucial for discovery of real or lived values and the ideal ones.

Pipher (1996) advises that therapists encourage people to use their time in accordance with these values and priorities. Therapists can help people become wiser, more tolerant, flexible and aware. Therapists can help them be less fearful, angry and lonely.

“Good therapy is a meaning-building activity.” It's about building relations and seeking the truth with all its ambiguity.

“When therapy succeeds, it is a miracle. It is the result of caring, respectful connection of people working together to solve problems” (Pipher, 1996:139).

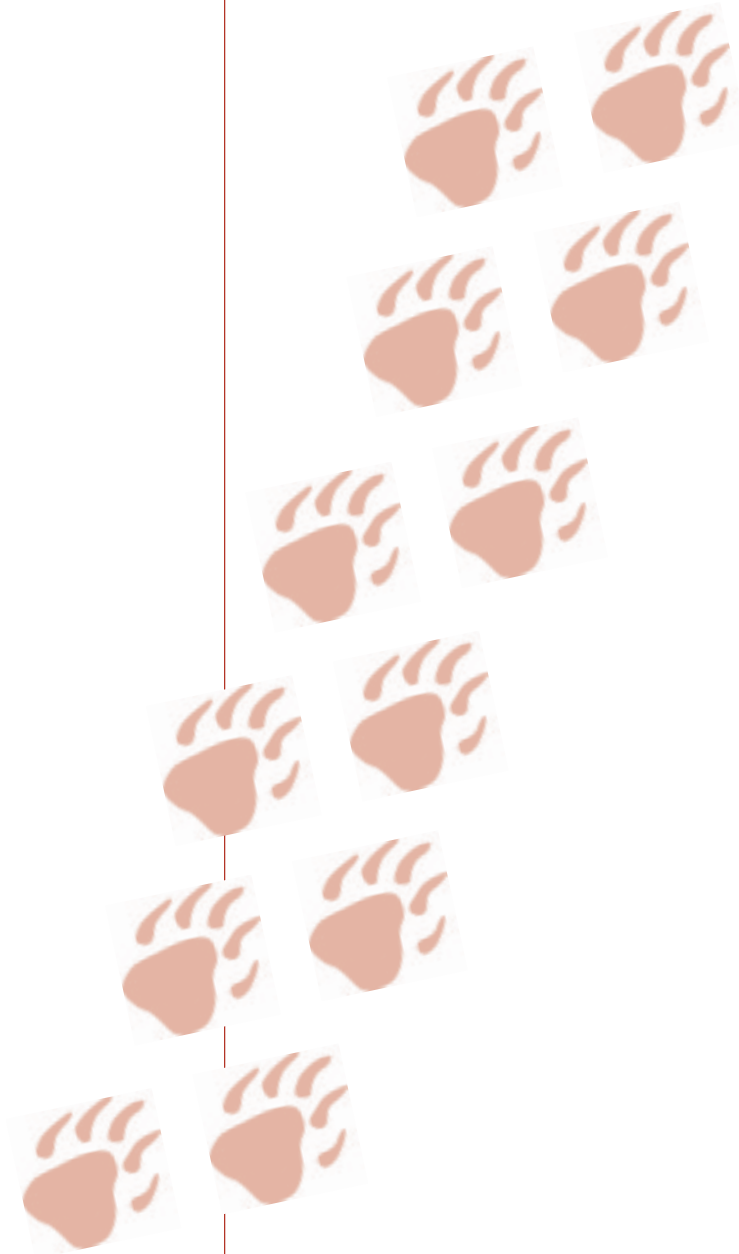
5.9 Reflective questions

1. Explain what “traumatic loss” means.
2. Give five examples of traumatic losses and their respective effects.
3. In your work with clients, how would you include aspects of language, land and colonial legacy that are at the heart of the client's culture?
4. Describe the four things that are essential for recovery.
5. Why are the four things you describe essential for recovery?
6. Draw a picture of a healthy relationship and explain what needs to take place for it to be healthy.
7. Why is it important for healthy people to own their own feelings, thoughts, perceptions and actions?
8. Describe what you learned about relationship building. Reflect upon your personal life experience as you do this.
9. Explain how dialogue relates to emotional and intellectual development.

5.10 Concepts from the key definitions

Take enough time to make meaning of the following concepts:

- hegemony
- nurture
- phenomenology
- play
- prevention
- principles
- spiritual



Part VI
Strengthening
community of care



Part VI:

Strengthening community of care

From a humanitarian perspective ... [community development] may be seen as a search for community, mutual aid, social support, and human liberation in an alienating, oppressive, competitive, and individualistic society (Campfens, 1997:25).

*Determining how to harness human and material resources so that those **in need** will have access to opportunities to experience nurturing, caring, sharing and personal growth is the key challenge facing community builders. Strengthening personal support networks, and building others as needed, is essential for personal health and togetherness as a group. The will and ability to communicate meaningfully are essential for change to occur.*

6.1 Introduction

People who attend to each other's needs for safety, adequate shelter, food, friendship and purposefulness care about each other. While they affirm their social nature by doing this, they also transmit their culture, generation to generation. When their abilities to sustain health and wellness are disrupted, their ability to attend to the care of oneself and others becomes threatened and transmission of culture flounders. As the foundations of the family and other social institutions were weakened by colonization and failed to fulfil their purpose, the presence

of community in the lives of people became less and less.

Being taught their feelings and beliefs, as well as their customs and institutions, are evidence of ignorance and barbarity, colonized people begin to distrust themselves and to hide their authenticity. From this devalued state comes a lack of self-confidence, a fear of action, and a tendency to believe that the ravages and pain of colonization are somehow deserved. Thus, the victims of colonization begin, in certain cases, to blame themselves for all the pain they have suffered (Daes, 2000).

In a devalued state, people tend to respond to any threat or challenge with anger and blame. This is the root of lateral violence; devalued people inflict anger at their circumstances upon one another, even though they are all "in the same boat." Unless value is restored, both on the level of each individual and that of the community as a whole, achieving true community is not possible.

6.2 Community of care walks away

At the end of World War II, health and social service programs in First Nations were introduced and were followed by provision of additional services, such as education, housing and make-work projects. A few people of the community were paid to deliver services, and as the number and range of services increased, more and more people of the

communities looked to the band office for assistance, not to family and extended family as before. The phenomena of care that strengthened togetherness, affirmed purpose and belief in an optimistic future quietly **walked away** from the lives of many families.

John McKnight (1995) discusses this phenomenon. He presents it as the outcome of programs and services upon which those served become dependent. They do less and less for themselves and suffer other personal and social consequences because paid practitioners cannot provide the quality of care that nurtures the soul.

The challenge of strengthening community of care in First Nations is complex. Community-wide issues (Connors, 1999), such as negative attitudes, gossip, long-standing historical divisions between families, and lack of community spirit and involvement, subjective criticism of most things, both good and bad, constitute a heavy dark veil that constrains change. This has serious implications for efforts to achieve self-governing goals in regard to inadequate and insufficient housing, both on- and off-reserve, social isolation, transient and broken families, lateral violence, low paying jobs and unemployment.

6.3 Decision-making

Another constraint to positive change efforts is the difficulty many First Nations people have in making decisions. The model of the Awareness Wheel that represents one's inner world of perception, feeling, thought and action is useful in discussing why decision-

making is so problematic. See Appendix H for a detailed description of the Awareness Wheel.

In First Nations, many members have difficulties making decisions today for tomorrow, usually because they are so involved in attending to the pushes and pulls of life today. Survival consumes so much energy that there is little left to support focusing on tomorrow and its possibilities. People constrained in this way may be said to be **caught living in the present**. They worry about their safety, security and comfort, and do whatever they can to keep others in their life happy. They fail to make their own history. They make sure others make it for them because they are more comfortable following, pleasing others and doing whatever they can to resist being personally responsible.



The other category of people who experience similar difficulties are those who prefer to **live in the past**, remembering **the good old days**. Often, these people find their perceptions of reality so full of triggers and associated discomfort that they refuse to **see** it or to think about it. They flood their thoughts

and feelings with what they recall of the past.

In summary, one can say the following about the three parts of the action quadrant that represent one's ability to take action based on one's best thinking:

- **future:** one who considers needs and wants for tomorrow in making decisions can be said to be future-oriented. Making trade-offs today by investing in one's own education and training instead of buying a new vehicle or starting a family is an example. Some people have difficulty being goal-oriented because so much of their energy is spent on dealing with the daily pressures of life. Poverty severely restricts the available options. Others may not have had the chance to learn how to prioritize or set short- and long-term goals. The institutional life of residential school does little to promote independent decision-making or optimism about one's future.
- **past:** a person whose decisions and behaviours are limited or controlled by the past may fit this category. Almost everything they talk about and do is related to the past. Living in the present is difficult for them. Thinking about tomorrow or having goals is similarly difficult. For such persons, life today is so stressful that they find ways to avoid perceiving it or facing it by thinking only about ***the good old days***.

- **present:** for people in this category, being liked, accepted and approved by others is so important that they fail to act on their own thoughts and feelings. They choose to do what they think and feel will be OK'd by someone else. Such persons do not manage their own lives. They permit others to manage life for them. People in this group, according to Paulo Freire (1970; 1973), live as ***objects of life***, not ***subjects of life***.

People who lack coping strategies and self-awareness necessary for constructive decision-making can learn, grow and change. In fact, they must, in order to build a future that is better than the past.

The action quadrant is divided into past, present and future. Action that is narrowly bound only by present concerns may repeat past patterns; action taken without consideration of its effects may have damaging consequences. When people are blind to the ways in which their present behaviour reflects their past experiences and their perceptions, feelings and thoughts, they are less likely to be able to construct a positive future free of accumulated psychic burdens.

6.4 Unconditional acceptance is key for relationship building

In First Nations communities, relationships are highly valued. Positive identification with others, especially families and friends, is very important. Children are well prepared for relationship building from experiencing acceptance, inclusion, positive

recognition and membership in a healthy family.

Because of historical disruptions and cultural discontinuities in family life, opportunities for building of healthy relational skills have been more absent than present in many families. The know-how for relationship building is essential for people concerned about self-determination. See Appendix D for more information on this topic.

When two people become aware of each other, some kind of acknowledgement usually takes place, whether they have met earlier or not. Let us consider two strangers, Fred and Orval, who find themselves looking for the place of a meeting. Fred sees Orval and says, “Good morning, I am Fred,” and Orval shakes his hand. Fred acknowledges Orval’s importance by greeting him and taking his hand firmly and warmly. Orval, in turn, also recognizes Fred’s importance. They are prepared to share information as equals: they have shown each other respect and acceptance. This meeting would not have taken place if each of them chose not to acknowledge the other in the first instance.

In a First Nations context, it is not uncommon to discover that some adults have not enjoyed a trusting relationship with anyone, including themselves. People with this history will usually extend the testing stage before actually truly trusting someone else, and may opt not to take the risk at all. Such a person may benefit from discussion about the Awareness Wheel, which features a personal inner world that consists of the powers of perception, feeling, thought and action.

6.5 Focus on the family, the foundation of community

Families need to be supported, affirmed, protected and validated. Therapists can work to disconnect families from forces and systems that will harm them and to connect families to people and places that will help them. The therapist’s job becomes connecting people—parents and children, families and extended families, parents and other parents and families to schools and communities (Pipher, 1996:31-32).

Families are the foundation of a community. The healthier the families, the healthier and stronger the community. The following advice for counsellors and other therapeutic helpers is designed to strengthen the foundation of the community:

1. Build family identity and self-determination:

We can teach families how to protect themselves with their values, use of time and places, celebrations, stories and metaphors. Therapists can help families create a place to build family identity and power. This involves putting family first.

2. Connect people with relatives and their family and community history:

We can work to connect people with their histories and their extended families. Even the most difficult families usually have some potentially redeemable members.

3. Help families build support systems:

Building networks of support may involve building closer working relationships with relatives and other community people both inside and outside the village. This usually involves learning how to trust each other as good friends who care about each other as family members. With trust, they can reach out to each other in times of need for understanding and moral support.

4. Promote resiliency, togetherness and courage in all circumstances:

Focus on learning, creativity, fun and good work. Courage is the power of being cheerful in circumstances known to be desperate. Pretty much all communities have members who are courageous, resilient and together. These people need to become better known because they are valuable models.

5. Being respectful at all times:

Always be respectful. Respect means that clients speak for themselves and are responsible for their own actions. Family members not in the room also deserve respect.

6. Learn differences between feeling and thinking and truth and fantasy:

Assist people to differentiate between thinking and feeling, and between truth and fantasy. This may be facilitated effectively by focusing upon the Awareness Wheel that includes powers of perception and action, as well as feeling and thought. Help people deal with reality and understand why it holds some people back through fear, shame or other powerful feelings. Reality serves as a launching pad for others to focus upon the future.

7. Facilitate posing of perceived problem:

Create conditions and situations for people to tell their story that features what they perceive to be the problem, or situation to be resolved. Attentive listening goes a long way in fostering this activity; sometimes, by listening the storyteller finds his own answer, and thanks you warmly for your help.

8. Make effective decisions:

Help families develop a strategy to make good decisions. Help people learn a process for discussing choices in a way that includes everyone and leads to a fair, reasoned decision or decisions.

9. Model and teach empathy:

Learn how to be empathetic when others show empathy, care and respond non-judgementally.

10. Be genuine, real and creative:

Promote authenticity and creativity. Encourage people to tell the truth and be themselves. Help people define themselves from within, rather than allowing the larger culture to define them. Learning to make your own history is a key to this process.

11. Fight secrets, promote openness and encourage facing pain directly:

Encourage families to tell the truth about family secrets that are usually hidden and not addressed openly.

12. Learn to diffuse anxiety and manage stress:

Help families diffuse anxiety and cope with stress. Families need ways to deal with things that are embarrassing, frightening, sad or upsetting. When families have an outlet to relieve stress, and the helper/healer has facilitated this expression, family members are usually more ready to talk more about their lives.

13. Model and teach wellness and healthy lifestyles:

Encourage families to eat properly and exercise regularly, attend conscientiously to other physical needs, and learn to be more effective in meeting emotional, intellectual and spiritual needs.

14. Attend to consumption and addictions:

Help families to control consumption and addictions. If drugs, cigarettes or alcohol are creating problems in their lives, help them stop using them. Teach impulse control, delay of gratification and frustration tolerance.

15. Control and eliminate violence:

Help families to control violence. Facilitate conversations between angry and hurt people. Teach family members that nobody deserves to be physically hurt or verbally intimidated. If the violence does not stop, help members leave dangerous situations.

16. Find balance between individuation and togetherness:

Help family members find the balance between individuation and connection. To help people the most, acknowledge their needs for both connection and autonomy.

17. Foster humour, build good character, and enjoy moderation and balance.

6.6 Promising practices

Each community needs to find its own key issues, priorities and healing path. Some of the general goals of community development and community healing can be described as (White and Jodoin, 1998):

- a) increase the community sense of ownership and decision-making over its own affairs;

- b) improve the ability of the community to address its own social, economic and health concerns;
- c) allow community members to experience greater levels of self-confidence and self-esteem;
- d) increase the sense of belonging in community members;
- e) increase the level of communication and integration in social and health services; and
- f) increase clarity of roles and responsibilities of community members, both volunteer and professional.

Serious discussion of roles and responsibilities seldom takes place in most communities, for reasons including absence of trust and serious gaps in the teaching and learning that took place at home, in school and in the community. Such discussion is often viewed as threatening because “taking a look” at one’s own performance within the family and community is getting too personal. The final goal listed, therefore, poses a major challenge both for the people leading the way and those being approached to join the movement.

A community is more likely to find healing and experience successful change if solutions are based on its worldview, traditional practices and “good” cultural ways. Traditional approaches for providing support and healing include storytelling, sharing circles designed to promote intentional learning, discussion circles, purposeful play, participation in

ceremonies and role modelling (Poonwassie, 2001; Mussell and Stevenson, 1999). In communities where there is a mix of worldviews, efforts should be made to identify what their worldviews share in common and to build upon them. Focusing upon identification of shared principles and/or values often facilitates movement by the community (group by group) in the desired direction.

6.7 Reflective questions

1. Describe three community-wide issues. Explain their probable origin and discuss why each continues to be an issue.
2. Why do you think so many people in First Nations are stuck living in the past and present?
3. Discuss unconditional acceptance as you have experienced it.
4. It is stated that worldview, traditional practices and “good” cultural ways are key aspects of necessary knowledge for the agent of change. Make a strong case for this point of view.
5. Based on McKnight’s thinking and analysis, describe how the community of care walked away from some First Nations?
6. How would a family make its own history? Provide an example.
7. Explain why so few First Nation people are comfortable talking seriously about their future.

-
8. Explain the process of storytelling.
 9. Why is storytelling a key strategy for healing and personal growth and development?

6.8 Concepts from the key definitions

Take a few minutes to consider the following definition items and their meaning:

- critical literacy
- critical pedagogy
- resilience
- respectful behaviour
- restructuring
- self-determination
- social supports
- spirituality



Appendices

Appendices



Appendix A

Methodology

Goals and objectives

Men have major roles to fill in creating safe, secure, nurturing and inspiring environments for infants, young children and youth to become healthy, strong, intelligent and wise leaders who truly value family and community life. To achieve this goal, together with their partners and other caregivers within the family and community systems, men must themselves enjoy health, genuine pride, intelligence, quality family life and wisdom.

The purpose of this research is to produce a guide for caregivers/parents, community-based health, education and social development workers, consultants/advisers, leaders and others contracted to provide human services that addresses the following objectives, presented in no particular order of priority:

- ❑ to reach and to inspire more First Nations men to address the effects of losses and trauma in their lives in a First Nations context;
- ❑ to influence more First Nations boys, youth and men to overcome their resistance to engage with others of both sexes, and of different cultural backgrounds, and to discover the joys of personal growth, genuine care and rewards connected with supporting and assisting others in effective ways in a First Nations context;

- ❑ to work more effectively with parents and other caregivers to prepare and equip young boys and youth with the abilities required *to find a place and make a personal space* in a range of social situations, enjoy self-care, togetherness, learning how to learn and being of assistance to others; and
- ❑ to provide practical reference materials.

Activities undertaken

Two main activities were undertaken to collect information regarding topics such as, Aboriginal male experiences, needs, issues, up-bringing and family life:

- ❑ a literature search from a variety of disciplines, and from conference proceedings, special reports and dissertations; and
- ❑ semi-structured interviews with frontline practitioners addressing the needs of First Nations male clients and their families.

Literature search

For the search conducted, key concepts and search terms were identified and applied, and both quantitative and qualitative literature was considered. Nine of ten pieces found were considered qualitative. The topics of First Nations

family life and roles and responsibilities of caregivers have not been priorities for academic research. Sources of information reviewed identified issues, problems and needs of First Nations people without similar attention to strengths, gifts and assets. Recurring themes included violence and abuse, suicide, addictions and residential schooling.

Some references identified the following interventions and solutions: (a) healing and other therapeutic practices; (b) description and analysis of historical forces that contributed to contemporary First Nations life; (c) community development strategies; and (d) child well-being and family support of boys and youth not specific to First Nations people.

A major gap in the literature is the consideration of what constitutes a healthy family; how healthy, responsible and culturally strong children are raised, and ways and means to assist families in difficulty.

Frontline workers and leaders interviewed

The experiences of the following caregivers/practitioners were collected through in-depth personal and/or telephone interviews with the author:

- ❑ an Aboriginal clinical social worker;
- ❑ an Aboriginal education consultant with social work credentials;
- ❑ a long-term employer, former chief and community leader;
- ❑ an Elder working as a manager/educator with university credentials;

- ❑ three addictions counselors (two male and one female);
- ❑ an Aboriginal director of family and child services;
- ❑ an Aboriginal addictions therapist;
- ❑ an Aboriginal co-manager of health programs; and
- ❑ four other practitioners providing services in Aboriginal contexts:
 - ❑ a psychologist,
 - ❑ a nurse,
 - ❑ an art therapist, and
 - ❑ an addictions specialist.

Topics discussed in the semi-structured interviews

- ❑ Roles and responsibilities being filled by girls and boys in First Nations families;
- ❑ likely historical forces contributing to the son and daughter roles being identified;
- ❑ transitions, generation to generation, of male and female members;
- ❑ how boys have been raised in recent generations, and the major traits of boys;
- ❑ perceptions of healthy families;
- ❑ perceptions of the roles of fathers and mothers;
- ❑ environmental influences of schooling, education and training experiences, and how they influence family members' lives, particularly patterns of parenting/caregiving by both mothers and fathers;
- ❑ perceptions of contemporary social realities — presence of togetherness and changes within family, other social entities and community; and

- ❑ questions regarding ways to assist men in First Nations communities to embrace their need for wholeness emotionally, mentally, physically and spiritually.

Some highlights of findings from interviews

- a) Phenomena of passive-aggressive oppression in families and groups;
- b) isolated nature of male life and its woundedness;
- c) inwardness of family and community;
- d) attacks on cultural modalities and their effects;
- e) expectations that boys can look after themselves;
- f) reliance by boys on peers for inclusion and satisfaction of needs, not family members;
- g) thoughts about healthy families, traditional learning and the importance of healing;
- h) roles of fathers and mothers;
- i) significance of traditional values, such as bravery, social cohesion and the land being the culture; and
- j) suggested ways to promote desired change in the lives of First Nations males.

The most disadvantaged members (of First Nations) are hardest hit by vagaries of domination and oppression — children, men, and women with no power-base and pursuing traditional lifestyles who must continually adjust in a world they can make little sense of (Dion Stout, 1994:2).



Appendix B

Worldview

Introduction

Study of a First Nations worldview, and comparison and contrast of this worldview with that of the Western world, will help to create strategies for change that can bring increasing health and wellness to First Nations males, other members of their families, and communities. In this appendix, attention is focused upon a First Nations view of mental health, the significance of the collective, symptoms of loss of balance, and major aspects of reported mental health problems.

Western worldview

The people who became settlers of Canada came mostly from societies that made property the foundation of their social order (Tawney, 1926). Land was cherished and could be owned by a person. Most of them believed that laws were necessary to protect the rights of the individual. It was believed that human kind, by nature, were prone to be evil and required control.

Unlike the Indigenous peoples of the land who believed in the security of the cultural collective, the newcomers were far more reliant upon material property that could be used to obtain protection, security and insurance. They had need for more power and control over nature, resources and people who could become threats to their security. They created a

legal system that employed punitive measures and provided justification for treaties that were made with survivors of the Aboriginal peoples.

First Nations worldview

Ancestors of First Nations people valued wholeness, symbolized by the circle, family, community and other concepts such as the drum. They believed in the innate goodness of all human beings, a value essential for cultures that rely upon reciprocal relationships and mutuality. Wholeness continues to be valued in most First Nations communities today. Holistic approaches are based on relationships with other people, and all creatures and things created by the Great Spirit. The holistic view sees all parts of life as interrelated. Spiritual life, family relations, emotions, thinking and physical health are related to each other and the environment. There is a constant give and take between the physical, the mental, the spiritual and the emotional, and between the individual, the family and culture (Swinomish Tribal Mental Health Project, 1991).

Other major aspects of the traditional First Nations worldview include the following (Tennant, 1992; Battiste, 2000):

- living in harmony with nature as opposed to controlling it;
- valuing the primacy of rights of the collective, rather than the primacy of individual rights;

- being self-caring and self-sufficient, not dependent on others;
- honouring laws of the Creator, not those of the state;
- respecting the laws of nature as opposed to what scientific data show;
- preventing illness and disease by wholesome living, not treating disease;
- treating the whole person as opposed to the specialist approach of Western medicine; and
- learning, as a child, to see all things as interconnected and dedicating oneself to connecting in respectful and caring ways, to everything, at every instant, in every activity (Ross, 1996).

Aboriginal view of mental health

Given the history of colonization, spin-offs such as addictions, violence and suicide in Aboriginal communities are viewed as outcomes of the past with its layered disruptions of identities and culture (RCAP, 1995).

For First Nations people, mental illness is the outcome of a lack of balance or harmony in one or more areas due to such things as lack of rest, excessive worry, under-eating or overworking, and/or isolation from supportive relations and other sources of inspiration. For them, mental health is not just a function of the individual, but of the social structures outside the person that teach practices for maintaining, supporting and restoring balance.

[G]ood health is ... the outcome of living actively, productively and safely, with reasonable control over the forces affecting everyday life, with the means to nourish body and soul, in harmony with one's neighbours and oneself, and with hope for the future of one's children and one's land. In short, good health is the outcome of living well (RCAP, 1996:314-315).

Human beings who are raised in a safe, caring and respectful environment learn to value their lives and the lives of others, including plants and animals, and other creations of the Great Spirit. This sense of identification enriches their existence on this earth. It inspires them to share the meaning they make of their lives. They learn to believe in their abilities to make informed decisions and other kinds of judgements. They pay attention to their intuitiveness and use it as a guide in their daily lives. They believe in their ability to modify self and convey this belief to others. Song, dance, ceremony and other processes of caring and sharing enrich one's sense of inner wholeness, togetherness and purpose on this earth.

Land is healing for First Nations people who relate to it as home, a familiar landscape and an educational experience. Land is a place or territory where family members reside and foster their unique culture and livelihoods. Land is steeped in values and in a landscape made familiar by shared stories. Land also represents educational experiences for First Nations young people who

participate, from time to time, in national gatherings, back-to-the-land rituals and survival training activities where they learn skills like responsible living, problem-solving, team building and other traditional teachings (Dion Stout, 2002).

A person's spiritual state is connected to the land, the people and the community. It is an inner state that fosters honouring beauty of spirit that reflects inner peace. It is sometimes described as relative personal harmony and balance. This gift is described as *having found sacred space*. Inner peace facilitates connection with the peacefulness and beauty of the natural world around us (Tolle, 1997; 2003).

Some Elders of First Nations talk about this gift of spiritual awareness that keeps a person in touch with significant others in their lives. Suddenly feeling the need to get in touch with someone or strongly sensing someone's presence that appears at the door for a visit are examples of the gift. Ability to sense and to read changes in the environment may inspire decisions that otherwise would not have been made.

Some Elders also remind us that the feminine in our more traditional Indigenous cultures was viewed and treated as sacred. This value still has a strong presence in families that hold the matriarch, the grandmothers and the mothers, in high regard, treating them with respect, with pride and as colleagues in all processes and decisions affecting First Nations' lives today for tomorrow. Honouring femaleness and maleness began very early in life (Williams, 2004).

Disruptions and conflict

People who become self-caring and self-sufficient are usually supported through their ongoing relationships with their family and other social systems that sustain these values. Without the social collective, it is doubtful that this aspect of worldview would survive.

When all things of the Creator are respected and honoured, human life becomes a foremost value. Living according to this value ensures that ill health is prevented, healthy infants are born, young people are exposed to everyday and special activities so that their lives are culturally rich, and the needs of elders are given priority.

European contact brought severe disruption to these cultural practices and thereby undermined the physical, emotional, spiritual and mental health of First Peoples. Two different perceptions of the world, of personal and social realities, and two very different structures of meaning, in hindsight, paved the way for misunderstanding, confusion, conflict and war. Neither understood the other, and there is little evidence of desire for this mutual understanding. Judgements were made by the society driven by values that facilitated exploitation, acquisitiveness, and personal power and control as opposed to collective values.

Appendix C

The story of Pete and Sadie

Pete and Sadie are married. Both share First Nations ancestry. They met soon after Pete was released from prison, a home away from home for him for close to ten years, intermittently, because of property offences he committed. Pete is addicted to alcohol. He began drinking a lot after leaving residential school in the 1960s where he spent eleven consecutive years. He has difficulty remembering the time he spent in that institution.

While in a hung-over state at the home of casual friends, Pete remembers seeing Sadie, and being impressed with her youth, her good looks, and her industry as she prepared breakfast for everyone. When he left this setting, Pete cleaned himself up, stopped using alcohol for about a week, and phoned Sadie, hoping she would agree to go to a movie with him. She accepted his invitation and, after a short romance, they married.

Sadie was a no-nonsense person who enjoyed self-confidence and self-determination because she learned early in life how to take care of herself and her siblings. Both of her parents had difficulties with alcohol. She liked Pete because he was tall, soft-spoken, attentive and humorous. He was ten years older than her.

Pete had a habit of feeling sorry for himself and blaming others whenever he ran into a difficulty. Sadie recognized these bad habits and did what she could to cajole him into taking increasing responsibility for his behaviour. She

would not give in to his unhealthy ways. While in a serious state of illness due to drunkenness, he appealed to Sadie's sympathy. She refused to feel sorry for him; in fact, she said: "You sober up, stop drinking and become a responsible husband and parent, or I will leave you." In his self-pitying and depressed state, Pete shot himself in the stomach with his shotgun about an hour after Sadie left the house.

Pete next found himself in the hospital, still feeling self-pity and needy for positive attention. As before, Sadie confronted him with his immature behaviour and repeated her promise to leave if he chose not to make personal change, and left the hospital without looking back to see Pete's reaction.

Pete made the turn off of his self-defeating path, knowing that he needed Sadie in his life if he was to enjoy sobriety, parenthood and a promising future. After poor starts and some falls, he became an active AA member, returned to school, found employment in a helping profession, bought a home, and now enjoys life as novice Elder.

- * *What makes this story a good example of "tough love"?*
- * *How would you explain Sadie's success in rising above the addictiveness of her parents?*
- * *What do you think is Pete's greatest strength?*

Appendix D

Relationship building

Relationship building tends to follow a process consisting of identifiable steps, whether they lead to something positive or something negative. Steps identified with promising relationship building follow this sequence: awareness, curiosity, investigation, indifference, re-examination, testing and trust as the ultimate in an interpersonal relationship. Steps identified with the negative or unpromising sequence are: awareness, prejudice, distrust, drawing away, frustration, anger, resentment and hatred (Anderson, 1970).

All relationships begin with awareness, regardless of what becomes of them. From time to time, a person sees someone who *is interesting* and worthy of further exploration; hence, the second stage — *curiosity*. More frequently, we see people fleetingly. We see them, nothing catches our attention, and we choose not to learn more about them. On occasion, something about some people we become aware of stirs our prejudices in ways that prevent us from wanting to do anything with them. Consider the two first responses — the positive and then the negative.

(Note that people in small isolated communities may not relate quickly to this exploration, especially if they have little experience with places where many people visit, mostly as strangers. It may be easier for people in this situation to think about how they came to know three different people they now consider as

friends. Hopefully, at least one of them will be a person who was not “liked” at first.)

A friendship that begins on the positive side probably follows these first three steps: *awareness, curiosity and investigation*. You see someone (*awareness*) and find yourself thinking about that person (*curiosity*), so much that you ask someone you are with about that person (*investigation*): Do you know who she is? Where is she from? What family does she belong to? Each of these questions are expressions that reveal your curiosity and need to know more about her to decide whether she has something that you need, or think that you want. These stages usually take only a short time and one of two possible decisions is made: (a) she has something I want; or (b) she does not possess what I want or need.

If the decision is (b) and, sometime later, you again see the same person and she does something that appeals to your interests, needs and/or your values, you may change your initial decision and make it positive. This represents the *re-examination* stage that is followed by testing and “trust” as the most desirable outcome.

As you have probably concluded, the re-examination stage is irrelevant to people who decide, in the first meeting, to pursue building a relationship with this new and interesting person.

For some people, the testing stage can continue for a very long time. The motive for the testing is to decide whether this person is worthy of your time, love and attention. Interestingly, that other person wants to find an answer to the same question. Each is hoping to discover that the other has “something” to meet his or her personal needs and desires. Remember, this new person may be a male or female, and that healthy interpersonal relationships are vital for personal growth emotionally, spiritually and intellectually because we grow in relationships with others that are a few steps ahead of us in their maturity.

During this stage, the two persons involved can have conflicts, decide to have nothing to do with each other, do things to hurt each other, and somehow end up as friends again. Working through good and bad times provides each person with more and more information to make decisions about personal needs, wants, preferences and other aspects of self, including whether to *trust* the other. The concept “*testing*” is used to convey the significance of this stage in relationship building.

Some people continue a relationship that remains in the *testing stage*; in fact, it is not unusual for people who do not truly trust each other to set up house together and bring children into the world. This is sometimes the case because neither of them have ever known or experienced continuing trust in a relationship. It is very likely this was absent in the upbringing of the parents of this couple. When there is an absence of trust, there is a high likelihood of conflict in the relationship, worry, perhaps anxiety connected with *running around*, and

tensions that affect negatively the quality of life experienced by everyone at home. Use of alcohol and other mind-altering substances often amplify the unhappiness, the suspicion and the hurt being carried around, and crying to be released.

Two people who do truly trust each other usually keep one another informed of where they will be, what they may be doing and when to expect them home. When they arrive home, they often share with each other how things went, whom they may have seen and, perhaps, something they learned and/or now wonder about. They are known to enjoy spending time together alone and with friends, and if work brings them away from home, they keep in touch by telephone and neither has anxiety about what the other is doing. They value the quality of the relationship they share and the products of their relationship. They trust each other.

While it is usually very satisfying to meet and greet people, we also know that relationships can begin in negative ways. Workers in the human services industry know this very well because so many of the targeted recipients of services seldom welcome getting to know the worker. In their first meeting, if the client or patient had distrust based on prejudices or negative experiences, the worker’s attitude will be tested. His or her ability to demonstrate unconditional acceptance of the distrusting client or patient is on the line. Once acceptance is reciprocated, both persons in this social circumstance can begin to get to know each other. It becomes a little easier for them to share information.

Appendix E

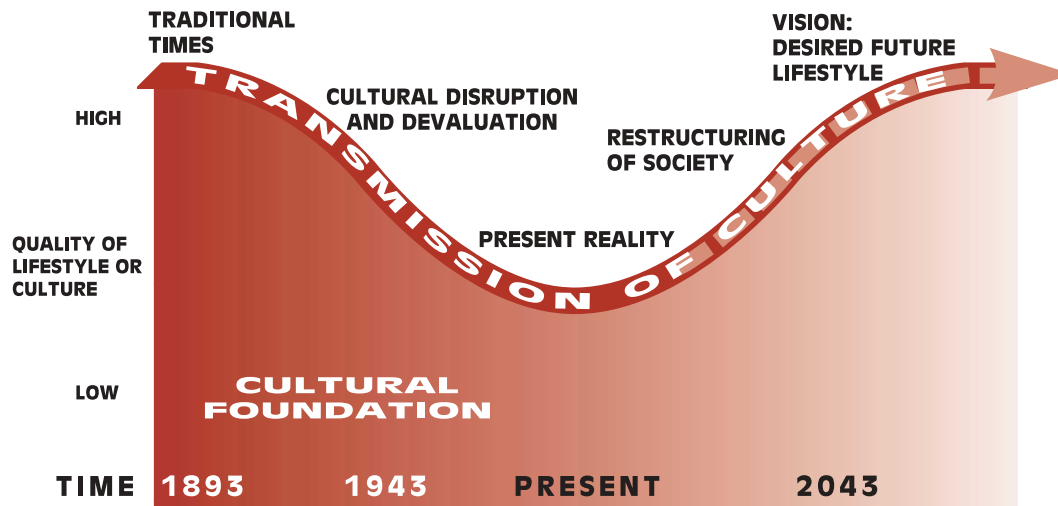
Big picture

First Nations are only as strong as their membership, and their capacity for self-government is intimately connected to mental health and wellbeing of the children and youth who will lead in future generations. Clearly, the overall environment in which children and youth are raised must be improved (Warry, 1998:62).

Introduction

The purpose of this appendix is to build understanding of how the past links with the present, and is connected with strategies required to create and recreate a new community lifestyle. The Big Picture will be employed to assist in the mediation of learning that will give particular attention to the life of First Nations males and the people who populate their environments. This picture shows the integration of the past, present and future in ways that convey the effects of colonization of First Nations in Canada.

Big Picture



In the Big Picture:

1. Note the changing depth of the cultural foundation as we move from the past to the present. What does this change mean to you?
2. Consider the direction of the movement identified as transmission of culture and its relationship to the concepts listed above the continuing line.

3. Reflect upon the meaning of *cultural disruption*, the notion of *present reality* and give some thought to the meaning of *restructuring of society*. How are these three pieces related or connected?
4. Give some thought to the concept *vision* and its importance to decision-making about defining reality, and what may be done about it.

Quality of life

Prior to contact with immigrants settling in North America, First Nations people in Canada enjoyed good health, and applied their medicines and healing practices as needed. They developed ways and means to survive and thrive. Their moral purpose was strong and the organization of their society facilitated management of the change process. Critical to their organization was the family and extended family that lived off the land. Relationships were made and sustained, and knowledge was transmitted within and between family units. Dynamics of these relationships were key to cultural developments.

Where resources to sustain human needs and wants were rich, the villages created by the people were permanent. Good examples of such societies were the Haida and the Kwakiutl peoples of the West Coast of British Columbia. Unlike their prairie brothers and sisters, they did not have to follow migrations of food sources to make a living. They therefore enjoyed more leisure time that included

cultural pursuits, such as creation of places for ceremony, elaborate house posts, ceremonial regalia and gifts for major celebrations.

Quality of lifestyle or *culture*, located on the far left of the Big Picture, implies, by the depth of the cultural foundation, some of the features of traditional life that need to be re-established more strongly today. These include self-care, whole health, mutual aid, co-reliance, acceptance and treatment of children as gifts, valuing of life experience and wisdom, and sustaining life forces on planet Earth. In a genuine culture, processes of cultural maintenance and personal maintenance serve each other (Shweder, 1991).

As we trace the flow of time to the present day in the Big Picture, we see a decline in the quality of life for First Nations people in spite of desirable modern changes in personal, family and community lifestyles.

For the purpose of this guide: “Culture is the whole complex of relationships, knowledge, languages, social institutions, beliefs, values and ethical rules that bind a people together and give a collective and its individual members a sense of who they are and where they belong” (RCAP, 1995:25). It refers not to what people actually do, but to the ideas they share about what they do and the material objects they use. The power and authority of culture in human life derives primarily from the experiences of it as something external that transcends what one actually does (Johnson, 1995).

Cultural foundation

Before contact, Aboriginal peoples of America created their own cultures that sustained them for thousands and thousands of years. Their cultures were living and functional whole systems complete with norms, values, standards of behaviour, social systems and culturally dictated interaction patterns. Each culture had unique concepts of birth, death, health, illness and healing (RCAP, 1995).

Creation and recreation of paradigms that shape perceptions of reality are key aspects of any society's cultural foundation. A cultural foundation would consist of items such as the following:

- carefully chosen geographical location for the settlement given economic, political and other priorities;
- distinctive family units, consisting usually of relatives constituting the extended family, which are self-caring and self-sustaining;
- use of local materials for purposes such as shelter, clothing, transportation, storage and fuel;
- systems for the hunting, transportation, preparation and preservation of foodstuff to satisfy year-round needs;
- clan and related family systems to ensure the ongoing safety, health, vitality and good governance of the family systems as a whole;
- valuing of life experience and ability to apply what has been learned represented by the elders who served as principal educators;
- valuing of life, including preparation for pregnancy, special care while pregnant, and inclusion

of infants and young children in family activities rich in teachable opportunities;

- use and development of an oral and spoken language shared by all members of the collective;
- ceremonies to honor the Creator, special events such as naming ceremonies, joining of families through marriage and other community gatherings;
- use of natural features of environment when providing directions, as opposed to man-made aids.

Spiritual dimensions of life stemming from the Creator permeated all aspects of life. The nature of relationships between all things of the Creator, and especially between and among people, were recognized, honoured and monitored for sustainability. Value systems were a distinguishing feature of these cultures. They had a strong bearing on religious beliefs, kinship patterns, social arrangements, communication networks, including regulatory norms of personal, familial and social conduct. Structures of family and community life aided significantly in the transmission of culture, generation to generation.

See Section 1.9 of this guide for a discussion of how culture was transmitted, generation to generation. This discussion features non-formal, informal, incidental and formal kinds of teaching/learning models.

The arrow continuing along the border of the shifting cultural foundation, from left to right in the Big Picture, depicts the transmission of culture. Richness of the transmission declines significantly up to the present. Its richness then increases as

the future unfolds. This represents an optimistic view of the challenge facing First Nations (AFN) communities that desire to be recognized as proud cultural entities.

Reasons for decline in transmission of culture

There are three main reasons for the decline in the transmission of culture:

- (a) decimation of populations due to contagious diseases;
- (b) removal of children from home, community and culture; and
- (c) oppressive laws, regulations, programs and services.

Contagious diseases

There were three waves of widespread death due to foreign diseases, with the first starting in 1752 in the southern reaches of North America and extending to the north of the continent. The most recent wave wiped out up to 80 per cent of the populations of many villages in western Canada in the early twentieth century. Consequences of such disasters are difficult to imagine.

The lives of the survivors were at stake because most of the people responsible for meeting needs were gone. Surviving members would find other people and, together, recreate family units and thereby improve survival opportunities. These new social entities would be different from the original ones. Their respective abilities to transmit culture would also be different, and probably less capable, efficient and effective because there would be fewer

Elders and other members with length and depth to their life experiences and the requisite knowledge and abilities to prepare future generations to transmit culture themselves.

Removal of children from family and community

Most of the stepping stones for the transmission of culture from one generation to the next were removed when children of three and, perhaps, four successive generations were removed from family and community to the residential school.

In more recent times, similar removal took place to foster and adoptive homes of families not of Aboriginal heritage and culture, with similar deleterious effects and outcomes in some instances.

Loss of traditional language

Entry to residential schools signaled the beginning of the end of traditional language use, and compulsory interaction with adults who spoke a foreign language and who insisted that it be used. Punitive measures were taken to force non-use of the known language and the use of an unfamiliar language without any kind of preparation.

When the first generation of young people left the residential schools at 15, 16 and 17 years of age, most of them could not interact comfortably with older family members at home; they did not use the same language. The young people relied upon institutional English and their families spoke the vernacular of their traditional language.

As time passed, consequences for the transmission of culture were monumental, especially after the second and third successive generations of children were trained in a similar way. At this stage in the process, most generations would be speaking institutional English.

The damaging consequences of this cannot be overstated. Because culture is a people's best approximation of the true nature of the cosmos (Hollow Water, 1997) and because traditional cultures were oral, language was essential in conveying cultural teachings. Denial of the right to learn their traditional language within the context of normal family life was the central wound inflicted on the children.

Most of the culture is in the language and is expressed in the language. Take language away from the culture, and you take away its greetings, its curses, its praises, its laws, its literature, its songs, its riddles, its proverbs, its cures, its wisdom, its prayers ... you are losing all those things that essentially are the way of life, the way of thought, the way of valuing, and the human reality that you are talking about (Fishman, 1996a:2).

Language loss robbed First Nations people of their identity, confidence and self-worth, ability to think and speak for themselves, connections to their kin (even in the same school), and belief in a kind, safe, sensible world. They were wounded in mind, body, emotions and spirit.

Loss of parenting know-how

Implicit in a culture are ways of intervening in a child's development that are designed to increase the possibility of the child making the most of his genetic endowment, and to create a culturally literate person able to contribute to the cultural community into which the person was born. Basically, parents and other caregivers express their belief in the child's potential to learn, grow, and contribute through their purposeful interactions with the child. Their interactions aim to build on the child's gifts and the teachings of the culture.

A culture of domination does not strive to teach us how to live in the community (hooks in Glazer, 1999). Residential schooling was the antithesis of this. The intent was to sever the child's reliance on language, siblings, family and cultural teachings as quickly as possible, as these were perceived not only as having no value, but as impediments to the creation of a child acceptable to colonial society. Through residential schooling, the dominant society intended to achieve radical change in the Aboriginal child's thinking, feeling, perceiving and *being* in the world.

For additional information concerning the effects of residential schooling, see the following concepts in the key definitions:

- alexythmia
- controlling behaviour
- institution (social institution)
- literacy
- loneliness

Custodial care

The residential school system started in the 1860s and lasted until the 1970s. At its peak in the 1940s, as many as half of the First Nations children in Canada were enrolled in residential schools. Even in the 1960s, records of the federal government show that about 10,000 children were attending residential schools at any one time. The Assembly of First Nations (AFN) identified such schools as *total institutions*, like armed service camps, prisons and mental hospitals (AFN, 1994).

While oppressive measures were being employed in the residential schools, others were applied to the First Nations people outside of these schools.

External services and bureaucratic ways

As World War II ended, the lives of First Nations people in Canada were being influenced more and more by external forces, thanks to the radio, printed materials and interaction with people of other cultures due to work, recreation, sports and extension of health services, especially the treatment of tuberculosis. While increased access to beer parlours and other sources of alcohol were being accessed locally, health and social services were being developed and offered nationally. These services were extended to on-reserve First Nations people by a branch of the federal government.

The political will of First Nations leaders of British Columbia resulted in winning the right to vote in provincial elections (1949) and in the federal

elections ten-plus years later. The decade of the 1960s ended with several First Nations being funded by the Indian Affairs Department to provide some education services and to do some local administration and, by the Indian Health Branch of the National Health and Welfare Department, to provide some community health services.

The decade of the 1960s also ended with most First Nations males not having the security of a full-time job. Most did not have the education and training that would qualify them to compete for full-time employment. Many were able to obtain seasonal work in primary industry — logging, farming, fishing and harvesting — and were known to be the *last hired and first fired* by the industry, regardless of productivity and performance.

When World War II ended, and health and social services were being nationalized, more programs and services were being considered for Indians in Canada. The approach used in the residential schools was replicated on the reserves themselves. The government decided what the people needed, how the perceived needs would be met and by whom. Like their relatives who were trained in the residential schools, people on the reserve also learned how to cope with bureaucratic and oppressive treatment.

- ❑ Consider the number of people in First Nations who dwell on their weaknesses, have difficulties describing personal strengths and view others like them in similar negative ways.

- ❑ Think too of the number of persons who are afraid to make their own decisions for fear of making a mistake or causing someone who is important to them to become upset or angry.
- ❑ Think also of the number of community members who expect chief and council to make decisions for them. They expect to be told what to do, rather than to guide their elected leaders.

The present generation of First Nations people is the first to break the silence regarding residential school abuses, including sexual abuse, and its intergenerational impacts. Taking this vital step has allowed many people to embark on a path to healing. Confronting the destructive effects of residential schooling has led to increased attention being paid to strengthening parenting abilities, and educating parents as to the developmental needs of their infants, young children and youth. A variety of programs designed to enrich parenting have made it possible for increasing numbers of children to experience success as they enter the wider world of school and the community. Regrettably, there are far fewer programs to address the developmental needs of pre-adolescent and adolescent youth, or young adults, both male and female.

Also, in this generation, increasing numbers of First Nations people have recognized the importance of knowing history. Without knowledge of this history, it is impossible to appreciate the nature of present problems, and to differentiate between their visible symptoms and underlying causes. As well, understanding the determinants of

health for the individual, the family and community is essential for best outcomes of good planning. On the basis of such knowledge, change agents can persist in their change efforts, bounce back when they fail and demonstrate resiliency.

Conclusion

Present reality depicted in the Big Picture rests at the lowest ebb of the transmission of culture arrow. Conditions of life today have been strongly influenced by events of the past. A clear understanding of today's realities will aid planning of strategies for change, provided the community of people desiring change have a firm idea of how their children will be prepared to create a better quality of life than they have today.

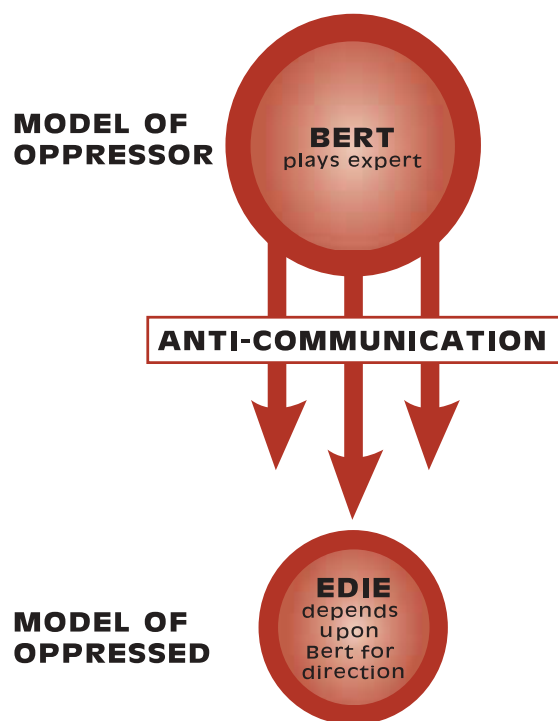
Changes in family life outlined above resulted largely from the decimation of populations due to diseases, creation of Indian bands (now First Nations) codified in the *Indian Act* that encompassed membership, elections and most other aspects of life on an Indian reserve, and prescribed training in residential schools.

Nothing was done by the government to build upon the cultural ways of the people falling under federal jurisdiction. Implementation of the *Indian Act* and enforcement of its regulations, followed by prescribed programs and services, were disruptive to the "good ways" of the cultures.

Absence of a caring community, trauma and family violence are major examples of disruption, generation to generation, that contribute to understanding the "present reality."

Appendix F

Survival skills



People who have lived in oppressive circumstances over time learn to fear responsibility. They have adapted to living in dependent ways and, without education that exposes them to lifestyles that feature self-determination, they accept their lifestyle as normal. They no longer make their own history. As shown in this picture, the oppressor and the oppressed do not communicate or share information with each other. The oppressor makes decisions for the oppressed. People raised this way learn to accept the hierarchical relationship as normal and usually end up raising their own children, and relating to others, in ways consistent with this model. It is not unusual for people raised in oppressive ways to become oppressors even after having received post-secondary

education and training. The prevailing social environment supports top-down relationships, especially in family, school and other social institutional environments.

In her work with families and communities, the late Virginia Satir identified behaviours of people who learned how to survive in unhealthy family and other circumstances. These are four crippling ways of interacting with others that are inevitable outcomes of the way authority is taught in families and reinforced in society.

The top-down relationship, described as an unhealthy relationship in this guide, can become more understandable by studying these survival skills. According to Satir, placating, blaming, computing and distracting result in the human evils of our world: the feelings of isolation and helplessness and the feelings of being unloved and unworthy. These skills cause sickness of body, mind and spirit. They are learned when it is not safe to express oneself honestly. It is important to recognize these patterns of interaction in order to make changes that can result in more satisfying and nurturing relationships.

Most often, the intent behind these communication styles is not negative; people are using them in an attempt to meet their needs. Because they have been learned, they can be unlearned. The first

step in doing so is to be able to recognize them and understand their negative effects on both parties in the interaction.

Placating

In most First Nations, about half of the adult population respond in a placating manner. They are ingratiating, apologizing, never disagreeing, always pleasing, sometimes begging and whining. They constantly seek the approval of others because they feel unworthy and overly grateful.

Placaters feel responsible for everything that goes wrong. They feel stupid and they never ask for anything for themselves. They say yes to everything, no matter what they really think or feel. Placaters believe that if they can just be *good enough* they will eventually get what they deserve. They do not ask for anything for themselves. Their aim is to be taken care of. They hide their needs for themselves instead of sharing them openly, and they feel like nothing inside.

Placating is reinforced in society by the attitude that it is selfish to ask for things for your own self. Placaters need to learn that they have rights, including the right to expect fair treatment from others. Placaters are usually motivated by genuine concern for others' well-being, and for *keeping the peace*. Properly nurtured, placating can be integrated into loving tenderness. It is possible to be tender and tough.

Blaming

In most First Nations, about half of the adult population respond in a blaming pattern. Blamers act in a superior manner and are faultfinders, dictators and bosses. From their position *on high* they tend to cut everyone and everything down; they are usually accusing. Their voices are hard, tight and relatively loud. They are much more interested in blaming than in finding out the truth or listening to another point of view.

Blamers often feel lonely and unsuccessful. When they are hurting inside they appear brave. When they are feeling helpless, they appear angry. The aim of the blamer is not to be lonely. The blamer hides his needs from others. The blamer feels powerless.

Placaters tend to become targets for the hurting blamer because they are non-threatening and compliant.

Blaming is reinforced in society by the idea that if you let anyone put you down, you are a coward. Properly nurtured, the blamer can integrate aggression and use it constructively.

Computing

About one in five people respond in a computing manner. They are very correct and very reasonable; they do not show their feelings. They are usually calm, feel cool and are distant. They seem to be very protective of their personal space and may appear to be afraid to be close to another person. Their voices are controlled and usually monotonous; they

may be compared with a dictionary or computer. Computing types use abstract words and may sound somewhat lifeless. Big words help them to sound intelligent.

Computing types tend to hold themselves rigidly. They lack spontaneity and are afraid of making mistakes. They do not react and say the right thing; however, they show no feelings. Computing types often retreat and are careful observers: they are into a head-trip. Inside, they feel vulnerable; they attempt to deal with threats as though they were harmless and try to establish their self-worth by using big words. Unfortunately, this survival skill seems to represent an ideal goal for many people. Computing types may evoke envy.

From time to time, a man who had a history of alcoholism and is now sober demonstrates this survival skill. He is often meticulous, attentive, careful in his work, quite cognitive and enjoys using big words. It is very difficult to detect emotional expression of any kind because his emotions are still unprocessed and being repressed. When emotions are reintegrated with intellect, mental energies no longer need to be used defensively and can be a great asset.

Distracting

A few people you will meet in a community respond in a distracting manner. Their words often make little sense, since what they say or do is often irrelevant to what anyone else is saying or doing. They frequently change the subject, make jokes and wisecracks, and seldom respond directly to the point being made.

Distracters are not focused. They seem somewhat lop-sided, constantly moving their mouths, bodies and limbs. They are not connected or grounded. They ignore questions or respond with new questions. They ignore threats and behave as if threats do not exist, hiding any relationship to time, place or purpose.

Distracters sense a longing for fun in their efforts to side-step potentially serious subjects.

As learners perceive the actions connected with each of these four behaviours, they recognize how frequently these behaviours are employed within the family and other social settings that are characterized by conflict, unhappiness and other kinds of negativity. They also recognize how few people truly communicate and understand better why this is the case. It takes hard work for most people to learn how to function as a subject of life after having lived as an object of life for so long.

Levelling

Quality interpersonal interaction thrives with acceptance, understanding and respect. These facilitate sharing in ways that result in each person involved being changed somewhat by what is communicated. Paulo Freire describes such interaction as “*dialogue*,” while Virginia Satir calls it “*levelling*.” To get to and access the knowledge that we possess in our experiences, we need to open up, have contact with others, engage each other, really connect and cultivate intimacy that does not annihilate difference (Simmer-Brown in Glazer,

1999). Feeling safe enough to paint pictures with words while reaching into one's memory, a person can begin to perceive and understand what he or she knows.

Virginia Satir (1988) uses the concept "levelling" to describe *dialogue or genuine communication* that reflects healthy relationships. She affirms that all human beings have the capacity to value and appreciate themselves, to feel whole, creative, competent, healthy, beautiful and loving. By learning to use levelling communication skills, self-worth increases. This is the key to personal growth.

It is possible that only one in a hundred people you meet respond in a levelling manner. Levellers are integrated, whole, flowing and alive. You can trust them because you know where you stand with them and you feel good in their presence. Levellers are in touch with their heads, hearts, feelings and bodies. Unfortunately, there is little in First Nations and other Canadian communities that reinforce the levelling response, yet people are hungry for this kind of honesty.

The levelling response is the hardest to learn due to the difficulty of acquiring the following featured behaviours:

- to be able to apologize without placating;
- to disagree without blaming or expressing anger;

- to be reasonable without being inhuman; and
- to be able to change the subject without distracting.

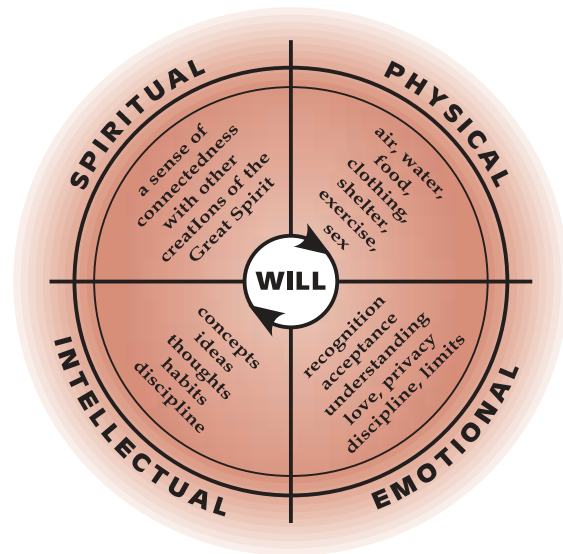
To become a leveller, it helps to get in touch with one's fears, usually rejection and blame. Levelling requires taking risks and allowing self to be vulnerable by expressing inner experiences. The levelling response promotes:

- increased feelings of self-worth;
- greater personal satisfaction from efforts made;
- less internal pain;
- more opportunities for growth and learning; and
- healthier relationships.

Levelling requires courage, new beliefs and new skills. It builds bridges between people and honest relationships in which there are few threats to self-esteem. With this response, there is no need to blame, placate, retreat into computer mode or distract. Growing self-knowledge, self-acceptance, respect for oneself and others form the basis for levelling behaviour.

Appendix G

Medicine Wheel



Introduction

The Medicine Wheel is a symbol used to represent the dynamic system of mind, body, emotions and spirit, and the needs related to each of these aspects that must be met for the development of human potential. When the model is used in this way and applied to oneself, it becomes a powerful tool for increased self-knowledge and self-care. The circle represents wholeness and movement or action. Like other concepts that represent simultaneous activity, this one is depicted in a static state, in order to highlight the four charts and each of their respective elements.

There are four categories of needs in this wheel: physical, emotional, intellectual and spiritual. Needs are defined as requirements for survival and personal growth. For many different reasons and in varying degrees, many

First Nations people have been deprived of some of the essential needs identified in this Medicine Wheel. Only by naming and understanding the needs that are satisfied and those that are lacking, can First Nations people take positive steps to meet basic needs more effectively.

A person who possesses effective ways and means to satisfy basic physical and emotional needs is able to focus upon creating knowledge or working tools that will equip him or her to define, redefine, and pursue meaning in life. Such a person is equipped with the communication tools necessary to create an increasing understanding and knowledge of the what, how and why of life of which these are associated with intellectual and spiritual growth.

In the first year of life a child's brain doubles in size, and then doubles again. By the time a child reaches the age of two, his or her brain has as many synapses (connections between brain cells) as an adult's. During this period of development, the human brain is very pliable and plastic, and is very open to learning from emotional and cognitive experiences (Pollack, 1998:57).

Each child created by healthy parents enters the world wired to learn. The ability to make meaning of what is happening in his inner and outer worlds

helps the motivated person to map his journey while considering the needs and hopes of his brothers and sisters. To varying degrees and for many different reasons, many First Nations people have been deprived of some of these essential needs named in the above wheel.

Physical development

Needs that must be met for the healthy maturation of the physical body include: oxygen, food, water, rest, exercise, sensory stimulation, safety and security. Deprivation of appropriate amounts of any of these leads to stunted growth, illness and death. For example, abandonment of traditional diets with their health-enhancing foods in favour of a diet of processed foods, high in sugars and fats, has resulted in an alarming increase in diabetes, heart problems and arthritis in First Nations communities.

The challenge is for each First Nations person to recognize the threats to his physical health and take responsibility for making positive changes. These changes may take the form of recognizing and more effectively managing his stress levels, making better dietary and lifestyle choices, or becoming informed about how to deal with a diagnosed illness. Here again, self-awareness and self-caring are the prerequisites for change.

Most people do not seem to grow emotionally after they leave their parental home. This means that they choose not to become close to people who are more accepting, understanding and loving than themselves. The incidence of neglect experienced by some children, older members and some others in First Nations signal emotional deprivation. Lack of emotional nourishment contributes to poor self-esteem and a wide range of undesirable behaviours in the home, the community, on the job and in the school.

Emotional development

Emotional or psychological maturation does not necessarily unfold in step with physical or cognitive development. In fact, it too often lags behind. The most accurate indicator of emotional maturity is not chronological age, physical size or intellectual achievement, rather, it is one's level of emotional development.

Stereotypical notions of masculine toughness deny a boy his emotions and rob him of the chance to develop the full range of emotional resources (Kindlon and Thompson, 2000).

Emotional growth and maturity take place through the fulfilment of needs within one's environment. Nurturing relationships are the key means for this fulfilment. Each person grows emotionally through the maturity of significant others with whom one interacts. When adequately met, relational needs affirm the essence of one's social being and promotes one's emotional growth.

Love and belonging/attachment

Attachment is a primary emotional need, a basic human drive for closeness, love and belonging, value and significance, and emotional intimacy (Neufeld, 2003). It is a primary need because the human infant is born dependent and utterly vulnerable. "Boy infants, at birth and for months afterward, are much more expressive emotionally than girls — they startle, excite, cry and fuss more than girls" (Pollack, 1998:40).

Attachment with a loving attentive caregiver provides the context in which all other needs are met, from basic survival to socialization and cultural transmission. The caring adult serves as a mediator, protecting the child from external stressors and assisting the child to deal with inner stressors of upset feelings that naturally arise within relationships.

The paradox of attachment is that, while it facilitates dependence, it fosters independence. As the child gets his needs met in the attachment relationship, he learns how to meet his own needs and, eventually, how to meet the needs of others as well as his own. It is through

attachment that the child becomes an independent autonomous, unique being, capable of entering into respectful relationships with others and self. "The capacity to use language, to tolerate [stress], to show and name feelings, and to be timid or eager to explore are all dramatically affected by the emotional environment created for a boy during early childhood" (Pollack, 1998:57).

If secure attachment is unavailable to the child due to physical or emotional absence or inconsistency of the caregiver, the child becomes stuck developmentally. The emotional *stuckness*, if not addressed, can manifest throughout childhood, adolescence and adulthood in problems with self-esteem, self-control, relationships and boundaries.

Because the instinct to attach is so powerful, a relationship offering attachment provides a context in which learning and change is possible at any point in the life cycle. Such a relationship can provide the safety and support to help the stuck person connect with the emotions he has defended himself against because of his fear of vulnerability. In blocking his emotions so as not to feel vulnerable, he is crippling his development. As psychologist Gordon Neufeld (2003) puts it, emotion is the engine that drives psychological development. Emotion, too, is the flux that mobilizes resources of the brain (Wylie and Simon, 2002).

To promote self-knowledge that can be applied to meet the challenges of personal development, it is important to understand each of the elements identified as emotional needs: recognition, acceptance, understanding, love, privacy, limits and discipline.

Recognition

In First Nations communities, people tend to be more familiar with negative recognition, not positive recognition. This means that few people enjoy experiences, such as being called by name, greeted warmly, patted on the back for doing a good job, offered a helping hand, and receiving answers to questions without signs of “burdensomeness” or other negative behaviour. It also means that they are more accustomed to put-downs, negative criticism, malicious gossip and other kinds of lateral violence. Behaviour of this kind paints a picture of relatively unhappy people who are struggling to survive and to cope with life’s pushes and pulls, or stressors. They have not enjoyed relationships that are safe, reliable and nurturing.

Much can be done to begin a process that empowers by building on the personal gifts and strengths of those desiring change. It is very important that people in this unhappy circumstance not feel they have failed again because they are being offered assistance. Instead, the helping process can be introduced by affirming the fact of their survival against great odds, their effective survival strategies, and their potential for lifelong learning.

Acceptance

Boys have fears, boys have needs, boys are vulnerable, and boys have a capacity for powerful inner feelings. Acknowledging boys’ fears will not make them weak; it will free them from shame and make them stronger (Kindlon and Thompson, 2000:251).

Each human being is born unique. Even identical twins differ in their perceptions, choices, temperaments and thoughts. People thrive emotionally when their uniqueness is accepted without judgement; they suffer when their differences are viewed negatively. Acceptance from others is the basis for the emergence of self-acceptance and self-esteem, particularly early in life.

Acceptance needs to be experienced within the family, the community and society for maximum emotional safety and security. Those people who have known acceptance as individuals and as members of their cultural community are able to seek out, engage with, and respect different people, places, ideas and cultures without feeling threatened or diminished by them. They are able to feel compassion for themselves and others, while recognizing their own and others’ imperfections. “Our needs for [self-] acceptance, self-affirmation, social involvement, friendship, fun and spiritual sustenance do not evaporate with adulthood or independence; they all require that we are in meaningful relationships with others” (Ross, 1996:24).

Non-judgemental acceptance, given consistently over time, is a gift that allows the recipient to feel emotional safety and positive self-regard. It is a necessary condition for building a healing relationship in which change becomes possible. To keep giving such a gift requires the donor to be willing and able to confront himself, spontaneously arising biases and judgements. Rather than ignore or suppress these, the wise helper will examine, learn from and, hopefully, release these barriers to a trusting relationship.

Acceptance is an attitude about human life that is free from pre-judgement about any person. It is unconditional in this sense and represents a learned ability that is essential for anyone who aspires to increase personal effectiveness in the roles in one's life. When acceptance is successfully conveyed, the recipient is more inclined to present self without the fears that prevent meaningful sharing.

Understanding

To be affirmed in some way helps to satisfy the need for understanding. Many people need to share personal experiences. They usually choose someone who will listen attentively and who will provide them with appropriate feedback. The non-judgemental feedback permits the speaker to clarify his own understanding of what happened and how it was handled. This kind of listening validates the speaker's feeling and thoughts, and helps him to grow in self-knowledge.

Understanding is another emotional gift people can share. We first experience this as infants, as our caregivers decode our signals of distress and discomfort to determine our needs so they can meet them. To understand someone is to not necessarily agree with him; rather, it is to comprehend what he is trying to communicate and validate this through your responses. It requires a non-judgemental attitude, good listening skills and the willingness to see the world from the other's point of view. When two or more people employ these skills to build mutual understanding, they demonstrate what Paulo Freire (1970;

1973) calls "**dialogue**." In the process, they build trust, affirm one another and achieve greater understanding of themselves as well as others.

Consider the behaviour of a family group member who is trying to explain something. Feeling uncertain, this person looks to fellow group members for verbal and non-verbal support. Feeling understood contributes a great deal to a person's sense of security and motivation to work on behalf of a group.

Privacy

The opportunity to get in touch with what one's body, one's heart, one's brain and one's soul are signaling happens when in a private, safe and comfortable place. This place could be in one's bedroom, on a walk in the woods, canoeing on a still lake, driving in peace and quiet, or laying in the shade and looking into space. Such a circumstance allows one to attend to the whole self and to become grounded in one's own inner process.

People who use methods to meditate are satisfying privacy and perhaps other needs. Being in touch with messages from all parts of self brings special kinds of satisfaction or personal fulfilment. In a relaxed state, perhaps lying on a bed:

- focus attention on tension in your toes, feet and lower legs — move them;
- think about your feelings and ask yourself what they are signaling — breathe deeply;
- get in touch with your thoughts as you rest; and
- reflect on the health of your spirit.

As you collect information in this way, the tension in your body will gradually leave as you get closer to inner peacefulness. This is called the **relaxation response**, and is activated by prayer, meditation, reflection on nature or listening to peaceful music. In this state of calm, one is more likely to arrive at insights, access inner resources, and the courage required to face life's challenges.

Limits

From time to time, most people fail to attend to their personal needs in ways to sustain maximum productivity and effectiveness because they are focused on meeting the needs of others. They may neglect their needs for adequate rest, proper nutrition and exercise. To assist someone by helping them set appropriate limits is to meet an important emotional need.

Young people are sometimes not adequately prepared and equipped to regulate and control their own behaviour by making intelligent decisions. Effective caregiving involves the setting of limits for others who lack the judgement to do so for themselves on an as needed basis. When this need is met, it supports the belief that someone does care enough to help another to sustain wellness. Increasing risks of accidents, illness, poor productivity and the like are signals for a good friend to consider assisting another to set personal limits. Such limit-setting is evidence of care and love, not of being mean. A discussion of limits as they relate to personal boundaries follows.

Boundaries

A boundary is a border or limit. If emotional needs are met in safety, a child will develop a sense of what is his and not his. He will be able to recognize and accept another's boundaries and assert his own without blame or aggression. If a child experiences lack of safety in relationships, including violations of his personal boundaries that go unmediated, he will have difficulty forming a sense of separateness and differentiation. He will have tendencies to fuse with, dominate, manipulate or change another, while lacking any awareness that this constitutes a violation of the other's separateness (Neufeld, 2003).

To become emotionally balanced, the child must learn to know himself as a separate entity, with the right to his own feelings and needs, and the right to protect and defend himself while respecting others. He needs a relationship that provides structure and guidance, safety and help to understand, respect and set appropriate physical, emotional and material boundaries. The helper, in such a relationship, needs to have clear boundaries of his or her own, and the ongoing self-awareness necessary to avoid becoming enmeshed in the child's emotional state, or stuck in reactive anger or helplessness.

Discipline

A person who regulates and controls his emotional energies and applies them to acceptable challenges can be viewed as being disciplined. When satisfied, discipline is a need that rewards one with many satisfactions.

These attributes do not develop in response to punitive or abusive treatment. Punishment can too easily become abuse; neither can it produce a self-disciplined child. Instead, these attributes teach that violence is an acceptable response to behaviour you do not like and wish to control, and a way to solve problems. These attributes create fear, anger, defeat self-esteem and undermine a child's independence. Discipline, in contrast, teaches through natural and logical consequences, fosters self-control, builds self-esteem and provides positive examples of ways to solve problems.

Self-awareness is an important first step toward the development of increasing self-discipline. Self-control and self-regulation of behaviour constitute self-discipline, an attribute of an emotionally mature person. Self-discipline requires self-monitoring, adjustment of, and responsibility for, one's behaviour, insight into one's feelings and thoughts, the ability to restrain impulsivity and to think planfully.

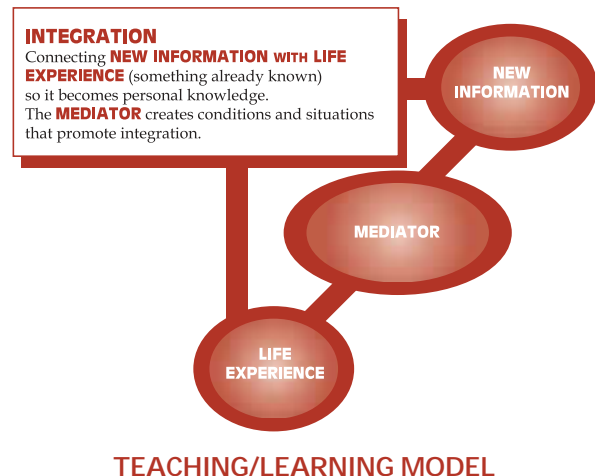
What we know of traditional child-rearing practices tells us that they exemplified the latter. The abusive treatment generations of First Nations children were subjected to in residential schools contributed to violence that corrodes many families today. Instead of learning ways of internally managing their own behaviour, children were taught to fear external agents of control who used corporal punishment, humiliation and deprivation to deal with

their vulnerable charges. To add insult to injury, significant numbers of children were abused sexually and physically. Many adult Survivors of residential schools used similar practices in raising their own families, perpetuating the damage.

Intellectual development

Healthy human infants are born wired to learn. Their cognitive development takes place in two main ways: (a) through direct exposure to experience such as in exploratory play; and (b) through mediated learning experiences in which a caregiver interposes himself or herself between the stimuli and the child. This is done to focus or frame, interpret, and infuse selected stimuli with meaning, and to guide the child's responses to these stimuli.

It is through the experience of having his learning mediated that a child develops the mental tools and strategies necessary to mediate his own learning, and the intrinsic motivation for ongoing learning. Concepts, ideas, thoughts, habits and discipline are major cognitive needs of a person.



A child raised in a safe, healthy, stimulating environment with caregivers who believe they have something of worth to pass on, will learn language, concepts, beliefs and skills that prepare him to successfully meet the challenges of each stage of development. A child raised by parents convinced by their residential school training that they have little of value to transmit to others, will likely experience a deficit of mediation in his home life. However, since human beings are modifiable with the intervention of an effective mediator, great strides can be made in learning at any point in life.

Expanding personal thinking skills makes it possible for a person to make meaning of one's life experience and whets the appetite for new experiences. For many of these children, books become a wonderful resource for satisfying intellectual needs.

Spiritual development

Human beings who are raised in a safe, caring and respectful environment learn to value their lives and the lives of others, including plants and animals, and other creations of the Great Spirit. This sense of identification enriches their existence on this earth. It inspires them to share the meaning they make of their lives. They learn to believe in their abilities to make informed decisions and other kinds of judgements. They pay attention to their intuitiveness and use it as a guide in their daily lives. They believe in their ability to modify self and convey this belief to others. Song, dance,

ceremony and other processes of caring and sharing enrich one's sense of inner wholeness, togetherness and purpose on this earth.

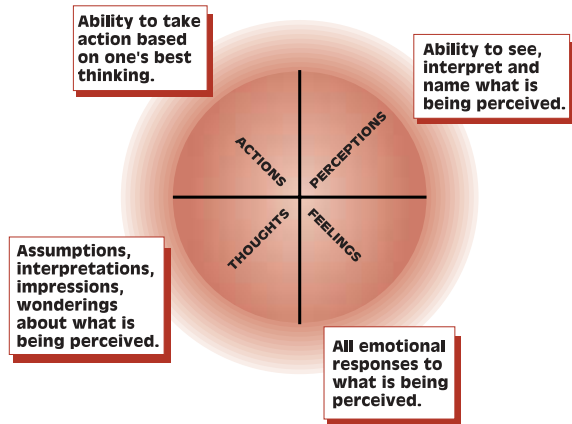
A person's spiritual state is connected to the land, the people and the community. It is a state that reflects inner peace, personal harmony and balance, and sometimes is described as ***having found sacred space***. Inner peace facilitates connection with the peacefulness and beauty of the natural world around us (Tolle, 1997; 2003).

Some Elders of First Nations communities talk about the gift of spiritual awareness that keeps a person in touch with significant others. Suddenly feeling the need to get in touch with someone, or strongly sensing someone's presence who is waiting when you answer the phone or suddenly appears at the door are examples of the gift. Ability to sense and to read change in the environment inspires decisions that otherwise would not have been made also symbolize this gift.

Some Elders remind us that the feminine in our more traditional Indigenous cultures was viewed and treated as sacred. This value has a strong presence in families that hold the matriarch, the grandmothers and the mothers, in high regard and respect them as colleagues in all processes and decisions affecting First Nations' lives today for tomorrow. Honouring femaleness and maleness began very early in life (Williams, 2004).

Appendix H

Awareness Wheel



Introduction

The model of the Awareness Wheel can be a powerful tool for achieving insight, understanding of self and others, and level, honest communication. The model represents the abilities with which every human being is endowed; the power of perception, feeling, thought and action. Just as with every other human attribute, how these capacities evolve depends upon the will and choices of the person, the person's life experiences and environmental influences.

In the Western world, little attention is paid to teaching/learning activities regarding one's inner world. Far more attention is paid to study of the external world or environment. As a result, most people have little awareness and understanding of **what makes them tick**. Study of the Awareness Wheel will facilitate understanding of what takes

place before a particular action is taken, or not taken. Understanding the truism that **all behaviours are purposeful for the person using them** will be aided significantly by learning to use this model. Such learning affirms the application of holistic approaches that are valued in traditional First Nations teachings.

If we believe that self-awareness is valuable, that it is the basis for a greater range of informed choices, then we will make it a priority to deepen our own understanding of how our perceptions, feelings and thoughts shape our behaviour. It is through our behaviour that we build or break down our relationships with others; take steps to change our life circumstances, or keep them as they are.

Note that the wheel in the picture contains four parts and, as elements of a whole, these are connected and influenced by each other dynamically. For purposes of this discussion, the picture represents a static version of the wheel that permits the naming of each part so these may be discussed. As we consider each of these parts, think about the difficulties many First Nations people experience while they are attempting to talk about their feelings, share their thoughts or explain something they did. This is due largely to constraints in doing so in their current and past environments.

Will/choice

At the centre of the Awareness Wheel, representing the essential core of the human being is will/choice. People whose lives are still in the grip of past trauma often have difficulty making decisions about external matters, as well as resistance to looking within to gain insight into their inner world. Unresolved trauma undermines trust in one's own judgement and problem-solving ability. The urgency of daily survival engages all their energies. This holds true for many First Nations people who avoid decision-making and the responsibilities entailed, thereby keeping their lives *plateaued*, with the future becoming much the same as the past, and present behaviour repeating past patterns.

Perception

Perception is the process by which we select, organize and interpret information that comes to us through our senses. Many factors influence what we choose to attend to: our needs, the intensity and duration of the stimuli, and our biases and beliefs. Once we focus on something, we connect it to what we know, fitting it into a like category of information already stored in our memory bank. Then we interpret it or attach meaning to it. All this takes place in less than a split second.

Only by analyzing each step in this process can we arrive at the humility to admit that what we see or perceive is not necessarily what others see. Two people can be at the same gathering, interact with the same people at the same time, and yet give a totally different report of the experience. The process of perception is

actually a creative act in which each of us creates our own reality, moment by moment.

Many people are convinced that their version of reality is the only correct one, which may result in a great deal of misunderstanding and conflict. Remaining stuck in an *egocentric point of view* prevents people from respecting and making efforts to understand the unique perspectives of others. As well, such people block their own personal growth by not honouring and being open to the differences of others. They fail to learn from them. As a person develops the inner security to enable oneself to consistently acknowledge and validate the perspectives of others, in turn, others become more accepting as well.

The power of perception depends upon the ability of the person to integrate the sharpness of the senses (seeing, smelling, hearing, tasting and touching) with the ability to call upon life experiences to make meaning of the new information. A person who perceives clearly: (a) sees and describes the object, person or whatever is being experienced; (b) understands what is seen or makes meaning of it; and (c) is able to name or identify it so that it can be talked about.

Feelings

To be human is to be capable of experiencing a huge range of emotions. Emotions are *energies in motion* and, if we do not fear them or judge them, they can be powerful teachers. Often, they are the first aspect of our beings to be activated in an encounter, before we have identified our perceptions or thoughts.

Emotions can alert us to possible danger, draw us to another person, or inform us in a myriad of ways about what is happening both outside and inside of ourselves. It is when we consciously try to understand our feelings, relate them to the past as well as the present, and to our thoughts, perceptions and actions that we can learn a great deal from them.

Unfortunately, many people have not discovered how to do this and, consequently, do not realize the benefits to their personal growth of such introspection. We call someone emotionally mature when they are emotionally literate and exhibit self-control. They can name their feelings, describe the interconnectedness between their feelings, thoughts, perceptions and experiences, and make conscious choices about how they will express their feelings in words and actions.

If their feelings overwhelm them, they pause before acting, and seek a trusted listener with whom to process their emotions. They refuse to be controlled by their emotions or act them out in ways they may later regret. Instead, alone or with someone they trust, they uncover the true source and meaning of the feelings and incorporate this into their growing self-knowledge.

Expression and understanding of emotions were not mediated in the lives of children and youth trained in residential schools. After two and three consecutive generations of such deprivation, the ability of many adults to teach about feelings and their healthy expression would be limited, unless they overcame the limitation with the help of family and community.

Many men in First Nations communities have limited ways of expressing pent-up feelings. Too often, emotions are expressed in violence and abuse, particularly when alcohol is involved. Unhealthy expression needs to be replaced by healthy expression. Understanding ways and means to meet human needs within the Medicine Wheel, and use of the Awareness Wheel, can aid significantly in this process.

Thoughts

This quadrant of the Awareness Wheel represents our accumulated knowledge, concepts, ideas, beliefs and judgements; all the mental tools we use to make sense of, and to cope with, life. Our beliefs are among the most significant of these tools, since they can shape our perceptions, feelings and actions in any given situation.

If I believe I am too stupid to pass a test, I may focus on the test questions I cannot answer instead of those I can, escalating my anxiety, which causes me to freeze and become unable to function, thus failing the test and validating my belief. This is called ***a self-fulfilling prophecy***. What we believe about ourselves, we tend to manifest and, thus, reaffirm the accuracy of our beliefs. We tend to seek evidence that justifies our beliefs, even if they are self-negating.

We may develop self-destructive behaviours because of negative words and actions others direct at us. This usually happens when we have no means of countering the negativity. A powerful example is that of a young child sexually abused by her father. Because she is

dependent on him for survival, she has to preserve her positive perception of him, in spite of his terrible actions. With her limited life experiences and childish reasoning, she concludes that it must have been her curly head of hair that got his attention; therefore, she was responsible. She believes the abuse was her fault, she is “no good,” and she feels ashamed and guilty.

Until she trusts someone enough to describe the abuse, these false beliefs and the related feelings will impede her ability to function in every aspect of her life, and impair her relationship with herself and others. The job of a helper/mediator will be to guide her in developing a more realistic perception of what happened, help her to embrace and work through her feelings, and arrive at more accurate beliefs about who actually was responsible.

These changes in her perceptions, feelings and beliefs will result in positive changes in her behaviour towards herself and others. She will be capable of acting in more self-caring and assertive ways. Her interactions with others will be less likely to be placating, blaming, computing or distracting, and more likely to be **levelling**, as she says what she sees, feels, thinks and wants to happen.

*Each person creates knowledge that is stored in his or her memory. This knowledge consists of a wide range of concepts, thoughts and ideas each person uses when thinking about communicating and actually composing the message. The more a person shares personal stories with others about **what I remember or what I wish to understand or know more about**, and holds talks with others about this, the more that person will discover stored knowledge and see its relevance to current life events.*

Actions

Show rather than tell: “model the behaviour you’d like him to learn” (Pollack, 1998:143).

Of the four aspects of the Awareness Wheel, the one that is public, or visible, is the action quadrant; the other three are invisible aspects of the inner world. The only way we can come to know the perceptions, feelings and thoughts of another is if they tell us what they see, feel and think, or through our own observation and interpretation of their behaviour. Of course, we cannot be certain our interpretation is correct unless we check it out, because behaviour is both verbal and non-verbal. Non-verbal aspects of behaviour are open to being “read” in many ways.

However, by tuning into non-verbal aspects of behaviour, we are more likely to get its full meaning, since non-verbal communication is ongoing. It makes up close to 80 per cent and perhaps 90 per cent of communication, and is more reliable than verbal messages because it

reveals more of the inner state of the person than what words can do. Often, an enlightened onlooker can know more about our inner world than we, ourselves, are aware of, by noting the way we hold our body, our facial expressions or lack thereof, and the qualities of our speech. All of these reveal something about our feelings, thoughts and perceptions.

If we believe that self-awareness is valuable, that it is the basis for a greater range of informed choices, then we will make it a priority to deepen our own understanding of how our perceptions, feelings and thoughts shape our behaviour, so we can change it.

It is our actions that build or break down our relationships with others, change our life circumstances or keep them static. Since the four quadrants are dynamically interrelated, even a small change in one will produce changes in the others. As well, changes within us, expressed in our altered behaviour, will elicit different responses from others. Self-awareness and choice inspire this change process.

Action is like the tip of the iceberg that protrudes above the ocean surface; perceptions, feelings, and thoughts represent the seven-eighths below the surface. To say that all behaviour is meaningful is to say that it can be understood in terms of the perceptions, feelings and thoughts it expresses, and the surroundings in which it occurs. A person can more fully understand and manage one's own inner world and one's interactions with the outer world by uncovering the perceptions, feelings and thoughts underlying one's actions.

For example, when a man or boy becomes angry at a perceived threat and acts out his anger destructively without pausing to think, we call his behaviour "*impulsive*." He has gone directly from perceptions and feelings to action, without considering the consequences. A trusted helper would aim to get him to stop before acting and think about what triggered his anger and why, then choose a behavioural response that does not get him into trouble. Eventually, after enough of this type of mediation from another person, he will become his own mediator, having internalized the need and desire to think before he acts.



Appendix I

Risk and Protective Factors

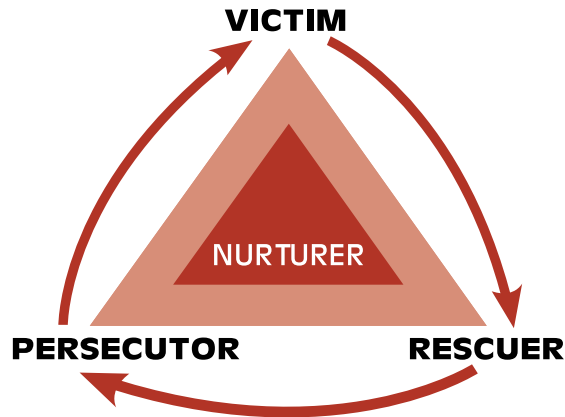
Risk and protective factors for First Nations youth suicide

Predisposing	Contributing	Precipitating	Protective
<p>Individual:</p> <ul style="list-style-type: none"> <input type="checkbox"/> previous history of suicide <input type="checkbox"/> depression <input type="checkbox"/> unresolved grief <p>Family:</p> <ul style="list-style-type: none"> <input type="checkbox"/> family history of suicide <input type="checkbox"/> family violence/abuse <input type="checkbox"/> family history of psychiatric disorder <input type="checkbox"/> early childhood loss/separation <p>Peers:</p> <ul style="list-style-type: none"> <input type="checkbox"/> social isolation and alienation <input type="checkbox"/> history of suicide in peer group <p>School:</p> <ul style="list-style-type: none"> <input type="checkbox"/> negative school experience <input type="checkbox"/> lack of meaningful connection to school <p>Community:</p> <ul style="list-style-type: none"> <input type="checkbox"/> marginalization <input type="checkbox"/> disempowerment 	<ul style="list-style-type: none"> <input type="checkbox"/> rigid thought <input type="checkbox"/> poor coping <input type="checkbox"/> substance abuse <input type="checkbox"/> impulsivity <input type="checkbox"/> hypersensitivity <ul style="list-style-type: none"> <input type="checkbox"/> substance abuse within family <input type="checkbox"/> family instability <input type="checkbox"/> ongoing conflict <input type="checkbox"/> poor parenting skills <ul style="list-style-type: none"> <input type="checkbox"/> negative youth attitudes to seeking help; <input type="checkbox"/> peer modelling of maladaptive behaviour <ul style="list-style-type: none"> <input type="checkbox"/> school staff uncertain on how to help <ul style="list-style-type: none"> <input type="checkbox"/> negative media portrayal 	<ul style="list-style-type: none"> <input type="checkbox"/> personal failure <input type="checkbox"/> humiliation <input type="checkbox"/> trauma <input type="checkbox"/> developmental crisis <ul style="list-style-type: none"> <input type="checkbox"/> personal loss <input type="checkbox"/> loss of family member <input type="checkbox"/> death, especially by suicide <input type="checkbox"/> separation/divorce <ul style="list-style-type: none"> <input type="checkbox"/> interpersonal loss <input type="checkbox"/> teasing/cruelty <input type="checkbox"/> rejection <input type="checkbox"/> death, especially by suicide <ul style="list-style-type: none"> <input type="checkbox"/> failure <input type="checkbox"/> expulsion <input type="checkbox"/> disciplinary crisis <ul style="list-style-type: none"> <input type="checkbox"/> celebrity death <input type="checkbox"/> conflict with law 	<ul style="list-style-type: none"> <input type="checkbox"/> good coping skills <input type="checkbox"/> creative problem-solving <input type="checkbox"/> optimism <input type="checkbox"/> previous self-mastery <ul style="list-style-type: none"> <input type="checkbox"/> family with warmth and belonging <input type="checkbox"/> adults modelling healthy behaviour <input type="checkbox"/> open communication <input type="checkbox"/> supportive relationships <ul style="list-style-type: none"> <input type="checkbox"/> acceptance and support <input type="checkbox"/> healthy peer modelling <input type="checkbox"/> social competence <ul style="list-style-type: none"> <input type="checkbox"/> adults who are supportive <input type="checkbox"/> parent involvement <ul style="list-style-type: none"> <input type="checkbox"/> community self-determination <input type="checkbox"/> optimism

White and Jodoin (1998:18).

Appendix J

Victim-rescuer-persecutor and nurturer model



A person who learns to function as a victim very often learns to rely upon behaviours identified with rescuing in some situations and persecuting in others.

The absence of nurturing in the lives of many First Nations people results in styles of communicating and relating identified as victim, persecutor or rescuer in the above model. The centre of the model is labeled “nurturer” because in this style of relating and communicating, a person is able to state his or her needs and point of view without placating, blaming or putting others down. The nurturer takes responsibility for his or her actions and expects others to be accountable for theirs.

In contrast, those who use the victim, persecutor or rescuer modes have difficulty communicating directly and honestly. The victim feels undeserving and unable to assert his rights; the persecutor attempts to get his needs met through control and aggression; and the

rescuer attends to others more adequately than to self, thus ensuring that neither he or those he “helps” discover their own capacity to meet their needs and solve their problems.

People caught in this trap may be assisted by creating a relationship (see Appendix D) with someone who has skills to build on teachable moments to promote understanding of the above model. It is helpful to focus attention on behaviours that demonstrate the three ineffective roles, and the importance of meeting personal emotional and other needs described as part of the Medicine Wheel (see Appendix G).

These are all learned behaviours and, as such, can be unlearned. By becoming aware of negative styles of communicating and their consequences, and by discovering more effective ways of meeting needs, a person can thrive in the nurturing mode of relating to self and others.

References/Bibliography

References/
Bibliography



References/Bibliography

- Aboriginal Healing Foundation (AHF) (2001). Program Handbook - 3rd Edition. Ottawa, ON: Aboriginal Healing Foundation.
-
- Absolon, K. (1994). Building Health from the Medicine Wheel: Aboriginal Program Development. A Resource Paper for Native Physicians Association Conference at Winnipeg.
-
- Adler, M.T. (2003). Interview with author on 14 June 2003. Vancouver, British Columbia.
-
- Anderson, F. (1970?). Personal Growth and Emotional Development, notes for a college level course, unpublished.
-
- Anderson, J. and S. Reimer Kirkham (1999). Discourses on Health: A critical perspective. In Coward, H. and P. Ratanakul (eds.), *A Cross-Cultural Dialogue on Health Care Ethics*. Waterloo, ON: Wilfred Laurier University Press, 47-67.
-
- Ashworth, M. (1979). *The Forces Which Shaped Them: A History of the Education of Minority Group Children in British Columbia*. Vancouver, BC: New Star Books.
-
- Assembly of First Nations (AFN) (1994). *Breaking the Silence: An Interpretive Study of Residential School Impact and Healing as Illustrated by the Stories of First Nation Individuals*. Ottawa, ON: Assembly of First Nations.
-
- Battiste, M. (2000). Maintaining Aboriginal Identity, Language, and Culture in Modern Society. In Battiste, M. (ed.), *Reclaiming Indigenous Voice and Vision*. Vancouver, BC: UBC Press, 192-208.
-
- Baxter, David J. (2003). Raising Sons. In *Canadian Boys Growing up Male*. The Vanier Institute of the Family. *Transition* 33(1):12.
-
- Beauchesne, Eric (2002). Husbands abused as often as wives, *National Post*, Thursday, 27 June 2002, A3.
-
- Benedict, Ruth (1934). *Patterns of Culture*, New York, NY: New American Library.
-
- Bigsby, R. (2003). Interview with author on 27 May 2003. Nanaimo, British Columbia.
-
- Black, Claudia (1992). History and Family Dynamics: The Effects of Chemical Dependency, a keynote presented at Sto:lo Nation's Journeys to Family Healing Health Conference, Harrison Hot Springs, British Columbia, July 1992.
-
- Blagg, Harry (2000). *Crisis Intervention in Aboriginal Family Violence: Summary Report*. Commonwealth of Australia: Crime Research Centre, University of Western Australia.
-
- Boldt, M. (1993). *Surviving as Indians: the Challenge of Self-Government*. Toronto, ON: University of Toronto Press.
-
- Bourne, Jenny (2001). The life and times of institutional racism. *Race & Class* 43(2):7-22.
-

Brant, Clare C. (1990). Native ethics and rules of behaviour. *Canadian Journal of Psychiatry* 35(6):534-539.

Brant, C.C. and J.A. Brant (1983). *The Native Family: Traditions and Adaptations*. Transcribed and edited proceedings of the *1983 Meeting of the Canadian Psychiatric Association, Section on Native Mental Health*. Ottawa, ON: Canadian Psychiatric Association. Section on Native Mental Health. September 30, October 1-2, 1983.

Brasfield, C.R. (2001). Residential School Syndrome. *B.C. Medical Journal* 43(2):78-81.

Breton, D. and C. Largent (1996). *The Paradigm Conspiracy: Why Our Social Systems Violate Human-Potential and How We Can Change Them*. Centre City, MN: Hazeldon.

Burgess, H.F. (Poka Laenui) (2000). Processes of Decolonization. In Battiste, M. (ed.), *Reclaiming Indigenous Voice and Vision*. Vancouver, BC: UBC Press, 150-160.

Byleveld, D. (2003). Interview with author on 28 June 2003. Nanaimo, British Columbia.

Cajete, G. (2000). Indigenous Knowledge: The Pueblo Metaphor of Indigenous Education. In Battiste, M. (ed.), *Reclaiming Indigenous Voice and Vision*. Vancouver, BC: UBC Press, 181-191.

Campfens, H. (1997). *Community Development Around the World: Practice, Theory, Research, Training*. Toronto, ON: University of Toronto Press.

Canadian Institute for Health Information and Statistics Canada (2003). *2003 Health Indicators*. Retrieved 3 April 2004: <http://www.cihi.ca>

Caplan, A. (2003). Interview with author on 27 May 2003. Nanaimo, British Columbia.

Carolan, Michael, Fred Donodeo, Cherry Lowman, Amy Matush, Joan Romaine and Ellen Witt (2001). Adolescents and Alcohol Abuse: New Knowledge, New Challenges. *APS Observer* 14(10). Retrieved from: <http://www.psychologicalscience.org/observer/1201/niaaa.html>

Catalano, R., M. Berglund, J. Ryan, H. Lonczak and D. Hawkins (2002). Positive youth development in the United States: Research findings on evaluations of positive youth development programs. *Prevention and Treatment* 5(15). Retrieved from: <http://www.journals.apa.org/prevention/volume5/pre0050015a.html>

Chamberlin, J. E. (2000). From Hand to Mouth: The Postcolonial Politics of Oral and Written Traditions. In Battiste, M. (ed.), *Reclaiming Indigenous Voice and Vision*. Vancouver, BC: UBC Press, 124-141.

Chandler, M.J. and C. Lalonde (1998). Cultural Continuity as a Hedge Against Suicide in Canada's First Nations. *Transcultural Psychiatry* 35(2):191-219.

Chetkow-Yanoov, B. (1999). Some Social Work Ways for Dealing with Conflict Theory, unpublished manuscript.

-
- Chrisjohn, R. (1991). Impact of Residential School and non-Residential School Experiences. A presentation at First Indian Residential School Conference, Vancouver, BC, June 1991. Personal notes, Bill Mussell, Sal'i'shan Institute.
-
- Christian-Michaels, S. (1995). Psychiatric Emergencies and Family Preservation: Partnerships in an Array of Community-Based Services. In Combrinck-Graham, L. (ed.), *Children in Families at Risk: Maintaining the Connections*. New York, NY: The Guilford Press, 56-79.
-
- Cimmarusti, R.A. (1995). Preparing Child Welfare Agencies for Family Preservation and Reunification Programs. In Combrinck-Graham, L. (ed.), *Children in Families at Risk: Maintaining the Connections*. New York, NY: The Guilford Press, 350-372.
-
- Combrinck-Graham, L. (ed.) (1995). *Children in Families at Risk: Maintaining the Connections*. New York, NY: The Guilford Press.
-
- Connors E. and F. Maidman (2001). A circle of healing: Family wellness in Aboriginal communities. In Prillettensky, I. G. Nelson and L. Peirson (eds.), *Promoting family wellness and preventing child maltreatment: Fundamentals for thinking and action*. Toronto, ON: University of Toronto Press, 349-416.
-
- Connors, Edward A. (1999). The Role of Spirituality in Wellness or How Well we can see the whole will determine how well we are and how well we can be. Paper presented at 1999 Annual Native Mental Health Conference, Saskatoon, SK, unpublished document.
-
- Daes, E.-I. (2000). Prologue: The Experience of Colonization around the World. In Battiste, M. (ed.), *Reclaiming Indigenous Voice and Vision*. Vancouver, BC: UBC Press, 3-8.
-
- Dana, Richard H. (2000). The Cultural Self as Locus for Assessment and Intervention with American Indians/Alaska Natives. *Journal of Multicultural Counselling and Development* 28(2):66-83.
-
- de Carlo Ahuarangi, Keri (1996). Creating A Safe Cultural Space. *Kutiaki: Nursing New Zealand* 2(10):13-15.
-
- De Maio, R.X. (1995). Helping Families Become Places of Healing: Systemic Treatment of Intra-familial Sexual Abuse. In Combrinck-Graham, L. (ed.), *Children in Families at Risk: Maintaining the Connections*. New York, NY: The Guilford Press, 125-149.
-
- Dion Stout, M. (1994). An Indigenous Perspective on Healing and Wellness. Paper presented at First Nations Community Mental Health Workers Training Workshop, 6-8 March 1994, Winnipeg, MB.
-
- Dion Stout, M. (2002). Personal discussion on 10 September 2002. Ottawa, Ontario.
-
- Dion Stout, M. and G. Kipling (2003). *Aboriginal People, Resilience and the Residential School Legacy*. Ottawa, ON: Aboriginal Healing Foundation.
-
- Duran, E. and B. Duran (1995). *Native American Postcolonial Psychology*. Albany, NY: State University of New York Press.
-

Dyck, I. and R. Kearns (1995). Transforming the relations of research: towards culturally safe geographies of health and healing. *Health & Place* 1(3):137-147.

Elliott, J. (2003). Interview with author on 27 May 2003. Nanaimo, British Columbia.

Feinberg, F. (1995). Substance-Abusing Mothers and Their Children: Treatment for the Family. In Combrinck-Graham, L. (ed.), *Children in Families at Risk: Maintaining the Connections*. New York, NY: The Guilford Press, 228-247.

Fettes, M. (1997). Stabilizing What? An Ecological Approach to Language Renewal. In Reyhner, J. (ed.), *Teaching Indigenous Languages*. Flagstaff, AZ: Northern Arizona University, 301-318.

Feuerstein, R., M. Hoffman, R. Miller and Y. Rand (1980). *Instrumental Enrichment: An Intervention Program for Cognitive Modifiability*. Baltimore, MD: University Park Press.

Feuerstein, R., Y. Rand and J. Rynders (1988). *Don't accept me as I am: Helping Retarded People to Excel*. New York, NY: Plenum Press.

Fishman, J. (1996a). What Do You Lose When you Lose Your Language? In Cantoni, G. (ed.), *Stabilizing Indigenous Languages*. Flagstaff, AZ: Center for Excellence in Education, Northern Arizona University, chapter 3. Retrieved from: <http://jan.nau.edu/~jar/books.html>

Fishman, J. (1996b). Maintaining Languages: What works and what doesn't. In Cantoni, G. (ed.), *Stabilizing Indigenous Languages*. Flagstaff, AZ: Center for Excellence in Education, Northern Arizona University, conclusion. Retrieved from: <http://jan.nau.edu/~jar/books.html>

Fleming, C. (1994). The Blue Bay Healing Center: Community development and healing as prevention. In Duclos, Christine Wilson and M. Manson (eds.), *Calling From the Rim: Suicidal Behavior Among American Indian and Alaska Native Adolescents*. American Indian and Alaska Native Mental Health Research: The Journal of the National Center Monograph Series 4:134-165.

Four Worlds Centre for Development Learning (2003). *Moving toward action: Recommendations aimed at strengthening the capacity of Aboriginal communities and organizations and their government partners to address family violence and abuse*. A Supplementary Monograph. Lethbridge, AB: Four Worlds Institute for Human and Community Development.

Fox, M.R. (1995). Organizing the Hierarchy around Children in Placement. In Combrinck-Graham, L. (ed.), *Children in Families at Risk: Maintaining the Connections*. New York, NY: The Guilford Press, 182-208.

Frank, S. (1992). *Family violence in Aboriginal communities: A First Nations report*. Vancouver, BC: Ministry of Women's Equality.

-
- Fraser Valley Aboriginal Steering Group (2002). The Fraser Valley Aboriginal Wellness Plan 2002-2003. Chilliwack, BC: E. Fraser Valley Health Region.
-
- Frattaroli, E. (2001). *Healing the Soul in the Age of the Brain: Why Medication Isn't Enough*. New York, NY: Penguin Books.
-
- Freire, P. (1973). *Education for Critical Consciousness*. New York, NY: Seabury Press.
-
- Freire, P. (1970). *Pedagogy of the Oppressed*. New York, NY: Continuum.
-
- Fulford, R. (1999). *The Triumph of Narrative: Storytelling in the Age of Mass Culture*. Toronto, ON: Anansi.
-
- Fullan, M. (2001). *Leading in a Culture of Change*. San Francisco, CA: Jossey-Bass.
-
- Furniss, E. (1995). *Victims of benevolence: discipline and death at Williams Lake Indian residential school, 1891-1920*. Vancouver, BC: Arsenal Pulp Press.
-
- Gilligan, Carol (2002). *The Birth of Pleasure*. New York, NY: A.A. Knopf.
-
- Glazer, Steven (ed.) (1999). *The Heart of Learning: Spirituality in Education*. New York, NY: J.P. Tarcher/Putnam.
-
- Glover, G. (2001). Parenting in Native American families. In Webb, N. (ed.), *Culturally diverse parent-child and family relationships: A guide for social workers and other practitioners*. New York, NY: Columbia University Press, 205-231.
-
- Goodluck, C. and A. Willetto (2001). *Native American kids 2000: Indian children's well-being indicators data book*. National Indian Child Welfare Association, Casey Family Programs Foundations for the Future.
-
- Greenwood, M. (2003). *British Columbia First Nations Children: Our Families, Our Communities, Our Youth*, unpublished paper.
-
- Grollier Hall Residential School Healing Circle for Male Survivors (2000). *Community Caregivers Victim Assistance Manual*. Yellowknife, NWT: Grollier Hall.
-
- Haig-Brown, C. (1988). *Resistance and Renewal: Surviving the Indian Residential School*. Vancouver, BC: Tillicum Library.
-
- Halifax, J. (1999). Learning as Initiation: Not-Knowing, Bearing Witness, and Healing. In Glazer, S. (ed.), *The Heart of Learning: Spirituality in Education*. New York, NY: J.P. Tarcher/Putnam, 173-181.
-
- Hanki, P. (2003). Telephone interview with author on 16 June 2003. Prince George, British Columbia.
-
- Hanson, Bill (1985). *Dual Realities, Dual Strategies: The Future Paths of the Aboriginal People's Development: A Programmer's Handbook*. Saskatoon, SK: B. Hanson.
-
- Harper Collins Dictionary of Sociology (1991). New York, NY: Harper Perennial.
-

Hayward, J. (1999). Unlearning to See the Sacred. In Glazer, S. (ed.), *The Heart of Learning: Spirituality in Education*. New York, NY: J.P. Tarcher/Putnam, 61-76.

Health Canada (2003). *Acting on what we know: Preventing youth suicide in First Nations. The Report of the Advisory Group on Suicide Prevention*. Ottawa, ON: Health Canada.

Health Canada (2002). *Best Practices: Concurrent Mental Health and Substance Use Disorders*. Ottawa, ON: Minister of Public Works and Government Services Canada.

Health Canada (1999). *Parenting Today's Teens: A Survey and Review of Resources*. Ottawa, ON: Minister of Public Works and Government Services Canada.

Health Canada (1994). *Strategies for Population Health: Investing in the Health of Canadians*. Ottawa, ON: Minister of Supply and Services Canada.

Health and Welfare Canada (1994). *Report on the Interdepartmental Evaluation of the 1991-95 Family Violence Initiatives*. Ottawa, ON: Health and Welfare Canada Program Audit and Review Directorate.

Henderson, J.Y. (2000). *The Context of the State of Nature*. In Battiste, M. (ed.), *Reclaiming Indigenous Voice and Vision*. Vancouver, BC: UBC Press, 11-38.

His Holiness the Dalai Lama (1999). *Education and the Human Heart*. In Glazer, L. (ed.), *The Heart of Learning: Spirituality in Education*. New York, NY: J.P. Tarcher/Putnam, 85-95.

Hollow Water First Nation (1989). *Community Holistic Circle Healing Centre History*. Hollow Water, MB.

Hollow Water First Nation (1993). *The Sentencing Circle*. Wanipigow, MB.

Hollow Water (1997). *Community Holistic Circle of Healing, An Approach*, Summer, 12 May 1997.

Hollow Water (May 2001). *Community Holistic Circle Healing: A community-based approach to the problem of sexual abuse*.

hooks, bell (1999). *Embracing Freedom: Spirituality and Liberation*. In Glazer, S. (ed.), *The Heart of Learning: Spirituality in Education*. New York, NY: J.P. Tarcher/Putnam, 113-129.

Hopper, Jim (2002). *Sexual Abuse of Males: Prevalence, Possible Lasting Effects, and Resources*. Retrieved from: <http://www.jimhopper.com>

Hopper, Jim (2000). *Sexually Abused Males: Giving and Receiving Guidance and Hope*. Retrieved from: <http://www.jimhopper.com>

Hylton, John H. (2002). *Aboriginal Sex Offending in Canada*. Ottawa, ON: Aboriginal Healing Foundation.

Illich, I. (1981). *Shadow Work*. Boston, MA; London, UK: Marion Boyars.

Indian Act, R.S.C. 1985, c. 1-5.

Ing, R. (1990). *The Effects of Residential Schools on Native Child Rearing Patterns*. Vancouver, BC: University of British Columbia.

Jilek, W. (1983). Culture and Psychopathology Revisited. *Culture* 3(1):51-57.

Jilek, W.G. and L. Jilek-Aall (1985). The Metamorphosis of 'culture-bound' syndromes. *Social Science & Medicine* 21(2):205-210.

Johnson, A.G. (1995). *The Blackwell Dictionary of Sociology: A User's Guide to Sociological Language*. Cambridge, MA: Blackwell Publishers Ltd.

Karen, Robert (1992). Shame: The rediscovery of what some psychologists regard as the primary cause of emotional distress. *The Atlantic* 269(2):40-70.

Kearns, R. and I. Dyck (1996). Cultural Safety, biculturalism and nursing education in Aotearoa/New Zealand. *Health and Social Care in the Community* 4(6):371-380.

Kelm, Mary-Ellen (1998). *Colonizing Bodies: Aboriginal health and healing in British Columbia, 1900-1950*. Vancouver, BC: UBC Press.

Kindlon, D. and M. Thompson (2000). *Raising Cain: Protecting the Emotional Life of Boys*. New York, NY: Ballantine Books.

Kirmayer, L. J., B.C. Hayton, M. Malus, R. DuFour, V. Jimenez, Y. Ternar, C. Quesney, N. Ferrara and T. Yu (1993). *Suicide in Canadian Aboriginal Populations: Emerging Trends in Research and Intervention*. Culture & Mental Health Research Unit Report No. 1, prepared for the Royal Commission on Aboriginal Peoples, Montreal, QC.

Kirmayer, L.J., G. Brass and C. Tait (2000). The Mental Health of Aboriginal Peoples: Transformations of Identity and Community. *Canadian Journal of Psychiatry* 45(7):607-616.

Klein, P. and K. Hundeide (1989). *Training Manual for the More Intelligent and Sensitive Child Program*. UNICEF. Sri Lanka: More Intelligent and Sensitive Child.

Krawll, M.B. (1994). *Understanding the role of healing in Aboriginal communities*. Ottawa, ON: Solicitor General of Canada.

Krech, Paul R. (2002). Envisioning a Healthy Future: A Re-becoming of Native American Men. *Journal of Sociology and Social Welfare* 29(1): 77-95.

Laenui, Poka (Burgess, H.F.) (2000). Processes of Decolonization. In Battiste, Marie (ed.), *Reclaiming Indigenous Voice and Vision*. Vancouver, BC: UBC Press, 150-160.

Langille, Lynn, Renée Lyons and Robin Latta (2001). *Increasing Wellness in Canadians: The Role of Health Charities*. Discussion Paper for the Health Charities Council of Canada (HCCC) 4th Canadian Health Charities Roundtable. Halifax, NS: Atlantic Health Promotion Research Centre, Dalhousie University.

Latimer, Anna (1992). Effects of Cultural Oppression on Individuals and Families: A keynote address. Journeys to Family Healing Health Conference, Sto:lo Nation.

Law Commission of Canada (2000). Restoring Dignity: Responding to child abuse in Canadian institutions. Ottawa, ON: Law Commission of Canada.

Leenaars, A.A., C. Brown, L. Tapurti, J. Anowak and T. Hill-Keddie (1999). Genocide and Suicide Among Indigenous People: The North Meets the South. *The Canadian Journal of Native Studies* 19(2):337-363.

Leon, S. (2003). Interview with author on 12 May 2003. Chilliwack, British Columbia.

Levey, J. and M. Levey (1998). *Living in Balance: A Dynamic Approach for Creating Harmony & Wholeness in a Chaotic World*. Berkeley, CA: Conari Press.

Levy, Terry M. (ed.) (2000). *Handbook of Attachment Interventions*. San Diego, CA: Academic Press.

Little Bear, L. (2000). Jagged Worldviews Colliding. In Battiste, M. (ed), *Reclaiming Indigenous Voice and Vision*. Vancouver, BC: UBC Press, 75-85.

Matthews, Fred (2003). The Forgotten Child: The Declining Status of Boys in Canada. The Vanier Institute of the Family, *Canadian Boys Growing up Male*. *Transition* 33(1): 3-6.

McConaghy, C. (1997). What Constitutes Today's Colonialism? Reconsidering Cultural Relevance and Mainstreaming in Indigenous Social and Educational Policy, unpublished manuscript.

McConaghy, C. (1998). Disrupting Reproductive and Evasive Pedagogies: Educational Policy Processes in Postcolonial Australia, *Discourse, Studies in the Cultural Politics of Education* 19(3):341-354.

McConaghy, C. (1998). Indigenous Teacher Education and Post-coloniality. Paper presented at the AARE Conference, University of Adelaide, December.

McCormick, R. (1995). The Facilitation of healing for First Nations people of British Columbia. *Canadian Journal of Native Education* 21(2):251.

McCormick, R. (1997). Healing through Interdependence: The Role of Connecting in First Nations Healing Practices. *Canadian Journal of Counselling* 31(3): 172-184.

McEvoy, M. (1990). *Let the Healing Begin: Breaking the Cycle of Child Sexual Abuse in Our Communities*. Merritt, BC: Nicola Valley Institute of Technology.

McGuire, R. (2003). Telephone interview with author on 13 June 2003. Nanaimo, British Columbia.

McKnight, J. (1995). *The Careless Society: Community and Its Counterfeits*. New York, NY: Basic Books.

-
- Moses, B. and J. Torrie (eds.) (2001). Working Together for Children, Youth and Families: Report of the Cree Regional Workshop on Integrated Services, Chisasibi, Quebec, June 2000.
-
- Multari, Dr. G. (2003). Interview with author on 27 May 2003. Nanaimo, British Columbia.
-
- Mussell, J. (2003). Interview with author on 22 May 2003. Chilliwack, British Columbia.
-
- Mussell, W., M.T. Adler and W. Nicholls (1991). Making Meaning of Mental Health: Challenges in First Nations. A Freirean Approach. Chilliwack, BC: Sal'i'shan Institute.
-
- Mussell, W. J. (1992). Healing, then What? Keynote Address, Native Mental Health Association of Canada Conference, Sept. 1992 at Ottawa.
-
- Mussell, W. and J. Stevenson (1999). Health Authorities Handbook on Aboriginal Health. Vancouver, BC: Aboriginal Health Association of British Columbia.
-
- Mussell, W. (2001). The residential school experience. Workshop presented at meeting of the Kamloops Residential School Reunion, July 2001, Kamloops, BC.
-
- Mussell, W. (2002). The Mind and Spirit of Life: Language and Related Cultural Practices for Restoring First Nations Family and Community Health, First Nations Confederacy of Cultural Education Centres.
-
- Mussell, B., K. Cardiff and J. White (2004a). The Mental Health and Well-Being of Aboriginal Children and Youth: Guidance for New Approaches and Services. Chilliwack, BC: Sal'i'shan Institute and University of British Columbia.
-
- Mussell, B., K. Cardiff and J. White (2004b). The Mental Health and Well-Being of Aboriginal Children and Youth: Annotated Bibliography. Chilliwack, BC: Sal'i'shan Institute and University of British Columbia.
-
- Native Mental Health Association of Canada (1995). Nurturing Relationships, Conference Proceedings, Box 242, Chilliwack, BC, V2P 6J1.
-
- Native Mental Health Association of Canada (1996). Positive Lifestyles, Conference Proceedings, Box 242, Chilliwack, BC, V2P 6J1.
-
- Nelson, J. (1995). Working with Inner-City Tribes: Collaborating with the Enemy or Finding Opportunities for Building Community? In Combrinck-Graham, L. (ed.), Children in Families at Risk: Maintaining the Connections. New York, NY: The Guilford Press, 3-31.
-
- Nelson, K. (1996). Language in Cognitive Development: Emergence of the Mediated Mind. New York, NY: Cambridge University Press.
-
- Neufeld, G. (2003). Working with Stuck Kids: a week intensive with Gordon Neufeld, Summer 2003, Vancouver, B.C., unpublished.
-
- Nishnawbe-Aski Nation (1994). Residential School Discussion Paper. Report on Residential School Meetings, unpublished.
-

-
- O'Neil, J., L. Lemchuk-Favel, Y. Allard and B. Postl (1999). Community Healing and Aboriginal Self-Government. In Hylton, J. (ed.), *Aboriginal Self-Government in Canada: Current Trends and Issues* (second edition). Saskatoon, SK: Purich Publishers, 130-156.
-
- Orr, D.W. (1999). Reassembling the Pieces: Architecture as Pedagogy. In Glazer, S. (ed.), *The Heart of Learning: Spirituality in Education*. New York, NY: J.P. Tarcher/Putnam, 139-149.
-
- Owens, Anne Marie (2002). Feminist Shifts Focus to Boys, *National Post*, Thursday, 27 June 2002, A3.
-
- Palmer, P.J. (1999a). *The Courage to Teach: Exploring the Inner Landscape of a Teachers Life*. San Francisco, CA: Jossey-Bass Publishers.
-
- Palmer, P.J. (1999b). The Grace of Great Things: Reclaiming the Sacred in Knowing, Teaching, and Learning. In Glazer, S. (ed.), *The Heart of Learning: Spirituality in Education*. New York, NY: J.P. Tarcher/Putnam, 15-32.
-
- Pipher, Mary (1996). *The Shelter of Each Other: Rebuilding our Families*. New York, NY: Ballantine.
-
- Polaschek, N.R. (1998). Cultural safety: a new concept in nursing people of different ethnicities. *Journal of Advanced Nursing* 27(3):452.
-
- Pollack, W. (1998). *Real Boys: Rescuing Our Sons from the Myths of Boyhood*. New York, NY: Random House.
-
- Poonwassie, A. (2001). An Aboriginal worldview of helping: Empowering Approaches. *Canadian Journal of Counselling* 35(1):63-73.
-
- Q2 Ally Network (2004). Q2 Ally Network Handbook, Section 3: Understanding How Oppression Leads to Heterosexism and Homophobia, Cycle of Oppression, taken from a handout developed by Sheri Schmidt in 1994. Retrieved from: <http://q2.concordia.ca/handbook/section3.shtml>
-
- Ramsden, Irihapedi (1993). Cultural Safety in Nursing Education in Aotearoa (New Zealand). *Nursing Praxis in New Zealand* 8(3):4-10.
-
- Ramsden, Irihapeti (2000). Cultural Safety/Kawa Whakaruruhua Ten Years On: A Personal Overview. *Nursing Praxis in New Zealand* 15(1):4-12.
-
- Rathbun, S.W., D.R. Lord, F.A. Koop and V.B. McArthur (1995). Families in Their Own Evaluations. In Combrinck-Graham, L. (ed.), *Children in Families at Risk: Maintaining the Connections*. New York, NY: The Guilford Press, 32-55.
-
- Remen, R.N. (1999). Educating for mission, meaning, and compassion. In Glazer, S. (ed.), *The Heart of Learning: Spirituality in Education*. New York, NY: J.P. Tarcher/Putnam, 33-49.
-

-
- Roberts, G. and J. Nanson (2000). *Best Practices: Fetal Alcohol Syndrome/Fetal Alcohol Effects and the Effects of Other Substance Use During Pregnancy*. Ottawa, ON: Minister of Public Works and Government Services.
-
- Ross, Rupert (1996). *Returning to the Teachings: Exploring Aboriginal Justice*. Toronto, ON: Penguin Books.
-
- Ross, Rupert (2001). *Victims and Criminal Justice: Exploring the Disconnect*. A paper presented at the 27th Annual Conference of the National Organization for Victim Assistance at Edmonton, AB.
-
- Royal Commission on Aboriginal Peoples (RCAP) (1993). *Path to Healing: Report of the National Round Table on Health and Social Issues*. Ottawa, ON: Minister of Supply and Services Canada.
-
- Royal Commission on Aboriginal Peoples (RCAP) (1995). *Choosing Life: Special Report on Suicide Among Aboriginal People*. Ottawa, ON: Minister of Supply and Services Canada.
-
- Royal Commission on Aboriginal Peoples (RCAP) (1996). *Volume 3: Gathering Strength. Report of the Royal Commission on Aboriginal Peoples*. Ottawa, ON: Minister of Supply and Services Canada.
-
- Sal'i'shan Institute (2002). *Presentation to the Romanow Commission regarding First Nations Health, Pooling of Best Thinking*, Box 242, Chilliwack, BC, V2P 6J1.
-
- Sal'i'shan Institute (1993). *The Relationship of Trauma to Teaching/Learning Challenges* by M. Mussell, J. Ritchie and W.J. Mussell, unpublished paper, Box 242, Chilliwack, BC, V2P 6J1.
-
- Satir, V. (1988). *The New Peoplemaking*. Mountain View, CA: Science and Behavior Books.
-
- Schinke, S.P., G.F. Botvin, J.E. Trimble, M.A. Orlandi, L.D. Gilchrist and V.S. Locklear (1988). *Preventing Substance Abuse Among American-Indian Adolescents: A Bicultural Competence Skills Approach*. *Journal of Counseling Psychology* 35(1):87-90.
-
- Shkilnyk, A. (1985). *A Poison Stronger than Love: The Destruction of an Ojibwa Community*. New Haven, CT: Yale University Press.
-
- Shor, I. and P. Freire (1987). *A Pedagogy for Liberation: Dialogues on Transforming Education* (sound recording). South Hadley, MA: Bergin & Garvey Publishers, Inc.
-
- Shor, Ira (1993). *Education in Politics: Paulo Freire's critical pedagogy*. In McLaren, P. and P. Leonard (eds.). *Paulo Freire: A Critical Encounter*. Westport, CT: Greenwood Press, 25-35.
-
- Shor, Ira (1992). *Empowering Education: Critical Teaching for Social Change*. Chicago, ILL: The University of Chicago Press.
-
- Shweder, R.A. (1991). *Thinking Through Cultures: Expeditions in Cultural Psychology*. Cambridge, MA: Harvard University Press.
-

-
- Simmer-Brown, J. (1999). Commitment and Openness: A Contemplative Approach to Pluralism. In Glazer, S. (ed.), *The Heart of Learning: Spirituality in Education*. New York, NY: J.P. Tarcher/Putnam, 97-112.
-
- Sinclair, M.C. (1998). Suicide in First Nations People. In Leenaars, Antoon A., Michael J. Kral and Ronald J. Dyck (eds.), *Suicide in Canada*. Toronto, ON: University of Toronto Press.
-
- Snow, A. (2003). Telephone interview with author in May 2003. Prince George, British Columbia.
-
- Stosny, Steven (1996). *The Powerful Self: A Workbook of Therapeutic Self-Empowerment*. Washington, DC: Community Press.
-
- Swinomish Tribal Mental Health Project (1991). *A Gathering of Wisdoms, Tribal Mental Health: A Cultural Perspective*. La Conner, WA: Swinomish Tribal Community.
-
- Tait, C.L. (2002). *Fetal Alcohol Syndrome Among Aboriginal People in Canada: Review and Analysis of the Intergenerational Links to Residential Schools*. Ottawa, ON: The Aboriginal Healing Foundation.
-
- Tawney, R.H. (1926). *Religion and the Rise of Capitalism: a historical study*. New York, NY: Harcourt, Brace & World Inc.
-
- Tennant, Edward A. (1992). The "Eye of Awareness": Probing the Hidden Dimension of Bilingual Education. In *Proceedings of the Third National Research Symposium on Limited English Proficient Student Issues: Focus on Middle and High School Issues*. Washington, DC: United States Department of Education.
-
- Thomas, S. (2003). Interview with author on 28 May 2003. Nanaimo, British Columbia.
-
- Thomas, J. (2003). Interview with author 28 May 2003. Nanaimo, British Columbia.
-
- Thorne-Finch, R. (1992). *Ending the Silence: The Origins and Treatment of Male Violence Against Women*. Toronto, ON: University of Toronto Press.
-
- Tolle, Eckhart (1997). *The Power of Now: A Guide to Spiritual Enlightenment*. Vancouver, BC: Namaste Publishing Inc.
-
- Tolle, E. (2003). *Stillness Speaks*. Vancouver, BC: New World Library and Namaste Publishing Inc.
-
- Tyagi, Smita Vir (1999). Canadian initiatives for men who batter: Issues and challenges for community based interventions and programs. Women's World Conference, University of Toronto.
-
- Vaill, Peter B. (1989). *Managing as a Performing Art: New Ideas for a World of Chaotic Change*. San Francisco, CA: Jossey-Bass Publishers.
-
- van Uchelen, C. (2000). Individualism, collectivism, and community psychology. In Rappaport, J., and E. Seidman (eds.), *Handbook of Community Psychology*. New York, NY: Kluwer Academic/Plenum Publishers, 65-78.
-

-
- van Uchelen, Collin P., S. F. Davidson, S.V. Quressette, C.R. Brasfield and L.H. Demerais (1997). What Makes Us Strong. Urban Aboriginal Perspectives on Wellness and Strength. *Canadian Journal of Community Mental Health* 16(2):37-50.
-
- Vanderbuerg, W.H. (1985). *The Growth of Minds and Cultures, A Unified Theory of the Structures of Human Experience*. Toronto, ON: University of Toronto Press.
-
- Wabano Centre for Aboriginal Health (2002). *Reclaiming Connections: Facilitating Recovery from the Trauma of Residential School Abuse and its Intergenerational Impacts*. Ottawa, ON: Wabano Centre for Aboriginal Health.
-
- Warry, Wayne (1998). *Unfinished Dreams: Community Healing and the Reality of Aboriginal Self-Government*. Toronto, ON: University of Toronto Press.
-
- Weatherford, D.L. and C. Haywood (1991). *Cognitive Curriculum for Young Children, Manual on Parent Participation in the Cognitive Education of Young Children*, Vanderbilt University, TN.
-
- Whelshula, Martina M. (1999). *Healing through Decolonization: A Study in the Deconstruction of the Western Scientific Paradigm and the Process of Retribalizing among Native Americans*. Unpublished doctoral dissertation, California Institute of Integral Studies, San Francisco, CA.
-
- White, J. (1998). *Youth Suicide Prevention: A Framework for British Columbia*. University of British Columbia: Suicide Prevention Information and Resource Centre of British Columbia.
-
- White, J. and N. Jodoin (1998). "Before the Fact" Interventions: A Manual of Best Practices in Youth Suicide Prevention. Vancouver, BC: Suicide Prevention Information and Resource Centre, Mheccu, University of British Columbia.
-
- White, J. and N. Jodoin (2003). *Aboriginal youth: A manual of promising suicide prevention strategies*. Calgary, AB: Centre for Suicide Prevention in Collaboration with RCMP National Aboriginal Policing.
-
- Williams, Lorna (1991). Presentation at First Indian Residential School Conference, Vancouver, B.C. Personal notes of Bill Mussell, Sal'i'shan Institute, Box 242, Chilliwack, BC, V2P 6J1.
-
- Williams, L. (2004). Personal discussion on 27 March 2004. Victoria, British Columbia.
-
- Wilson, P. (2004). Personal interview on 26 June 2004. West Vancouver, British Columbia.
-
- Wink, Joan (1997). *Critical Pedagogy: Notes from the Real World*. New York, NY: Longman Publishers, USA.
-
- Wolfe, D.A. and P.G. Jaffe (2001). Prevention of Domestic Violence: Emerging initiatives. In Graham-Berman, S.A. and J.L. Edleson (eds.), *Domestic Violence in the Lives of Children: The Future of Research, Intervention, and Social Policy*. Washington, DC: American Psychological Association, 283-298.
-

Wolfe, David A., Peter G. Jaffe, Jennifer L. Jetté and Samantha E. Poisson (2001). *Child Abuse in Community Institutions and Organizations: Improving Public and Professional Understanding*, paper for Law Reform Commission of Canada.

Wood, P.J. and M. Schwass (1993). *Cultural Safety: A Framework for Changing Attitudes*. *Nursing Praxis in New Zealand* 8(1): 4-14.

Wylie, M.S. and R. Simon (2002). *Discoveries from the Black Box: How the neuro-science revolution can change your practice*. *Psychotherapy Networker* 26(5):26.

Young, D. (2003). Interview with author on 18 May 2003. Mt. Brydges, Ontario.

Zoe-Martin, Cecilia (ed.) (1999). *Stories from our Youth: The Effects of Addiction in our Community from "For the Sake of Our Children": The Dogrib Addiction Strategy*. Rae-Edzo, NWT: Dogrib Community Services Board.

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