

Participating in Indigenous Ceremony: Journeys that Lead to Healing

A Thesis

Submitted to the Faculty of Graduate Studies and Research

For the Degree of

Master of Social Work

University of Manitoba

By

Nellie Elizabeth Murdock

Winnipeg, Manitoba

July 2019

Abstract

Ceremonial journeys of Indigenous people are a way to their healing. This Master of Social Work - Indigenous Knowledge research listens to eight participants who shared their ceremonial journeys through talking circles and individual interviews. Eight participants who stated, “We will share our stories” and “We want our voices heard”. Through the stories of their journeys three main themes came to light. They are decolonization, faith and family. Decolonizing became evident as their stories unfolded and they expressed how attending Indigenous cultural ceremonies changed their lives. The theme of faith, believing in the Creator and in their ancestors, became a consistent and constant theme as they shared journeys of attending ceremonies. As the participants learned for themselves how to heal, how to move forward in their own lives, and how living life using their own Indigenous culture in circles of sharing, caring and respect changed their lives around, and as they began to see a brighter happier future for themselves, sharing this knowledge with their families becomes increasingly important. As social workers working in the system of social welfare and valuing self-realization of all people, we need to identify the social injustices of the continued oppression of Indigenous families and their rights to apply their traditional customs as catalysts to healing. The challenges for social work practice and policies are threefold; first, accepting Indigenous ceremony and understanding culture changes lives for the better, secondly, supporting those who choose Indigenous ways in their healing, and thirdly, recognizing the long term and life style benefits to children and their families.

Keywords: Indigenous people, ceremony, healing, faith, spirituality

Acknowledgement

I give thanks to the Creator, and the grandmothers and grandfathers to whom I have sent my prayers for help. Miigwetch! Thank you to the participants who have allowed me into their lives for a short part of their journeys. They have provided insights about their ceremonial journeys and have allowed others to see that participation in ceremony made a life-style difference to them, to their families, and to their communities. They see their children and their grandchildren are watching and learning. I thank the knowledge keeper John Murdock for agreeing to be a part of this journey.

I give thanks to the spirits of the animals who have helped me on my journey. There have been many. I offered tobacco for the eagle that said good morning when he flew over my table one morning and whistled so softly, and to the swans that swam by and offered some trumpets of information. I listened to otters playing and nickering to each other as they hunted along the shoreline and as I sat along the fire reading scholarly books. I said thanks to the loons whose lonely haunting sounds made me cry. They all spoke something, and I took it as words of encouragement to continue, keep going, this work is as important to them as it is to the human beings affected by it.

There are many more people I need to thank for their help during this entire process. The first is my husband Stephen for his gentle cajoling and total faith that I was capable of doing this work through to the end. I thank my children, my daughter Jynx and my son Cole, and the hearts that are my grandchildren, Sierra, Mira and Chase. This work is for them, for their futures, and hopefully what I do may benefit them in some way. I love you all dearly. Thank you to my cousin and friend Gord who, without that conversation with him, I would have struggled harder than I did. His words of wisdom started me off on this journey in a good way.

I give thanks to my advisory committee Dr. Marlyn Bennett, Dr. Chantal Fiola, and Indigenous Knowledge Holder, Ed Azure. Thank you for your patience. I cannot convey enough appreciation for Marlyn. Her unwavering and gentle spirit was the wave that keep me moving. I thank her for her thoughtful ways, her calm caring manner, and her inspiration. I am also grateful for my friend and classmate Virginia Pateman, who worked along-side me “one hour, one day, one page at a time” as she completed her own work. She became my inspiration and kept me motivated and moving forward. Her sense of humor, work ethic, and faith made me want to tag along right beside her. I credit her with giving me the pushes I needed to keep putting words to paper.

I’m thankful to Kelly Selkirk, my Fisher River student advisor, who provided the listening ear to my student woes. She was my sounding block and always, though she is a busy lady, managed to find time for me when I needed it. To my friend Ann Vandersteen, who supported me just by being there, for always being available for tea, and having words of common sense and wisdom I say thanks. I am especially grateful to Dr. Michael Hart for his many teachings, his guidance and the generous gift of his time.

Thank you to Fisher River Education for their financial support, for providing time, and for physical space to do this work. There are many others that have helped me on this journey and I give thanks to you all. I say Miigwetch again.

Participating in Indigenous Ceremony: Journeys that Lead to Healing

Table of Contents

ABSTRACT	ii
ACKNOWLEDGEMENT	iii
1.0 INTRODUCTION.....	1
1.1 OVERVIEW.....	1
1.2 SELF-LOCATION IN RESEARCH	2
1.3 RESEARCH QUESTION(S).....	5
1.4 DEFINITIONS OF TERMS	7
1.5 LIMITATIONS	8
1.6 CONCLUSION.....	8
2.0 LITERATURE REVIEW	10
2.1 INTRODUCTION	10
2.2 HISTORY AND COLONIZATION	12
2.2.a Introduction.....	12
2.2.b Children	13
2.2.c Land	16
2.2.d Loss of Spirituality	17
2.3 CEREMONY AND HEALING.....	18
2.4 SWEAT LODGES.....	20
2.5 TOBACCO	21
2.6 SMUDGING	24
2.7 DREAMS & VISIONS.....	25
2.8 KNOWLEDGE HOLDERS, ELDERS, AND TRADITIONAL HEALERS	26
2.9 CONCLUSION.....	28
3.0 METHODOLOGY, RESEARCH DESIGN, AND DATA ANALYSIS	30
3.1 INTRODUCTION	30
3.2 RESEARCH METHODOLOGIES.....	30
3.2.1 Narrative Inquiry	30
3.2.2 Conversational Methodology	31
3.3 METHODS	31
3.3.1 Interviews and Talking Circles	31
3.4 RESEARCH DESIGN	33
3.4.1 Ethical Considerations.....	33
3.4.2 The Role of Elders/Knowledge Holders.....	35
3.4.3 The Meeting Place.....	36
3.4.4 Recruitment.....	36
3.4.5 Talking Circles.....	38
3.4.6 Interviews	41
3.5 DATA ANALYSIS, INTERPRETATION, AND VALIDITY.....	43
3.5.1 Reflexivity/Observations	43
3.5.2 Inductive Analysis.....	44
3.5.3 Procedures for Analyzing and Interpreting Data.....	45
3.5.4 Procedures for Validating Data.....	47
3.6 CONCLUSION.....	47

4.0 FINDINGS	49
4.1 INTRODUCTION	49
4.1.2 <i>Introduction of Participants</i>	49
4.1.2.a – <i>Linda</i>	50
4.1.2.b – <i>Tina</i>	51
4.1.2.c – <i>Stephanie</i>	52
4.1.2.d – <i>Annabelle</i>	53
4.1.2.e – <i>Nancy</i>	54
4.1.2.f – <i>Natalie</i>	55
4.1.2.g – <i>Zachary</i>	55
4.1.3 <i>Summary on Participants</i>	56
4.1.4 <i>Where to Begin?</i>	57
4.2 THEME ONE: DECOLONIZATION	60
4.2.a <i>Adversity</i>	62
4.2.b <i>Healing</i>	67
4.2.c <i>Theme One Discussion</i>	72
4.3 THEME TWO: FAITH	73
4.3.a <i>Spirituality</i>	74
4.3.b <i>Ceremonies</i>	77
4.3.c <i>The Sweat Lodge Ceremonies</i>	79
4.3.d <i>Sundance</i>	80
4.3.e <i>Dreams/ Visions – Guidance and Direction</i>	83
4.3.f <i>Identity</i>	85
4.3.g <i>Theme Two Discussion</i>	86
4.4 THEME THREE: FAMILY	87
4.4.a <i>Children</i>	88
4.4.b <i>Relationships</i>	90
4.4.c <i>Theme Three Discussion</i>	92
4.5 CONCLUSION	92
5.0 DISCUSSION AND CONCLUSION	95
5.1 INTRODUCTION	95
5.2 SUMMARY OF THE RESEARCH PROJECT AND FINDINGS	95
5.2.a <i>Relationship to Literature Review</i>	96
5.2.b <i>Addressing the Study’s Research Question</i>	98
5.2.c <i>Justification of Research Approach</i>	99
5.2.d <i>Critical evaluation</i>	101
5.3 FURTHER RESEARCH	103
5.4 IMPLICATIONS AND RECOMMENDATIONS FOR SOCIAL WORK	104
5.5 CONCLUDING REMARKS	106
REFERENCES.....	107
APPENDICES.....	117

1.0 INTRODUCTION

1.1 Overview

The focus of this thesis for the Master of Social Work – Indigenous Knowledge Program (MSW-IK) is on traditional Indigenous ceremony and the relationship between ceremonies and the power of an individual to make healthier life choices. Most of western society does not understand Indigenous people and their experiences with colonization, residential schools, the sixties scoop and how these events coupled, with the losses of land and language, has significantly impacted Indigenous peoples both individually and collectively. There has been suffering endured over generations of families from these life changing ways that have been imposed upon Indigenous populations. As a result, many Indigenous peoples have sought ways in which to heal from these historical traumas. There is a need now to understand the healing practices of our Indigenous ancestors and how they bring about change in the lives of those who have been hurt, who have suffered, who are dying, and who are crying because of the impact of these experiences on their lives over the many years.

The Indigenous ways of our ancestors did not involve using western medications, western therapy, or unhealthy methods of coping such as drugs, alcohol, or gambling. There were healers and helpers, those who worked with the people using what they had learned in their own lifetime, using the land, the drum, and the songs, smoking their pipes and offering prayer. There is a need to return to the basics of the Indigenous culture to understand, to listen, and to learn from the people who have experiences and stories to tell.

This research seeks an in-depth insight into Indigenous healing and learning how ceremony can be used to help individuals on their healing journeys. It looks at how attending

and learning traditional ways of healing, helping on an individual level by listening, and collecting personal stories, from those who have undergone the experience of healing through ceremonies can facilitate healing. It is those who are willing to share their experiences that will help make the difference for those who have yet to learn about participating in Indigenous ceremonies. It is these people who can help make the difference for others by talking about their own paths and journeys. It is important to recognize these journeys using research and to translate their experiences into information that can be identified as being part of the catalyst for change to a healthier lifestyle.

1.2 Self-Location in Research

Tansi, Boozhoo, Aniin, nindizhinikaaz Ogimaa binayshee Ikway. Hello. My English name is N Elizabeth Murdock, aka Liz. My spirit name is Kingbird woman. I belong to the Fish Clan. I am a wife, mother, grandmother, sister, sister-in-law, aunt, cousin, and friend. I have two children and three grandchildren. My home is in Fisher River Cree Nation with my husband Stephen. I was born and raised in the Ojibway community of Peguis First Nation, Manitoba. Peguis is where I grew up and went to school, and where both of maternal and paternal extended family originates. My mother was the fourth youngest of eighteen children born to Annabella and Solomon Stranger. My mother, Nellie May Sinclair (nee Stranger), was the last of the children to be born in the area of East Selkirk – St. Peters before the Peguis Band was moved to its current location when they surrendered their land to the White settlers. Both of my parents attended residential school; my mother only for a few months in Brandon, Manitoba as a young teenage girl and my father from age six to sixteen.

I remember my grandfather and older aunts and uncles talking about their memories of living in the area not far from the Old Stone church in East Selkirk known also known as St Peters Dynevor Anglican Church.

My grandfather Solomon told me the story of how he came to Peguis, now located in the Interlake along the Fisher River to look for a home for himself and his large family. He travelled by bicycle over the one hundred miles of swamp and bog to scout out a homestead. He made this journey twice before he found a suitable spot to call home. My mother was born in July of 1938, and her family moved shortly after that to where their house and yard remain today.

I have good memories of being at the home of my grandparents. My own home, where I lived with my parents, was about half a mile away and walking to Grannie and Grampa's through the cow pasture was a normal routine part of my growing up. I remember being with my Grannie and learning everything from washing dishes, cups first, to pickling and preserving what we had picked from their huge garden. She also taught me how to sew. As she grew older, she needed me to thread the sewing machine because she couldn't see to thread the needle. There was a wood cook stove with a side reservoir for water this was their hot water tank. I learned how to hang clothes on the line, how to put patches on, and how to cook up a cake from scratch. I remember churning butter with my mom and my aunties. It takes a lot of churning to make butter out of cream. As a young girl growing up, I learned much from her, including how to care for plants, gardening, and harvesting. The home of my grandparents was a gathering place for my large extended family. It was where kids were always playing outside and people were welcome to drop by, where tea was always on and Grannie and Grampa would stop and chat with company no matter what else they were doing. This was where I started to learn the importance of family support, relationships, and the importance of connectedness and belonging.

I understand now, as an adult, that by this time I, my grandparents, parents, and I had been colonized and assimilated. There was no visible vestige left of the traditions of our Indigenous history and/or culture. No cultural practices or memories were passed down, and no native languages were spoken or heard in our home that I remember. My aunts and uncles mentioned only recently they remember people stopping by to visit at my grandparent's and they would speak Cree to one another. I asked, "Are you sure it was Cree?" To which the response was "Yes". I once asked my grandfather Solomon why he didn't teach his children their native language. He answered that he thought it would be better for them if they spoke English. This history is important as it situates me within the context of my research as someone who had almost been assimilated into the colonial system of White settlers, a child going to church and Sunday school with my grandparents. I grew up a farmer's daughter, learning how to drive a tractor, growing crops, and harvesting but knew nothing of the rich cultural background of what once was an essential aspect of what it means to be an Indigenous person.

The introduction to my own cultural heritage began when my mother got seriously ill and sought out alternative ways for healing. The western way, hospital and doctor visits, were not helping her. After years of being in pain, she started to attend sweats and ceremony. There was a segment of my family, who unbeknownst to me had begun their ceremonial journeys and that my mother turned to for help. Fiola (2015) writes, "More and more Aboriginal people (Metis included) – newly identified or not - are becoming curious about Aboriginal spirituality or strengthening their commitment to it. Increasingly, Elders and spiritual teachings are being sought out and participation in ceremony is on the rise" (p. 5). I was with her on this journey and this was the beginning of my own journey to healing as well. My mother's pain subsided for a while after attending ceremony; however, it was difficult for her to continue this path without

support from my father. My father did not believe in the traditional ways of our people, whether this is the subsequent result of residential school he was forced to attend or not, I do not know. To keep peace between them, she chose not to attend ceremony. Her pain did not return to the degree it was before ceremony, it was however, always with her.

I have learned from my own experience the power of ceremony to heal the emotional wounds of my life. I have managed, through attending ceremony, to release the internal wounds that were festering into a poison, that were causing terrible hurt inside my body. The change in my own life, the healing to my own spirit, by being allowed to cry and let go of all that pain in a safe nurturing environment through ceremony and in a sweat lodge is why I decided to pursue research in this direction. I am hoping by doing this research other people will have the same opportunities as I did and find a place to heal their spirits.

My own vision of the ancestors watching as we shared what we hoped to achieve on this journey of education was at the beginning of this journey. They were all around us in rows and rows, above and around us, watching and listening as if they were a part of our circle. Sitting in the dark that warm fall evening listening to the winds, the crackling of the sacred fire, and the voices of those like me who spoke about what we envisioned for the future of our children and grandchildren. The ancestors were excited as they learned in the spirit world that maybe this time changes on this side of the spiritual realm might finally benefit their families and those spirits who have yet to come to this world.

1.3 Research Question(s)

As I started to think about my research and consider what my questions should focus on, I spoke to my cousin Gord Stranger (personal communication, September 23, 2017), listening patiently to my woes about not knowing how to start, or what questions I should ask or where to

begin, Gord calmly said, “You need to make an offering of tobacco to a sacred fire and then you will know what questions to ask and where to begin.” Given my cousin’s suggestion, I began to think deeper into what it was that I wanted to learn during this research journey. Wilson (2008) explained, within the introduction of his book *Research is Ceremony*, that Indigenous people have come to realize that beyond control over the topic chosen for study, the research methodology needed to incorporate their cosmology, worldview, epistemology and ethical beliefs (p. 15). I believe by listening to my heart and offering tobacco to the sacred fire, and seeking guidance and direction from the spirit world, that I am centering my worldviews and faith. This is the journey I was meant to travel. Wilson and Restoule (2010) noted that, “This practice of offering tobacco with humble thankfulness is to petition the guidance from the spiritual realm to the physical realm” (p. 32).

The critical question driving this research is, “Does participation in Indigenous ceremonies promote positive lifestyle choices?” During this study I explored the power of ceremony, through which I hoped to learn whether people’s experiences with ceremony has promoted change in their lives. In addition, the following sub-questions were developed to assist me in answering my key question:

1. What types of ceremony are people attending and why?
2. Are there triggers that cause people to seek ceremony? If so, what are these triggers?
3. Does using ceremony give one the power to move forward in their lives to live a healthier life?

These questions were kept in the forefront of my thoughts as the participants shared their journeys of ceremony, and as I disseminated the resulting data.

1.4 Definitions of Terms

The terms *Indigenous* and/or *Aboriginal* and *Native* as reflected throughout this thesis collectively reference First Nations, Métis and Inuit peoples. The following paragraphs fully explain what is meant when reference is made to some of these specific terms.

Indigenous - Until recently, *Aboriginal* has been the primary term used in both legal and popular contexts until very recently and is now in the process of being replaced by the term *Indigenous* is a more appropriate term and one consistent with the United Nations Declaration on the Rights of Indigenous Peoples (The Environics Institute, 2016).

First Nation is a term used to describe Indigenous peoples of Canada who are ethnically neither Métis nor Inuit. This term came into common usage in the 1970s and '80s and generally replaced the term *Indian*, although, unlike *Indian*, the term *First Nation* does not have a legal definition (Indigenous and Northern Affairs Development Canada, n.d.). While *First Nations* refers to the ethnicity of First Nations peoples, the singular *First Nation* can also refer to a band, a reserve - based community, or a larger tribal grouping and the status Indians who live in them (Indigenous Foundations, n.d.). This term also does not convey the degree of diversity that exists among the Indigenous populations who call themselves First Nation.

Discussions about healing and ceremony involves *power*. In a conversation with my student advisor from Fisher River Cree Nation, Kelly Selkirk. She describes what power means for her, and her explanations resonated with me. (Kelly Selkirk, personal communication, November 28, 2016). This definition allows for ceremony to be shown in an individualized way. Like Kelly, I have come to see *Power* as,

- The ability to live a balanced life-style.
- The ability to be self-determined.
- Being able to problem solve, make decisions, assertively communicate, etc.

Changing in ways of living and facing life and living a healthier lifestyle for themselves and their families, I refer to as *moving forward*. These definitions allow for seeing a measurable change in life goals.

Moving forward is seen as:

- Taking steps towards healing from abuses and trauma.
- Starting a healing journey.
- An understanding of the impacts of an unhealthy lifestyle.

Lastly, I have used the term *Ceremony* throughout to mean a culturally specific formal act or series of acts prescribed by ritual, protocol, or convention undertaken by Indigenous people.

1.5 Limitations

The limitations on completing the research that I had anticipated centered on finding enough participants locally within my small community that were willing to share their experiences and remain engaged in my research initiative. As a qualitative based study, the findings, because they are small, cannot be generalized to all Indigenous communities. The findings of this research may be unique to this group of people but it has promising outcomes for other Indigenous people who seek to participate in ceremonies to change their lives.

1.6 Conclusion

This chapter has highlighted key issues with respect to why this research is important to healing. The research question for this study inquires about the experiences of Indigenous individuals participating in Indigenous ceremonies for healing. This chapter also focused on my personal connection to this topic, and it discussed the terminology that will appear throughout this thesis as well, I highlighted some of the limitations inherent in this type of research. In order to more fully understand the gaps in research, a brief review of the literature highlighting how colonization almost effectively eradicated Indigenous ceremonial practices, and the importance of ceremony and healing among Indigenous populations in light of the experiences with colonization and assimilation, is presented in the next chapter. Chapter three explains the methodology, research design, and data analysis methods used. Chapter four introduces the participants, and describes the findings of the themes and subthemes. Chapter five is the last chapter and includes a summary of the findings, what further research should be considered, and implications and recommendations for future social work and concluding remarks.

2.0 LITERATURE REVIEW

2.1 Introduction

This literature review covers seven specific areas of consideration. I have organized the contents of this chapter in the following way. The first section of this review focuses on history and colonization. It examines how western ideologies were forced upon and how they affected the Indigenous people. This part of the review includes an examination of the residential school system, the 60s Scoop and the ongoing systematic legislation and policies of the child and family services system which continue to support the colonizing philosophy of assimilation. This has effectively continued to reduce positive interactions between subsequent generations of Indigenous children with their families. The colonial actions affecting Indigenous people included:

- the era of the removal of children from their families to be placed in residential schools and the efforts to assimilate the Indigenous people through their children produced generations of grief and loss, now called historical trauma.
- the removal of the families from their traditional home and lands, lands used for their survival only to be relocated to environments where they did not have the same tools necessary to sustain themselves
- loss of their traditional culture and spirituality and the losses of their social governing structures that provided their ways of being in society.

The second part of this review focused on examining the literature that centers the importance of ceremony and healing among Indigenous populations in light of the experiences with colonization and assimilation. It includes a review of some of the many types of healing ceremonies.

Thirdly, my review of the literature examined the importance of sweat lodges and the impact they can have on a person's health and well-being cannot be understated. The effective use of attending this ceremonial practice and the consequent outcomes have been looked at.

Fourthly, the topic of tobacco is a part of the literature review. Tobacco is used in daily rituals of ceremonies, for prayers, sometimes as gifts in reciprocity for something asked for, or as a thank you for something received. The traditional Indigenous way of life most often includes the use of tobacco as a means of seeking spiritual contact with Creator – *Gitchi Manitoo*. The use of offering, accepting and honoring tobacco is a practice used by many Indigenous people through the world for many years.

The fifth section of this review focuses on the literature related to smudging. Smudging is the act of washing with the smoke of the sacred medicines and helps with a reduction of negative energy and promotes a more positive surrounding in which to live and work. Smudging clears the air, one's possessions and personal/public spaces of negative energy. People can smudge when they feel the need to make a change towards a positive space. Although there are four sacred medicines of the Indigenous people of Turtle Island only sage, sweetgrass, cedar and used for smudging.

Dreams and visions also are the sixth element of my review as they are each an integral part of ceremony and healing and important to the ceremonial aspects used by many Indigenous groups. Individuals have followed some of their dreams and are continuing to learn the meanings of others. They offer and pass tobacco to the people who carry the gifts of dream interpretations to try and understand and learn what their dreams are about. Dreams, visions and spirituality are a part of the lives of Indigenous people and often provide clarity or direction.

The last part of this literature review focuses on the importance of spending time with knowledge keepers and traditional healers, listening and learning from them as they share the teachings they have acquired from the traditional ways of our ancestors. Knowledge keepers and traditional healers hold the spiritual knowledge to help those who seek direction and assist in

their journeys along the paths of healing for themselves. They build, maintain and hold the sweat lodges, the Sundance arbors and other sacred spaces where ceremonies that are held. They provide safe spaces where those attending are given opportunities to seek out, speak out and be provided opportunities to heal the hurts they carry.

2.2 History and Colonization

2.2.a Introduction

Western colonialist settlers and the mentality of colonialism have since the first contact between the two forced their views on the Indigenous people. Their arrival to the lands of our ancestors have consequences that are continuing and ongoing in the ways they have negatively affected and impacted Indigenous people. The coming of the White colonial settlers and their subsequent actions had the support of their bodies of state government and their associated religious sectors. These institutions had the ideologies of patriarchy, colonization and Christianity (Yellowbird, Coates & Grey, 2013; Hart 2002; Lowman & Barker, 2015). Their patriarchal and Christian ideologies believed Indigenous people lived in chaos and that chaos needed to be set in order (Wesley-Esquimaux & Smolewski, M, 2004, p. 44). Fridere (1993) writes, “In Canada’s case, White colonizers destroyed the Natives’ political, economic, kinship and in most cases, religious systems. The values and norms of Native people were either ignored or violated” (p. 4). There are words like *eradicate*, *outlawing*, and *inferior* throughout Fridere’s paper in which he refers to settlers’ actions in attempting to Christianize the Native population. Lowman and Barker (2015), as well as Absolon (2016), explain settler colonialism as an invasion that has been in place since the beginning of the first contact, and how since the first contact, colonialism in the Canadian policies and practices have been used to “erode, erase and oppress Indigenous peoples” (p. 46).

Another example of this way of thinking is the quote by Duncan Campbell Scott who was the head of Indian Affairs from 1913 – 1932 where he clearly stated, “Our objective is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian question, and no Indian Department, that is the whole of the Bill” (Hart & Bracken, 2016, p. 62). This man held the position of authority in Canada over the Indigenous people and their affairs for nineteen years. This shows the continued desire of the government to have the Indigenous people disappear into society and become a race of people they would no longer have to deal with, and whose children would be educated and assimilated into the society of westernized culture.

2.2.b Children

McKenzie, Varcoe, Brown and Day (2016), as well as Comack (2014), discussed the colonial education of Indigenous children and how this also began as early as the seventeenth century. Although it wasn't until the late nineteenth century when the focus became the children and specifically the importance of separating from their families. Decisions were made at that point in history to remove children from their parents and place them in residential schools. McKenzie et al., (2016) point out, “At residential school, children were forced to attend Christian sermons, practice Christianity, and follow other Euro-Western cultural protocols concerning education and behavior” (p. 3). The colonial government took what they wanted from Indigenous people including their children to try and force them to disappear as a people. Fiske (2009) in examining the locations of residential schools show how western society allowed these residential schools to be visible and invisible at the same time. She goes on to say neighbors saw gardens, fences, clothes on the line, and in some cases little graveyards. They saw only the exterior being neat and well cared for. Little thought was given to who lived there and less

thought to how they lived and were treated (p. 150 – 151). Fiske (2009) as she is talking about residential schools and their physical placements within Canada writes,

The very existence of the school and its placement beyond the boundaries of community on the margin reflected back to the children and their subjectification as uncivilized, barbarous, and wild. Fences not only delineated the boundaries of wilderness and domesticity but also imprisoned the students, while the cemetery and its fences – a deathscape – communicated loss and suffering to the little inmates (p.151).

The resulting turmoil of the loss of their children caused pain beyond understanding to parents and grandparents, aunties, uncles and entire communities of Indigenous families whose children were now gone from their homes. The children were victims of this era of the Canadian governments policies. They were nonexistent as being important human beings in the colonialist’s ideologies of assimilation which is the total opposite of their traditional Indigenous heritage (McKenzie et al., 2016 as cited by Walkem, 2015). Children are the hearts of Indigenous families their well-being is of the utmost importance. McAdam (2009) explains, “First Nations’ teachings hold that children are a gift to be brought up to adulthood for the Creator” (p. 40).

The next onslaught on Indigenous families and their children was the child welfare system with their total lack of understanding of Indigenous families. “Even as the residential school system lost its grip on Aboriginal communities, another threat was evolving in the wings to take over the process of colonizing Aboriginal peoples (Bennett, Blackstock & De la Ronde, 2005, p.18). The child welfare system brought new heartaches for Indigenous families, with its patriarchal principles. The period of time when the child welfare system in the sixties apprehended children and who were next lost to adoptions all of the world came to be known as the “sixties scoop” a term coined in 1983 by Patrick Johnson a researcher within the Canadian

Council (Bennett, Blackstock & De la Ronde, 2005, p.19). The sixties scoop, residential schools and the child welfare system continually devastated families for a century. Stonechild (2016) starts off chapter one of his book with this statement:

At age six I suddenly found myself inside the fence surroundings the playground of Qu'Appelle Indian Residential School, crying as my mother, Lucy, and stepfather Lou, drove away, leaving me to begin my stay at the imposing red brick school in the small town of Lebret in southern Saskatchewan (p. 11).

As a small boy Stonechild was made to live at this residential school for nine years. He had to live in a way to which he was unaccustomed and although his stay was not as severe as others who attended residential schools, he suffered the same loss of identity and culture. In the epilogue of this same book he writes "I have sought for years to realize and understand the extent to which my culture and spirituality have been obliterated through the residential school system and later by mainstream education" (p. 199). This man credits his access to "elders and access to ceremonies" for his healing. He goes on "Without this, it would have been difficult to heal from the trauma of residential school and the erosion of relationships within family and community" (p. 199).

With all the misery caused by the colonialist's agenda, there is much for the Indigenous peoples to heal from. Even these choices continue to be limited with the western ideologies that are pervasive in the health care system (Yellowbird, Coates & Grey 2013; Hart 2002; and Waldram 2013). In their articles on the importance of land and healing to Indigenous people many authors (Barnhardt & Kawagley 2005; Radu, House & Pashagumskum 2014; and Wildcat, McDonald, Irlbacher-Fox & Coultard 2014) examined how returning to land and land-based education helps to decolonize individuals. Wildcat et al. (2014) write this about spiritual healing and grounding,

Teachings and practices based in spiritual values are critical components of learning and teaching on the land. Protocols that demonstrate respect and reciprocity, such as putting down tobacco, making offerings, ceremonies, or particular ways of harvesting or treating unused animal parts, are a part of Indigenous land-based education” (p. X).

The ongoing attempts to assimilate the Indigenous population of people necessitated they search for ways to regain or maintain their identities with a sense of pride in who they are. The knowledge holders, elders and traditional healers hold the keys to this way of life. Individuals searching within their own cultures are learning who they and what is most important to help are their ways to healing within traditional home lands.

2.2.c Land

Indigenous people did not think of land in terms of space or ownership but rather of relationships, reciprocity and connections to the earth. These connections were to the animals and to the plants and most importantly to the spirits of all living things. Fred Kelly, Anishinaabe Elder, Truth and Reconciliation Commission of Canada in 2015 stated;

To take the territorial lands away from a people whose very spirit is so intrinsically connected to Mother Earth was to actually dispossess them of their very soul and being; it was to destroy whole Indigenous nations. Weakened by disease and separated from their traditional foods and medicines, First Nation Peoples had no defense against further government encroachments on their lives. (Bagelman, Devereaux, & Hartley, 2016, p. 7)

It is no wonder then that Absolon (2010) stated, “As earth based and earth centered peoples, a forced disconnection from our land would naturally create imbalance and disease among the people” (p. 76).

The teachings were life’s ways of Indigenous people to survive off the lands they inhabited. They were handed down from generation to generation, father to son, mothers to daughter, grandparents to grandchildren, and essential for kinship to kinship and nation to nation

survival. Indigenous societies were systems grounded on autonomous, peace centered and ritual oriented, based on ideas of complementarity and inter-connectedness (Wesley-Esquimaux & Smolewski, 2004, p. 45).

Taking the Indigenous people off of the land deprives them of the chances to connect not only to the land, but to the spirit that is there. To lose the connections and relationships so necessary to health and well-being has created a society of Indigenous people looking for ways to heal.

2.2.d Loss of Spirituality

In their explanations of how Indigenous people were affected by colonization and the stripping away of spirituality the words primitive, evil, subjugation, loss, obstructing, oppressed dismember and persecution were used by Hart (2002), Absolon (2016), Gone (2016), and Stonechild (2016). The after-effects of colonization continually leave the Indigenous population stigmatized and stressed over the use and the loss of use of the spiritual-cultural practices. Alfred (2005) talks about spiritual defeat and the effect Christian churches have had on the Indigenous peoples, while Waldram (2013) talks about how “forced sedentarization and relocation” of Indigenous people and the loss of ability and credibility of knowledge holders to future generations (p. 195). The connections between Christianity and Indigenous spirituality is, according to Alfred (2005), complicated due to the positive nature of the morals they emphasize and the fear of reprisal on their souls for not following the Christian way (p. 145-146). Alfred further noted that:

The balance of Christianity effects is very clear: churches provided financial backing for colonial enterprises; churches rationalized racism for their White parishioners; churches caused Onkwehonwe to accept the biblical ethic of suffering and to normalize their oppression by seeking transcendent rather than imminent redemption; and churches were responsible for residential schools, which were the main instruments of the policy of outright assimilation (p. 145).

For Indigenous people spiritual connections are important to their overall health, wellbeing and maintaining balance in all areas of their lives (Gray & Yellowbird, Coates & Grey, 2008; Hart, 2002; & Sinclair, Hart & Bruyere, 2009). Robbins and Dewar (2011) emphasized, “Thus, when discussing Indigenous knowledge systems and spirituality, a focus on Indigenous healing is paramount because of the large-scale suppression of Indigenous cultural expression during this colonial process” (p. 4).

2.3 Ceremony and Healing

The literature on ceremony, healing and spirituality demonstrates and evidences there is interest in the knowledge carried by our Indigenous knowledge holders (Gone 2007, 2009, 2013; Moorehead, Gone & December, 2015). Hart (2015) said, “To fit in the patterns of life, including personal development of one’s gifts, Indigenous peoples have developed particular processes referred to as ceremonies” (p. 805).

The ceremonial practices of the Indigenous peoples of the America’s are being recovered and used to regain balance in their lives and to move forward in their healing for themselves and for their families (Simons 2002; Marsh, Cote-Meek, Young, Najavits & Toulouse 2016; and Marsh, Marsh, Ozawagosh, & Ozawagosh, 2018).

There are many occasions in the lives of Indigenous people where they honor and give thanks for all aspects of life in everyday living and everyday events (Simons, 2002; Wastesicoot, 2014; and Stonechild, 2016). These occasions most often include a ceremony, big or small, personal or public, it is where gratitude and thankfulness is expressed to the Creator. Gone (2016) from one of his respondents in North central Montana “Traveling Thunder advocated for a collective return to prayer through ceremony as the basis for recovery from

rampant (post) colonial pathologies in our communities” (p. 315). Simons (2002) like Travel Thunder is speaking about the power of ceremony in relation to her own healing journey and how it has changed and continues to change her life. She elaborates, “I attribute much of the physical health and psycho-spiritual health in my life to my experiences of Lakota healing” (p. 65). Simons recognizes that healing in the Lakota way happens *with* people and not *for* them. Co-creation, investment/sacrifice, faith, gratitude, forgiveness, humility, respect, joy and humor were identified as being part of the healing process. Simmons describes each one of these elements as being necessary for healing, learning and living by them in the process of learning to live a healthier life.

Simon (2002), Wastesicoot (2014), and Stonechild (2016) each provide a description of a few of the many ceremonies practiced by Indigenous peoples. Simon (2002) is aware of the *Lowanpi* – a night sing, or Spirit Calling Ceremony; *Wih’peva* or Giveaway ceremonies; *Hanblecha* or Vision quest ceremony; Wiping of tears, a grieving ceremony and a *Wo’pila* meaning thank you, which is also the name of a ceremony involving a feast (pp. 138-141). Wastesicoot (2014) cites Mandelbaum (1979) as Mandelbaum mentions some of the ceremonies described by during the 1840s, they include “birth, death, marriage, naming, celebrating good life and good health, gift exchange, praying for the welfare of the people, and acknowledging gifts the Creator gave to the Cree for their joy and subsistence” (p 55). Stonechild (2016) explained relations with the spirit world as, “The use of spiritual processes and protocols enabled the individual to attain self-control and ultimately to live in harmony” (p. 71).

Then there are the Midewiwin or Grand Medicine society ceremonies. The Midewiwin teachings are those of the healers and spiritual advisors. Their healers and spiritual advisors, study over the years and have levels of learning. The longer they study and walk the path of the

Mide ways their level of learning increases. The Midewiwin have large long lodges where their ceremonies are practiced and they strive to maintain a respectful relationship with Mother Earth. They too have ceremonies that celebrate and honor the lives of Indigenous from birth to death, these can include healing, naming, and the importantly the initiations to the different levels of Mide ways (Gadacz 2019; Benton-Banai 2010; and Fiola 2015).

There are many factors that contribute to a person's healing through the personal stories of their journeys. All of them are important and their stories need to be heard. Yellowbird, Coates & Grey (2013) notes, "Through their perseverance and tenacity, Indigenous Peoples are reclaiming their voices and regaining the right to define their futures through decolonizing efforts toward self-government and the restoration of traditional practices and ways of knowing" (p. 65). Fiola (2015) writes "For a majority of the participants, practicing Anishinaabe spirituality means discovering what was missing in their life and filling the void" (p.195). Ceremonies such as those held within sweat lodges help with these discoveries.

2.4 Sweat lodges

The literature also includes information on the use of sweat lodge ceremonies and how these ceremonies can be included in the healing process and how sweat lodge ceremonies have been used through the centuries for a variety of different purposes (Garrett et al., 2011; Schiff & Moore, 2006; and Marsh et al., 2018). From healing to celebration, the sweat lodges and sweat lodge keepers have been there for Indigenous people. Garrett et al., (2011) collectively noted from the writings of Coleman and Merta (1999), Oswalt, (2005), and Smith, (2005) that:

The importance of the sweat lodge ceremony among Native peoples have traditionally served many purposes, including basic bathing; warmth; socialization, as a form of schooling for the young to be taught their history, heritage, language, culture, myths, and religion; celebration; ceremonial cleansing; physical doctoring; spiritual training; and preparation for war, hunting,

trips, marriage, vision quest, and various other rites of passage, cleansing and healing (p. 319).

The long list of the uses of a sweat lodge affects most every aspect of an Indigenous person's life should they choose to attend this ceremony. They allow for a safe place to pray, to allow healing to happen, and to drum and sing. The healing sweat is a safe, sacred place where emotions can be released from the body, by weeping, sobbing, crying, screaming, talking, shaking, sharing, singing, listening and laughing are all okay to do (Marsh et al., 2018, p. 8). The sweat lodge and sweat lodge ceremonies have been described as holistic experiences that improve emotional well-being, physical, cognitive and spiritual well-being. (Moodley & West, 2005; Marsh, et al. 2018; Schiff & Moore, 2006).

Sweat lodges are built in certain way and with certain materials. The “way” depends on how and what the sweat is for, where it is, and who is going to be attending. The placement of the poles of the sweat lodge can vary depending on the type of sweat it is (Ed Azure – knowledge holder, class teaching – September 2016). How this is decided is up to the knowledge holder or the sweat lodge conductor and/ or their dreams or visions and by who is attending. The sweat lodges are a domed, physical structures built low to the ground. They represent mother earth's womb, being a dark and warm place of safety (Marsh et al., 2018). Although sweat lodges can look all the same, their purposes are known sometimes only to the sweat lodge conductors. Generally, no one is ever turned away from a sweat. The Creator may have brought them there for a reason.

2.5 Tobacco

In Indigenous cultures around the world, tobacco is considered a sacred medicine. Here in Turtle Island (North America), tobacco is regarded as one of the four sacred medicines

(Manitoba First Nations Education Resource Centre Inc., 2008, p. 9). There are examples in history indicating that tobacco has been around since before contact with the colonizers. Michell (2014) writes “Tobacco was used in sacred ceremonies, practices, and way of life for thousands of years prior to European contact” (p. 208). Gonzales (2012) in her article on traditional healing refers to soul sicknesses, “Colonial records contain prayers calling upon the assistance of tobacco to find and attract the wandering tonal or vital force of a child, showing the treatment’s pre-Columbian origins” (p. 29). From the notes of the William Clark papers in 1804 he wrote “They also cultivate a plant as a substitute for tobacco to which it is superior in flavor, but inferior in strength” (McKay, 1804). Clark was referring to a southern tribe of Indigenous peoples who he says are not in the least similar to the Indigenous people of the Northern tribes of North America.

Another reference from the historical literature comes from Tanner and Edwin (1956). Tanner in the middle 19th century, reflected on being in a canoe recently being captured by a group of Indigenous men of the interior of North America wherein he stated:

We had proceeded about two hundred yards into the lake, when the canoes all stopped together, and the chief, in a very loud voice, addressed a prayer to the Great Spirit, entreating him to give us a good look to cross the lake. “You”, said he, “have made this lake, and you have made us, your children; you can now cause that the water shall remain smooth, while we pass over is safety.” In this manner, he continued praying for five or ten minutes; he then threw into the lake a small quantity of tobacco, in which each of the canoes followed his example (p. 24).

They did arrive safely to the other side of the lake, several hours later.

The use of tobacco has strong ethical meaning for the Indigenous people who truly understand what it means when someone passes, burns, or puts to the ground an offering of tobacco. The use of tobacco in a cultural relevant way by Indigenous people as explained by Margalit et al., (2013), Wilson & Restoule, (2010), Struthers & Hodge, (2004) and Michell

(2014) who in their articles write about the special relationship between the traditional Indigenous ceremonies and tobacco. In particular Struthers and Hodge (2004) noted: Historically, tobacco was used in medicinal and healing rituals, in ceremonial or religious practices, and as an instructional or educational device. Sacred tobacco was seen as a gift of the earth. It was burned, and the rising smoke was used to cleanse and heal (p. 210).

McAdam (2009) noted that, “For many First Nations’ people, tobacco has been used traditionally in ceremonies, rituals, and prayer for thousands of years” (p. 16). It goes on to say, “The most powerful way of communicating with the spirits is to smoke tobacco in a Sacred pipe” (p. 16). It’s a common practice for Indigenous people all throughout Turtle Island (North America) to offer tobacco to an elder, knowledge holder or a person who has the gifts of interpretations of their dreams or visions, for prayers and for healing. “Tobacco” is frequently used for prayer communally, within ceremonies and sacred rites, as well as individually” (Margalit et al., 2013 p. 539). They further note that “When you *opagi* (offer tobacco), when you give them that tobacco, you’re not just asking for the physical help, you are respecting the experience they have so your *opagiing* (offering to the spirits for help). Gaywish (as cited in Fiola 2015) writes, “As the first medicine, *asemaa* (tobacco) is a messenger given to us to communicate with the creator” (p.87). “Truth is bound in a sacred commitment” (Kovach 2009, p. 102); therefore, when one accepts tobacco from someone seeking knowledge, “they are saying they will tell the truth as they know it” (Kovach, 2009, p. 87).

Throughout the literature, the common theme is that tobacco has been long used as a sacred medicine by various Indigenous people for connecting to the spirit as well as for seeking guidance and answers not only at special ceremonies but in everyday living and praying. The Indigenous ancestors used tobacco historically, and Indigenous people continue to use tobacco in

today's modern world. The offering of tobacco is a sacred and essential step both when offered and when accepted.

2.6 Smudging

Smudging is washing with the smoke of the sacred medicines to cleanse the air and space around the person and or place. Smudging is a traditional spiritual practice of clearing away negative manifestations of mental energy and other negative vibrations, typically with dried sage (Lembo, 2011). Smudging is a cleansing and purifying process using smoke produced by burning the plants that Mother Earth has provided. The smoke clears negativity, purifies people's energy, and is a prayer for the Creator. According to the report, *Smudging Protocol and Guidelines* (Government of Manitoba, 2018), smudging is defined as a tradition, common to many First Nations, which involves the burning of one or more medicines gathered from the earth. The most common medicines used in a smudge are sweetgrass, cedar and sage (Government of Manitoba, 2018). Before any ceremony is conducted, smudging precedes all else because the people must be prepared to pray in a clean manner in preparation for their communication with the Creator and all the relatives (McAdam, 2009, p. 18). Wilson and Restoule (2010) in a description about tobacco ties share that “When the seeker prepares his or her tobacco ties, often accompanied by a smudge ceremony for both the person and the tobacco ties, his or her intentions, thoughts, prayers, questions, emotions, and feelings are working with that tobacco and travel with the tobacco (and the smudge medicines) to the spiritual realm” (p. 34-35). Smudging as described by McAdam (2009) “is the act of purifying the mind and physical surrounding” (p. 18). Laara Fitznor (as cited in Kovach, 2009) used smudging to help her recover and refocus after a computer crash, she smudged her papers, smudged her computer and asked the Creator for help (p. 116). Fiola (2015) also stated that she regularly smudges before an

analysis session to clear, as she notes, “my being, center myself, and open myself to seeing the patterns I was meant to see” (p. 88). Personally, when things are not going as they should be in my home or in the home of my children, the first thing I think of doing is smudging everywhere and everything. Like the authors quoted within this review, I strongly believe that smudging clears the air of negative influences and provides a more positive energy.

2.7 Dreams & Visions

Dreams and visions for Indigenous people can help direct and guide a person as they go about their daily lives (Wastesicoot, 2014); Ahnungoohs, 2008); Rowe, 2014). *Pawamaowin* (dreaming) to the Cree way of living according to Wastesicoot (2014) writes, “Our dreams are messages from our grandfathers and grandmothers who have passed on, from the spirit world where the immortals live on” (p. 57). Wastesicoot further reflected that “Many Aboriginal nations believe that *pawamowin* (dreams) are messages from ancestors who have passed on to the spirit world and that these dreams are meant to give direction and to be acted upon” (p. 57). Ahnungoohs (2008), similarly in a presentation he did in 2008, writes about how he managed to share the dream he had while at the same time maintaining the sacred ways of the Anishinaabe (Ojibw[a][e][ay] (p. 312). To Ahnungoohs, his dream was important for him to share at the American Educational Research Association annual general meeting because, “My co-presenters asked if I would be willing to include this dream as part of our submission to this publication. I placed *asemaa* on the earth and asked *Gze-Manidoo* if this would be appropriate” (p. 312). Again, this is an example of an Indigenous person using their dreams as guidance and direction for a way to move forward on their own journeys. Rowe (2014) in her personal journey came to trust in her dreams as she is learning about who she is as a Muskego Innineew Iskwew (Swampy Cree Woman). Rowe shared that, “For me this journey was a matter of trusting my own self, the

knowing that lies within that can be accessed through dreams, visions and ceremonies” (p. 14).

Rowe elaborated further that:

Through my own healing decolonization and resurgence, I learned that this is not only a credible means of accessing knowledge, perhaps, it is one of the most critical ways as Indigenous peoples we will come to know, to facilitate further healing, decolonization and resurgence (p. 14).

One of the greatest visionaries of the Ogala Lakota was the man known as Black Elk. Gone (2016) referencing from Neihardt’s completion of *Black Elk Speaks*, wrote about how Black Elk at the age of five had his first vision about the “White men coming out of the clouds with spears” (p. 316). Black Elk explained this was not a dream but a vision and that he was awake while seeing this. Gone (2016) noted that Black Elk’s vision (although not without a struggle) guided him through the first part of his adult life. It was because of his dreams and visions that he became a celebrated healer and visionary known as *Heyokas* in the Lakota communities (p. 316).

The dreams and visions of those who are guided their dreams, is in Hart’s (2010) perspective, “How people see the world will influence their understanding of what exists, and vice-versa. From this perspective, there are many ways of being” (p. 7). Another way of saying this is what you believe in, what worldview one has, can guide and direct how one makes decisions in their lives, in essence what you will be in the world.

2.8 Knowledge Holders, Elders, and Traditional Healers

Lastly, this literature review turned to the importance of knowledge holders, elders and traditional healers of the Indigenous people. These learned individuals are those who through their dreams, visions and their years of mentoring with more experienced people, have learned ways to help their people (Stonechild 2016; Hart 2010; and Moorehead et al., 2015). Couture

(2011) commented, “To relate to elders, to observe and listen carefully and to come to understand the what, why, and how of such behaviours, grounds, or enroots one, so to speak, in the living earth of Native traditions” (p. 47). These authors are expressing that the Indigenous healers have learned through their own experiences and in their own lives the importance of relationships and connections to those immediately around them both seen and unseen. Absolon (2010) in examining relationships amongst teachings in different communities about the medicine wheel and specifically about the southern doorway (Zhaawnong – In) of the medicine wheel wrote this about elders, “Elders are the cornerstone of Indigenous knowledge, culture and heritage” and as such they are willing to help heal the many manifested wounds that Indigenous people have endured” (p. 79 – 80). LaFromboise, et al. (1990 as cited in McCormick, 2009) noted:

By providing Aboriginal people with culture through stories and shared cultural activities, Elders were to provide community members with guidance, direction, and self-understanding (Halfe 1993). This incorporation of self, or identity with traditional ideology also provides Aboriginal people with strength for coping in the mainstream environment (Axelson 1985). This movement toward reconnecting with cultural beliefs, tradition and ceremony as a way to overcome problems has been referred to as “Retraditionalizm” (p. 341).

Western or mainstream healing on the other hand tends to look only at the disease and focuses on the individual (McCabe, 2008, p. 143). He goes on to say, the difference between the two world views has mostly placed traditional healing on the outside of the support systems used by Western mainstream culture and devalued their contributions to Indigenous people (p. 143). This also means devaluing the years of learning and experience that the knowledge keepers, elders and traditional healers have. Mehl-Madrona and Pennycook (2009) write in their article on finding theories on mental health

With respect to mental health, researchers should realize that the differences that need to be studied are not differential levels of pathology between aboriginals and non-aboriginals as assessed by standardized tests and measures, but rather the cultural differences that lies behind these results (p. 90).

Indigenous knowledge holders are willing to listen, talk and reflect about the importance of maintaining balance in all things in nature, they are teachers to the people they live and work with and on daily basis. They are a part of the culture and can understand painful encounters, because they too have suffered deep hurt and spiritual realities (Couture, 2011, p. 50). Because modern medicine cannot measure spirit, or count balance, or weigh empowerment they do not give credit to Indigenous healers as having any powers to heal. Suzuki as cited in (McCabe, 2008) writes Western science emphasizes that only evidence-based concrete models for explaining and understanding the world are acceptable. The disbelief of modern medicine in the strength or effectiveness of the traditional practices of Aboriginal healers leaves out the spiritual realm to those who chose to use the Western medical counselling (Gone, 2013; Moorehead et al., 2015; Gone 2016). The knowledge of traditional healers, their methods and practices used for healing and helping are questioned, scoffed at and ridiculed by mainstream society.

2.9 Conclusion

Oppression of Indigenous, culture, traditional customs and traditional beliefs has traumatized a generation of Indigenous people. Indigenous people then have carried this trauma into their children and their grandchildren lives'. The oppression has resulted in the marginalization, demoralization and a whole range of social problems to nations of Indigenous people whose self-esteem, confidence and competence have been affected. Survival from the overpowering and overwhelming blanket covering of the colonist patriarchal society that has encompassed the worlds of Indigenous people while, Indigenous people's connectedness to the

lands and the subsequent disconnectedness has left us as a people adrift in the world. We are now struggling through this loss and trauma and looking for a way recapture that which has not been totally lost, but rather hidden and protected. The Indigenous ways and rights give to the Indigenous people a way to return, to relearn and to recover if needed from the colonist's society they live in.

The topics highlighted in this literature review illustrate the importance of learning how traditional Indigenous ceremony, sweat lodges, tobacco, smudging, dreams and visions, and spending time with Elders, Knowledge Holders, and Healers helps heal the soul and spirit of the person who has undertaken a personal journey towards healing. It includes the topics of colonial history and the need for healing among Indigenous people from the trauma caused by colonization and the attempted ongoing assimilation processes. Historical content is necessary to understand why there is such a need to return to and revive the traditional knowledge of health and well-being of our ancestors.

The next chapter provides the overall research design plan. It provides a review of the methodology for this research and offers an overview of the participants, data collection methods, data storage, and data analysis procedures used. Chapter three provides clarity on the decisions made throughout the project and details of research implementation. It concludes with a consideration of the valuable ethical considerations, validity, and credibility for this project.

3.0 METHODOLOGY, RESEARCH DESIGN, AND DATA ANALYSIS

3.1 Introduction

The methodologies chosen by which I conducted my research focused primarily on the use of narrative inquiry and open structured method of conversational methodologies. Narrative inquiry is demonstrated through the talking circles and interviews that I undertook with various individuals who were willing to share stories and experiences about their healing journeys through ceremony.

McCabe (2008) wrote about the healing journeys of those he interviewed wherein he shared, “What they expressed, and what I experienced on this particular part of the journey with them, went far beyond what I had expected” (p. 147). The participants of my own research made me feel much the same way. The stories they shared in conversation with me lead to amazing journeys and ways of thinking about ceremony. I feel a great deal of gratitude and gratefulness for the individuals who agreed to participate in my research. They put their trust in me to tell their stories. This has enriched my life much more than I can express or in what I have chosen to write about in the following pages.

3.2 Research Methodologies

3.2.1 Narrative Inquiry

Narrative inquiry or narrative analysis emerged as a discipline from within the broader field of qualitative research in the early 20th century. Narrative inquiry uses field texts, such as stories, autobiography, journals, field notes, letters, conversations, interviews, family stories, photos (and other artifacts), and life experience, as the units of analysis to research and understand the way people create meaning in their lives as narratives (Connelly & Clandinin,

2000). Lemley and Michell (2011) define narrative inquiry as, ‘a qualitative research methodology that seeks ways to understand and represent experiences through the stories that individuals live and tell’ (p. 215). Narrative inquiry does not seek to generalize knowledge, but rather it seeks to understand and explore the particular (Pinnegar & Daynes, 2007). Research that focuses on narrative inquiry is also about studying experience. Connelly and Clandinin (1990, 2006) observed that arguments for the development and use of narrative inquiry are inspired by a view of human experience in which humans, individually and socially, lead storied lives:

People shape their daily lives by stories of who they and others are and as they interpret their past in terms of these stories. Story is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful. Narrative inquiry, the study of experience as story, then, is first and foremost a way of thinking about experience. Narrative inquiry as a methodology entails a view of the phenomenon. To use narrative inquiry methodology is to adopt a particular view of experience as the phenomenon under study (Connelly & Clandinin, 2006, p. 375)

3.2.2 Conversational Methodology

An open structured method of conversation gives control to the participants regarding the stories they are willing to share (Kovach, 2009). It is less invasive and respects the voices of participants in a manner acceptable to Indigenous researchers. The researcher in this type of open conversation needs to actively listen and intuitively respond to the story’s participants share. This conversational method allows for the space and time, and gives participants more power over what they wish to share (Kovach, 2009, p. 123-125) and was used in the talking circles and interviews that I conducted with the participants who were involved in my study.

3.3 Methods

3.3.1 Interviews and Talking Circles

The methods most conducive in carrying out narrative inquiry and conversational methodologies involved the use of talking circles and individual interviews. One of the key methods for how I planned to conduct the research for this thesis was primary through talking circles. The circle can be a primary place to collect data so therefore the circle needs to be a safe place to talk. The talking circle's purpose is to demonstrate and encourage participants to feel safe to share. As Baskin (2016) states, ultimately, it's the members within the circle that come up with ways of relating to one another. The participants ultimately create respectful processes by releasing emotions such as fear, anger and other emotions while exploring what led to the feelings in the first place (Baskin, 2016). An Indigenous research methodology of using research talking circles was utilized in a way to respects the Indigenous roots of the participants of the circles. "Research sharing circles have recently surfaced as a method for gathering group knowledge in academic and applied research" (Kovach, 2010, p. 123). "This structure gives more control to the participants and everyone gets a chance to input their own story" (Kovach, 2010, p. 124). This active listening respects and honor the voice of the speaker. Whereas the individual interview is a research method to gather more in-depth stories and is guided by a general outline of questions says Jeannine Carriere, this can keep the conversation focused on the topics of ceremony (Kovach, 2010, p. 99). Since true sharing circles are a sacred space and a ceremony unto itself and the words shared in a true sharing circle cannot be recorded or shared, I used talking circles as an alternative. This was the reason for using a talking circle as a means of sharing information with the participants versus sharing circles. They are much less formal, more relaxed and an open conversation can occur.

3.4 Research Design

In this section I briefly outline the research design for this study, I explain the criteria that I relied upon in recruiting participants, including the ethical considerations related to conducting this kind of research. I also discuss the number of talking circles and interviews held, including the role of Elders/Knowledge Holders in my research undertaking. I conclude this section with a list of the proposed research instruments that were developed to conduct this research.

For my research I envisioned recruiting eight to twelve participants from my home community of Fisher River Cree Nation. Using my own community was much more feasible for me financially. It also provided easier access to spaces where I could meet with people in a larger physical space where safety and privacy could be accommodated. My plan was to conduct a series of talking circles whereby participants would assist in helping me develop questions related to understanding my initial research question around “How does participation in ceremony help with a positive life style?” At the conclusion of the talking circles, a series of individual interviews would be scheduled with the participants using the questions that were developed in the talking circles to learn more specifically about each participant’s individual healing journey through ceremony. Over the course of collecting data, reflections and observations would be recorded at the conclusion of each talking circle. Each of these elements are discussed further in the sections below.

3.4.1 Ethical Considerations

This research followed the ethical guidelines outlined in the Canadian Association of Social Workers (CASW) Code of Ethics (2005) with particular attention to engaging in research in a way that minimized the risks to participants, ensured informed consent, maintained confidentiality and accurately reported the results of the study. The risk to participants such as

the emotional distress was assessed and minimized as much as possible. The informed consent was discussed, and the right to withdraw from the study was explained. Participants knew that confidentiality had been maintained, and that accurate reporting of results was respected. Denzin and Lincoln (2005) note that how we know is tied up with what we know and our relationships with our research participants. Understanding others lends itself to the importance of reciprocity, self-reflexivity, sacredness, voice, positionality, and standpoint. They continue with these contribute to human flourishing as well as sharing the privilege that accrues to our positions (p. 2009).

The development of a presentation package about the research topic and research question(s) was developed for the community leaders, Elders and community members following ethical protocols from the Tri-Council policy statement: Ethical conduct for Research involving Humans (2014) and the Ownership, control, access and possession (OCAPTM) protocols of data analysis, collection and use (Ermine, Sinclair, Browne & 2005, p. 36). I had copies of the information available about the research study. I provided the information packages to the Chief and Council of Fisher River Cree Nation prior to a scheduled meeting to give them an opportunity to review my research proposal and to think about any questions they might want to ask.

I later met with the Chief and two of his council members. They had reviewed my proposal and they gave me their approval to continue. They did ask to review the final paper prior to submitting to it the University to be aware of what the results of the study implicated. I informed them I would be providing this information to them and to my participants at a feast that I would be holding at the completion of this study, but before defending my thesis to the University.

Preparation for the data gathering journey portion of my research began with prayers, a feast for the ancestors and a spirit plate to feed those who have gone to the spirit world. The spirit plate was placed in a sacred fire with a tobacco offering and prayers were said for a good journey through this process. My westernized data gathering information began after the ethical procedures was approved on March 27, 2018 by the Research Ethics Board of the University of Manitoba (see Appendix 1, which was the first approval and Appendix 2 is the renewal certificate to March 2020). With university approval to proceed with collecting the data for my research, I was then able to:

- make the arrangements to meet with the Chief and Council
- start the search for an elder
- make the arrangements for the meeting places for the three talking circles
- start the recruitment process for participants
- host my three talking circles
- start work on the gifts I was making for my participants
- plan and prepare for the first feast.

3.4.2 The Role of Elders/Knowledge Holders

The traditional healers and knowledge keepers are the gateway to ceremonies. These individuals have years of experience through their dreams and with wisdom and ways of knowing, do their best to help anyone who seeks out their help and guidance (Stonechild, 2016, p. 43-44). While in the meeting with the Chief and Council, I had asked for their recommendations for a knowledge holder/ elder to help me through the process. With their recommendation, tobacco was then passed to a knowledge holder/elder - John Murdock who kindly agreed to help me and to be available to the participants who would be coming to the recruitment procedure. He would help the participants by being there should anyone need to talk to him for guidance and direction including for myself when needed, as a general support

overall. His input to this process was valuable in the knowledge and in his experience in understanding ceremony and healing. He was an asset to all those who are were involved. For relationship building and trust, this knowledge holder was all that was needed throughout the talking circles process. The participants knew the knowledge keeper/elder and they trusted in his ability and knowledge as being someone who could and would help them if necessary. I completed the individual interviews with just myself and the participant however John was always going to be available should they wish to speak to him.

3.4.3 The Meeting Place

The next step involved finding a venue to host the talking circles. With the approval of the Chief and Council I then scheduled a meeting with the Director of Education and asked to use their educational facility in the community. I was successful in receiving this approval and due to number of students and staff entering and leaving the building, the participants' identity and information could be protected. Arrangements were made to host the circles in the evenings at the local education building known as the *Verna J. Kirkness Building*. This facility is used for educational purposes by the community for their adult education programs, the grade twelve plus program and by the University of the North and Red River Community College programs. I was now able to officially start the recruitment phase of my research study, having sought and received the approval of the community leaders. I was then able to set dates and put up my posters.

3.4.4 Recruitment

Firstly, and most efficiently, the recruitment poster acted as an 'informal' method to reach the intended target population. The participants for this research were sought by posting several recruitment posters in the community of Fisher River Cree Nation. The recruitment

posters (see Appendix 3) were posted in high traffic areas of the community for several weeks. At the earlier meeting with the Chief and council it was at their recommendation and authorization that the recruitment poster was also added to their website to ensure outreach to a wider viewing audience. The posters outlined the purpose and general information about this research project. They included my contact information as well as the basic information about the research. The posters had the University of Manitoba stamp of approval showing the research project was approved by the university Board of Ethics including the date of approval. There was a discrepancy between the hard copies posted and the internet poster on the website. The internet poster listed the wrong date and went unnoticed until the date the talking circles were to begin. It was corrected and reposted the same day. It is unknown if this error had any impact on the number of participants that attended. I continued with the talking circles as planned. There were three people that attended the first circle.

If I had not been able to recruit participants through this effort, I then planned to enquire with friends and others whom I know who have participated in ceremony. I had hoped to learn from them the names of other people outside of the community involved in ceremony. I planned to approach these individuals to see if they might be interested or know of other people who might be interested in participating in my research (snowball sampling method). A sampling procedure may be defined as snowball sampling when the researcher accesses informants through the contact information provided by other informants (Noy, 2008). “The snowball sampling approach is where the researcher selects a few participants who have the information that is important for the study. These selected participants help identify others who they believe have knowledge or information on the phenomenon under study” (Chilisa, 2012, p. 169). As it turned out, I did not need to use the snowball sampling method, since I was able to recruit eight

individuals to participate in my research. I elaborate further on the number of participants in the following section about the talking circles that were employed to gather data from the eight participants.

3.4.5 Talking Circles

As part of my research, I carried out three talking circles, each one increasing in numbers and finished with eight participants. At each session we smudged with sage and introductions were made around the table. I began the sessions by letting them know who I was, introducing myself with my traditional spirit name, clan and then followed by my English name. I also introduced the knowledge holder/elder John Murdock, which most of the people attending already knew. They then each introduced themselves also with their traditional spirit names and clans (if they had one) as well as with their English names. I had three people attend the first of the circles. The three people had contacted me prior to the date and I was expecting them. No other participants attended the first circle. At the second circle, two people returned from the previous week and four new participants joined them giving a total of six participants. Two more participants joined the recruitment process and I ended with eight participants by the third circle. All of the participants knew each other and all were comfortable in speaking during the talking circles. The following steps were undertaken in conducting the three talking circles:

1. The first talking circle provided additional information of what the research was about, together we reviewed the details about the research, the agenda for each talking circle. I also reviewed the consent forms (Appendix 4 is the consent form for the talking circles). I provided explanations about how I was interested in hearing about their stories and journeys of ceremony and healing. An important piece of the conversation during the first circle was about the sharing of their names in the data gathering phase. The question

of how they wanted to be known as I wrote about my findings. Was I to use their real names or pseudonyms for their names? I also discussed the importance of their words, stories and journeys and how this work belonged to them and would be shared with them first. After the circle was over, I recorded my observations and reflections in a personal reflection journal.

2. I had initially planned for two circles and ending with a feast at the third gathering, however at the second circle there were too many new participants to carry on into the development of a question. As a result, the second circle was a more of a continuation of the first circle. I again went over the additional information of what the research was about. I reviewed the details about the research. I reviewed the consent form again (Appendix 4) and provided explanations about how I would like to hear about their stories and journeys of ceremony and healing to all the new individuals. I again talked about the importance of their words, stories and journeys and how this work belonged to them. We reviewed again the preference of names to be used in the written thesis. The participants all decided when they signed their consent forms, to use pseudonyms instead of their real names. It was at this second circle where they started the conversations about what they thought was important in their journeys of ceremony for them to share in this research. I once again recorded my observations and reflections in a personal journal.

3. In the third circle a small tobacco tie was offered to each individual participant for their thoughts on what questions if any they wanted to include. I explained what I would like them to think and discuss and asked for their input in developing a question or questions that would help get at the heart of what my research was about. Wilson and

Restoule (2010) note, “Traditional people say that tobacco is always first. It is used first as an offering for everything and in everything ceremony. ‘Always through tobacco/ the saying goes” (p. 35). The tobacco was accepted by each participant in their sincerity to provide their truths as they know it. This talking circle was the beginning of their stories, and the beginning of the research journey, and as Wilson (2008) puts it “research is a ceremony” (p. 60), and so, together with the participants, I began my ceremonial research journey. This ceremonial journey lasted two years. This talking circle is the where I along with listening, observing and recording my reflections started to use the audio recordings with signed consent of participants. This circle continued to be less formal and more conversational and allowed for all participants’ voices to be heard. As a group they were encouraged to think about the development of further questions for the next stage of the research. They each shared what they thought was important and there was consensus of the three additional questions that were added to the initial questions that I had posed for the individual interviews (see Appendix 5) outlining the questions that I initially developed to help start the conversation). These questions related to my initial research question about “How does participation in ceremony help with a positive life style?” The questions the participants helped developed were to help me explain more clearly the topic area of ceremony and healing. The following questions developed by the participants during this talking circle brought out the aspects the participants deemed to be important: 1) What is your definition of spirituality and/or faith? 2) What is the significance of a fire at ceremony? and 3) How has this lifestyle helped you identify yourself? They will provide a rich background of personal experiences to this research. This session was recorded and transcribed. This was to ensure the findings of the talking

circle's session with the participants were accurate. There was a consent form developed (Appendix 6) for all the participants to sign together to ensure the questions developed in the talking circles could continue in the event one of the participants decided not continue to the individual interview.

4. The participants and the knowledge keeper/ elder were honored with a pot luck feast at the fourth and final group gathering of this portion of my research. Participants were given time to review the transcribed recordings from the third and final talking circle. Each participated initialed their individual copies as being an accurate account of the conversations during the recorded talking circle. Chilisa (2012) refers to this a member checks and calls this “the most important criterion in establishing credibility” (p. 166). A presentation of gifts and certificates were provided as my way of thanking them for their participation in my research (see Appendix 7). The gifts provided to the participants were made for them and planned for since the decision was made to research the topic of ceremony. Three of the medicines were picked the year before - sweetgrass, sage and cedar. Tobacco was also given however tobacco is not grown in our area and was purchased. Small medicine bundles were then sewn together and made ready to give away by placing the sacred medicine within the small pockets.

3.4.6 Interviews

Following the conclusion of the talking circles, I then proceeded to interview the individuals who participated in the talking circles. Although there were eight individuals who participated in the talking circles, I was only able to interview seven of the eight participants. There was one participant that decided they would only like to do the talking circles and withdrew for personal reasons before proceeding to the individual interviews. The participants

were aware they were not obligated to continue to the individual interviews and could withdraw at any time. It was due to the possibility that someone might not continue from this point of the research that the consent form (Appendix 6) was created. This allowed the questions there were developed by the group, to be continued to be used in the individual interviews. The interviews were scheduled with each participant at a venue of their choice, and arrangements were made to meet at a time and date that was convenient for each person. It was more respectful to go to them and be at their service, and to provide to them what they need to be comfortable as a way to ensure they felt safe to share and talk about their stories of life and healing through ceremony. The majority of the interviews, with the exception of one, were held in the homes of the participants. Two interviews were held in the neighboring Ojibway community of Peguis, while three of the interviews were held in my Cree community of Fisher River. The two final interviews were held at an urban location that required me to travel to the city to conduct these interviews. Although the interviews were scattered geographically all the individuals had ties to Fisher River Cree Nation. The individual interviews were audio recorded with the signed consent of the participants (see Appendix 8 – consent form for interviews). The length of the interviews varied from the shortest recorded time of 30 minutes with the youngest participant who had additional comments when the recording device was turned off and where she became more relaxed and at ease. The longest recording was just over one hour, while the average was around sixty minutes for the majority of them. I began each interview with the following open-ended question: “Tell me about your ceremonial journey” and then listened. There were the guiding questions and these were used to keep on the topic. The three questions developed by the participants provided rich insightful answers as they did have time to reflect on them between their development and my time with them (see Appendix 6). In case some of the participants

required additional resources to deal with anything that impacted them emotionally, mentally, or raised memories of trauma, the knowledge keeper/Elder was available to talk individually and as a social worker, I was also able to put together a list of resources to share with participants if they needed access to additional resources whether in the community or outside of the community (see Appendix 9).

3.5 Data Analysis, Interpretation, and Validity

The research activities for this study produced a number of sources of data that there were analyzed and organized into themes. These sources of data assisted me in answering the main and sub-questions used in the data gathering phase of the research. The data collected includes audio recordings from the talking circles and the interviews including my own observations and reflections. These recordings were transcribed verbatim into textual documents. This information then was analyzed using the inductive method, which I explain further below.

In addition to this data, I was journaling and taking notes as I moved through the activities associated with my research and incorporated some of these reflections into my analysis of the data. My journal entries and notes were therefore also a part of the data collection process and represents my reflections and the observations made as I journeyed through my research activities. This aspect is further explained in the immediate section following this paragraph and includes some of the procedures that I incorporated in analyzing and interpreting my data along with the ways that I undertook to validate my analysis and interpretation of the information that I collected from the participants involved in my research.

3.5.1 Reflexivity/Observations

DuBois tells us reflexivity, is to acknowledge that “the knower is a part of the matrix of what is known” as cited in (Tindall, 1994, p. 151) and is a fundamental part of qualitative

research. In particular, from a sociocultural perspective, the process of reflexivity is an acknowledgement by the researcher that “all findings are constructions, personal views of reality, open to change and reconstruction” (Tindall, 1994, p. 151). Reflexivity in qualitative research increases validity: “we arrive at the closest we can get to an objective account of the phenomenon in question through an exploration of the ways in which the subjectivity of the researcher has structured the way it is defined in the first place” (Parker, 1994, p. 13). In an effort to make explicit how my understandings were formed and what “pieces of the world” I bring attached to me, a reflective journal both written and audio recorded with observational and analytical notes formed a part of the way I collect data for this study. The intent of observation was to listen and observe as much as possible allowing the space for the storytelling and sharing. The participants were aware of any observations made. Observation made by me were around the topic of ceremony and healing. Close attention was paid to details that could bring on situations where the participants would need to talk to an Elder if they become emotional when speaking. As a researcher, I was open to change and to seeing things and learn from new experiences. I journeyed with each of my participants as we moved along on this path. Together we experienced the highs and lows, the fears, the insecurities, the joy and the struggles of working and recalling ceremonial journeys.

3.5.2 Inductive Analysis

Inductive analysis is also the way in which I used to analyze the data that I collected from the talking circles and interviews with my participants. I did this by reviewing, reading and listening to the research data repeatedly to find the constants, the similarities, and differences in the information they each provided. Thomas (2006) identified the inductive process in the following way:

Many evaluators need an analytic approach that is easy to use, does not require in-depth understanding of a specialist approach, and produces findings that defensibly address evaluation objectives and questions. The general inductive approach provides a convenient and efficient way of analyzing qualitative data for these purposes (p. 246).

3.5.3 Procedures for Analyzing and Interpreting Data

As with all phases of moving forward I continued to smudge regularly. I had a feast, made a feast plate for the ancestors, and offered tobacco and prayers asking they be with me for the all the steps on my research journey. This incorporated my Indigenous ways of moving forward, and helped with me with focusing. I collected the data from my interviews and talking circles. I transcribed the seven audio files resulting in textual files that could now be analyzed using the inductive method. I read and re-read the textual files and listened for hours to their voices. I then coded the textual files and organized the findings into topics. I organized the information collected and prepared them for analysis. The following chart indicates the initial set of topics found as I went through reviewing the data collected for conducting this analysis.

Source of Data	Major Themes	Sub-Themes
Interviews Reflections/ Observation Circles	1. Ceremonies	<ul style="list-style-type: none"> • Healing • Faith • Spirituality • Types
Interviews Reflections/ Observations Circles	2. Family	<ul style="list-style-type: none"> • Children • Roles Modelling • Teaching • Language • Culture
Interviews Reflections/ Observations Circles	3. Dreams/ Visions	<ul style="list-style-type: none"> • Provides guidance and direction

Interviews Reflections/ Observations Circles	4. Relationships	<ul style="list-style-type: none"> • Nature • Spirit • Personal • Social • Balance
Interviews Reflections/ Observations Circles	5. Colonization	<ul style="list-style-type: none"> • Education • Decolonizing • History – teachings
Interviews/ Observations Reflections Circles	6. Identity	<ul style="list-style-type: none"> • Self esteem • Confidence • Health • Trauma
Interviews Reflections/ Observations Circles	7. Knowledge keepers	<ul style="list-style-type: none"> • Lodge keepers • Medicine men/ women • Gifts • Healing
Interviews Reflections/ Observations Circles	8. Prayer	<ul style="list-style-type: none"> • Singing • Drumming • Dancing • Ceremony • Feasting/ Food offering
Interviews Reflections/ Observations Circles	9. Being on a path	<ul style="list-style-type: none"> • The Red road • Walk this way • Traditional life style/ path • A Good life • Healing journeys • Way of life

I wrote down and recorded my interpretation of these topics from interviews, reviewed my observations, reflections and journal notes. From this topic chart and as I continued through the process of analyzing the data again. I reviewed this topic chart repeatedly over and over scrutinizing my findings thoroughly until I found the themes that naturally fell into groupings that went together and were the themes that the participants shared. For example, topics under faith are those that the participants believe help them on their journeys. Singing, drumming, praying, fasting and feasting all happen at ceremonies, ceremonies are where one believes change can happen.

I finished with the three main themes of decolonization, faith and family. There were also ten subthemes under the three main themes. Under decolonization are tragedy and healing, under faith are spirituality, ceremony, sweat lodges and sundance, dreams and visions and identity finally under family are children and relationships. These will all be explained in the findings section of the document.

3.5.4 Procedures for Validating Data

I shared the writing of my data analysis with my participants allowing time for feedback and any changes I needed to make. I also shared with the knowledge keeper/elder and the Chief and council the completed document once the participants had reviewed the finding portion of the writing. The suggested changes and feedback received from the knowledge keeper/elder, Chief and Council, as well as the participants was then incorporated into the further editions of the findings chapters to produce the final version of this written thesis.

3.6 Conclusion

This chapter outlined the methodology and methods used to complete the research and the following constitutes a very brief summary of these procedures. It was with the approval first provided by the Research Ethics Board of the University of Manitoba who gave their stamp of approval on how to proceed, then it was with the permission and support of the local Chief and council that I was then allowed to proceed in the community and recruit participants to be involved in talking circles and interviews about their personal experiences and journeys toward ceremony and healing. It was an exciting process in that I had the opportunity to spend time with each participant and record their stories about their specific journeys of ceremony. I then transcribed the recordings of each participant listening carefully for hours to ensure accuracy. The data was then very carefully reviewed for common factors to get the emerging themes. A

summary of the findings chapter was shared with the participants, the Chief and Council and the Knowledge Holder/Elder involved in the project. Changes and feedback were incorporated into the final written thesis. In the following chapter are the results of my findings from the talking circles and interviews held with the participants of my study.

4.0 Findings

4.1 Introduction

As the process of searching for a connection between emergent themes ensued, contextualizing the themes began. I identified significant statements and grouped them into major themes which seemed to naturally come together from the previous chart. I have identified three main themes that arose from conducting the interviews and talking circles for my study. These three themes are: 1) Decolonization, 2) Faith, and, 3) Family. These three main themes arose from reading and rereading, reviewing and analyzing the themes and subthemes chart developed earlier in the process of my analysis of the data collected from the interviews and talking circles. I have also identified ten subthemes under the three main themes. Under the first theme of *Decolonization* there were two subthemes comprised of topics around a) tragedy and b) healing. The second theme related to *Faith* resulted in six subthemes related to a) spirituality, b) ceremonies, c) sweat lodge ceremonies d) Sundance e) dreams and visions and lastly f) identity. The final theme related to *Family* has two subthemes regarding: a) children, and b) relationships. Each of these themes and subthemes are addressed below with each explained in more detail with quotes from some of the participants as they discussed their ceremonial journeys.

4.1.2 Introduction of Participants

In this section an obvious place to start is to introduce each of the seven participants¹, share some information about each of them, who they are and how they came to be on the path toward their involvement in traditional ceremony.

¹ The descriptions of the participants do not include their real names. For privacy and protection reasons, pseudonyms are being used to protect their identity and to honour the confidentiality that I agreed to uphold when they signed the consent forms.

4.1.2.a – Linda

Linda is a Cree Indigenous woman. She has lived in and graduated high school from her home reserve in Northern Manitoba. As a young woman she left home for a short time to attend to her higher education. She returned home and has worked in her chosen profession for almost thirty years. She is divorced. She has one child and no grandchildren. Linda has followed the traditional path of Indigenous ceremony life for about twenty-five years. Although she knew about the traditional path since she was a young girl, she did not choose to follow this path until she was in her mid-twenties. Linda's reason for attending ceremony was initially for healing. She also decided to go as support to extended family who was also attending ceremony for healing.

Linda received her spirit name shortly after she started attending sweats and ceremony. She has also received her clan and colors. She is a Sun Dancer, a pipe carrier and is becoming a gifted dream interpreter. She completed her four years of Sun dancing, finishing with a Give-away at the end of her fourth year. She has also been extensively involved with the Sun Dance ceremony. These preparations begin months before the actual Sun dance itself begins. Linda knew she was gifted a pipe several years ago, but only recently (in the past two years) has she been given the actual parts of the pipe. She was gifted the bowl from someone and the stem from someone else. She now has all the necessary pieces of her pipe and after feasting and giving the creator thanks for it, she is now smoking this pipe in ceremony.

Linda's gift of dream interpretation and her ability to "read" people and offer those answers to the questions they pose to her is one she is comfortable with and accepts with honor. She takes the tobacco offered, if she feels she can help. If she cannot help, she will provide information to the individual as to where they can seek additional information, which in these cases the tobacco offered is not accepted.

4.1.2.b – Tina

Tina describes herself as an Anishinaabe woman. She is Ojibway and comes from a reserve in South – Central Manitoba. She grew up and graduated from her home community. She too, left her home community to get a degree at the University of Manitoba. When she graduated, she worked in the city of Winnipeg for a few years before returning to her home community to work and raise her children. Tina lives off reserve, however is still relatively close to her home community where she is now employed.

Tina is married with two young children. She is a wife, working mom, a daughter, a granddaughter, sister, aunt and friend to many. Tina does not fully follow the traditional path but is learning many of the ceremonial ways of the Midewiwin – the Grand Medicine Society of Ontario. She has been to their ceremonies and is taking her children with her to have them learn these sacred ways as well. Her partner has also recently starting attending and they now go as a family. The Midewiwin or Grand Medicine Society also have certain ceremonies where preparations begin long in advance of the time the actual ceremonies themselves begin.

Tina’s knowledge of the traditional way of life began when she was a young woman when she asked for her spirit name when she was still a teenager. After receiving her name, she did nothing with Indigenous ceremony until a few years later. She was twenty-one when she was diagnosed with cancer. This life changing event seen her return to ceremony and to seek healing by attending ceremony and using the traditional medicines provided by the healers of the lodge she attended. She also used western medicine (chemotherapy) and has been in remission now for around fifteen years.

4.1.2.c – Stephanie

Stephanie is a Cree Indigenous woman. She comes from a Cree reserve in Northern Manitoba. She has lived in her home community her entire life. She went to school, graduated, worked and is now raising her own children in her home community. Stephanie was a young mom having two little ones before she was twenty. She now has three children, the oldest of whom is now eighteen and the youngest is eleven. She works in the helping field, having done so since her youngest child was little. Her children even as young toddlers were taken to ceremony with her and she continually teaches them as she herself learns.

Stephanie's traditional journey started when she was a young teenager. She describes herself as a "bad kid" when she was young and in school and knew that her parents did not know what to do with her. It was after her attendance at her first sweat she made the comment, "Something changed in me, I just loved it and loved going" and "not knowing at the time that this was good for me". There were people in her life that continually encouraged her to go to ceremony. This encouragement provided for a life long journey into the traditional spiritual community of Indigenous people. She describes now that ceremony is so much a part of who she is since she has been walking the traditional path now for about twenty years. She states, she was "out there to change the world".

Stephanie has had her spirit name for many years, given to her as a young woman. She also has her Warrior name, clan and colors. Stephanie is a gifted singer and carries a hand drum. She uses her singing as an outlet and as way of having her voice heard. She still has the responsibility of a big drum and is planning on now teaching others to sing and drum.

4.1.2.d – Annabelle

Annabelle is an Ojibway woman. She comes from a reserve in South - Central Manitoba. Annabelle grew up and went to school on her home reserve. She comes from a larger family, and is one of the younger siblings. She met her partner and together they had four children. Annabelle raised her four children on her partner's reserve up until the untimely death of their eldest child. It was the accidental death of her child that led Annabelle to the path of the traditional Indigenous ceremonies as a way of life. In the beginning it was a way of coping with the debilitating grief and loss of losing this child. Annabelle shared "That's what I had to do for myself so that I could move on in life and not be so devastated because that's how I felt when I lost my son". She talks about how weak she was and how it was a struggle to find a reason to live. She is continuing her healing journey however walking the traditional path has now become a way of life. Annabelle is no longer in a relationship with the father of her children. Their individual grief from this tragic event led to the dissolution of their relationship. Annabelle returned to her home community where she lives today. She is now a grandmother and spends much of her time supporting her children and grandchildren, her parents, and her siblings in any way she can.

Annabelle has carried her spirit name for many years. She also has her Warrior name and clan. Annabelle is a Sun dancer. She completed four years of sun dancing finishing her fourth year with a give-away. She is a talented singer and carries a hand drum. She is now learning the medicine ways of her grandmother and hoping to follow in her footsteps. She attends ceremony and sweats regularly and helps out with the preparation and implementation of many different ceremonies. She is the primary women's helper in the moon lodge, holding the responsibilities of caring for those who need to use the moon lodge during the annual sun dance.

4.1.2.e – Nancy

Nancy is a Cree woman. She is the only participant that did not grow up on a reserve. Her mother married a non-Indigenous man and as a result lost her Indigenous status according to the Indian Act of Canada. In 1985 when the Indian Act was changed to what is now known as Bill C31, Nancy and her siblings were able to register as Status Indians, being the first generation of children born to their Indian status mother.

Nancy now lives on a reserve in Northern Manitoba. Nancy found her way to the community through employment. She knew she had family and roots in the community and since having moved to the community has also found ceremony.

Nancy has three children and six grandchildren. She is divorced, having been in an abusive relationship with her ex-husband. She has suffered loss and grief with the deaths of close family members. As a way of coping she was searching for something. She states in the beginning she did not know what she was searching for, or what was going to help. When she found ceremony, she finds that she yearns and longs to learn as much as she can. She has now been going to ceremony for about ten years and found it helps her to cope with life and work stresses.

Nancy is a pipe carrier and is learning from the knowledge holders what the responsibilities are. She carries a hand drum. She attends sweats and ceremonies as much as she can stating that she wants to learn as much as she can. She also is involved with the Sun dance planning, implementation and work needed to care for the dancers over the four days they dance.

4.1.2.f – Natalie

Natalie is a young woman from a Northern Cree reserve. She grew up around ceremony being with her mother who attended ceremonies regularly. She does not drink, smoke or do drugs; she never has. She attends ceremony when she can, she says:

This is the life style I was grown up into just like what you do and I want to compare it to like when you go to church, ceremony is the same way, it just helps you deal with stuff when you are having a hard time.

Natalie has had her life's hurts and had used ceremonies as a way of helping her to get through the pain. Natalie also supports her family as they attend ceremony, being there for them when she can and always staying in contact.

Natalie initially left home to go further her education. She was successful in finding employment and has for the past several years been working in her chosen field in the city. Natalie is not currently in a relationship with a partner, but has a busy social life, traveling and spending time with close family and friends. Natalie has her spirit and warrior names, her clan and her colors. She has been gifted with a drum and a rattle and carries these with her as part of her bundle.

4.1.2.g – Zachary

Zachary was the only male that attended the circles and agreed to be interviewed. He is a young father. He has two children that he sees regularly. He is no longer in a relationship with their mother however their relationship is supportive of the both of them being able to spend quality time with their children. At this time in his life, he is focusing on his education and his children. He is not in a relationship with anyone else at this point. He recently needed to move to

the city to continue his education. He nevertheless, makes the trek home once a week and on weekends to be there for his young children.

Zachary was introduced to ceremony as a youngster. He remembers watching his grandfather prepare for ceremony and watching him smoke his pipe. He remembers the structure of the sweat and attending ceremony. However, he states he did not understand what he was doing at the time. It wasn't until many years later he started to attend ceremony and learn more in-depth what ceremony was and how it helped.

Zachary is a pipe carrier, a flute player and carries a drum. He is a gifted artist as well. He uses these talents in many ways for ceremony and his art is sought after by others for its beauty and originality. Zachary has dreams of someday having a place in his home community where ceremony can be practiced all the time and for everyone to have access to its benefits in their own lives.

4.1.3 Summary on Participants

These individuals are those who have decided sharing their stories to those outside the circle of those who already know about ceremony is vital. They come from a variety of backgrounds, and variety of ages. They are each at different stages of their lives which co-relates somewhat to the degree they are involved in ceremony. The younger parents with children are more inclined to be busy with their children, while the adults with grown children are more available to attend ceremony. Stonechild (2016) explains the different phases of life from conception before birth through to elderhood and the different roles each phase of life individuals are responsible for (p. 65, 82 – 84). They each have their own bundles and gifts and each is at a different stage of learning how to share their gifts. They are a remarkable group of people who

want others to understand how their lives have changed through ceremony and possibly lead others who are searching just as they were in the start of their journeys.

4.1.4 Where to Begin?

In the analysis phase of my research, I struggled at the beginning of findings about where to begin. The “usual” findings when related to Indigenous people and healing begin with the historical or intergenerational effects of residential school and/ or the child and family services system. In Hart (2002), Fiola (2015) and Stonechild (2016) included in their first chapters are references to colonization, residential schools and their impacts. Carriere and Strega (2015) in their introduction write “Although we didn’t know each other back then we shared a connection, as we were both affected by child welfare through foster care and adoption” (p. 1). In my study there was little reference in either the interviews or the talking circle responses by the participants directly on either of those topics. Residential school was mentioned only a couple of times throughout the interviews with one participant and it was in relation to how she was educating her children about the history of Indigenous people and how they have been affected by the legacy of residential schools. The child and family services system too, was referenced once by another participant but only in the context of it being as a place of where she had once worked. Although there were no direct questions relating to residential schools or the child welfare system in my questionnaire guide or the questions developed for the talking circles, it appears the effects of both experiences continues to affect the participants in how they have lived and managed their lives. The child welfare system was alluded to by Annabelle who talked about how attending ceremony has affected those closest to her. She shared that, “it’s been good, a good influence for them because they see me and think like ok look at where she is now; she looks good; she looks healthy; and she has her family” meaning she has her children. Others in

her family have children in the care of child welfare. This particular participant gives credit to walking the healing path as being instrumental in keeping her family together.

The influence of residential school and its lasting effects were something first mentioned by Stephanie. Stephanie talked about her own childhood and how she feels she did not learn at home about herself, her parents didn't teach her about respecting herself and it was ceremony and the teachings where she learned about herself and gained self-confidence and self-esteem. Through her experience and learning as she attended ceremony for herself and her children, she explained, "And its different cause you teach them about self and that's how it's different from when I grew up because we were never taught about emotions and that what I taught my girls about emotions and self-respect and some of all these different things that I never had" Stephanie's parents did not go to residential school. It was her paternal grandmother who went to residential school. The lasting effects of these experiences was felt by her family. Stephanie comments "Maybe that's why my own dad couldn't raise me". Bombay, Matheson and Anisman (2014), in their review of Indian residential schools discussed the effects on those who attended residential school and how this effected their children. These effects "likely influenced directly through modeling of negative care-taking practices observed as children in residential school" (p. 326). Comack (2014) in her examination of colonial history wrote, "Being deprived of healthy parenting role models also left many with diminished capacities as adults to raise and care for their own children" (p. 69).

Stephanie talked about her own lack of parenting after she became a young mother. She noted that "I wasn't parented anymore" and was left alone to raise her children. It was very recently that a rift developed between herself and her now adult daughter where the effects of her lack of parenting could be felt. Her daughter now a young woman attending school away from

home told her, “*You’re not there for me anymore*” and was upset with her mother (Stephanie). Stephanie says she couldn’t understand why. She said “We have always had a good relationship. She’s never been mad at me”. Stephanie learned it was the parenting her daughter was missing in her life. Stephanie’s daughter still needed her mother and Stephanie had let her daughter go off to school on her own thinking it was okay. Stephanie thought her daughter was an adult and didn’t need her anymore, which turned out not to be the case at all. Although her daughter is over the age of majority, she still needs her mother to be there emotionally to help and advise her in the role of mom, just like Stephanie needed her parents, who were not there for her. She says she didn’t realize this till now.

This study continues with the stories that focus on ceremony and how ceremony has affected their lives of my participants and the choices they have made as a result of engaging in ceremony. McCabe (2008) notes, “Traditional Aboriginal healing is very much the telling of the story” (p. 146). For many, looking back at their parents and grandparents, they realize now that many of their parents and grandparents were healers and pipe carriers. Annabelle talks about her grandmother being a healer not only for Indigenous people but for anyone who came to her and asked for doctoring. In talking about her grandmother and stories she heard from her parents she says, “She was a medicine woman like before I was born, she was already and she did doctor people and not just us our nationality, she doctored different nationalities too, people would come see her and they would get medicines and drink it and get doctored.” Nancy also talked about her grandfather after she learned she was gifted with pipes, she commented,

I was told I would be receiving two pipes; one was a chibi pipe, but I haven’t received them yet and there’s understanding of that and I’m in no hurry to receive them just whenever they come, they come to me. I understand that’s a huge responsibility to carry a pipe, to be a pipe carrier, but I heard back in the day

when I was talking to C., I heard my grandfather was a pipe carrier at one time and that's quite interesting.

The participants did not look back at their parents and grandparents as it related to residential schools, child welfare or historical or intergenerational trauma. Instead these participants looked at their personal histories in how it was related to culture, healing and ceremony. They are each looking forward in their own lives, and the lives of their children and grandchildren wanting better for them than they had for themselves. These participants were not blaming anyone for their hurts, but instead they spoke to the steps needed to make all their futures a better one, which starts with returning to ceremony, and is all a part of decolonization.

4.2 Theme One: Decolonization

Many of the Indigenous people in Canada have been colonized. Battell and Barker (2015), Absolon (2016), and McKenzie, Varcoe, Brown and Day (2016). The participants in my study have learned from their own experiences about how participation in traditional Indigenous ceremonies has helped them in their own lives. They each have sought out ways for themselves to cope with the struggles they have had in their lives. Fiola (2015) explains: "We must all make efforts to decolonize our minds of the destructive values, beliefs, and ways of being that come from a colonial mentality and divorce us from our own Anishinaabe systems of thought and being" (p. 79). Like Fiola, each participant expressed their own reasons for seeking traditional Indigenous ceremony. In some instances, it related to healing from a tragedy in their life, whereas others stated that they were drawn into ceremony or raised within the ceremonial realm. Participants of this study have shared their discoveries and ceremonial journeys and whether they are aware of it or understand it, they are becoming decolonized. They are practicing what is in their own Indigenous cultures. They have sought out traditional healing ways and

connected with the knowledge holders, elders and sweatlodge conductors. They making the connections and building relationships in circles of socialization and well-being while on their journeys of healing. Absolon (2016) reflecting on the conscious role of decolonization in the lives of Indigenous people noted

“As a critical Indigenous educator, I have witnessed that when learners grow in their political and social consciousness through knowledge based on the accurate and truthful account of colonization, they are in fact decolonizing, critically reflecting and connecting this knowledge to themselves and ultimately their social consciousness” (p. 47).

Their histories of Christian influence and educational experiences have not identified the traditional Indigenous accounts of the Indigenous people as a way of learning or healing. They in their journeys have sought out and are now using methods that have been provided by the knowledge holders, lodge keepers, and elders who share their teachings. As they attend ceremonies, gather their bundles and share the discoveries of their journeys, again, they are continuing to become decolonized. Absolon (2010) tells us “Picking up our bundles means to relearn, reclaim, pick up and own the teachings and practices that emanate from wholistic theory and knowledge. It means to live and practice *minobimaadsiwin* (a good life)” (p. 75). They are living who they are as Indigenous people within and around ceremony.

Participants of this study have said, “We will share our stories”. “We want our voices heard.” It is essential for them to help teach others how they have learned from their own experiences. Absolon (2016) in sharing her personal story, writes, “Values of kindness in learning and sharing are leading pathways to building and restoring wounded relationships within ourselves. We have to tell our stories about who we are, where we come from, and what all that means to us” (p. 50). Like Absolon the participants are sharing how participation in traditional Indigenous ceremonies has helped them in their own lives and want to use this

opportunity to let others know why they continue to practice the ways being taught by the knowledge keepers. They want others to know the benefits of attending ceremony for the “future of the children and grandchildren, and for those yet to come” as Linda stated.

4.2.a Adversity

The reasons for healing are different for each participant and vary in degrees of hurt and anguish to each of them. This adversity are the catalysts that led the participants to seek within their cultural ways for ways of healing and how and why they started on their ceremonial journeys. Of the seven individuals who participated in the study, five of the individuals found once they started attending the sweat lodges, listening to the teachings, and praying, they started to feel better. For instance, I learned, one is well into her journey and could be a knowledge holder and teacher, and another grew up in and around traditional ceremonies. Four of those interviewed started to learn how to let go of the grief they had been carrying. Six of them started to learn about the spiritual realm and the chibi ceremonies and how that honors their loved ones who had passed on. Another participant who grew in ceremonies shared that as a result, they knew how to cope when a close friend committed suicide. Below I have chosen to highlight some significant statements that were made by each of the participants as it relates to the origin of many of the experiences that led each participant to pursue a ceremonial way of life. These adversities are the motivation for seeking a way to be relieved of the emotional pain many of them carried. Fiola (2015) explains what she learned from her participants as they shared their own stories of heartbreak and trauma and writes “Each of these participants illustrates the power of Anishaabe spirituality in overcoming adversity” (p. 207-208).

Linda: Linda started her ceremonial journey for a number of reasons. Firstly, as for healing for her thyroid. Secondly, it was a way to support to her sister who was seeking for

healing for her eyes. Together they were also coming to terms with the death of their only brother. Linda began by going to see a medicine man who she learned about from her extended family. The visit with the medicine man began a ceremonial path that she has been on now for more than twenty years. Linda says she has learned about herself and that *healing* meant more than just going for healing. After going to ceremony for quite some time, she noted that, “Then it just opens your eyes to many things, to all your gifts, things that come and that’s where you were meant to be and then when you start learning bit by bit”.

Tina: Tina began her journey when she became curious about what Indigenous spirituality meant. It clearly became more important when she was diagnosed with cancer at the age of twenty-one. As well as western medicine she turned to tradition healing. She learned to rely and trust in the medicine and words of the traditional healer as she used Indigenous spirituality to help her through this traumatic time of her life. She continues this journey now, learning more about the Midewiwin (Grand Medicine Society) ways. During the conversation about how her life changed she shared the following:

Being thankful, would be one I guess, but I think it’s affected me, like in a combination of everything because I was sick, because of the medicines that helped me, cause like ceremony helped me, praying helped me. I think it shaped me like at that point in my life, that what shaped me to sober up, like you know to try and better myself, to go back to school, to finish school. And I think at that point it just kind of changed my whole world around and being better, no not better, just being more thankful and grateful for life and kind of learning how to appreciate that part of it not just living but actually *living* not just getting by sort of thing.

Tina has been in remission from cancer for fifteen years. She is continuing her journey. She is teaching her children about who they are as Indigenous people. They now attend Midewiwin ceremonies as a family. The children are learning by listening, watching and doing.

Stephanie: Stephanie described herself as being a young rebellious teenager who was having trouble at home with her parents. She came to traditional path with encouragement from a teacher who saw and understood much more than she did about how much ceremony could help her. She found that from the first time she attended her first sweat, where she said her first prayers that:

I remember praying and I never prayed before that. But I remember praying cause everybody was praying in the lodge, taking turns and he tapped me and he said, “you don’t have your spirit name yet, but just say your name when it comes to your turn” and then so it was at my turn, oh but before my turn, the lady actually I think it was RK, he had his turn, then it was my turn. I just prayed and then I asked like the next time I come into the lodge like can I get a name, I was like talking to the creator I guess, but so then the door opened so like I didn’t get to have my turn, like I thought I was going to but then the door opened. And the lady who was running the lodge she said, “oh this young girl was asking for her name and I (intake of breath) was just like, how did she know I never said that out loud, “this young girl was asking for her name and this is her name, and so that’s how I got my name.

Stephanie went back to this teacher years later and thanked him for what he did for her. She shared that, I told him, Thank you! I didn’t know what was good me for at the time, but you did and then I said I owe everything to you cause that has been my back bone, ya know, that’s been my back bone, that’s been everything to me that is so much a part of who I am right now. The change for Stephanie started early in her life and she has relied on walking the ceremonial path to help her through life’s struggles ever since.

Annabelle: Annabelle suffered the emotional pain of losing a child. Her teenage son was killed when he was hit by a car walking down the highway. It was her family, particularly her

brother who was deep into his own path of traditional Indigenous spirituality that came to her side. He walked with her and let her know there was a way towards healing. She started into her ceremonial journey by learning about what to do to when someone passes into the spirit world. She learned about the ceremonial chibi fires and feasts and what she needed to do. She first learned to help herself first and then her children and other siblings. She comments,

I was having a hard time accepting his death and to keep moving forward, so when my brother came that's how it helped me. It helped me to let go of all of that and to help me move on with my life cause I still had to live, but when you in that state, in that time like you don't want to, because of how devastating it was when you lost that part of your life, like it was gone and it wasn't coming back, whereas I didn't understand that part where he'll come back and it's only going to be spiritually.

Annabelle continues to learn and walk the ceremonial path. Her journey has helped her with the loss of her son and she in turn has helped her children to cope with the loss of their sibling.

Nancy: Nancy was also brought to ceremony to deal with grief and the pain of loss. She had a nephew she was close to who was killed in a car accident. She was also going through a separation from her partner, and additionally, she was fighting for custody of her children. In explaining the pain, she described it in the following way: You know when you look down and you see just glass shattered all over, all over the floor, just glass shattered all over in pieces, pieces, pieces all over and then so that's me when my nephew had died tragically in a car crash. This tragedy included other deaths. Nancy shared that she lost her both her mother and her brother very suddenly due to heart failure, and another nephew to suicide in the years following. Nancy kept searching for a way of relief from all the grief she was carrying. She eventually found Indigenous ceremony. She found she was drawn to ceremony and it was this way of life that helped her to deal with the emotional hurts of the past in her life. Nancy continues attending

ceremonies and wants to learn as much as she can because for her being around ceremony is continuing to help her heal.

Natalie: Natalie is a young woman who grew up around attending ceremony with her family. She learned by watching and listening. When I asked, what is your primary reason for going to ceremony? She responded, “Like this is the life style I was grown up into. It’s just like what you do and I want to compare it to like when you go to church. Ceremony is the same way it just helps you.” As a young woman Natalie understands the pain of losing someone close. She had a friend her age that committed suicide. When this girl took her own life, Natalie found help to deal with this loss by attending ceremony and had traditional people she could talk too. She says,

I have had people who have committed suicide who were really close to me and I guess the only reason it really helped me out, going to ceremony and talking with people, you just go talk to somebody and they kind of help you. My dad went through something a little while ago and going to talk to MC (medicine person), she helped me get through both me and my mom ya. So, then going to see other people who live this lifestyle.

Natalie knows that when she has hurts from life where she can turn and who can help her deal with them. She has not needed to find other ways to cope with life struggles. Her childhood exposure to ceremony has provided her with the knowledge to use healthy ways in healthy spaces for her manage.

Zachary: Zachary was brought to ceremony first as a child. He was around ceremony and says he did not understand at the time the significance of what he was watching and seeing. It wasn’t until he was a young man that he began to attend ceremony on his own. It was his interest in ceremony and his skills as a helper that were nourished and promoted by a knowledge keeper.

He saw in Zachary the capabilities of someone who could help others. Zachary commented on how he came into helping:

I guess I kind of wanted to go but I wasn't really going, but all of sudden people were picking me up to go to sweats and helping and stuff. At the time I remember not wanting to. I remember people picking me up, like D and when he would come pick me up, I knew I was chopping wood. I knew I was hauling stones or grandfathers. I kind of didn't like it at first. I'd go "Ah, D's here" and I knew I was going to go do something. Eventually I started liking it. I started to really like going.

Zachary first learned about fire and how important fire keeping is and what this meant to the ceremonial realm of attending ceremony. As young man who was strong and wanted to be around ceremony his skills are invaluable.

4.2.b Healing

Five of the seven participants shared that they started down their ceremonial journeys for the purposes of healing. The youngest participant grew up in ceremony and witnessed the positive changes in her own family. Another participant shared that he was encouraged to go by others and once he started learning things got intense for him. As Zachary shared:

I didn't even know it but now I was his student and now he was teaching me things and saying stuff, he was making sure I was listening. I didn't really realize that until, until I started teaching, until like I went "whoa, I'm learning stuff". Like I started saying stuff to my nephew and I started bringing people to the lodge too and I understood stuff that I was able to explain to others you know what I mean and that's when I went "whoa, I'm learning stuff" and that's when it started getting real. I started getting spiritual, ya spiritual.

Knowledge keepers (elders) and sweat lodge holders and their *Oshkabaywis* (helpers) provide the guidance, protocols and expectations for those who seek healing from traditional Indigenous ways of ceremony. Stonechild (2016) writes, "Medicine persons are healers who acquire abilities through dreams, visions, ceremonies, sacrifices, and prayer, and through

mentorship by more advanced healers” (p. 91). This guidance applies to what is referred to as a path, a journey, walking this way, the red road, or living the traditional lifestyle by the participants in this study. It is a path or lifestyle they decide to live as they learn and feel both emotionally and physically how it is helping them. This journey allows for changing and the letting go of negative emotions that are causing hurt and torment over extended periods of time, and having faith in their prayers, meditation and dreams and believing in the healing that comes from the creator. (Stonechild, 2016, p. 89). Finding the knowledge holders with whom they can build a relationship and learn to trust is an important step in beginning healing journeys. These knowledge holders are the individuals who keep the spaces where they hold their ceremonies as sacred sites. These sacred spaces are where it is safe and where the healing starts and continues, it’s a place where intense emotions can be released. Hart (2010) explains this learning thus:

Happenings may be facilitated through rituals or ceremonies that incorporate dreaming, visioning, meditation, and prayer. The findings from such experiences are encoded in community praxis as a way of synthesizing knowledge derived from introspection. Hence, Indigenous peoples’ cultures recognize and affirm the spiritual through practical applications of inner-space discoveries. Key people for these processes are Elders and practitioners who have undergone processes to develop this ability (p. 8).

The release of intense emotions in safe spaces such as healing sweats assists in the spiritual growth of people. It helps individuals to find a purpose and in some cases a reason for living. It helps one to relax, and able to cope better with stressors in life. It assists in the grieving process. It can also enhance the clarity of mind, body, and spirit through the cleansing of all the stress and negativity people can carry with them daily. Participant Annabelle says it this way: It helped you stay focused, helped your body and your mind to be strong because like there’s a lot of stuff like when you are thinking and a lot of that thinking like when you get to a part where

when you think of umm ..like harming yourself or doing something bad. This way when you go to these ceremonies, these sweats you go and you pray and you ask you know for all that to be gone and for you to be able to move on with your life in a good way. So then when you are going through things in days and your mind tries to go there, then you see that's where you would do this, the smudging, you would go to sweats to help yourself so that you could be clean and this way it would take all of that away and then your able to go on with your life, your every day without thinking of all of that garbage that was there.

This self-care makes one stronger to regain or develop self-confidence, self-esteem positivity to feel blessed. It is those who have been in ceremony and understand the benefits that are in turn working towards helping others. Stonechild (2016) acknowledged that, "Medicine persons are healers who acquire abilities through dreams, visions, ceremonies, sacrifices, and prayer, and through mentorship by more advanced healers" (p. 91). These medicine people work and help others towards the goals of health, happiness and well-being in all aspects of a person. There have been two participants that used both western and traditional healing in seeking a way to relieve their pain and anguish. Nancy in particular found that when she ended up in an institution struggling with suicidal ideation the western way did not work for her. They wanted to use medication to mask and dull the pain rather than seek the root cause of her distress. Nancy painfully recalled that her experience was the result of the heartache from the death of a loved one and her struggles to overcome suicidal thoughts,

They ended up taking me to the mental institution in Selkirk and I can still remember I wasn't mental. I was just having sort of a breakdown, a spiritual breakdown. It still brings tears to my eyes. It was a scary place...so I'm looking and there are a lot of Aboriginal people in there and there were like everybody was sort of like you know, just not themselves and so then I said oh my god this is not for me, this is not for me, and so they kept on giving me these pills and I didn't want to take them so then, but I had to. I had to convince them that I was

ok and that I didn't belong there. So, I took them but I didn't take them, like I pretended to take them, but I didn't.

Western ways of practicing medicine especially in the psychological area where there is no diagnosed physical cause of pain struggle to understand the emotional distress and subsequent pain individuals can feel. Moorehead, Gone and December (2015) examined the differences between traditional Indigenous healing and the westernized therapy regarding mental health, and they noted, "Beyond these challenges for remedying Native American mental health disparities lies an additional important obstacle, namely, significant cultural differences surrounding the therapeutic endeavor" (p. 384). The cultural norms of Indigenous people are not recognized for their importance and are overlooked is in part due to the lack of awareness and education by the health care system especially in mental health. It's people like Nancy who was struggling with loss and grief that said "I was having a spiritual breakdown" and needed a different kind of healing. These are the people who are often lost using the western diagnostic of mental illness in the westernized health care system. Struthers and Eschiti (2005) write, "Allopathic western medicine is rational, highly mechanistic, places an emphasis on the physical domain, and is scientific in nature in that it views disease and healing explicitly through the eyes of the scientific model" (p. 79).

On the other hand, when Tina was feeling suicidal, she was taken to a traditional healer. She knew in her head that she was not right and that something was wrong. Her story goes like this,

When I was in university, I got sick I mean mentally sick. I mean I got depressed, suicidal. I got suicidal thoughts and everything so I like "Omg like what am I going to do?" I came out home and I was telling my mom and dad "I'm not right" like "I'm not in a good place" and I laid on the couch all weekend and then I was like "I'm not going back to school, I'm not going to go, I'm not going to finish". And I was in my taking my BSW already and stuff like that. So, they took me to

go see a medicine man and I remember it was just the scariest thing ever to have like shit that people put in you or gave to you to bring it out, like ya know ...So that's memorable. Somebody done something to me to make me think like that you know. It was so surreal to have this going on in front of you someone working on you and all sudden this stuff that wasn't in there before was all of a sudden in there after they done like their thing and stuff and I was, *Where did that come from?* like that kind of thing! It's surreal in that moment because your just like "holy shit" and then it just kind of makes everything "This is for real" you know like that kind of thing. It's just totally it's something like you hear about and it's something that maybe I doubted it. Maybe I had doubt that it was real or something I don't know but, then to actually go through that experience and all of sudden like you know. It was not immediate that I felt better like right away after it was done. But I started feeling better. Feeling better without anything else. Without having to go see doctor or whatever else. I'm not saying like that people shouldn't but like I didn't have too. That just amazes me like in a sense. Like that is memorable in a sense and it's only really memorable because it freaked me out. (laughs) Like that kind of stuff happening and like I said where you hear about it but to actually see it.

Western ways of healing and western therapeutic ways don't recognize or even begin to see the importance of spirituality and spirits to Indigenous people and this contribution to healing. These barriers are "the cultural practices, interpersonal sensibilities, and "ways of knowing" that are not valued equally to those of their non-Native counterparts" (Moorehead, Gone & December, 2015, p. 392). Struthers and Eschiti (2005) examine traditional Indigenous healing methods and find "The belief that traditional healing can help on a path to wellness is paramount" (p. 86). Tina's experience, and her own words "maybe I doubted it" exemplify the complete infusion of colonialism into the Indigenous of healing. It was her own personal experience when she saw and made the step to believing she was being made better by the medicine people that were doctoring her that was the difference. While Natalie's comment illustrates this point clearly: You can attend all the ceremonies you want, but if you don't believe it. What's the point?

4.2.c Theme One Discussion

The participants of this study each shared how their journeys started. These were the catalysts that had them seeking a way to help with the loss and grief and searching for something to help with the hurts. They each found their way to a ceremony and witnessed and experienced the consideration of the knowledge keepers/ elders who were willing to help them. They found a circle of caring where the healing of their spirits could begin. Stonechild (2016) explains it this way:

Healing is not often dramatic, but rather takes place over an extended period of constant effort. All people have the potential to heal and be healed, but must pray and have faith in healing power. This faith is strengthened through prayer, meditation, and dreams. Healing does not come from the healer, but from Manitow and spirit world. The healer is merely a conduit and must avoid taking personal credit. He or she appreciates the opportunity to play a role that brings us closer to the Creator (p 89).

For these participants learning, relearning and going back to the Indigenous healing ways of their ancestors are how they are becoming decolonized. They are using their heritage as the First people of Turtle Island in ways that only they can. They celebrate while in ceremony who they are and what they are becoming as an Indigenous person. They are continuing to learn from knowledge keepers and elders, from those who have in some cases have lifelong experiences in walking a traditional path. As they come into their gifts or as their gifts are given to them, they in turn are practicing how to help others. Kirmayer, Simpson and Cargo (2003) write:

Aboriginal peoples are engaged in an ongoing process of re-articulating themselves in the modern world in ways that honor their ancestors, maintain links with crucial values, and creatively respond to exigencies of a world simultaneously woven together by electronic media and driven apart by conflicts of culture and value (p. AP S19).

This perspective is also expressed by McCabe (2008) where he notes: “The world is changing and the Indigenous voices seems to be gaining momentum. It’s time we throw off the

shroud of rejection and marginality and embrace the Indigenous model as legitimate without embarrassment or fear” (p 150). The participants of this study are living the walk they talk, they would like others to receive the same benefits they now understand helps after experiencing it for themselves.

4.3 Theme Two: Faith

The participants of this study identified the following question as important to this research: What is your definition of spirituality and or faith? They developed the question through the talking circle held specifically for the purpose of learning what they would like to share. The following are the outcomes: Faith is accepting there is a spiritual realm and believing things are meant to be. It is learning about spirit helpers and guides and beginning to understand and trust in the gifts they bring. Faith helps one stay focused and provides ways to deal with trauma and fear. Attending ceremonies, learning and listening to the teachings are only half of the equation of faith, accepting these words, and visions and dreams as true and real, is faith. Hart (2002), Fiola (2016), and Stonechild (2016) each discussed how important the culture is in helping the Indigenous people return to their ways of healing. Faith is a huge part of that culture in that it permeates all parts of living life from saying prayers for the breath of life, to being grateful and showing gratitude as one retires at night. The reason for attending ceremony is the faith support will be there, that someone or something is listening. As participant Tina shared: For me anyways we’ve gone to ceremony but it’s not the ceremony itself. I think it’s like the faith that you have in it and I think that’s where that comes into play. Believing that it’s going to help. Believing that by just praying and smudging you know it’s going to help and having that faith in the medicines.

The youngest participant of the study when asked about faith shared the following:

That's another teaching I learned like going to ceremonies is one thing, and then believing it will help you is the other half, which is the faith part, you can go to the ceremonies all you want but if you don't believe it like what's the point.

As the other participants shared the stories of their journeys of ceremonies, they all have the belief that this journey has helped them in their lives. They all have faith living this way and believe it is better for them and for their children and their families.

4.3.a Spirituality

Five of my participants talked about spirit and their own experiences with either a spirit or spirituality. Spirituality is the spiritual realm and the connection to the spirit world. The culture of traditional Indigenous ceremonies is accepting the ancestors and having the faith they are there. In Hart's (2010) examination of world-based views he noted one dominant aspect for Indigenous peoples is the "recognition of the spiritual realm and that this realm is understood as being interconnected with the physical realm" (p.7). Absolon (2016) also explains spirit there as being, "a fine line between this earthly realm and the spirit realm" (p 49). Spirit is the place the ancestors, grandmothers and grandfathers work from and help those in this living world. It is believing that when prayers are said, they are heard by those spirits. Absolon (2016) notes that "Our ceremonies, feasts, dances and gatherings all recognize and include Spirit" (p.49). Spirit is within us. Linda acknowledged, "Your spirit is, inside here (hands at her heart) go with your spirit, you know what your spirit is? That little voice, you know that's your spirit that's what is it". Spirit has an energy and it's within living things, and sometimes not alive in the sense of a living breathing organism but alive with spirit, such as rocks and the land, and the language. Absolon (2016) writes, "Land and spirit are intrinsically connected. Being on the land and being in relation with spirit" (p. 49). Spirits some have been told by some knowledge keepers is lights in and around ceremony. For instance, participant Stephanie recalled as she is telling her story

about what happened during the night at a Sundance ceremony, she was participating in. It was storming with rain, thunder and lightning, their tent had collapsed on them and this left them wandering around the grounds in their blankets searching for somewhere to sleep. Stephanie noted what happened next,

A bolt of lightning like so I could see the whole lodge lit up, and out of that east fire, there was a fire in the west but that fire wasn't lit up. So, this big blue ball came out of that fire and whipped around to that second fire there was two of them and I wanted to see like did I really see that? I am I awake? Am I imaging this? I said *S did you see that?* but you got to know S she's like if things happened like that is not just a big thing to her you know. She said *oh ya that was the grandfather's ya*. So she also seen it too and then ya it was something we were also told if you see a blue light or if you see a White light that's the grandfathers but to me that lodge just seemed so alive, it was so alive as if there was people in there as if there was something happening in there but there was nobody in there.

Tina also shared her perspective on spirit. In her journey Tina mentions the spirit of the medicines she was given by the traditional healer and how she believed those medicines were going to help. Absolon (2016) supports Tina's perspective on this in her writing when she says, "The land is where the medicines, animals, helpers exist: this is where our life source is" (p. 49). Tina sought out help again on how to deal with her partner's abuse of alcohol. She was told "to talk to the spirit of the alcohol and ask that spirit to leave him alone, that your family needs him". Wastesicoot (2014) when talking about Cree spirituality tells us "I recall visiting a cemetery with my grandmother. As we approached one grave my grandmother poured alcohol over the grave. When I asked her why, she looked at me and replied. "I am giving the spirits a drink" (p. 51). Tina goes on and to tell the story of when she was feeling suicidal and how she felt the spirit of suicide overcoming her own spirit and how powerful that spirit was,

It's totally overwhelming. It gives you just such a shallow vision with no horizon (has her hands cupped in front of her face). You cannot see anything beyond just what's there in front of

you. It's like you have no foresight of seeing any light at the end of the tunnel and adding to no light with alcohol and drugs I can see how overpowering that can be. Niezen (2009) when referring to the variability of suicides and possible reasons within similar Aboriginal communities proposes the idea:

That people, as individuals or collectivities destroy themselves not merely because they are in a state of social instability and isolation but above all because they are unable to find their way out of uncertainty, unable to create a new collective awareness of pride, permanence, and security (p. 188).

Participant Nancy describes what spirit means to her as we sat outside in the open air on her deck. You could hear the birds singing and chirping all around in her yard. She talked about the connections she feels and how much she learned about her own spirit and spirituality. Everyone has a spirit and our spirit is our heart and spirituality are right here (spreading her hands to show everything around her). Trees are spirit, plants are spirit, mother earth, grandmother moon, grandfather sun and I can talk to them anytime the grandmothers and grandfathers. ... ya so, spirituality is so broad that I can't even describe other than what I just said in spirit.

Stonechild (2016) supports this perspective when he wrote "All aspects of life have a spiritual dimension. Plants, animals and even stones have spirits" (p 63). Similarly, Zachary described his traditional life-style as a spiritual one and as definitely being inside him. Moreover, he believes that "Spirituality is really hard to describe to somebody".

Each of the participants believe in the spiritual realm. They each have had their own spiritual experiences and good or bad they understand that the spirit world can affect this earthly world. When participants say their prayers, sing their songs, hit their drums they are practicing

healing ways. They believe their voices are being heard by the spirits and as they live and walk in a spiritual way they are becoming well.

4.3.b Ceremonies

All seven of the participants of this study are involved in ceremonies. Three of them are consistent in their use of ceremony in their daily lives. Linda, Nancy and Annabelle are main *Oshkabaywis* (helpers) and each shared that they are developing their own gifts now too as well as continuing to learn. It is interesting to note these three women are older and have raised their families. Two of them have grandchildren as well. As I shared earlier two of the participants are mothers with younger children and unable to devote as much time to going to ceremony. Stephanie although following ceremony since she was young is also a busy working mom. She says what she has learned over the years is what she has taught her girls.

Tina shared, she follows the Midewiwin ways and makes times when needed for those ceremonies. She is raising her children in the ways of Midewiwin ceremonies. She shared the following comment:

I know they are coming up the first week of June so I had to like book my time off so that I am going to go, like ya know. That's the only time I have to clear my schedule and go, and not just because I need help or whatever. And I mean aside from that. Then we do things as a family every day. The girls, I don't smudge every day, but the girls they'll do it, they go so far as smudging their dog. You know like that, praying every day all the time. They know why they pray and they know who is listening when they pray.

Fiola (2015) supports this perspective of Midewiwin ceremony and explains, "Christianity is becoming less and less of an influence upon the participants' families with each subsequent generation" (p 204). As Tina is learning the ways of the Midewiwin, she is also teaching her children.

Ceremonies are the ways in which prayers are sent to the Creator, the grandmothers and the grandfathers (Absolon, 2010; Stonechild, 2016; and Simmons, 2002). There are many different types of ceremonies each having their own purpose. Stonechild (2016) clarifies, “A common requirement for ceremony is that it has to have spiritual intent, and proper preparation and protocol must be adhered to, including prayer and sacrifice” (p 72). There are ceremonies for seasons, for development milestones, for life, for death, and for healing. The reasons for ceremony are too numerous to list since a ceremony has such a variety of purposes. There are ceremonies for growth, thankfulness, seeking guidance, and a place to get help. It is a place where learning happens, where thankfulness, kindness, and the seven teachings of honesty, humility, respect, courage, wisdom, truth and love are learned. Ceremony helps with difficult times and is uplifting to the spirit and helps the mind and body to be strong. Stonechild (2016) writes “One need only to look at the extent to which ceremonies are practiced daily, seasonally, and at important stages of life to realize that this assertion is not just a platitude” (p 46). Tina in answering the question about, how has ceremony helped in her life? Replied:

Oh definitely, in everything. I think that's where, it's not even just ceremony. I mean we have been to, gone to ceremony. But I think, for me anyways we've gone to ceremony but it's not the ceremony itself, I think it's the faith that you have in it and I think that's where that comes into play. Believing that it's going to help and believing that by just praying and smudging you know it's going to help and having that faith in the medicines, that smudging helps ya know that it's going to take that negative energy away kind of thing.

Ceremonies are held at sweat lodges too and through the attendances at sweat lodges individuals learn what works for them and how to let go of their negative thoughts and feelings. It takes courage to trust and share from the heart, to begin to open your heart to other's pain teaches one about love and compassion. This is the support participants give to one another.

There are so many ceremonies and each one can provide an experience unique to the individual, however most have the effect of making the individual feel better in some way. From helping others, helping one's self or by just attending or being the awareness of well-being can be felt.

4.3.c The Sweat Lodge Ceremonies

Participant Annabelle describes her experience from attending a sweat lodge, "It helps clean out a lot, it does a lot to you, it helps you because it heals you, cleans you out spiritually. You feel so good after you finished it because you are just relaxed because of all of that stuff you were thinking, and feeling is all gone now". This teaching is expressed by Schiff & Pelech (2007) in where they state, "Indigenous North Americans are among those people for whom the sweating experience is a traditional ceremony that prioritizes the spiritual element as it aims to purify, cleanse, and heal the body, mind, emotions and spirit" (p. 73). The healing sweat is a safe, sacred place where these negative emotions and negative energy can be released from the body. Weeping, sobbing, screaming, shivering, shaking, sweating, talking, laughing, sharing, singing, and listening are all okay to do.

There are valuable teachings taught and learned when attending the sweat lodges and the sweat lodge ceremonies. The first and probably the most important is respect, to respect all others who are also there. To respect the reverence in and around the sweat lodge area, they are sacred places that have rituals associated to them. The acceptance of all people as each are on some journey and things move as they are meant to, are teachings valuable for understanding one another as individuals. Learning these lessons teaches one about the teachings of courage, love and respect. Stephanie at the beginning of her journey as a young girl describes her first experience at a sweat, "Yeah I was still a young kid yes, I just after that first sweat, and

something changed in me and I just felt like in love, like I loved it. I don't know how to explain it, I just loved it right away. I was like I didn't even know at the time that it was good for me".

Sweat lodges are places, where you are symbolically in the mother earth's womb (Garrett et al., 2011, p. 320). It is a safe, secure nurturing place where one can let go of the bad hurtful things that have happened in one's life. Garrett, et al. (2011) in describing the sweat lodge, note that, "Each person enters the lodge with his or her own concerns, and together, participants seek both individual and group harmony and balance by sweating, praying, singing, talking, and sometimes just sitting together in silence" (p. 319). The sweat lodge conductors understand and know how to help. They listen to what the creator has told them and they listen to their own spiritual guides as they smoke their pipes and they pass along these messages. Mehl-Madrona and Pennycook (2009) examining methods of mental healing in their work with elders write "The elder required guidance from his spirits, help from his dreams and knowledge of the person, family, relationships and situation in the community, before even beginning to think about help" (p 95). The teachings are spoken for each person to hear and for each person to take from the spoken words what they need in their own personal journeys as they are seeking answers. Listening to the teachings helps make individuals aware of their own gifts and help those gifts emerge. They start learning about their dreams, visions and ceremonial bundles and how to keep and protect these sacred items. From these teachings the participants learn how to cope and understand clearer how to move forward in their healing journeys.

4.3.d Sundance

Four of the participants identified themselves as being Sundancers. The remaining participants have helped at Sundance, one being a firekeeper and the other helping her family as

they participated in the Sundance. One participant follows the Midewiwin ways and their ceremonies are honored in a different manner and they do not have Sundances.

The Sundance is the main focus of the year for many traditional people. Sundancing is a sacred ritual for sundancers to seek answer to their dreams and visions. It is where they gain the understanding of why they are dancing regardless of how they come to be there. It's through their visions and dreams they may get their answers. Stonechild (2016) describes the Sundance in the following way "The Thirst dance Ceremony is the most central to the First Nations and is held at the spring solstice in June when the sun is at its strongest. This is why it is called the Sundance." (p 74). Sundancing is the offering of one's self, through four days of dancing in a circle (also known as the Sundance arbor) with other sundancers. The sundancers fast, going without food and water for the four days of the sundance ceremonies. There are prayers, meditation and dream times allowing the dancers to be within themselves alone and able to focus on why they are dancing. Sundancers while they are at the Sundance are isolated from the outside world and it's influences for the time, they are dancing. It's the Sundance chief and all of the *Oshkabaywis* (helpers) responsibility while the sundancers are in their quests, to protect and watch over them while they search for answers to the Creator's call. "The ritual's overall purpose is to pray for the renewal of life and nature's bounty" (Stonechild, 2016, p 74).

The Sundance grounds is sacred grounds. A sacred fire is lit on the morning the Sundance begins and burns for the entire four days of the Sundance ceremony. The fire is protected and kept burning by the firekeepers day and night. The Sundance grounds are smudged constantly to keep out negativity and keep the area in and around the Sundance arbor clean. One participant shared the following about how they felt when attending Sundance:

Wow!!! That's how I am and that's how I feel and when I'm at the Sundance, and then it's really so relaxing. Like I don't know for myself when I go there it's

relaxing you can just feel it, and you feel all that happiness when you're doing things around there.

Another participant Linda explained how she felt after Sundancing. She talks about the gifts she received and how she has accepted the gifts and is now using those gifts to help others:

I was shown lots of ways lots of my gifts came through where they were just unexplained and when you go Sundance all those things become clearer where your mind, body and soul all line up. Well that's the way it went for me it all lined up and everything is clearer. Ten years ago, was the first time I sundanced, so for those four years when I sundanced and to follow, that's when everything just came to me like my pipe. All that stuff and the things and then helping ... With Sundance like that was just so strong, it was more after I did my four years. Then it was just more and more things just coming to me and the more I did and stuff like that the gifts, responsibilities and knowing yourself. I'm more aware than anything else today than I was twenty years ago like more aware of myself, my gifts, what I do, and helping people.

These Sundancers too have been influential on their families and their siblings, children and grandchildren, who have also begun to Sundance as well.

The fire keeper has an important role to play at the Sundance. The fire needs to stay lit for the entirety of the ceremonies 24 – 7. Zachary was a firekeeper and the intensity of ceremony affected him, not only at the Sundance but also upon his return home. In his words he says he experienced “spiritual shock”. This following is his account of what happened,

I came home and after the Sundance. It is just a very intense feeling to just too all of a sudden come home from all these prayers and all that energy. Just of all a sudden live life normally you know it's just so intense and the first time I felt that it was just, Oh man! All of sudden I was home you know it was just like culture shock or something it was spiritual shock or something I don't know what you call it, but all of a sudden, I was home and no one was home, I was home alone. So, I went for a walk. All of sudden I started crying, I didn't know why I was crying and aww, this is like the very first time I ever 'saw something.

Zachary further described his vision,

I saw a grandmother, like because I was on the ground crying like this (hunched over on his knees crouched down like a turtle) and I saw a grandmother and every wrinkle on her face was a rainbow (very emotional – tears coming down his face) It was so beautiful. So, I was crying and crying and crying. Then she took me for a walk, in my mind, she took me for a walk. We walked past these two totem poles and then it just went blank, like a fog, and then I opened my eyes and it was so beautiful out, there was this nice breeze, and warm and flowers. I started laughing and I said, “What am I doing, crying in the middle of the field?” I just got up and walked away, just blessed, feeling really blessed.

All of these events are a part of Sundance and ceremony. It’s an intense emotionally uplifting event where all those attending from the Sundancers to the visitors are affected by the spirits surrounding the Sundance area. The Sundance time of year is about faith, friendships and relationships of all types and forms. The Sundance chief and knowledge holders provide the spaces, the teachings and sometimes interpretations, they give names, provide healing and seek answers to the questions posed to them by smoking their pipes. Striving to become a good person means living in a way that provides one another a supportive nurturing environment where they can become all they can be (Hart 2010). They are continuing in their cultural ways and honoring and giving thanks the Creator in all they do as they move forward to a healthier happier way of living.

4.3.e Dreams/ Visions – Guidance and Direction

Five out of the seven participants alluded to the importance of dreams and visions. Three have offered tobacco to get interpretations for their dreams and have followed the directions provided. They each believe the Creator, grandmothers and or grandfathers are providing directions for them and in their faith, are following through. They can be using their dreams and visions as guidance for themselves trusting this is what they are meant to be doing, whatever that doing is. Stonechild (2016) describes this belief in this way, “Spiritual vision is the result of hard

work, struggle, preparation, and a strong desire for spiritual revelation”. He further continued “A vision occurs when we experience a powerful non-physical experience as if is “real” and we are fully aware of that fact” (p. 73). This was the experience of Stephanie as she explains what happened to her,

I remember the sun was going down and the guy was having a hard time to break he kept pulling back had hard time and I was just like “ooooh” ya know first time seeing that is was sooo. I looked up and I was praying just feeling really bad and looked up and was looking around and everybody was just concentrating I guess they were in their praying or whatever so it was just like I thought I was going to black out like how things just go black like that (bringing her hands together) that’s what was happening to me, and I was praying like...and I was scared and I looked around , so I shook my head and looked around and I was like .. what’s going on, am I ok like now I feel ok I was just like praying again and the same thing happened again like things were going dark and I wanted to call for S but he was like, I think he was going around smudging he was like way over there and M was like in, you know she was praying and I didn’t want to go out of the stall and bug her so I was like ok if it going to happen it’s going to happen I don’t know.

I remember saying that then it happened again it went dark and then it was still bright out and I had my eyes open but I was seeing like this picture in front of me and it was like in that same lodge *this lady with long hair and a red and White checkered, like a blanket over her she came walking in and she came walking all the way around like into the middle and all those people stood around that drum, like the drum arbor in the middle* and I just let it happen, I could hear everything but I was seeing this picture and like at the time I didn’t know what it was and then it just slowly went away and I was like “oh” what the heck was that like ya know. So later that evening I went and told S and he was like (intake of breath” ooh..) and I was like “what” and he was like “you had a vision” lol I had no idea, so I went to sit down with the elder that was DC and he said that I had my warrior name and that because the lodge was a buffalo lodge that was my warrior name “Buffalo Warrior and I said oh ok and that’s how that happened.

Through their dreams and visions each participant came to learn about their gifts and how to use them. Each participant shared and have a strong belief that their dreams can be powerful, inspirational and the offering of gifts to them. Dreams and visions can be life affirming in that how they are living is what they are or were meant to doing with their lives. As the participants live their daily lives, attention is paid to their visions and dreams, they are considered a way of

guidance to a living a good life. And living a good life is maintaining balance in the physical, emotional, mental and spiritual realms.

4.3.f Identity

All of the participants in this study have their traditional spirit names. This being one of the first ceremonies many have participated in. The youngest participant received her name as a baby. She now has another two names as she continues walking the traditional path. Two received their names as teenagers and the rest as young adults as they each embarked on their own journeys. Tina and Annabelle talk about how their names fit their identity:

For Tina: I got my name, and it just kind of made sense as to what he said. Things that he said about me, and about the person that I am, and what I envisioned for myself as I was older. Like and older me.

For Annabelle: We all get our spiritual names and when you get your spiritual name, then when you do things, you will understand yourself. That's how you identify yourself. You will start understanding yourself and knowing yourself. When you start understanding your name and your identity, that's when you know who you are.

Zachary's story focuses on identity and spirit. He shared that he was at a Sundance ceremony and listening to an elder speak, and this happened as he was listening:

So I was sitting there and this butterfly comes flying in and it lands right on my nose and it stays there for the longest time and I'm trying to stay sitting really still, going "O., O.," in a whisper and this butterfly is just staying there, folding and flattening his wings, and again it was just this really weird thing, you know just a very strange thing to happen. I felt very blessed that these things happened to me. You know what I mean, "The view I had of that butterfly" and then after it flew up I noticed it landed on my finger and I was able to hold it and look at it a bit, that was very nice too and this was after was lost D and her name was "Old Monarch Butterfly" and it was a monarch butterfly. Ya eh! It was very nice.

Zachary's story is referring to a relative, a young woman who had died recently of cancer. She was a young, in her early twenties. She had found her way to ceremony before she passed to the spirit world. Zachary felt like he just had a visit from her.

The participants have learned about themselves on their ceremonial journeys. They have had their names, clans, colors and sometimes their helper spirits. Fiola (2016) in her book, talks about her own participants where she shared that they, “also discussed significant events and practices, such as receiving a spirit name or participating in a sweat lodge ceremony as being highly influential on their personal spirit journeys” (p. 24). It is much the same for my participants who were attending ceremonies. Insights have been provided to them about who they are and has help provide them with a sense of pride as they find their roles. Hart (2002) notes that, “the doing of actively seeking, participating and learning about one’s self” (p. 47) is significant in being and becoming as it relates to identity. For the participants of this study the finding of their identities has helped with self-confidence and self-esteem. It has presented the participants with a sense of direction and knowing this has helped them find and define their roles. This confidence allows for stronger coping skills, while a stronger self-esteem gives rise to a stronger capacity to handle situations and the personal judgement to make healthier life choices.

4.3.g Theme Two Discussion

Under the theme of faith are the subthemes of spirituality, ceremonies, sweat lodges, Sundances, dreams and visions and identity. These are the topics where each participant and their stories as they go through their healing journeys are defined. To come to the realization and acceptance of Indigenous spirituality as a way of life. It is a commitment to a journey. It is being an example and a role model of practicing to keep the balance in one’s life. Their faith in their spirituality and dreams and visions has helped create their identities. Their participation and faith to live by their beliefs to attend ceremonies and all the sweat lodge and Sundance activities provides them with a satisfaction that to date tops all else. Fiola (2015) in relationship to

participating in ceremony references Ermine, Dumont, Gaywish, and Bentan-Banai in stating that, “Knowing where to look for answers is directly linked to thinking Anishinaabe” she continues “Anishinaabe recognize that sources of knowledge include dreams, ceremonies, prayer and personal experience, and that important teachings may be given by all living beings” (p. 79). They say there is a reason for everything and there are teachings in everything around us we only have to pay attention, listen and learn. The little things, the nuances, our dreams and the “coincidences” when looked at from a different perspective and with an open heart and mind can lead to amazing experiences (Rowe, 2015, p. 12). The participants of this study have had some of these amazing experiences, these are the reasons they live the way they do, why they go to ceremony and to Sundances.

4.4 Theme Three: Family

Family is of the utmost importance to each of the participants involved in my study and family is a large part of why they each go to ceremony. Stonechild (2016) in his explanation of family supports states that, “Family is the strong foundation of human relationships” (p. 65). Of the seven participants, their daily lives can interact with approximately one hundred individuals. These could include their spouses/ partners, their parents/ grandparents, their children, their siblings, and their nieces and nephews. There are six participants who identified as parents while two identified as grandparents. This small sampling of people who are in ceremony can potentially touch the lives of those one hundred individuals. There are many more people involved in ceremony.

The participants who identified as parents in this research have talked about their children and how important is for their children to learn from the teachings how to respect themselves and one another. Stonechild (2016) notes that “Growth and development within the context of family

are vital. Here the child learns traditional teachings” (p. 65). Each participant shared taking their children to ceremonies with them and to have them watch and learn. They are coming full circle from healing themselves, learning about who they are and being comfortable and loving to themselves, that they want now these same things for their children.

4.4.a Children

Parents are role modeling for their children how to live and interact with others as they attend ceremonies. Hart (2002) in his book writes

Parents need to relearn how to parent in ways which will reflect and/ or respect the cultural values and beliefs they chose to internalize. They must model these values and beliefs to their children in all their actions so that the children can incorporate them in their interactions with one another (p. 33).

The children in turn are learning how interact and conduct themselves with their peers. They are learning the teachings of humility, kindness and respect as they watch the interactions of the adult at ceremonies. They are listening to the teachings about the importance of water to mother earth and to our bodies. The children are learning about a higher power and learning how to pray, for themselves and for others. As children learn these positive life skills as they are learning and watching the teachings being “lived” they are developing a stronger sense of self. Those participants who are parents want their children to have a good life and for them this is the reason they are on these paths. Linda referring to the future her children and her someday grandchildren shared why she is on the ceremonial path, “That’s all I ever wanted for my girl is to have a good life. You don’t think of only yourself you think of your generations to come you think of maybe one day my great great grandchild ... You think about those generations yet to come. Clearing the path so they will have a better life. So, we should all have very good great

grandchildren coming along. You know what I mean? Because you are doing good in this life for them to have coming that's what you are supposed to do."

Participant Annabelle shared, That what I say like I always talk to my children and I explain things to them and then when I sit and talk to them I explain it, they will sit there and they will nod "Yeah, your right mom, ok mom", and somethings they don't understand so I will have to go into a level where they can understand what I am saying to them. Even that I will do for them to understand what it is I am saying; what it is I am meaning. It does help them, they understand now like certain things but that's like what I'm saying like when you do this your teaching your learning these people, your children, whoever it is that you could do this to as well. And that's it been a good influence on my children, they seen me they came to the ceremonies, they did this too and they were good they felt good about it. But they don't always come but they know about it.

The other participants too commented on the importance of this way of life as being important for their children. For instance, Tina stated "My whole world is about my girls". Stephanie comments about her children, "Well from when they were little was how I would teach them was through the songs and anything that I learnt any little thing that I learnt from ceremony I would bring it home and teach them also, so whatever I know they know." Zachary about his young children states, "My children were definitely affected by ceremony. I will play my flute for them. I will play my songs for them. I drum for them. I show them how to smudge. Ya they are definitely affected in that way. My girl will be two next week and my son will be turning four."

Children are the future and coming full circle back to teaching them ways to survive in this world after their own healing are what the participants want for their offspring. To be strong

and healthy and having ways to cope with today's struggles and hardships. To know the good things about who we are as Indigenous people and that we have in our own culture all that we need to be strong and well. Stephanie says this in talking about those who help others all the time in the culture of Indigenous people struggling with someone who didn't understand and trying to explain what she thought was best for a child she was dealing with, "she didn't get it, she just didn't get it" and goes on further to say,

I don't think she understood that we do have therapy, like we have therapists we have, they say elders but it's more than that its doctors, and like medicine people like in our way you know. We have so much different people like that even long ago people who would study the stars like astrologers is that what you would call them so what we have today we have in our people and those gifts are still there and you know people say elders they have different gifts they carry and then different focuses that they have they teach.

Indigenous people engage in a form of science when they are involved in the annual cycle of subsistence activities. Burgess tells us Indigenous people have studied and know a great deal about the fauna and they have their own classification systems and versions of meteorology, physics, chemistry, earth science, astronomy, botany, pharmacology, psychology (knowing one's inner world), and the sacred (as cited in Barnhardt & Kawagley, 2005, p. 11).

Our children can be taught these focuses and their learning should be key to the future of the Indigenous cultures as we know it. For this kind of education, none is in the classroom. It comes from living with and in nature, watching creation and learning how to protect it, as well. It's celebrating our spirituality.

4.4.b Relationships

As people start, travel and continue their journeys of healing they become stronger. They start to build positive relationships in their interaction with others, learn healthy boundaries and continue to interact with others in a positive way. Loppie and Pauly (2015) in their article

examining Indigenous people and relationships and how often “the cause of the illness is often sought within the web of relations among all beings, including human and non-human, animate and inanimate” (p. 228). They continue with what Poonwassie and Charter (2001) say, “Indigenous teachings as well as western science agree that the majority of Indigenous people draw strength from their family, their culture and their traditions” (p. 228). This, is also supported by many studies on Indigenous relationships and healing conducted by Hart (2002, 2003, 2007), Mehl-Madrona and Pennycook (2009), and Fiedeldey-Van Dijk et al (2017). Their relationships change and become solidified and supported by those around them. They develop a sense of belonging and connection, feelings that are fostered as individuals become healthier. These healthier relationships teach how socialize in a good and positive way and creates friendships and bonds. Participants develop an appreciation for life and on their healing journeys and can actively help others on theirs’. They can help guide and direct those, learning from their own experiences how much better in their own lives they are doing. As noted by one of the participants, Annabelle shared that,

When I walk this way, it helped me a lot with understanding myself and how to help myself it. It goes to help yourself first and then to help your children and then you help the others, other people, your community, people that are trying to live a good life and when they go they have struggles or go through struggles, they have you there to help guide and support them. So, they stay on this path for a good life. Then also the others will start coming. They will start getting that understanding of living and how to a good life without having all that other stuff that’s not good for them.

Absolon (2010) referring to the medicine wheel, similarly reflected, “At the center is a tiny circle representing the Self. The next circle represent family, then the community, then the nation, society and outwards to the ecology of creation.” She is talking about relationships in creation and shows how “we are all related” (p. 76).

4.4.c Theme Three Discussion

Family and relationships are the key reasons for participants in this study to make change in their lives towards healing themselves. Children are the future and their parents know that life presents challenges for everyone as they go through life. As they themselves have found ways to cope, they are role modeling to their children and at the same time teaching them how to handle stressors when they happen. Kirmayer and Valaskakis (2009) note that “The greatest power and efficacy of a healing ritual may be felt not in terms of its direct impact on the afflicted person but in the ways it transforms interactions with others, changing the perception of the sick person, his or her family, or the social life of a whole community” (p. 447). The children are not the only ones that are learning. The participants all have circles of people and other family around them and relationships in the community that are witnessing the positive impact attending ceremonies have had on their lives.

This was the hardest part of this research. I was in ceremony for two years and each and every day I was with these individuals in spirit. I didn’t physically see them every day however, they were always with me and in my thoughts. I thought about their welfare, their well-being and I included them in my prayers. I listened to their voices over and over again trying to decipher what the themes were, what were they saying and struggling to put these onto paper. I thank them again.

4.5 Conclusion

In this chapter I introduced the participants who were involved in this study. As previously indicated the participants come from a variety of backgrounds and ages. They are each at different stages of their lives which co-relates somewhat to the degree they are involved in ceremony.

This chapter also highlighted three key themes that arose from analyzing the discussions held with the participants in both the talking circles and interviews. The three themes identified were: 1) Decolonization, 2) Faith, and, 3) Family. These three main themes arose from reading and rereading, reviewing and analyzing the themes and subthemes chart developed earlier in the process of my analysis of the data collected from the interviews and talking circles. This chapter also identified ten subthemes under the three main themes.

Under the first theme of *Decolonization* there were two subthemes comprised of topics around a) tragedy and b) healing. Under this theme, the participants talked about the catalysts that had them seeking a way to help with the loss and grief and searching for something to help with the hurts. They each found their way to a ceremony and witnessed and experienced the consideration of the knowledge keepers/ elders who were willing to help them. They found a circle of caring where the healing of their spirits could begin.

The second theme related to *Faith* resulted in six subthemes related to a) spirituality, b) ceremonies, c) sweat lodge ceremonies d) Sundance e) dreams and visions and lastly f) identity. The discussion on faith and its sub-themes focused on the participants' realization about how they came to accept Indigenous spirituality as a way of life. It is a commitment to a journey. It is being an example and a role model of practicing to keep the balance in one's life. Their faith in their spirituality and dreams and visions has helped create their identities. Their participation and faith to live by their beliefs to attend ceremonies and all the sweat lodge and Sundance activities provides them with a satisfaction that to date tops all else.

The final theme related to *Family* has two subthemes regarding: a) children, and b) relationships. Family and relationships are the key reasons for participants in this study to make change in their lives towards healing themselves. Children are the future and their parents know

that life presents challenges for everyone as they go through life. As they themselves have found ways to cope, they are role modeling to their children and at the same time teaching them how to handle stressors when they happen. The participants all have circles of people and other family around them and relationships in the community that are witnessing the positive impact attending ceremonies have had on their lives.

The next chapter outlines significant contributions, discussion on the findings, highlighting what worked really well and what I may have completed differently. It draws upon relevant literature of participant's reactions to their experiences with ceremony. Chapter five concludes with suggestions for future research and implications for social work practice and ends with my own concluding remarks.

5.0 Discussion and Conclusion

5.1 Introduction

This final chapter focuses on a summary and a discussion of the research conducted including its findings. In this section, I discuss four main components: a) the relationship of the research findings to the literature review; b) provide an answer to the main research question(s) originally posed for this research; c) justify the approach to how this research was conducted; and lastly, d) I critically evaluate my research and the results. It includes a discussion what might have been done differently or what might need to be further examined (i.e. further research). This section also includes a discussion on the implications for social work practice, and lastly makes recommendations for Indigenous social work practice going into the future.

5.2 Summary of the Research Project and Findings

This research was about ceremony and focused on the main research question: Does participation in Indigenous ceremony promote positive life style changes? By means of the methodologies of narrative inquiry, an open conversational method and talking circles to understand the healing journeys undertaken by the participants there were first; an introduction the participants and the gifts they carry and secondly; the reasons for their journeys of healing. This resulted in the first theme of Decolonization. As the participants attended ceremonies and received the teachings from the knowledge keepers and elders their inner spirits were beginning to heal. The second theme Faith is the largest section of this research and include the subthemes of spirituality, ceremonies, sweat lodge ceremonies, Sundance, dreams and visions, and identity. The journeys to healing by the participants are resulting in a way of life that includes ceremonies in all aspects of their lives. They are guided by the faith they have in the Creator and trust the path they are walking in the one meant for them. Theme three is about Family, children and

relationships. Children are the reason participants choose to walk the in the footsteps of their ancestors. This relationship between children and their parents' benefits both, the children watch and learn from their parents and the parents as they learning are role models for their children. This relationship is a benefit to their families and to their communities.

The findings of this research were reached by using an inductive method of reading, listening, observing and reflecting. The findings were then given to the participants to ensure their stories were told as they shared them and the information gathered is true and accurate thereby providing validation.

5.2.a Relationship to Literature Review

The literature review includes colonization and child welfare. These topics needed to be included to understand decolonization. The literature on decolonization is much newer since this topic is now being researched much more than in the past. However, the literature on decolonization still to a large degree focuses on White settlers and colonialism vs what I think it ought to focus on first is, Indigenous people and decolonization. Simpson (2011) points out that: "At this point, to me, it seems futile to be engaged in scholarly and political processes, trying to shift these relationships when there is no evidence there exists the political will to do so on the part of the Canadian state" (p. 18). This statement is especially true when it comes to social work in relation to child welfare system. From personal experience in working in the child and family services system for over twenty-one years I know the difficulties in trying to work within a system that does not recognize in their constitution laws and regulations the importance of supporting any decolonizing work. Michael Hart (2003) in reflecting on his role as a social worker, recognized that social worker roles are oppressive to children and families and operate under the guise of "helping". Social work in the child welfare system is out of sync with the

traditional values of Indigenous people and although child welfare workers want to keep the children safe and protected, the continued use of the Western ideology governs the policies they work under. This ideology creates idealisms and expectations on Indigenous people and parents. When these ideals and expectations are not lived up to according to the standards of the Western world's perspective and ideologies, child welfare workers then feel they have no alternative but to apprehend the children and place them elsewhere away from their parents. The participants of this research have for the best part have had very little involvement with their own children and the child welfare system. They however are very aware of the colonizing effects it can have. The more important part of the literature review to the participants of this study are the topics of ceremony and healing. The findings of faith and family are directly related to ceremony and healing in that the literature supports the importance of journeying in ceremony on a path to healing. As researchers however doing scholarly work finding the literature to support the spiritual realm, the dreams and visions, the effects of sweats lodges and Sundances that used Indigenous methodologies was somewhat limited. Fiola's (2015) findings support the outcomes of the findings from this research in that the patterns to findings healing ways are in the ceremonies, the feelings of connectedness and emotional comfort are all similar. Stonechild (2016) story revolves around the importance of spirituality and faith in the creator, again similar to what the findings of this research has shown. Wilson (2008) maintains "The notion that empirical evidence is sounder than cultural knowledge permeates western thought but alienates many Indigenous scholars. Rather than their cultural knowledge being seen as extra intellectual, it is denigrated" (p. 58). He continues "It is the notion of the superiority of empirical knowledge that leads to the idea that written text supersedes oral tradition" (p. 58). This is the exact opposite of the learning that happens and has happened for the participants of this research. This also why

the statement they made in the beginning of the theme of decolonization is so critical to hear “We will share our stories”. “We want our voices heard”.

5.2.b Addressing the Study’s Research Question

“Does participation in Indigenous ceremony promote positive life-style changes?” was the main overall question that I sought to consider when I first started this research. During this study I had wanted to explore the power of ceremony, through which I hoped to learn whether people’s experiences with ceremony has promoted change in their lives. In addition, the following sub-questions were developed to assist me in answering my key question:

4. What types of ceremony are people attending and why?
5. Are there triggers that cause people to seek ceremony? If so, what are these triggers?
6. Does using ceremony give one the power to move forward in their lives to live a healthier life?

The participants in my study, however, decided to develop additional questions in the talking circles they deemed to be as important or maybe more important to include. These three questions they decided would help themselves and others to understand a part of why they walk in the way of the Indigenous traditions. The three questions the participants developed were: 1) What is your definition of spirituality and or faith? 2) What is the significance of a fire at ceremony? And, 3) How has this lifestyle helped you identify yourself? As with the other questions these questions were included as part of the individual interviews as used as guidance as they share their stories.

The interviews started by asking the participants to: Tell me about your ceremonial journey; What was it like for you? Where did it start? As with Indigenous methodology, the conversational method, and learning new things, I mostly listened. As each participant shared

their stories it became clear participation in Indigenous ceremony changed many of their lives for the better. They shared amazing stories of their dreams and visions, they talked about the release of negative emotions through the attendance of ceremonies. Participant Linda eloquently stated it this way:

You know your spirit is here (placing hand over heart) and sometimes your spirit is foggy from drugs and alcohol. When you get rid of that, your spirit is stronger and then you keep your spirit up by going to ceremonies where you come away feeling better.

Through their journeys I learned the how important of trusting and having faith in the Creator that in order to heal one needs to believe in the journeys they are undertaking. They have that faith. The acceptance of their bundles and the sacred items they carry with them to ceremony are used for them to learn from, but also for them to teach and reach others. Fiola (2015) shares “When knowledge (especially spiritual knowledge) is shared with you, you have a responsibility to incorporate it into your daily life for the greater good” (p. 80). The participants of this study are doing just that. They are giving back first to their children, to their families and to their communities.

5.2.c Justification of Research Approach

It’s difficult to have to constantly remember and think in scholarly terms while writing about Indigenous journeys. Wilson (2008) remind us that we must be mindful of “Always having to explain ourselves, fight for our way of doing things, fight off the inevitable attacks whenever we try something that is traditional for us but is “new” to them and therefore perceived as a challenge” (p. 104). Celebrating our spirituality to not “new” to Indigenous people. When the colonialist government banned the ceremonies, the gatherings, the dances they went underground. In a teaching from the Sundance Grandmother Marilyn Hart-Murdock she talks

about her own grandfather and grandmother and how they would go back into the bush and do their ceremonies. She also talked about how the ceremonies would happen in peoples' homes out of the sight of those who could hurt them. They kept their sacred ceremonies and sacred fires until it was safe to bring them out and use them. (Sundance teaching, August 1, 2019 – Family sundance ceremony, Blue Sky Thunderbird Lodge). Stonechild (2016) talks about the banning of the potlatch ceremonies and the abolishment and repression of the prominent medicine people in the communities. They could be imprisoned for up to six months if they were seen practicing their traditional spiritual ways.

I have established and outlined the methodologies and the research design and data analysis and research validation activities fundamental to my research. The research methods chosen used an Indigenous way of listening and learning worked as it should. They told their stories of their journeys. The participants understand the sacred teachings of tobacco, honored the tobacco they accepted when they decided to help in this study.

The participants of this research were from two small communities. The data results are those of a group of individuals known to each. Some close in relationship while others only acquaintances. This allowed for a variety of experiences in how the participants attended ceremonies, what ceremonies they attended and how they travelled on their ceremonial journeys. What did not differ is the resulting way they walk their lives. They are on journeys leading to healing and the balancing for themselves, for their families, but most especially for their children.

The limitations within this study is that it was conducted in a small community with a small sample size where the majority of participants were women. There was only one male. Regardless of these limitations, I do believe I achieved the goal that I wanted and that was to

have the grassroots people, those who are not leaders in ceremony, but rather those who are learning participate in this study. These are the voices I wanted for this study. It's those who can show others what is working for them and how they are bettering their lives.

I have completing this study, contributing to a better understanding, using the qualitative based data generated from this study, to explain how exposure to ceremony can change lives. The sharing of the stories of the participant's personal journeys and how their participation in ceremony has led to healing. Honoring voices and ensuring their stories are heard and treated with the utmost respect are a part of Indigenous culture and adherence is critical to ensure the best outcomes are obtained and the information is entirely accurate.

5.2.d Critical evaluation

I conducted this research with the goal of having eight to twelve participants in the talking circles and six to eight participants for the individual interviews. To get to this goal I held an additional circle after asking my participants to talk to those they knew who may be interested. I wanted the grassroots people, those who on their own decided to live and walk the ceremonial lifestyle. I would have like a balance of men and women. I had six women and one man. The talking circles were held indoors in the early spring in a building where they are prominently students. There was confusion with the date which was another reason for deciding to host the third circle. This allowed for a longer period of time in the recruitment phase of this research.

It seems that people don't initially set out to make their journeys and healing a way of life, however their faith keeps in their spirits, in the Creator, in the grandmothers and grandfathers keep them on their paths. They then choose to continue once they begin to feel better about themselves, sometimes physically but definitely in the emotional realm of their

being. This research did not specifically set out to learn about spirituality or faith, yet many of themes arrived at in the study indicate they may be the primary reason that individuals stay in ceremony. Fiola (2015), Stonechild (2016), and Rowe (2015) each in their books and articles have talked about how important spirituality is to Indigenous people. Each of them has been on their own journeys of understanding as it pertains to the traditional knowledge of the Indigenous ancestors and been moved in their own spiritual healing journeys. In a wide study completed by Rowan et. al (2014) although it was pertaining to substance abuse, wrote, “While most studies evaluated physical outcomes, such as sobriety, few studies have explored spiritual outcomes such as feeling connected or having a sense of belonging” (p. 23). Following and practicing Indigenous ceremony connects Indigenous people as they work together in ceremony with respect, truth and honor.

As people becoming healthier in balancing their lives their social needs are also being met. Their children are learning from the teachings as their parents, role model for them what they are learning from the teachings. This circle goes around as it should and those children grow up to be parents, they then will teach their children about ceremony and the importance of respecting first themselves, then one another, as the participants of this study are doing. Interest and investment in returning to and using the ceremonial ways of Indigenous people are providing an understanding to western medicine of how using these ways can provide healing. “Many different Aboriginal healing ceremonies and healing programs stress the need for reconnection with one’s spirituality in order to heal” (McCormick, 2009, p. 239). Social work in the western ideology needs to learn from the Indigenous ways maybe then the social structure can begin to change.

5.3 Further Research

Further research is necessary following other ceremonial journeys. Long term studies to see the life time benefits to children and how they are coping with the pressures of this twenty-first century. As young people walking through on their life time journeys and maneuvering through all the negative things in this world, did what they were exposed to as children benefit them as adults? Did they themselves, as they are becoming parents, learn how to teach their children about ceremony? A larger study of people who are on their healing journeys and how this is impacting their lives. This was a small sampling of individuals and the outcomes for their children seem to be positive although this was not the focus of this study. Using the findings from further research would help in directing the implementation of social policies in ways that support and benefit Indigenous people on their journeys of healing.

Some points of interest that arose during the talking circles as they were deciding and having conversations about what questions to add to paper was about the payment to “medicine people” for their services. Should medicine people, elders or knowledge keepers get paid for their services? Should people be able to buy things like eagle feathers? Should eagle feathers be sold? Should sweet grass and sage be bought and sold? Should others who have eagle feathers be making money off of them? (selling them) be given gifts for them or somehow otherwise be compensated? Where does the making of regalia come in and should they be bought? The circle had lots of questions and eventually decided what was most important to use.

Another thing that came up was the family of the boy that passed away very recently had a fire. They are a Christian family and the conversation was that although they had a fire, it’s only a fire. They did not get the teachings that go along with a Chibi fire or have the pipe smoked or the ceremony that goes along with a Chibi fire. Which calls to attention the

resurrection of the ceremonies and how due to colonization although the intent and interest is there, the knowledge is not quite there yet. Or it could be the avoidance of conflict as well within the community, Christian vs Traditional ceremonies? These may be topics for further research.

5.4 Implications and Recommendations for Social Work

This study has provided an insight into how ceremony and following the traditions and life style of Indigenous spirituality can help empower a person, and how that empowerment can affect the outcome of lives. It is a long-term process. It can be a life time process. It is a life style that promotes respect of one's self, respect of others and community. Simpson (2011) describes it as a process whereby as Indigenous people need to engage in the processes that will give the Indigenous people grounding in their culture under their own terms and according to their own traditions. She also stresses how this process relies on the Elders, the languages and the lands Simpson writes, "We must move ourselves beyond resistance and survival, to flourishing and *mino bimaadiziwin*" (p. 17). Students who are embarking on their social work degrees need to have opportunities to include ceremony in their learning objectives as part of their educational goals. Social workers, new and old, need to have exposure to the healing that attending ceremonies can provide to the families they are struggling to assist. Whether the social workers attend ceremonies or not, they need to be aware this is what their families may want and what could help them. As social workers they must put their own personal beliefs and values aside and support what efforts the family is choosing for themselves.

There are other ways to effect change and it should be different when helping Indigenous people heal. Hart (2002) discussed colonization and how after the all the oppression Aboriginal people have endured and continue to endure, there is still resistance to colonization (p. 31). This is an important factor for Indigenous people as Hart states:

Aboriginal families and communities, using the values and beliefs of our peoples, that we have freely chosen to exercise, must relearn how to be together in relationships. Our people must use our energy, power and abilities in ways which support and benefit our families and communities (p. 32).

Gone (2016) as well, talks about a different discourse on his journey regarding the methods of treatment to wellness of Indigenous people. He writes,

“Regarding approaches to treatment this alternative discourse pursues reclaimed Indigenous traditional healing practices – especially ceremonial practices – as the means to restoring community members to wellness rather than implementation of established professional mental health treatments – including evidence-based approaches – as the most legitimate forms of therapeutic intervention” (p. 315).

The authors of these articles are finding that there is a need to use the processes known by the healers that practice the traditional ways of Indigenous people. The building of connections to ceremonies and relationships to spirituality that were hidden, criminalized and disregarded are now being recognized for the immense good they can provide to those who are in pain and hurting from the legacy of residential school, the sixty's and millennial scoops that have deeply affected so many Indigenous children, youth, families, communities, and nations. The outcomes of my research support the need for recognition of the ways of ceremony as a legitimate method as well. The participants who shared their stories and how ceremony has affected their lives in positive ways, and not only their lives but those closest to them in relationships and especially their children. It's critical to have other Indigenous children learn who they are, learn their own histories and have opportunities to learn by experiencing their own ceremonial journeys especially those in the child welfare system.

Learning to walk and live in ceremony can help everyday decisions to be directed in a positive direction, and if the decision or direction turns out to be wrong, the strength of the

individual and hopefully eventually the community has the ability to cope with the outcomes. This in turn reduces the social issues that so profoundly affect many communities still.

5.5 Concluding Remarks

Ceremony for Indigenous people means many different things. It is used to acknowledge a way of living and to acknowledge all events that occur every day in their lives. Ceremony is used to help heal and in understanding the celebrations of life and death. Ceremony is used for thanking, honoring and recognizing achievements both big and small. It is used for grieving, forgiving and praying. Ceremony can be personal, celebrated and completed alone, or with family or with community. Ceremony can guide and be followed at the same time. Ceremony and healing go hand in hand for those seeking a way to heal using the traditional ways of Indigenous people. For the participants of this research this is how they have decided to live their lives going forward.

References

- Absolon, K. (2010). Indigenous wholistic theory: A knowledge set for practice. *First Peoples Child and Family Review*, 5(2), 74-87.
- Absolon, K. (2016). Wholistic and Ethical: Social Inclusion with Indigenous Peoples. *Social Inclusion*, 4(1), 44–56.
- Adams, H. (1999). Mainstream ideology: The control of colonized minds. In *Tortured People: The Politics of Colonization*, (pp.37-43) Penticton, B.C: Theytus Books.
- Alfred, G. (2005). *Wasa'se: Indigenous Pathways of Action and Freedom*. Peterborough, Ontario: Broadview Press.
- Alfred, T. (2010). Foreword in P. Regan, *Unsettling the settler within*, (pp. ix-xi), Vancouver: UBC Press.
- Ahnungoohs, B. (2008). Dreaming and journeying orality: A mnemonic pictograph of a dream shared at the American educational research association annual meeting, Chicago. In *Canadian Journal of Native Education* (311-318).
- Bagelman, J., Dr, Devereaux, F., & Hartley, R. (2016). Feasting for change: Reconnecting with food, place & culture. *International Journal of Indigenous Health*, 11(1), 6-17.
- Barnhardt, R. & Kawagley A. O., (2005). Indigenous knowledge systems and Alaska Native ways of knowing. *Anthropology & Education Quarterly*, 36(1), 8-23.
- Baskin, C. (2016). *Strong Helpers' Teachings: The Value of Indigenous Knowledges in the Helping Professions* (2nd Ed.). Toronto: Canadian Scholars Press
- Bennett, M., Blackstock, C., & De La Ronde, R. (2005). *A Literature Review and Annotated Bibliography on Aspects of Aboriginal Child Welfare in Canada, 2nd Edition*. Retrieved from <http://deslibris.ca/ID/206258>
- Benton-Banai, E., (2010). *The Mishomis book: The voice of the Ojibway* (1st University of Minnesota Press Ed.). Minneapolis, MN: University of Minnesota Press.
- Bombay, A., Matheson, K., & Anisman, H., (2014). The Intergenerational effects of Indian Residential school: Implications for the concept of historical trauma. *Transcultural Psychiatry*, 51(3), 320-338.

- Canadian Association of Social Work. (2005). *CASW Code of Ethics*. Retrieved from <http://www.casw-acts.ca/en/what-social0work/casw-code-ethics>.
- Carriere, J., & Strega, S. (2015). *Walking this path together: Anti-racist and Anti-oppressive child welfare practice* (2nd edition.). Winnipeg: Fernwood Publishing.
- Carter, S. (2015). They Would Not Give Up One Inch of It': The Rise and Demise of St Peter's Reserve, Manitoba. *Indigenous Communities and Settler Colonialism* (pp. 173-193). UK: Palgrave Macmillan. Retrieved from <https://ebookcentral.proquest.com/lib/umanitoba/detail.action?docID=2006645>
- Chandler, M., & Lalonde, C. (1998). Cultural Continuity as a Hedge against Suicide in Canada's First Nations. *Transcultural Psychiatry*, 35(2), 191-219.
- Chilisa, B. (2012). *Indigenous Research Methodologies*. Thousand Oaks, Calif.: SAGE Publications.
- Comack, E. (2014). Colonialism past and present: Indigenous human rights and Canadian policing. In J. Green (Ed.), *Indivisible: Indigenous human rights* (pp. 60-81). Halifax and Winnipeg: Fernwood Publishing.
- Connelly F., & Clandinin, J. (1990). Stories of experience and narrative inquiry. *Educational Researcher*, 19(5), 2-14.
- Connelly, F., & Clandinin, J. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco: Jossey Bass.
- Connelly, F. M., & Clandinin, D. J., (2006). Narrative inquiry. In J. Green, G., Camilli, and P. Elmore (Eds.), *Handbook of complementary methods in education research* (pp. 375-385). Mahwah, NJ: Lawrence Erlbaum.
- Couture, J., (2011). The role of Native elders: Emergent issues. In D. Long., & O. Dickason, (2011). (Eds.), *Visions of the heart: Canadian aboriginal issues* (3rd ed.). Don Mills, ON; Oxford University Press.
- Cowen, D.A. & Adams, K. (2002). *Talking Circles as a Metaphor and Pedagogy for Learning*. Miami University, Association of Leadership Educator's Conference, Lexington, KY, July 2002. Retrieved from: http://www.leadershipeducators.org/Resources/Documents/Conferences/Lexington/cowan_and_adams_talking_circle.pdf

- Denzin, N. K., & Lincoln, Y. S. (2005). *The SAGE handbook of qualitative research*. Thousand Oakes, CA: Sage Publications.
- Ermine, W., Sinclair, R., and Browne, M., Indigenous Peoples' Health Research Centre, & Canadian Electronic Library. (2005). *Kwayask itôtamowin: Indigenous research ethics report of the Indigenous Peoples' Health Research Centre to the Institute of Aboriginal Peoples' Health and the Canadian Institutes of Health Research* (Canadian Electronic Library. Documents collection). Saskatoon, SK: Indigenous Peoples' Health Research Centre.
- Fiedeldey-Van Dijk, C., Rowan, M., Dell, C., Mushquash, C., Hopkins, C., Fornssler, B., ... Shea, B. (2017). Honoring Indigenous culture-as-intervention: Development and validity of the Native Wellness Assessment TM. *Journal of Ethnicity in Substance Abuse, 16*(2), 181–218. <https://doi.org/10.1080/15332640.2015.1119774>
- Fiola, C. (2015). *Rekindling the Sacred Fire: Métis Ancestry and Anishinaabe Spirituality*. Winnipeg, CA: University of Manitoba Press.
- First Nations Information Governance Centre. (2010). *The First Nations principles of OCAP™*. Ottawa: Author. Retrieved November 29, 2015 from <http://fnigc.ca/node/2>.
- Fisher River Cree Nation History*. (2019) retrieved from <https://www.fisherriver.ca/our-history/>
- Fiske, Joanne., (2009). Aboriginal approaches to counselling. In L. J. Kirmayer & G. G. Valaskakis (Eds.), *Healing traditions: The mental health of Aboriginal people in Canada* (pp. 337-354). Vancouver UBC Press
- Frideres, J. (1993). Colonialism, Natives and History. *Native peoples in Canada: Contemporary conflicts* (4th ed.). Scarborough, Ont.: Prentice-Hall Canada.
- Gadacz, R., Midewiwin (2019). In *The Canadian Encyclopedia*. Retrieved from <https://www.thecanadianencyclopedia.ca/en/article/midewiwin>
- Garrett, M.T., Torres-Rivera, E., Brubaker, M., Portman, T.A., Brotherton, D., West-Olantunji, C., ... Grayshield, L. (2011). Crying for a Vision: The Native American Sweat Lodge Ceremony as Therapeutic Intervention. *Journal of Counseling & Development, 89*(3), 318-325.

- Gone, J. (2007). "We Never was Happy Living Like a Whiteman": Mental Health Disparities and the Postcolonial Predicament in American Indian Communities. *American Journal of Community Psychology*, 40(3-4), 290–300.
- Gone, J. (2009). A Community-Based Treatment for Native American Historical Trauma: Prospects for Evidence-Based Practice. *Journal of Consulting and Clinical Psychology*, 77(4), 751–762.
- Gone, J. (2013). Redressing First Nations historical trauma: Theorizing mechanisms for indigenous culture as mental health treatment. *Transcultural Psychiatry*, 50(5), 683–706. <https://doi.org/10.1177/1363461513487669>
- Gone, J. P. (2016). Alternative Knowledges and the Future of Community Psychology: Provocations from an American Indian Healing Tradition. *American Journal of Community Psychology*. <https://doi.org/10.1002/ajcp.12046>
- Gonzales, P. (2012). Calling our spirits back: Indigenous ways of diagnosing and treating soul sickness. *Fourth World Journal*, 11(2), 25-39.
- Government of Manitoba. (2018). Smudging protocol and guidelines for school divisions. Winnipeg, MB: The Author. Retrieved January 6, 2019 from https://www.edu.gov.mb.ca/aed/publications/pdf/smudging_guidelines.pdf
- Gray, M., Yellow Bird, M., & Yellowbird, Coates & Grey, J. (2008). *Indigenous Social Work Around the World: Towards Culturally Relevant Education and Practice*. Aldershot, Hants, England: Routledge. Retrieved from <http://search.ebscohost.com.uml.idm.oclc.org/login.aspx?direct=true&db=nlebk&AN=270525&site=ehost-live>
- Hart, M. (2002). *Seeking mino-pimatisiwin: an Aboriginal approach to helping*. Halifax, N.S: Fernwood.
- Hart, M.A. (2003) Am I a modern day missionary? Reflections of a Cree Social Worker. *Native Social Work Journal*, Volume 5, 299- 313.
- Hart, M. (2007). *Cree ways of helping: an Indigenist research project*. Thesis (Ph.D.) -- University of Manitoba, Fall 2007.

- Hart, M. A. (2010, February). Indigenous Worldviews, Knowledge, and Research: The Development of an Indigenous Research Paradigm. *Journal of Indigenous Voices in Social Work*, 1(1), 1-16. doi:<https://scholarspace.manoa.hawaii.edu/handle/10125/15117>
- Hart, M.A., (2015) Indigenous social work. *International encyclopedia of the social and behavioral sciences*, 2nd ed., (11), (pp 804-810).
- Hart, M., & Bracken, D. (2016). Child and family social work in Canada: Issues and challenges within a neo-liberal political context. In G. Palattiyil, D. Sihhva, & M. Chakrabarti (Eds.), *Social Work in a Global Context* (pp. 59-73). Oxon, NY: Abingdon.
- Hendricks, V. M., Blanken, P. and Adriaans, N. (1992) *Snowball Sampling: A Pilot study on Cocaine Use*, Rotterdam: IVO.
- Hodge, F. S., Fredericks, L., & Rodriguez, B. (1996). American Indian Women's Talking Circles: a cervical cancer screening and prevention project. *Cancer*, 78 (7 Suppl.), 1592–1597.
- Indigenous Foundations. (n.d.). *Terminology: So which terms do I use?* Retrieved from <http://indigenousfoundations.arts.ubc.ca/home/identity/terminology.html>.
- Indigenous and Northern Affairs Canada. (n.d.). *Terminology*. Retrieved from <http://www.aadnc-aandc.gc.ca/eng/1100100014642/1100100014643>.
- Kirmayer, L., Simpson, C., & Cargo, M. (2003). Healing Traditions: Culture, Community and Mental Health Promotion with Canadian Aboriginal Peoples. *Australasian Psychiatry*, 11(1_suppl), S15–S23. <https://doi.org/10.1046/j.1038-5282.2003.02010.x>
- Kirmayer, L., & Valaskakis, G., (2009). *Healing traditions: The mental health of Aboriginal peoples in Canada*. Vancouver: UBC Press.
- Kovach, M. (2009). *Indigenous methodologies: characteristics, conversations and contexts*. Toronto, Ontario: University of Toronto Press.
- Lembo, M. A. (2011). *All About Smudging*. Woodbury, MN: Llewellyn Publications.
- Lemley, C.K. and Michell, R.W. (2011). *Narrative inquiry: Stories lived, stories told* (1st ed). Chichester: Wiley.

- Loppie, C., & Pauly, B., (2015). Indigenous families: Substance use and child welfare. In J. Carriere & S. Strega (Eds.), *Walking this path together* (2nd ed., pp. 217-239). Black Point and Winnipeg, Canada: Fernwood Publishing.
- Lowman, E., & Barker, A. (2015). *Settler: identity and colonialism in 21st century Canada*. Winnipeg, Manitoba; Fernwood Publishing.
- Manitoba First Nations Education Resource Centre Inc. (2008). *First Nations Teachings and Practices*. Manitoba First Nations Resource Centre Inc.
- Margalit, R., Watanabe-Galloway, S., Kennedy, F., Lacy, N., Red Shirt, K., Vinson, L., & Kills Small, J. (2013). Lakota elders' views on traditional versus commercial/addictive tobacco use; Oral history depicting a fundamental distinction. *Journal of Community Health*. <https://doi.org/10.1007/s10900-012-9648-7>
- Marsh, T., Cote-Meek, S., Young, N., Najavits, L., & Toulouse, P. (2016). Indigenous Healing and Seeking Safety: A Blended Implementation Project for Intergenerational Trauma and Substance Use Disorders. *International Indigenous Policy Journal*, 7(2). <https://doi.org/10.18584/iipj.2016.7.2.3>
- Marsh, T. N., Marsh, D. C., Ozawagosh, J., & Ozawagosh, F. (2018). The sweat lodge ceremony: A healing intervention for intergenerational trauma and substance use. *International Indigenous Policy Journal*, 9(2) [doi:http://dx.doi.org/10.18584/iipj.2018.9.2.2](http://dx.doi.org/10.18584/iipj.2018.9.2.2)
- McAdam, S. (2009). *Cultural Teachings: First Nations Protocols and Methodologies*. Saskatchewan Indian Cultural Centre.
- McCabe, G. (2008). Mind, body, emotions and spirit: reaching to the ancestors for healing. *Counselling Psychology Quarterly*, 21(2), 143–152. <https://doi.org/10.1080/09515070802066847>
- McCormick, R. (2009). Aboriginal approaches to counselling. In L. Kirmayer & G. Valaskakis, (Eds.), *Healing traditions: The mental health of Aboriginal people in Canada* (pp. 337-354). Vancouver: UBC Press.
- McKay, James. (c. 1804). *Notes on origins of southern and northern Indian tribes*. Available through: Adam Matthew, Marlborough, Frontier Life: Borderlands, Settlement & Colonial Encounters,

http://www.frontierlife.amdigital.co.uk.uml.idm.oclc.org/Documents/Details/MHM_A0289-20370 [Accessed July 19, 2019].

- McKenzie, B. & Morrissette, V. (2003). Social work practice with Canadians of aboriginal background: Guidelines for respectful social work. in A. Al-Kreawi & J.R. Graham (Eds), *Multi-cultural social work in Canada: Working with diverse ethno-racial communities* (pp. 251-282). Don Mills, ON: Oxford University Press.
- McKenzie, H., Varcoe, C., Browne, A., & Day, L. (2016). Disrupting the Continuities Among Residential Schools, the Sixties Scoop, and Child Welfare: An Analysis of Colonial and Neocolonial Discourses. *International Indigenous Policy Journal*, 7(2).
<https://doi.org/10.18584/iipj.2016.7.2.4>
- Mehl-Madrona, L., & Pennycook, G. (2009). Construction of an Aboriginal Theory of Mind and Mental Health 1. *Anthropology of Consciousness*, 20(2), 85–100.
- Michell, H. J. (2014). Offering Tobacco in Exchange for Stories: The Ethic of Reciprocity in the First Nations Research. In H. J. Michell & C. H. Wheaton (Eds.), *Kitaskino: Key Issues, Challenges and Visions for Northern Aboriginal Communities in Canada* (pp. 196-216). J. Charlton Publishing.
- Moodley, R., & William West. (2005). The Sweat Lodge as Psychotherapy: Congruence between Traditional and Modern Healing. In *Integrating Traditional Healing Practices into Counseling and Psychotherapy*.
- Moorehead, V. D., Gone, J. P., & December, D. (2015). A Gathering of Native American Healers: Exploring the Interface of Indigenous Tradition and Professional Practice. *American Journal of Community Psychology*, 56(3–4), 383–394.
<https://doi.org/10.1007/s10464-015-9747-6>
- Niezen, R., (2009). Suicide as a way of belonging: Causes and consequences of cluster suicides in Aboriginal communities. In L. Kirmayer, & G. Valaskakis, (Eds.), *Healing traditions: the mental health of Aboriginal peoples in Canada* (pp. 178-195). Vancouver: UBC Press.
- Noy, C. (2008). Sampling Knowledge: The Hermeneutics of Snowball Sampling in Qualitative Research. *International Journal of Social Research Methodology*, 11(4), 327-344. doi: 10.1080/13645570701401305.

- Parker, I. (1994). Qualitative research. In P. Banister, E. Burman, I. Parker, M. Taylor & C. Tindall (Eds.), *Qualitative methods in psychology: A research guide* (pp. 1-16). Buckingham, UK: Open University Press. Retrieved from <https://www.questia.com/read/119549972/qualitative-methods-in-psychology-a-research-guide>.
- Poonwassie, A., & Charter, A. (2001). An Aboriginal Worldview of Helping: Empowering Approaches. *Canadian Journal of Counselling, 35*(1), 63–73.
- Pinnegar, S. & Daynes, J.G. (2007). Locating narrative inquiry historically: Thematics in the turn to narrative. In D. J. Clandinin (Eds.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 3-34). London: Sage Publications.
- Radu, I., House, L. M., & Eddie, P. (2014). Land, life, and knowledge in Chisasibi: Intergenerational healing in the bush. *Decolonization: Indigeneity, Education & Society, 3*(3), 86-105.
- Robbins, J. A., & Dewar, J. (2011). Traditional Indigenous Approaches to Healing and the modern welfare of Traditional Knowledge, Spirituality and Lands: A critical reflection on practices and policies taken from the Canadian Indigenous Example. *The International Indigenous Policy Journal, 2*(4). <https://doi.org/10.18584/iipj.2011.2.4.2>
- Rowan, M., Poole, N., Shea, B., Gone, J., Mykota, D., Farag, M., ... Dell, C. (2014). Cultural interventions to treat addictions in Indigenous populations: findings from a scoping study. *Substance Abuse Treatment, Prevention, and Policy, 9*(1), 34.
- Rowe, G. (2014, December). Implementing Indigenous ways of knowing into research: Insights into the critical role of dreams as catalysts for knowledge. *Journey of Indigenous Social Development, 3*(2), 1-17. doi:<http://scholarspace.manoa.hawaii.edu/handle/10125/34168> E-ISSN 2164-9170
- Schiff, J.W. & Moore, K. (2006). The impact of the sweat lodge ceremony on dimensions of well-being. *American Indian and Alaska Native Mental Health Research (Online), 13*(3), 48–69. <https://doi.org/10.5820/aian.1303.2006.48>
- Schiff, J.W., & Pelech, W. (2007). The Sweat Lodge Ceremony for Spiritual Healing. *Journal of Religion & Spirituality in Social Work: Social Thought, 26*(4), 71–93.

- Simons, S. (2002). *Healing among the Lakota Sioux: towards an understanding of Indigenous healing ceremonies*. Southern Illinois University, Carbondale, Illinois.
- Simpson, L. (2002). Indigenous environmental education for cultural survival. *Canadian Journal of Environmental Education (CJEE)*, 7(1), 13-25.
- Simpson, L. (2011). *Dancing on our turtle's back: Stories of Nishnaabeg re-creation, resurgence and a new emergence*. Winnipeg: Arbeiter Ring Pub.
- Sinclair, R., Hart, M., & Bruyere, G. (2009). *Wicihitowin: Aboriginal social work in Canada*. Black Point, N.S.: Fernwood Publishing.
- Smith, L. (2012). *Decolonizing methodologies: research and Indigenous peoples / Linda Tuhiwai Smith*. Otago University Press.
- Stonechild, B. (2016). *The knowledge seeker: embracing indigenous spirituality*. Regina, Saskatchewan, Canada: University of Regina Press.
- Struthers, R., & Eschiti, V. (2005). Being healed by an indigenous traditional healer: sacred healing stories of Native Americans. Part II. *Complementary Therapies in Clinical Practice*, 11(2), 78–86.
- Struthers, R., & Hodge, F. S. (2004). Sacred Tobacco Use in Ojibwe Communities. *Journal of Holistic Nursing*. <https://doi.org/10.1177/0898010104266735>
- Tanner, J., & James, Edwin. (1956). *A narrative of the captivity and adventures of John Tanner (U.S. interpreter at the Saut de Ste. Marie) during thirty years residence among the Indians in the interior of North America / prepared for the press by Edwin James*. -. Minneapolis, Minn.: Ross and Haines.
- Thomas, David R. (2006). A General Inductive Approach for Analyzing Qualitative Evaluation Data. *American Journal of Evaluation*, 27(2), 237-246.
- Tindall, C. (1994). Issues of Evaluation. In P. Banister, E. Burman, I. Parker, M. Taylor & C. Tindall (Eds.), *Qualitative methods in psychology: A research guide* (pp. 142-159). Buckingham, UK: Open University Press. Retrieved January 30, 2015 from <https://www.questia.com/read/119550113/qualitative-methods-in-psychology-a-research-guide>.

- Waldram, J. (2013). Transformative and Restorative Processes: Revisiting the Question of Efficacy of Indigenous Healing. *Medical Anthropology*, 32(3), 191–207.
<https://doi.org/10.1080/01459740.2012.714822>
- Wastesicoot, J. (2014). Cree Sources of knowledge: Spirituality and law. In H. J. Michell & C. H. Wheaton (Eds.), *Kitaskino: Key Issues, Challenges and Visions for Northern Aboriginal Communities in Canada* (pp. 46 - 64). J. Charlton Publishing.
- Wesley-Esquimaux, C., & Smolewski, M. (2004). *Historic trauma and aboriginal healing*. Ottawa: Aboriginal Healing Foundation.
- Wildcat, M., McDonald, M., Irlbacher-Fox, S., Coulthard, G., (2014). Learning from the land: Indigenous land-based pedagogy and decolonization. *Decolonization: Indigeneity, Education & Society*. Vol. 3, (3), 2014, pp. I – XV
- Wilson, D., & Restoule, J. (2010). Tobacco Ties: The Relationship of the Sacred to Research. *Canadian Journal of Native Education*, 33(1), 29–45,156. Retrieved from <http://search.proquest.com/docview/864885295/>
- Wilson, S. (2008). *Research is ceremony*. Fernwood Publishing.
- Yellow Bird M, Coates J, Gray M. *Decolonizing Social Work*. Burlington: Routledge; 2013

Appendices

- a) Ethics Board of Approval and Renewal of Approval (Appendix 1 and 2)
- b) Poster for recruitment of research participants (Appendix 3)
- c) Consent forms for the three talking circles (Appendix 4)
- d) Initial Research Questions Discussed at the Talking Circles (Appendix 5)
- e) Consent form for the use of the developed questions by the group (Appendix 6)
- f) Certificate of Appreciation for Participants (Appendix 7)
- g) Consent forms for Interviews (Appendix 8)
- h) Resource information provided to participants (Appendix 9)

Appendix 1



UNIVERSITY OF MANITOBA | Research Ethics and Compliance

Human Ethics
208-194 Dafoe Road
Winnipeg, MB
Canada R3T 2N2
Phone +204-474-7122
Email: humanethics@umanitoba.ca

PROTOCOL APPROVAL

TO: Nellie Elizabeth Murdock (Advisor: Marlyn Bennett)
Principal Investigator

FROM: Kelley Main, Chair
Psychology/Sociology Research Ethics Board (PSREB)

Re: Protocol #P2018:030 (HS21707)
“Does Participation in Traditional Indigenous Ceremony Promote Positive Life Style Changes?”

Effective: March 27, 2018

Expiry: March 27, 2019

Psychology/Sociology Research Ethics Board (PSREB) has reviewed and approved the above research. PSREB is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*.

This approval is subject to the following conditions:

1. Approval is granted only for the research and purposes described in the application.
2. Any modification to the research must be submitted to PSREB for approval before implementation.
3. Any deviations to the research or adverse events must be submitted to PSREB as soon as possible.
4. This approval is valid for one year only and a Renewal Request must be submitted and approved by the above expiry date.
5. A Study Closure form must be submitted to PSREB when the research is complete or terminated.
6. The University of Manitoba may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba *Ethics of Research Involving Humans*.

Funded Protocols:

- Please mail/e-mail a copy of this Approval, identifying the related UM Project Number, to the Research Grants Officer in ORS.

Research Ethics and Compliance is a part of the Office of the Vice-President (Research and International)
umanitoba.ca/research

Appendix 2



UNIVERSITY
OF MANITOBA | Research Ethics
and Compliance

RENEWAL APPROVAL

Human Ethics
208-194 Dafoe Road
Winnipeg, MB
Canada R3T 2N2
Phone +204-474-7122
Email: humanethics@umanitoba.ca

Date: March 5, 2019

New Expiry: March 27, 2020

TO: **Nellie Elizabeth Murdock** (Advisor: **Marlyn Bennett**)
Principal Investigator

FROM: **Jonathan Marotta, Chair**
Psychology/Sociology Research Ethics Board (PSREB)

Re: **Protocol #P2018:030 (HS21707)**
**“Does Participation in Traditional Indigenous Ceremony Promote
Positive Life Style Changes?”**

Psychology/Sociology Research Ethics Board (PSREB) has reviewed and renewed the above research. PSREB is constituted and operates in accordance with the current *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*.

This approval is subject to the following conditions:

1. Any modification to the research must be submitted to PSREB for approval before implementation.
2. Any deviations to the research or adverse events must be submitted to PSREB as soon as possible.
3. This renewal is valid for one year only and a Renewal Request must be submitted and approved by the above expiry date.
4. A Study Closure form must be submitted to PSREB when the research is complete or terminated.

Funded Protocols:

- **Please mail/e-mail a copy of this Renewal Approval, identifying the related UM Project Number, to the Research Grants Officer in ORS.**

Appendix 3



Recruiting Participants

for a Research Study on
Traditional Indigenous Ceremonies
and its Connection to Life
Experience and Choices

As part of the fulfillment of my studies in the Masters of Social Work Based in Indigenous Knowledges Program (MSW-IK), I am recruiting individuals 18+ to participate in a series of Talking Circles and Individual Interviews to explore stories and experiences on “how participation in traditional Indigenous ceremonies promote positive life style choices.”



This research has been approved by the Psychology/Sociology Research Ethics Board of the University of Manitoba.

I am looking for 8 – 12 individuals who have attended/helped with/watched/ partaken in Indigenous ceremony and those who are willing to share experiences and tell the story of how ceremonies have affected your life. There will be a series of 3 talking circles to introduce and explain the process and to answer any questions you may have about participating.

When:

Where: Verna J Kirkness Building Fisher River Cree Nation

Time:

Drinks and snacks provided

Photo by Sim Laikka on Unsplash

If you are interested in participating or have questions, please contact [Elizabeth Murdock](mailto:Elizabeth.Murdock@myumanitoba.ca), MSW-IK Student, Faculty of Social Work, University of Manitoba at ummurd27@myumanitoba.ca, or call [REDACTED]



APPENDIX 4
RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM
Talking Circles

Title of Study: “Does participation in traditional Indigenous ceremony promote positive life style choices?”

Principal Investigator: N Elizabeth Murdock (PI)
Faculty of Social Work
University of Manitoba R2W 2M6

Ummurd27@myumanitoba.ca

Research Supervisor: Dr. Marlyn Bennett, Assistant Professor
Masters of Social Work – Indigenous Knowledge
Faculty of Social Work, University of Manitoba

Marlyn.Bennett@umanitoba.ca

You are being invited to take part in a research study involving talking circles about the relationship between participating in traditional Indigenous ceremonies and healthier life choices. Please take your time to review this consent form and discuss any questions you may have with the study investigator, your family and/ or friends before you make your decision. This consent form may contain words that you do not understand. Please ask the principal investigator to explain any words or information that you do not clearly understand.

Purpose of this Study

The purpose of the research is to help identify the relationship between participating in traditional Indigenous ceremonies and healthier life choices. The PI will be asking the talking circle group to help develop questions for the individual interviews.

Participants Selection

I will be seeking participants who:

- Will self-identify as Indigenous
- Have been involved with traditional Indigenous ceremonies
- Are over the age of 18
- Are willing to share their stories and life experience about traditional Indigenous

ceremony

- Are willing to have their identity disclosed as a participant in this research

Study procedures

- The method of data collection is narrative story telling.
- You will be in a talking circle with a maximum of 12 participants.
- You are willing to help develop a question or questions for the individual interviews that follow the talking circles.
- The talking circles will be a minimum of 1 hour.
- The PI will be the facilitator for the talking circles.
- The final talking circle will be audio-recorded “with your permission” and the audio-records will be transcribed by the PI to ensure accurate reporting of the information that you provide.
- At the start of the session everyone will be asked to respect the privacy of the other participants. All participants will be asked not to disclose anything said within the context of the discussion, but it is important to understand that other people in the group with you may not keep all information private and confidential.
- Should another participant call you by name, the transcriber will remove all names from the transcription, should you wish to remain anonymous.
- The transcribed audio recordings will be reviewed with the talking circles participants at the feast to ensure accuracy of content.
- The audio-recordings will be stored within a locked cabinet in my home before and after being transcribed.
- All audio recordings, transcripts, paper and computer files associated with your involvement in this study will be destroyed by April of 2022.
- The final anonymized analysis results will be provided to the focus group upon completion of the study.
- You may withdraw at any point and are not obligated to complete the individual interviews.

Risks and Discomforts

There are no anticipated physical risks to participants. Talking circles members will be asked to keep the information provided in the circles confidential; however, a potential risk that might exist for some would be that information about you might be discussed outside the group by other participants and be traced back to you.

There are very few risks. However, you may find talking about ceremony and healing to be upsetting or emotional. You do not have to answer any question that makes you feel uncomfortable.

Should you need any additional help or support there will be knowledge keepers/ elders available. There is a list of resources as provided by the Rainbow House Wellness Center in Fisher River.

The local Rainbow House Wellness Centre and the Fisher River Health Centre are the main sources of support should you need to speak to someone for assistance.

Benefits

Being a talking circle participant may or may not help you directly, but information gained may help other people as they begin to learn about traditional Indigenous ceremony. It will also contribute to the knowledge surrounding traditional Indigenous ceremony potentially benefitting the community in developing additional resources.

Costs

There is no cost to you to attend the talking circles.

Payment for participation

You will receive no payment or reimbursement for any expenses related to taking part in this study. You will receive a gift of the four sacred medicines (Tobacco, Sage, Cedar & Sweetgrass) in a small bundle of cloth and a Certificate of Participation.

Confidentiality

If you wish to remain anonymous, I will do everything possible to keep your personal information confidential. Your name will not be used at all in the study records. A list of names and addresses of participants will be kept in a password protected file in a locked cabinet so we are able to send you a summary of the results of the study. If the results of this study are presented in a meeting, or published, nobody will be able to tell that you were in the study. Please note that although you will not be identified as the speaker, your words may be used to highlight a specific point. The collection and access to personal information will be in compliance with provincial and federal privacy legislations.

Some people or groups may need to check the study records to make sure all the information is correct. All of these people have a professional responsibility to protect your privacy.

These people or groups are:

- The Health Research Ethics Board of the University of Manitoba which is responsible for the protection of people in research and has reviewed this study for ethical acceptability
- Quality assurance staff of the University of Manitoba who ensure the study is being conducted properly

All records will be kept in a locked secure area and only those persons identified will have access to these records. If any of your research records need to be copied to any of the above, your name and all identifying information will be removed. No information revealing any

personal information such as your name, address or telephone number will leave the University of Manitoba.

Permission to Quote:

We may wish to quote your words directly in reports and publications resulting from this. With regards to being quoted, please check yes or no for each of the following statements:

Researchers may publish documents that contain quotations by me under the following conditions:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I agree to be quoted directly (my name is used).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I agree to be quoted directly if my name is not published (I remain anonymous).
<input type="checkbox"/> Yes	<input type="checkbox"/> No	I agree to be quoted directly if a made-up name (pseudonym) is used.

Voluntary Participation/Withdrawal from the Study

Your decision to take part in this study is voluntary. You may withdraw from the study at any time.

Questions

If any questions come up during or after the study contact the principal investigator:

N. Elizabeth Murdock @ ummurd27@myumanitoba.ca

For questions about your rights as a research participant, you may contact The University of Manitoba, Fort Gary Research Ethics Board Office at (204)474-7122.

Consent Signatures:

1. I have read all four pages of the consent form.
2. I have had a chance to ask questions and have received satisfactory answers to all of my questions.
3. I understand that by signing this consent form I have not waived any of my legal rights as a participant in this study.
4. I understand that my records, which may include identifying information, may be reviewed by the research staff working with the Principal Investigator and the agencies and organizations listed in the Confidentiality section of this document.
5. I understand that I may withdraw from the study at any time and my data may be withdrawn prior to publication.
6. I understand the questions I am going to help develop will be used in the individual interviews portion of the research study.
7. I understand I will be provided with a copy of the consent form for my records.
8. I agree to participate in the study.

Participant signature _____

Date: _____
(day/month/year)

Participant printed name: _____

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent

Printed Name: N. Elizabeth Murdock

Date _____
(day/month/year)

Signature: _____

Role in the study: Principal Investigator

Appendix 5



APPENDIX 5 RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM Resource Questions for Individual Interviews

- Title of Study:** “Does participation in traditional Indigenous ceremony promote positive life style choices?”
- Principal Investigator:** N Elizabeth Murdock (PI)
Faculty of Social Work
University of Manitoba R2W 2M6
- Research Supervisor:** Ummurd27@myumanitoba.ca
Dr. Marlyn Bennett, Assistant Professor
Masters of Social Work – Indigenous Knowledge
Faculty of Social Work, University of Manitoba
- Marlyn.Bennett@umanitoba.ca

Primary research questions during the individual interviews.

1. What ceremony or ceremonies have you attended?
2. What was the primary reason for going to ceremony?
3. How was the experience of attending ceremony for you personally?
4. What was the most memorable moment during the ceremony? Or ceremonies?
5. Has attending ceremony helped you heal from life’s hurts? If so, how has it helped?
6. Has attending ceremony made differences in your life, or the lives of your family? Will you elaborate on what this looks like in your life?
7. Has attending ceremony affected relationships in your life with your partner, your children, coworkers etc.? If so how?



UNIVERSITY
OF MANITOBA



APPENDIX 6
RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM
Developed Questions by the participants of the Talking Circles

Title of Study: “Does participation in traditional Indigenous ceremony promote positive life style choices?”

Principal Investigator: N Elizabeth Murdock (PI)
Faculty of Social Work
University of Manitoba R2W 2M6

Ummurd27@myumanitoba.ca

Research Supervisor: Dr. Marlyn Bennett, Assistant Professor
Masters of Social Work – Indigenous Knowledge
Faculty of Social Work, University of Manitoba

Marlyn.Bennett@umanitoba.ca

The following questions have been developed by the participants of the research study called “Does participation in traditional Indigenous ceremony promote positive life style choices?”

These questions have been developed by the participants of the talking circles who have determined this information will add to the knowledge base of the research topic and understand they will be asked these same questions as part of the individual interviews. These questions are to be used for this study only.

Participants in the development of these questions are not obligated to remain in the above-named study. They may withdraw at any time without reprisal or retribution.

Should a participant withdraw from the research they are giving permission for the continued use of the questions that were developed while they were in the research.

Questions **(the questions will be added once they have been developed)**

- 1.
- 2.
- 3.

Each of the individuals who participated in this talking circle contributed to the development of these questions and are giving their consent, by signing this form, to use these same questions as part of the individual interview portion of this research study.

Participants:

1.) Name: _____ Date: _____

Signature: _____

2.) Name: _____ Date: _____

Signature: _____

3.) Name: _____ Date: _____

Signature: _____

4.) Name: _____ Date: _____

Signature: _____

5.) Name: _____ Date: _____

Signature: _____

6.) Name: _____ Date: _____

Signature: _____

7.) Name: _____ Date: _____

Signature: _____

8.) Name: _____ Date: _____

Signature: _____

9.) Name: _____ Date: _____

Signature: _____

10.) Name: _____ Date: _____

Signature: _____

Appendix 7

IN APPRECIATION

This Acknowledges that

Has Successfully Completed The
Ceremony & Healing
Research Project

DATE

SIGNED, *N. Elizabeth Murdock, Master of
Social Work – Indigenous Knowledge
Student*



UNIVERSITY
OF MANITOBA



APPENDIX 8
RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM
Individual Interview

Title of Study: “Does participation in traditional Indigenous ceremony promote positive life style choices?”

Principal Investigator: N Elizabeth Murdock (PI)
Faculty of Social Work
University of Manitoba R2W 2M6

Ummurd27@myumanitoba.ca

Research Supervisor: Dr. Marlyn Bennett, Assistant Professor
Masters of Social Work – Indigenous Knowledge
Faculty of Social Work, University of Manitoba

Marlyn.Bennett@umanitoba.ca

You are being invited to take part in a personal interview. The research topic is “Does participation in traditional Indigenous ceremonies promote positive life style choices?”. Please take your time to review this consent form for the individual interview and discuss any questions you may have with the PI, your family and/ or friends before you make your decision. This consent form may contain words that you do not understand. Please ask the PI to explain any words or information that you do not clearly understand.

Purpose of this Study

The purpose of the research is to help identify the relationship between participating in traditional Indigenous ceremony and healthier life choices. I will be asking you a series of questions in the individual interview about your thoughts and life experiences of traditional Indigenous ceremony as you have experienced it.

Participants Selection

You are being invited to participate as:

- You have been a participant in the talking circles held prior to this individual interview.
- You have agreed to share your story with this PI.
- A minimum of 4 participants will be asked to participate.
- You are over the age of 18.
- Will self-identify as being Indigenous.
- You are willing to have your identity disclosed as a participant of this research.

Study procedures

- The method of data collection for this part of the study will be a personal interview.
- The PI will be the facilitator for the individual interview.
- The individual interviews will be audio-recorded “with your permission” and the audio-records will be transcribed by the PI to ensure accurate reporting of the information that you provide.
- The PI will be the transcriber and will sign a form stating that she will not discuss any item on the tape with anyone other than the researchers.
- The transcribed audio recordings will be reviewed with you at a time of your choosing as soon as possible after completion. All corrections will be made before the information is used for analysis.
- The audio-recordings will be stored within password protected files and stored in a locked cabinet in my home before and after being transcribed.
- The transcribed documents will be stored in a locked cabinet.
- The consent forms signed by the participants will be stored separately from the audio recordings and the transcribed documents to protect the participants identity.
- The audio recordings will be destroyed by April of 2022.
- The transcriptions will be destroyed by April 2022.

Risks and Discomforts

There are no anticipated physical risks to participants.

You may find talking about traditional Indigenous ceremony and your experiences to be emotional stressful. Should you need any additional help or support there will be a knowledge holder/ elder available for you to speak to. The RHWC (Rainbow House Wellness Centre) has resources available (Please see attached appendix H).

The local RHWC and the Fisher River Health Centre are the main sources of support should you need to speak to someone for assistance.

Benefits

Being a talking circle participant may or may not help you directly, but information gained may help other people as they begin to learn about traditional Indigenous ceremony and how this can impact their lives. It will also contribute to the knowledge surrounding traditional Indigenous ceremony potentially benefitting the community in developing additional resources.

Costs

There is no cost to yourself for completing the individual interview.

Payment for participation

You will receive no payment or reimbursement for any expenses related to taking part in this study. You will be compensated for your time with a gift of hand-crafted tote bag, a set of rock paintings with the seven Anishinaabe Teachings and a Certificate of Appreciation.

Confidentiality

We will do everything possible to keep your personal information confidential. Your name will not be used at all in the study records. A list of names and addresses of participants will be kept in a secure file so we can send you a summary of the results of the study. If the results of this study are presented in a meeting, or published, no one will be able to tell that you were in the study. Please note that although you will not be identified as the speaker, your words may be used to highlight a specific point. The collection and access to personal information will be in compliance with provincial and federal privacy legislations.

Audio recordings of the individual interviews will be transcribed. The transcriptions will be reviewed by yourself for accuracy prior to be used to prepare a report. The audio recordings and typed notes will be kept in a secure locked file cabinet and office. Only the research investigator will have access to them and know your name. The transcriptions and recordings will be destroyed by April of 2022.

Some people or groups may need to check the study records to make sure all the information is correct. All of these people have a professional responsibility to protect your privacy.

These people or groups are:

- The Health Research Ethics Board of the University of Manitoba which is responsible for the protection of people in research and has reviewed this study for ethical acceptability
- Quality assurance staff of the University of Manitoba who ensure the study is being conducted properly

All records will be kept in a locked secure area and only those persons identified will have access to these records. If any of your research records need to be copied to any of the above, your name and all identifying information will be removed. No information revealing any personal information such as your name, address or telephone number will leave the University of Manitoba.

Permission to Quote:

We may wish to quote your words directly in reports and publications resulting from this. With regards to being quoted, please check yes or no for each of the following statements:

Researchers may publish documents that contain quotations by me under the following conditions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly (my name is used).
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly if my name is not published (I remain anonymous).
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to be quoted directly if a made-up name (pseudonym) is used.

Voluntary Participation/Withdrawal from the Study

Your decision to take part in this study is voluntary. You may withdraw from the study at any time.

Questions

If any questions come up during or after the study contact the principal investigator:

N. Elizabeth Murdock at ummurd27@myumanitoba.ca

For questions about your rights as a research participant, you may contact The University of Manitoba, Fort Gary Research Ethics Board Office at (204) 474-7122.

Consent Signatures:

- 9. I have read all four pages of the consent form.
- 10. I have had a chance to ask questions and have received satisfactory answers to all of my questions.
- 11. I understand that by signing this consent form I have not waived any of my legal rights as a participant in this study.
- 12. I understand that my records, which may include identifying information, may be reviewed by the research staff working with the Principal Investigator and the agencies and organizations listed in the Confidentiality section of this document.
- 13. I understand that I may withdraw from the study at any time and my data may be withdrawn prior to publication.
- 14. I understand I will be provided with a copy of the consent form for my records.
- 15. I agree to participate in the study.

Participant signature _____

Date: _____
(day/month/year)

Participant printed name: _____

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent

Printed Name: N. Elizabeth Murdock

Date _____
(day/month/year)

Signature: _____

Role in the study: Principal Investigator

Relationship (if any) to study team member: _____

Appendix 9



CRISIS & COUNSELLING SERVICES

Crisis Services in Manitoba:

- 24-Hour Manitoba Suicide Line: 1-877-435-7170 (toll Free)
www.reasonstolive.ca
- 24-Hour Crisis Line: 1-888-322-3019 (toll Free) or 1-204-786-8686
- 24-Hour Kids Help Phone 1-800-668-6868 (toll free)
www.kidshelpphone.ca
- Mobile Crisis Service (**free of charge**): 1-204-940-1781
- 24-Hour Klinik Crisis Line 1-888-322-3019 (toll free)
- 24-Hour Sexual Assault Crisis Line: 1-888-292-7565 (toll free)
- 24-Hour Domestic Violence Line 1-877-977-0007 (toll free)

24-Hour Crisis Line - Interlake Region 1-866-427-8628 (toll free) or 1-204-482-5419
Fisher Branch RCMP 1-204-372-6329

Crisis Services in Winnipeg:

- Winnipeg Police emergency service: 9-1-1
- Winnipeg's emergency hospital locations (free of charge):
 - Health Sciences Centre Winnipeg: 820 Sherbrook Street
 - Seven Oaks General Hospital: 2300 McPhillips Street
 - St. Boniface Hospital: 409 Tache Avenue
 - Victoria General Hospital: 2340 Pembina Highway
- Adult Mental Health Crisis Response Centre, Winnipeg Regional Health Authority (Drop-In Service/**free of charge**): 817 Bannatyne Avenue

Counselling Services in Winnipeg:

- Klinik Community Drop-In Counselling (**free of charge**): 204-784-4067
545 Broadway - Klinik on Broadway:
 - Mondays & Wednesdays Noon – 7:00 p.m.
 - Tuesdays, Fridays & Saturdays Noon – 4:00 p.m.-OR-
845 Regent Avenue West - Access Transcona (one block west of Plessis Road):
 - Tuesdays Noon – 7:00 p.m.*Times subject to change. Please call the Drop-In Line, (204) 784-4067, for current times and site closures or e-mail at: dropin@klinik.mb.ca.*
- North End Women's Centre (**free of charge**): 204-589-7347, 394 Selkirk Avenue
- The Family Centre (**sliding fee scale according to annual gross family income**):
204- 947-1401, 401-393 Portage Avenue
- Aurora Family Therapy Centre (**sliding fee scale according to annual gross family income**):
204-786-9251, 515 Portage Avenue, The University of Winnipeg, Sparling Hall, 2nd Floor

Traditional teachings and ceremonies through urban community programming available at:

- Ka Ni Kanichihk
455 McDermot Ave 1-204-953-5820
- Ma Mawi Wi Chi Itata Centre
443 Spence Ave 1-888-962-6294 (toll free)
- Wii Chiiwaakanak Learning Centre
505-511 Ellice Avenue 1-204-789-1454

MENTAL HEALTH RESOURCE GUIDE

Canadian Mental Health Association, Interlake Eastern



FOR THE INTERLAKE-EASTERN REGION

Free Copy—5th Edition—2017

The Canadian Mental Health Association Interlake Eastern is dedicated to helping you navigate the mental health system. If you need help, call or visit our website at: www.interlakeeastern.cmha.ca | 204-482-9723

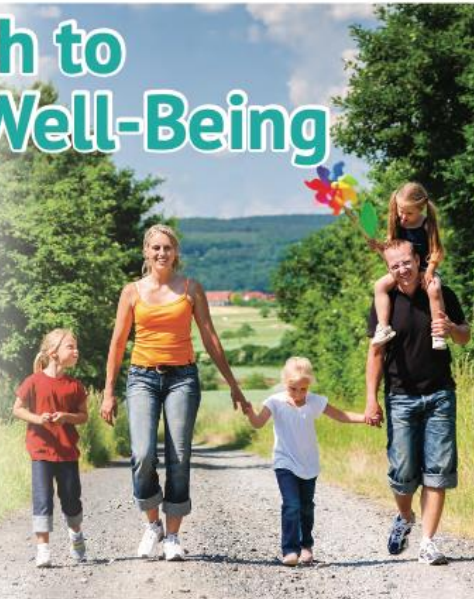
Contents

- 1 Your Path to Mental Well-Being
- 2 Getting Help
Emergency & Crisis Services
- 3 Mental Illnesses
Medication
- 4 Self-Help & Support Groups
- 5 Finding a Counsellor
Addictions
- 6 Housing
Food Banks
- 7 Hope & Resiliency at Home
Suicide Prevention
- 8 Rights
The Manitoba Mental Health Act
- 9 Social Activities & Recreation
- 10 Postpartum Depression
Help for Families
- 11 Youth Resources
Support Groups for Families
- 12 Mental Health Apps
Skill Building

Your Path to Mental Well-Being

We all want to be healthy and happy. No one can be truly healthy without positive mental health. It involves how we feel, think, act, and interact with the world around us. Mental health is about coping with the normal stresses of life and making a contribution to our community.

Positive mental health isn't about avoiding problems or trying to achieve a "perfect" life. It's about living well and having the tools to cope with difficult situations even during life's challenges. Each person's path to mental well-being is unique. We all have our own goals, our own challenges, our own talents, and our own supports. Positive mental health is within everyone's reach.



This guide is intended to assist individuals, families, friends, natural supports, and professionals to access information on the variety of services and supports available in the Interlake Eastern Region. Providing helpful information is a key value of the Canadian Mental Health Association. We hope this guide will help you in navigating your path to mental well being.

What is Recovery?

"The concept of 'recovery' in mental health refers to living a satisfying, hopeful, and contributing life, even when there are on-going limitations caused by mental health problems and illness."

(Mental Health Commission of Canada, 2015)

RECOVERY

Hope Changes Everything

A mental health problem or illness can impact anyone at any time. This can be a challenging experience for the individual, family, or natural support system. Yet, despite the challenges a mental health problem or illness may pose, a person can journey along

an individual path of recovery to live a satisfying, hopeful, and contributing life.

An individual's journey of recovery is built on HOPE. This may include informal and formal mental health supports and services. The path of recovery can be a journey of healing and growth that is owned by, and unique to, each individual. It is built on individual, family, spiritual, cultural, and community strengths. The path of recovery offers a person an opportunity to live a resilient, meaningful, and satisfying life of his or her choice, in the presence or absence of symptoms. An individual walking a path of recovery should be treated with respect and offered choices of care that support personal values and goals. RECOVERY is possible. There is HOPE.

RESPECT - Individuals are treated as a whole person with a body, mind, emotions, important relationships, and spirit. They are listened to and are presented with options, so they can move forward on their unique journey of recovery.

CHOICE - Your life should be the one you want to live. Together with your chosen supports, a plan for your future can be created. This plan should reflect your choices, values, goals, hopes, and dreams.

BELONGING - There is more to your life and recovery journey than just receiving medical care. Find opportunities that support your values and goals.

Mental Health Recovery

Evidence* suggests there are some common themes to recovery:

- Connectedness**
Having good relationships and being connected in positive ways to other people
- Hope and Optimism**
Having hope and optimism that recovery is possible
- Identity**
Regaining a positive sense of self and identity
- Meaning and Purpose**
Living a meaningful and purposeful life, as defined by the person
- Empowerment**
Having control over life, focusing on strengths, and taking personal responsibility

*Leamy, M., Bird, V., Le Rouille, C., Williams, J., & Slade, M. (2011). A conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. British Journal of Psychiatry, 199, 445-452.

This information was taken from: Manitoba Health, Healthy Living & Seniors, Hope Changes Everything, Manitoba Government 2015 & Manitoba Health, Recovery Guidelines, 2016, Mental Health Commission of Canada

Getting Help

If you or someone you know is experiencing a mental health problem, it is important to seek help early. It is always a good idea to see a doctor or nurse practitioner first to assess your overall health and to rule out any underlying physical illness.

If you do not have a family doctor or nurse practitioner, call Family Doctor Connection at 204-786-7111 or toll free 1-866-690-8260.

You can also start the process yourself by calling the Community Mental Health Central Intake line.

To access Community Mental Health Services for adults and youth experiencing mental health problems in the Interlake-Eastern Region call:

COMMUNITY MENTAL HEALTH CENTRAL INTAKE

TOLL FREE 1-866-757-6205 or 204-785-7752

> **Community Mental Health Central Intake** provides intake assessments, resource information, and links you to appropriate services.

> **Adult Community Mental Health Program** provides therapeutic and supportive services to adults who are experiencing symptoms suggestive of a mental

health or co-occurring disorder.

> **Child & Adolescent Mental Health Program** provides therapeutic and supportive services to individuals who are under the age of 18 years and experiencing symptoms suggestive of a mental health or co-occurring disorder. The team also provides education and support to families.

> **Mental Health Services for the Elderly (MHSE)** provides assessment and treatment recommendations for older individuals with mental health concerns and/or cognitive difficulties affecting their daily life activities, as well as support and education to families and caregivers.

> **Intensive Case Management Program (ICM)** provides rehabilitation-oriented case management services with an emphasis on the development of skills and supports needed to obtain and sustain an individual's chosen goal of housing, education, and/or employment.

> **Couple and Family Therapy Services** provides relational therapy on such issues as communication, parenting, dealing with separation and divorce, step-families, anger management, grief and loss, domestic abuse, sexual abuse, and chronic illness. To access call 204-785-7716.

For more information, visit www.ierha.ca and click on Care in Your Community, and then Mental Health.

Emergency Services

When an emergency occurs, always call 911 or your local 10 digit number for emergencies. The 911 operator will take details of your crisis situation and dispatch the appropriate services. For medical emergencies, paramedics will care for you and transport you to the care providers you require.

If you go to an emergency department on suspended service (no available doctor), go inside and speak with a nurse. Nurses are available in emergency departments to assess your condition and to identify your care options.

Phone toll-free 1-866-267-5818 to hear about the availability of a doctor in your emergency department. (You will be asked to select your hospital of choice to listen to a recording of emergency department schedule status). These schedules are also posted online at www.ierha.ca under "Care in your Hospital" and "Emergency Department Schedules".



INTERLAKE-EASTERN RHA HOSPITALS & EMERGENCY CENTRES

(please note that local hospitals do not dispatch emergency services)

Arborg & District Hospital.....	204-376-5247	Stonewall & District Health Centre.....	204-467-5514
Ashern - Lakeshore General Hospital.....	204-768-2461	Teulon - Hunter Memorial Hospital.....	204-886-2433
Beausejour Hospital in Beausejour Health Centre.....	204-268-1076	Health Links-Info Santé	1-888-315-9257
Eriksdale - E.M. Crowe Memorial Hospital.....	204-739-2611	Is a 24-hour, 7-days a week telephone medical information service. Staffed by registered nurses with the knowledge to provide answers over the phone to health questions and guide you to the care you need.	
Gimli - Johnson Memorial Hospital in Gimli Community Health Centre.....	204-642-5116	The Manitoba Poison Centre	1-855-776-4766
Pinawa Hospital.....	204-753-2334	The Manitoba Poison Centre operates 24 hours a day, seven days a week. It provides specialized information and treatment recommendations related to chemical, biological, pharmaceutical and environmental poisoning and exposure.	
Pine Falls Hospital in Pine Falls Health Complex.....	204-367-4441		
Selkirk Regional Health Centre (former Selkirk & District Regional Hospital).....	204-482-5800		

Interlake-Eastern RHA Community Health Offices

Arborg Community Health Office - 317 River Road.....	204-376-5559	Pinawa Primary Health Complex - 30 Vanier Drive.....	204-753-2334
Ashern Community Health Office - 43 Railway Ave.....	204-768-2585	Pine Falls Health Complex - 37 Maple Street.....	204-367-4441
Beausejour Community Health Office - 151 First Street South.....	204-268-4966	Riverton Community Health Office - 68 Main Street.....	204-378-2460
Eriksdale Wellness Centre - 35 Railway Avenue.....	204-739-2777	Selkirk Community Health Office - 237 Manitoba Avenue.....	204-785-7500
Fisher Branch Community Health Office - 23 Main Street.....	204-372-8859	St. Laurent Community Health Office - 51 Parish Lane.....	204-646-2504
Lac du Bonnet Primary Health Care Centre - 89 McIntosh St.....	204-345-8647	Stonewall Community Health Office - 589 Third Avenue South.....	204-467-4400
Lundar Community Health Office - 97 First Street South.....	204-762-5469	Teulon Community Health Office - 162 Third Avenue SE.....	204-886-4065
Oakbank - Kin Place Health Complex - 689 Main Street.....	204-444-2227	Whitemouth District Health Centre - 75 Hospital Street.....	204-348-7191



Crisis Services

WHAT IS A CRISIS?

- > A disruption or breakdown in your daily living pattern
- > A temporary inability to cope
- > A feeling of being out of control
- > Suicidal behavior or intention

What can you do if this is happening to you or to someone you know? Contact any of the following: (These services require the consent of the person experiencing the crisis.)

Interlake-Eastern RHA Mental Health Crisis Services:

- > **Interlake-Eastern RHA Crisis Line 24 Hr**
204-482-5419 or 1-866-427-8628
24-hour telephone support.
- > **Interlake-Eastern RHA Crisis Stabilization Unit**
204-482-5361 or 1-888-482-5361
Provides short term intervention for individuals experiencing mental health or psychosocial crisis.
- > **Interlake-Eastern RHA Mobile Crisis Unit Adult & Youth Team**
204-482-5376 or 1-877-499-8770
A multi-disciplinary team specializing in crisis intervention, mental health assessment and short term follow-up.
- > **Survivor's Hope Crisis Centre Inc.** - Provides crisis intervention, support and information to survivors and secondary victims of sexual assault in Interlake-Eastern Region.. Call 204-753-5353 during office hours for information on sexual assault trauma.
- > **Youth Emergency Crisis Stabilization System** (Macdonald Youth Services)
204-949-4777 or 1-888-383-2776
- > **Manitoba Suicide Prevention & Support Line**
www.suicideline.ca
1-877-435-7170
- > **KLINIC Crisis/Suicide Line 24 Hr**
1-888-322-3019
- > **Kids Help Phone 24 Hr**
www.Kids-Help-Phone.ca
1-800-668-6868
- > **Ma Mawi Wi Chi Itata Centre-Aboriginal Crisis Support** 1-888-962-6294
- > **Nova House 24 Hr Crisis Line**
204-482-1200 or 1-877-977-0007
- > **Domestic Violence Information Line**
1-877-977-0007
- > **Crisis Line for Abused Women - IKWE**
1-800-562-3344
- > **KLINIC 24hr Sexual Assault Crisis Line**
1-888-292-7565
- > **Manitoba Farm, Rural & Northern Support Services**
1-866-367-3276 <http://rurasupport.ca/onlinechat> or www.supportline.ca
- > **Crisis Response Centre (CRC)**
817 Barnatyne Ave., Winnipeg
24 hr/day, Seven days a week
The centre offers walk-in assessment and treatment for adults in mental crisis, along with referrals to other mental health services.

Mental illnesses are health problems that affect the mind

- your thoughts, your emotions, your behaviours

There are many different mental illnesses, and they affect people in different ways. Mental illnesses can occur at any age and affect people of all cultures. There are many possible causes including biochemical, genetic, social, psychological or environmental. When you first seek help, a mental health professional will want to assess the symptoms in order to determine what the problem is and decide on the best treatment. Common groups of mental illnesses include:

Anxiety disorders

Anxiety disorders are all related to anxiety. They may include excessive and uncontrollable worry, strong fears around everyday things or situations, unwanted thoughts, panic attacks, or fears around a past scary situation. Anxiety disorders are the most common mental illnesses, and they can create barriers in people's lives. Panic disorder and phobias are examples of anxiety disorders.

Mood disorders

Mood disorders all affect a person's mood—the way they feel. This can affect every part of a person's life. When someone experiences a mood disorder, they may feel sad, hopeless, tired, or numb for long periods of time. At times, some people experience an unusually high mood and feel powerful and energetic, but this can also create problems. Depression and bipolar disorder are examples of mood disorders.

Eating disorders

Eating disorders really aren't about food. They are complicated illnesses that are often a way to cope with difficult problems or regain a sense of control. Eating disorders may include seriously restricting how much food a person eats, bingeing, or purging food. Anorexia nervosa and bulimia nervosa are examples of eating disorders.

Psychotic disorders

Psychosis is a health problem that affects how people understand what is real and what isn't real. People may sense things that aren't real or strongly believe things that can't be real. Schizophrenia is one example of a psychotic disorder.

Personality Disorders

Personality disorders are patterns of thoughts, feelings, and behaviours that may last for a long time and create challenges in a person's life. People who experience personality disorders may have difficulties developing healthy and satisfying relationships with others, managing their emotions well, avoiding harmful behaviour, and working toward important life goals. Personality disorders can affect the way people understand and view themselves and others and cope with problems. Borderline personality disorder is one example of a personality disorder.

Childhood disorders

This is a large group of mental illnesses that start to affect people when they are young, though some people are not diagnosed until they're older. One example of a disorder in this group is attention-deficit/hyperactivity disorder (or ADHD), which affects a person's ability to focus, complete tasks, plan or organize, sit still, or think through actions.

Dementia

Dementia refers to a group of symptoms. It can be caused by a disease that mainly affects nerve cells in the brain or can be associated with many other medical conditions. Dementia impacts a person's memory, language abilities, concentration, organization skills, mood, and behaviours. Alzheimer's disease is one type of dementia.

Medication

Medication can be one aspect of a treatment plan for people with mental illnesses. It can help manage the acute symptoms and prevent relapse of both schizophrenia and mood disorders. However, medication does not cure mental illness - only helps manage it. Medication can potentially have drawbacks - side effects, cost and the time it needs to be effective. For these reasons it may be necessary to try several different medications and adjust the dosage several times before you find the combination that is right for you.

In Manitoba, your pharmacist is required to counsel you about your medication. Ask them questions for more information about your medication. Remember that the use of alcohol with any medication is potentially dangerous.

HERBAL OR NATURAL REMEDIES

If you are considering a herbal or natural remedy, tell your doctor/nurse practitioner and pharmacist that you are considering using the remedy. They will provide information, advise you whether it will be suitable for you or if it will interfere with other medication you are using. If you have a problem with the remedy they may be able to help you solve it.

ANTIPSYCHOSIS MEDICATIONS

Also known as neuroleptics or major tranquilizers, antipsychosis medications are used to treat acute psychotic illness, such as schizophrenia and mania.

SIDE EFFECTS potentially include drowsiness, dizziness, dry mouth, movement problems and stiff muscles. Tardive Dyskinesia (TD) or involuntary movements may occur when they are used for longer periods of time. Managing side effects may be achieved by changing medication or changing dose.

ANTIDEPRESSANTS

Antidepressants are used to treat depression.



Talk to your pharmacist for more information about your medications. They are there to help you!

SIDE EFFECTS potentially include dry mouth, blurred vision, difficulty urinating, constipation, sedation, and dizziness. These medications take several weeks to reach their full effect. Caution is needed by elderly people when taking antidepressants.

MOOD STABILIZERS

These are used to treat people in the state of great excitement and emotional stress. For example acute mania. These can take several weeks to work.

SIDE EFFECTS potentially include lethargy, trembling, nausea, diarrhea, frequent urination, and mental functioning problems. Regular blood tests are needed. Carbamazepine, valproic acid, topiramate, and some other anticonvulsants are sometimes used as mood stabilizers and can have fewer side effects for some people.

ANTI-ANXIETY MEDICATIONS

Also known as tranquilizers or sedatives. Used to relieve the distress of anxiety.

SIDE EFFECTS potentially include sedation, lethargy, depression, difficulty concentrating, and memory problems. Dependency can occur if they are used for extended periods of time.

Alternative or Complementary Therapies



You may consider alternative or complementary therapies. It is important to discuss these with your doctor or nurse practitioner so they can help determine if the therapy will interfere with your medical treatment.

It may be helpful to ask the following questions when exploring alternative therapies:

- › How does the treatment work?
- › What is the cost of treatment?
- › How frequent are treatments required?
- › What training do practitioners receive and are they registered or licensed?
- › What results may be expected?
- › Are they covered under your Extended Health Benefits plan?

SOME ORGANIZATIONS YOU CAN CONTACT FOR MORE INFORMATION OR REFERRAL:

Manitoba Naturopathic Association
204-947-0381

Massage Therapy Association of Manitoba
204-927-7979 www.mtammb.ca

Music Therapy Association of Manitoba
204-800-8526

Reflexology Association of Canada
www.reflexologycanada.ca

Therapeutic Touch Network
204-489-7977 or 204-452-1107

Manitoba Aromatherapy Association
www.mbaa.ca

Canadian Art Therapy Association
www.catinfo.ca

MEDICATION INFORMATION LINE FOR EVERYONE (MILE)

Provides answers and sound advice to medication related questions and/or concerns. Educates callers regarding therapeutic use of drugs, adverse drug reactions, significant side effects, drug misuse and drug interactions. 204-474-6493 or 1-800-432-1960 ext 6493

PHARMACARE

is a drug benefit program for Manitobans whose incomes are seriously affected by high prescription drug costs. For more information on Pharmacare, contact Manitoba Health-Provincial Drug Programs at 204-786-7141, toll free 1-800-297-8099, email pharmacare@gov.mb.ca or talk to your local pharmacist.

IT'S SAFE TO ASK MEDICATION CARD

The Manitoba Institute for Patient Safety has developed the "It's Safe to Ask Medication Card" available free of charge along with other tools on www.safe2ask.ca. It is also available from local Senior Resource Councils, participating pharmacies and Primary Health Care Providers.

Self-Help and Support Groups

There are a variety of Self-Help groups which provide the opportunity for individuals, family members and the general public to gather information, receive peer support, obtain counselling and find out about available resources. Other services offered may include advocacy support groups, workshops, social opportunities and public education.

Self-Help groups in Interlake-Eastern are listed below. If you are interested in finding out more about a support group near you, contact:

- **ANXIETY DISORDERS ASSOCIATION OF MANITOBA**
www.adam.mb.ca
 204-345-8511 or 204-389-5030
 or toll free 1-800-805-8885
 Offers support, education and intervention programs to individuals coping with panic disorders, generalized anxiety disorders, agoraphobia, and social anxiety disorders.
- **MOOD DISORDERS ASSOCIATION OF MANITOBA**
www.mooddisordersmanitoba.ca
 204-444-5228 / 204-330-7821
 or toll free 1-800-263-1460
 Offers support and/or wellness groups, one on one support, telephone or email (individual preferences). Provides public education, resources and hospital visitation upon request. **Springfield Connections** (drop in support group) 12:00noon to 3:00pm every Wednesday - No charge - Springfield Library, 60024 Hwy 206, Dugald, MB. Contact Judy at 204-444-5228.
- **MANITOBA SCHIZOPHRENIA SOCIETY**
www.mss.mb.ca
 204-374-0824 / 204-485-1253
 or toll free 1-800-263-5545
 Offers Peer Support Groups for people living with schizophrenia and other mental health problems as well as support for family and friends. One to one support is also available. Provides public education about schizophrenia, psychosis and voice hearing experiences.
- **ALZHEIMER SOCIETY OF MANITOBA**
www.alzheimer.mb.ca
 204-268-4752 / Provincial Office call toll free 1-800-378-6699 ext 228 or 204-943-6622
 Alzheimer Caregiver Support Groups provide education, information, supportive counselling, print materials and presentations.
- **CANCER SERVICES**
 Patients living with a cancer diagnosis and treatment have a number of supports in the region where care and concern are complemented with information and empowerment. The Interlake-Eastern RHA has three Community Cancer Programs located in hospitals in:
 Gimli 204-642-4520
 Pinawa 204-753-2334
 Selkirk 204-785-7400

Mental Health and Spirituality



Spirituality and mental health may not seem to have much in common. Yet we are becoming more and more aware of ways in which spirituality can offer real benefits for mental health. Research is showing evidence that people who have a sense of spirituality have better mental health. Many studies support the positive role that spirituality has in well-being, recovery and resilience in mental health.

What is spiritual health? Spiritual health is about the wholeness of what it means to be a human being. It is how a person searches for meaning through religion and/or belief in God, through relationships with family, (nature, science, human experience), and the arts.

For more information contact Spiritual Health Care Coordinator at 204-641-1379 or 204-268-7426.



- **CANCER NAVIGATION SERVICES**
 Cancer navigation can guide and support you and your family through the entire cancer journey. Services are provided free of charge to Interlake-Eastern RHA residents and their families.
 Nurse Navigators and Psychosocial Oncology Clinician (Selkirk) toll free 1-855-557-2273 (CARE)
- Self-Help and Support groups outside the Interlake-Eastern Region are:**
- **M.S.S. WOMEN'S SUPPORT GROUP (Women living with schizophrenia)**
 100-4 Fort Street, Winnipeg
 204-786-1616 (drop in/open group)
- **PARTNERS IN AWARENESS**
 A peer support group for professionals living with Schizophrenia
 100-4 Fort Street, Winnipeg
 Contact 204-471-1136 for more information
- **WE HAVE H.O.P.E.S.**
 100-4 Fort Street, Winnipeg
 204-786-1616 for more information (drop in/open group)
 If you are between 15 and 30 and are living with psychosis or schizophrenia, Hope and Opportunity through Peers, Empowerment and Support might be the place for you
- **OBSSIVE COMPULSIVE DISORDER CENTRE MANITOBA, INC.**
 100-4 Fort Street, Winnipeg
 204-942-3331 OCD and Hoarding Peer Support groups
- **EMOTIONS ANONYMOUS**
 204-269-6248
- **INDEPENDENT LIVING RESOURCE CENTRE**
 311A-393 Portage Avenue, Winnipeg
 204-947-0194
 Information and referral, peer support, individual advocacy, development of independent living skills, resource/service development for people with all types of disabilities.
- **WOMEN'S HEALTH CLINIC - Provincial Eating Disorder Prevention & Recovery Program**
www.womenshealthclinic.org
 Self-refers for counselling services
 Contact 204-947-2422 ext. 204
- **SENECA WARM LINE**
 204-942-9276 Available 7:00pm-11:00pm daily
 Offer peer support, help with problem solving and information about community resources.
- **INITIATIVES FOR JUST COMMUNITIES**
 Mental Health and Disabilities Program
 Mennonite Central Committee
www.initiativesjc.org
 204-925-1928 (Winnipeg)
 Program raises awareness of the issues of mental illness within congregations by networking with other mental health and community agencies.
- **WHOLE ACTION RECOVERY PEER SUPPORT**
 204-772-1037
 For individuals affected by both chemical dependency and an emotional or psychiatric illness.
- **THE COMPASSIONATE FRIENDS**
 204-787-4896 FE-111-685 William Avenue, Winnipeg
 Resource library, support meetings, drop-in, newsletter and workshops and telephone friends for bereaved parents.
- **RAINBOW RESOURCE CENTRE**
www.rainbowresourcecentre.org
 204-474-0212 ext. 201
 Serving Manitoba's gay, lesbian, bi-sexual, transgendered, queer and two-spirited communities with community services, education, outreach and political awareness and activism.
- **MASQUERADE**
www.masquerade.ca
 Winnipeg social club for cross-dressers, transvestites, transsexuals, and their partners to learn from one another about what it means to be transgendered in a safe and understanding environment.
- **SEXUALITY EDUCATION RESOURCE CENTRE (SERC)**
www.serc.mb.ca
 204-982-7800 (Winnipeg)
 Community-based, non-profit, pro-choice organization promotes sexual health through education.
- **TRANS HEALTH KLINIC**
www.klinic.mb.ca
 Located in Clinic Community Health Centre (870 Portage Ave.) provides primary health care services to transgendered individuals.
- **WINNIPEG TRANSGENDER SUPPORT GROUP (Formerly the Transgender Café)**
www.winnipegtransgendergroup.com
 Volunteer-run organization offering peer support and information for anyone who wishes to explore issues of gender identity or transition in a non-judgmental environment.
- **OVEREATERS ANONYMOUS**
www.oa.org 204-534-9008
- **S.P.E.A.K. SUICIDE PREVENTION EDUCATION AWARENESS AND KNOWLEDGE**
 204-784-4064 or toll free 1-877-838-3610 for more information
 242 - 897 Portage Avenue, Winnipeg - offers an open, Suicide Bereavement Peer Support Group
- **OPERATIONAL STRESS INJURY SOCIAL SUPPORT (OSISS)**
www.osiss.ca
 Family members support (Winnipeg) 204-831-3444
 Military members & veterans (Shilo) 204-765-3000 ext. 4186
 Offers community resource information and referral, education and peer support to military members, veterans and their families who have been impacted by an operational stress injury (OSI) as a result of operational duties.
- **PATIENT & FAMILY SUPPORT SERVICES CANCERCARE MANITOBA**
www.cancercare.mb.ca
 204-787-2109 or toll free 1-866-561-1026
- **THE LAUREL CENTRE**
www.thelaurelcentre.com
 204-783-5460
 Counselling and programs for women sexually abused as children.
- **THE MEN'S RESOURCE CENTRE OF MANITOBA**
www.mensresourcecentre.ca
 204-415-6797 or toll free 1-855-672-6727
 Counselling and programs for men who have experienced trauma and stressors in their lives.

CHOICE

Your life should be the one you want to live. Together, let's plan a future that reflects your choices, values, goals, hopes and dreams.

www.manitoba.ca/healthyliving/mh/recovery

Providing recovery-oriented mental health services is our goal

My recovery plan focuses on the goals I have today:

- I create my own plan for how to stay or become well.
- I am encouraged to use peer-led programs.
- I am supported to use services in my community of choice.
- I have a say in what will happen to me if I am in crisis in the future.
- Services recognize, respect and meet my diversity.

Housing

Having a safe, comfortable and affordable place to live is a very important factor in our emotional well-being. Finding the right type of quality housing that fits your budget can be difficult. Here are some housing resources that may help.

PUBLIC HOUSING – All properties that are managed by the Manitoba Housing Authority (MHA) are owned by the Manitoba Provincial Government. Includes accommodation for seniors, families and single people younger than 55 years. Rents are based on 25% of gross monthly income or the amount provided for shelter for people receiving social assistance. Contact toll free 1-800-441-5514 Selkirk 204-785-5228 / Gimli 204-642-6060

PRIVATE MARKET – This type of housing is not government operated. Rental units are owned and managed for profit by individuals and corporations. They must follow the regulations of the Residential Tenancies Act of Manitoba.

For information about your rights and responsibilities as a tenant or assistance in dealing with your landlord, call the **Residential Tenancies Branch** (a provincial government agency that assists tenants and landlords) 204-945-2476 or toll free 1-800-782-8403, www.gov.mb.ca/rtb

NON-PROFIT HOUSING – Non-profit housing organizations have developed affordable housing for people with low or moderate incomes:

- **Robinson Place** (Selkirk) 204-482-3536
- **Eveline Place** (Selkirk) 204-485-1317
- **Turning Leaf** (Selkirk) 204-785-2304 or 204-221-5594
- **Tyro** (Selkirk) 204-482-7525

MENTAL HEALTH HOUSING PROGRAMS AND SERVICES

Canadian Mental Health Association - Interlake Eastern (Serving all of the Interlake-Eastern Region)

- 435 Main Street, Selkirk, MB R1A 1V4 204-482-9723
www.interlakeeastern.cmha.ca
- Offers voluntary housing support services. Work in partnership with individuals with a diagnosed mental illness to choose, get and keep housing based on personal choice and skills.



Mental Health housing programs and services outside the Interlake-Eastern area

- Friends Housing Inc. 204-953-1160
- WRHA – Residential Care Facilities 204-940-2356
- RAY (Resource Assistance for Youth) 204-783-5617 www.info@rayinc.ca
- Sara Riel www.sararielinc.com 204-237-9263
- Salvation Army – The Haven 204-946-9404
- Seneca House 204-942-9276

To find out more about Non-Profit Housing and affordable home ownership and housing initiatives outside the Interlake-Eastern region visit www.mbwpg.cmha.ca and click under Mental Health and then Finding Help. Housing information can be found in the CMHA Mental Health guide for Winnipeg.

RESIDENTIAL CARE FACILITIES

Care provided in family home settings for adult individuals with a mental illness who require up to 24 hour care and supervision. Call Canadian Mental Health Association Interlake-Eastern 204-482-9723.

- **Turning Leaf** 204-221-5594 or 204-785-2304 Turning Leaf (Inc) Residential Support Service provides 24 hour, in facility, person-centered supports to intellectually challenged adults – those living with mental illness who are experiencing a mental health related housing crisis. Participants receiving this service are those currently or previously demonstrating independent living capabilities

EMERGENCY SHELTERS

- **Nova House** (Selkirk) Nova House is an emergency shelter for abused women and their children in the Interlake-Eastern Region. Temporary shelter is provided as well as counselling, support groups and referral to community

resources. Interim housing is also available for women to use until they become independent. Referrals for male victims of violence are provided. Contact admin line 204-482-7882, toll free crisis line 1-877-977-0007 or 204-482-1200

- **St. Francis Place Shelter** 202 Christie, Selkirk MB 204-482-4392 6 bed homeless shelter operates daily from 7pm to 8am. The shelter is dry. Smoking/alcohol/drugs are not permitted. Those under the influence will not be accepted. The maximum stay is 30 days. The shelter is co-ed from 17+ years.

Emergency Shelters outside the Interlake-Eastern Region

- **McDonald Youth Services** 204-477-1722
- Short term emergency shelter for youth under 18 years old.
- **Ndinawe** Safe house for youth 11-17 years old that have nowhere to go. 204-586-2588
- **Ikwe-Widjitiwin** Offers shelter, support and counselling to women who are suffering from emotional, physical or sexual abuse from their intimate partner. 204-987-2780 or 1-800-362-5344
- **Main Street Project** Open 24 hours. Offers emergency, overnight shelter and short-term hostel accommodations for men and women. 204-982-8245
- **Siloam Mission – Hannah's Place Emergency Shelter** 204-956-4344 or toll free 1-866-648-4673
- **The Salvation Army – Booth Centre** Provides short term accommodation for men & women. 204-946-9402
- **The Salvation Army – Sunrise Village** A family shelter 204-946-9471
- **Men's Resource Centre-Temporary Emergency shelter for men and their children** 204-415-6797 ext 200 or toll free 1-855-672-6727

Food Banks

Food Banks are non-profit, community-based organizations committed to providing food to people who need support for themselves and their families. Food donations are always needed. Food Banks provide volunteer opportunities to individuals as well as welcoming groups such as schools, faith communities and businesses that want to volunteer.

- **Beausejour Food Bank** 204-268-3600 730 Park Ave (side door) Open every Monday and Thursday 10:00am – 12:00pm
- **Lac du Bonnet Food Bank** Contact 204-345-9807 Open every Monday & Thursday 10:00am – 12:00pm
- **Springfield Food Bank** 741 Wieser Crescent, Anola (basement of Anola United Church) Open Saturdays 10:00am – 12:00pm For alternate access times please call 204-866-2654 or 204-866-3403
- **Selkirk Food Bank** 510 Christie Ave., Selkirk Open weekly on Tuesday from 10:00am to 2:00pm except after long weekends 204-482-9178
- **Interlake Food Bank** 293 Main Street, Stonewall 204-467-9118
- **Evergreen Basic Needs Food Bank** 71-4th Ave, Gimli 204-642-9736 55 McArthur (back door)
- **Ashern Food Bank** #1-2nd Ave North, Ashern Once a month hampers For more info call 204-768-3016
- **Toulon & District Food Bank** 54 Main Street 204-886-2570 2nd and 4th Thursday of the month
- **Our Daily Bread-Soup Kitchen** 368 Jeremia St., Selkirk Monday to Friday 9:30 am – 12:45pm Free lunch provided 204-785-9514

Income Assistance

Based on a needs assessment, this service provides financial assistance so that single parent families, persons with disabilities, and individuals and families who are unemployed are able to provide for their basic needs. For people who are able to work, Employment and Income Assistance (EIA) will help them go back to work by providing supports to employment.

Everyone's situation is different, so if you need more details about what you may be able to get through EIA, contact your local EIA office: 101-446 Main Street, Selkirk, MB 204-785-5105 or 1-866-474-0215

20 First Street South, Beausejour, MB 204-268-6028 or 1-866-576-8546

Other assistance for Low-Income Manitobans you may be eligible for are:

Provincial Programs

- RentAid
- 55PLUS
- Manitoba Child Benefit
- Early Learning and Child Care Program
- Child Care Subsidy

For more information on these or other provincial programs, contact Manitoba Family Services and Labour toll free 1-877-587-6224, email provservic@gov.mb.ca or go to www.gov.mb.ca/fs

Having a meaningful job provides us with a sense of purpose and independence. You may be someone who has had your employment interrupted by a mental health problem or have not yet had the opportunity to obtain meaningful employment.

These programs offer a variety of services to people with mental health problems which may include: employment counselling and preparation, career assessment, resume preparation, interview skills, job search, job shadows, work experiences and on the job support.

EMPLOYMENT MANITOBA

- Selkirk: Manitoba Jobs and Skills Development Centre 100-260 Superior Avenue Selkirk, MB R1A 2M9 Employment and Training Inquiries 204-785-5295
- Gimli Centre, 2nd Floor, 62-2nd Avenue Employment and Training Inquiries 204-642-6020

MARKET ABILITIES: Formally known as Vocational Rehabilitation. This program helps individuals with learning, cognitive and mental health challenges with employment and school related goals. Contact:

- Partners for Careers 20 First Street South, Beausejour 204-268-6152
- Job Connections & Rewarding Work Program 204-785-5116 Selkirk and Gimli 204-642-4594

JUST TRAINING CORP.

(Jobs/Upgrading/Skills/Training) 4 Park Ave, Lac du Bonnet, MB 204-345-2686 Provides employment assistance services,

career planning, job search, resume development, interview skills, and skills development assistance

NETWORK 4 CHANGE

Road 2 Success program For Youth (16 - 29) 92 Third Street South, Beausejour 204-268-2506

BROKENHEAD OJIBWAY NATION – EMPLOYMENT AND TRAINING PROGRAM

HSE 9 Scantebury 204-766-2318

FIELDSTONE VENTURES EDUCATION AND TRAINING CENTRE INC.

TBJ Mall – 61 Main Street Ashern 204-768-3797 or 1-888-777-1059

INTERLAKE EMPLOYMENT SERVICES

226-C Manitoba Ave, Selkirk 204-482-6009 Assistance available in Gimli, Arborg & Lundar. Contact Selkirk for more info

A.I.M. FOR WORK

Vocational rehabilitation program for persons with physical disabilities 367 Eveline Street, Selkirk 1-800-494-4179 or 204-482-2130

Employment

SELKIRK FRIENDSHIP CENTRE-PARTNERS FOR CAREERS

425 Eveline Street, Selkirk 204-482-7525

JOB QUEST CAREER SERVICES

511 Robinson Avenue – Selkirk Learning Centre 204-482-2100

OPTIONS FOR YOUTH (aged 16-29)

382 Main Street, Selkirk 204-785-1815

SUPPORTED EMPLOYMENT OPTIONS

ACL Beausejour, 524 Park Ave, Beausejour, MB 204-268-4653 Supported Employment Options assists individuals who face intellectual, social, physical or learning barriers and/or who have had historical difficulties in obtaining and maintaining paid employment.

SERVICE CANADA - Federal Government

Inquiry line 1-800-622-6232

SOCIETY FOR MANITOBIANS WITH DISABILITIES (including mental health)

382 Main Street, Selkirk 204-785-9338

Hope and Resiliency at Home

Keeping Safe When Times are Tough

Many families put considerable time and effort into protecting and nurturing the physical well-being and safety of their members. Care is taken to eat well, make healthy choices, prevent injuries, safety proof our homes, street proof our children, know basic first aid, and plan for natural disasters. We install smoke detectors and ensure everyone knows what to do in the event of a fire. Most of us do not put the same thought or energy into protecting and nurturing our mental and emotional well-being, learning how to be safe in the event of a personal crisis. Families, both biological and chosen or however defined, can be an important source of strength, protection and safety. There are things families can do to help increase each person's capacity to be safer when confronted by personal challenges and to thrive, flourish and experience more enjoyment in daily life.

Here are a few things your family can do to support mental wellness and increase each person's ability to keep safe when times are tough. While each person is ultimately responsible for their own well-being and personal safety, everyone needs the help and support of their family, friends and community.

- ▶ sense of security may feel threatened
 - ▶ Have conversations about balancing the demands of life-work-school and other responsibilities with self-care
 - ▶ Take time to talk about healthy ways of coping with difficult emotions
 - ▶ Have conversations about what gives us strength and hope
 - ▶ Have conversations about supporting mental wellness
 - ▶ Learn and practice as a family ways of calming and relaxing. Learn about "Life in Balance" by visiting www.klinic.mb.ca
 - ▶ Learn about and practice self-compassion
 - ▶ Make agreements about how you support each other during difficult times and how you will let each other know when you are struggling, feeling unsafe and need help
 - ▶ Discuss safety plans and how to cope with thoughts of suicide. Remember thoughts of suicide are not uncommon and it is ok to talk about them. A safety plan can be downloaded from the Manitoba Suicide Prevention and Support Line website, www.reasonalive.ca
 - ▶ Have conversations about recognizing the signs and symptoms of depression
 - ▶ Have conversations about recognizing the signs and symptoms of stress
 - ▶ Give every member of your family a help card for the Manitoba Suicide Prevention and Support Line and your local crisis line. These can be accessed from your local self-help organizations or from the Interlake-Eastern RHA Mental Health program.
- ▶ Make time to talk and make it a priority
 - ▶ Take time to look and listen, remember everyone needs to be seen, heard and understood
 - ▶ Have conversations about how to get through those difficult times when our



- ▶ Have the phone numbers for the 24-hour Crisis Line toll free 1-866-427-8628 or 204-482-5419 and the Manitoba Suicide Prevention and Support Line toll free 1-877-435-7170 posted on the fridge or bulletin board. Also have the phone number for the Manitoba Farm, Rural & Northern Support Services (MFRNSS) 1-866-367-3276. The MFRNSS also offers on-line counselling, visit www.ruralsupport.ca
- ▶ Learn about Mental Health First Aid (MHFA). MHFA teaches individuals how to recognize and respond to

- mental distress as a first aider. For more information visit www.mentalhealthfirstaid.ca
- ▶ Make sure everyone knows about community resources and how to access them
- ▶ Know when to ask about suicide and what to do
- ▶ Make time to play and be active together
- ▶ Do something every day to let people know you care about them
- ▶ Do something every day to let yourself know that you matter



Know what to do to help prevent suicide

Talking with someone who understands can help you get through times that are too hard to deal with on your own.

Need a safe place to stay while you sort things out and get back on track? We have a safe place for people 15 years and older.

Need to talk with someone right now? Call toll free 1-866-427-8628 or 482-5491/482-5376 to speak with someone who will listen and can help. There is someone to talk with 24/7.

Interlake-Eastern Regional Health Authority
Mental Health Crisis Services serves people of all ages throughout the Interlake-Eastern Region of Manitoba.

Suicide is a serious public health problem that has lasting, harmful effects on individuals, families, and communities. It's an issue that is still surrounded by fear, shame, and silence. By breaking through the barrier of stigma and openly addressing the factors that contribute to suicide, we can all take a more active and effective role in helping to prevent it and support those who are bereaved. When someone you know or care about is struggling, it is often hard to know what to do or say. Talking about suicide with someone does not "plant a seed". Rather, it is the first step to finding help and healing.

SUICIDE PREVENTION RESOURCES
Manitoba Suicide Prevention and Support Line website - www.reasonalive.ca - Information about suicide prevention and dealing with a suicide loss. Also includes personal stories and videos.

Canadian Association for Suicide Prevention (CASP) - www.suicidprevention.ca - Information on the association, their events and how to get involved.

Living Works - www.livingworks.net - A Canadian suicide intervention training company.

Suicide Prevention apps

The Life Line Canada offers access and guidance and support for those suffering in crisis and those who have suffered the devastating loss of a loved one from suicide.

Calm helps you to identify, assess and track your own stress levels and provides easy-to-use and highly effective mind/body practices.

Know the warning signs of someone who may be at risk of suicide

MANITOBA SUICIDE PREVENTION & SUPPORT LINE 1-877-435-7170 Confidential, 24/7 Toll Free

Is the person you are concerned about:

- ▶ Saying things like: "If I were gone..." "I can't see the point of living anymore." "They'd be better off without me," "I want to die," "I want to kill myself"
- ▶ Increasing his/her use of drugs and/or alcohol
- ▶ Lacking a sense of belonging, worth or purpose in life
- ▶ Feeling more distressed, nervous and anxious than usual
- ▶ Feeling like there is nowhere to go / no way to make this better
- ▶ Feeling that life has no meaning and that there is no hope for the future
- ▶ Feeling helpless to change the situation and move forward
- ▶ Withdrawing from friends, family and activities that once brought pleasure
- ▶ Being angrier or more irritable than usual
- ▶ Engaging in risky and/or careless behaviour
- ▶ Showing marked differences in mood: depression, sadness, elation, anxiety, etc.

Suicide support checklist:

- ▶ Take all threats seriously
- ▶ Ask direct by if they are feeling suicidal
- ▶ Be non-judgemental and compassionate
- ▶ Be a good listener
- ▶ Do not minimize the person's feelings
- ▶ Do not be sworn to secrecy
- ▶ Seek out support from appropriate community resources and professionals
- ▶ Ask if there is anything you can do
- ▶ Talk to others in the person's supportive network
- ▶ Do not use clichés or try to debate
- ▶ If the risk is imminent call 9-1-1 or take the person to a hospital emergency room or another medical station
- ▶ Call the Manitoba Suicide Prevention & Support Line at 1-877-435-7170 to discuss your concerns and how to approach the person

LET'S TALK ABOUT SUICIDE

Knowing how to talk to a family member, friend or coworker about suicide is a critical component in preventing suicides. The "Let's Talk about Suicide" video is available through the Manitoba Suicide Prevention and Support Line website, www.reasonalive.ca. This fourteen minute video explores with the viewer how we all can have discussions with family and friends about suicide prevention and how together we can keep ourselves safer during difficult times. The video also discusses identifying and talking to someone who might be at risk of suicide.

Rights

People need to know their rights as patients and consumers of services and how to exercise these rights when there are problems. Knowing where to take concerns and complaints is important.

CANADIAN MENTAL HEALTH ASSOCIATION - INTERLAKE EASTERN REGION
204-482-9773
www.interlakeeastern.cmha.ca

MANITOBA HUMAN RIGHTS COMMISSION
1-888-884-8681
www.gov.mb.ca/hrc
Receives, investigates and attempts to resolve complaints of unlawful discrimination and harassment.

MENTAL HEALTH REVIEW BOARD
204-945-6050
Will accept collect calls from persons in hospital under the Mental Health Act. Patients have the right to appeal certain aspects of their admission or treatment in a psychiatric facility.

OMBUDSMAN MANITOBA
1-800-665-0531
www.ombudsman.mb.ca
An office independent of government that receives inquiries and complaints from people who believe they have been treated unfairly by departments and agencies of the provincial government or by a municipal government; and those who have concerns about their requests for access to information, or about the privacy of their personal or personal health information.

PERSONAL HEALTH INFORMATION ACT
1-866-626-4862 / 204-788-6612
www.gov.mb.ca/health/phia/
The act sets out rules that all health information "trustees" must follow. Trustees are persons or organizations that keep records of your health information.

THE PROTECTION FOR PERSONS IN CARE
1-866-440-6366
www.gov.mb.ca/health/protction/
This office receives and investigates reports of suspected abuse against adults receiving care in personal care homes, hospitals or any other designated health facilities.

SOCIAL SERVICES APPEAL BOARD
1-866-626-4862 / 204-945-3003
www.gov.mb.ca/ssab/
The Social Services Appeal Board is an independent appeal board for decisions about employment and income assistance.

VICTIMS SERVICES
1-866-484-2846
www.gov.mb.ca/justice/victims
helps people access their rights, understand their responsibilities and connects them to other services or agencies.

LAW PHONE-IN AND LAWYER REFERRAL PROGRAM
501-294 Portage Avenue
204-945-2305 or 1-800-262-8800
This program provides legal information, not advice, on specific cases to callers at no charge. The program also refers individuals to lawyers with preferred areas of practice and to other legal agencies.

The Manitoba Mental Health Act

The Manitoba Mental Health Act is a provincial law that provides the legal framework by which individuals may be assessed and treated in a general hospital psychiatric unit, a psychiatric hospital or a mental health clinic. The intent of the Act is to balance an individual's need and right to treatment, the individual's civil rights not to be arbitrarily detained, and the need of society to prevent people from harming themselves or others when they are mentally ill.

Here are the key points for an individual to know:

1. How are people admitted to a psychiatric facility?

VOLUNTARY PATIENT

A person may request admission as a voluntary patient, in which case a doctor must agree that admission is indicated. The vast majority of patients who are admitted to a psychiatric unit in a hospital are admitted voluntarily.

INVOLUNTARY PATIENT

Any doctor can make application for a psychiatric assessment based on his/her personal assessment that the individual is suffering from a mental disorder that likely will result in serious harm to him/herself or another person, or will seriously deteriorate if not admitted to a psychiatric facility.

- A police officer may be requested through a warrant or their emergency powers to bring a person to a psychiatric facility for assessment.
- A justice of the peace can issue a warrant to have a person taken to a psychiatric facility for assessment after receiving signed evidence from a citizen that this person may be a danger to him/herself or others.

However, a person can only be admitted to a psychiatric facility as an involuntary patient if a psychiatrist believes that:

- the person may suffer from a mental disorder
- because of the mental disorder there is a likelihood that:
 - the person may cause serious harm to him/herself or others OR
 - the person's condition may deteriorate mentally or physically AND
 - the person needs treatment that can reasonably be provided only in a psychiatric facility
- the person refuses or lacks the capacity to agree to a voluntary admission.

A police officer who takes a person into custody for an involuntary medical examination must inform the person in writing:

- where the person is being taken
- the reason why they are being taken for an involuntary medical examination
- that they have a right to call a lawyer.

DISCHARGE

A person can be kept involuntarily in a psychiatric facility for up to 21 days. If not ready for discharge, the certificate can be renewed for up to 3 months. However, the psychiatrist can also change the person's status from involuntary to voluntary at any time if they no longer meet the conditions to be an involuntary patient. The patient must be informed of any change in status.

2. Can a person be forced to accept medication against their will?

If a person is considered to be mentally competent to decide on psychiatric treatment, they have the right to refuse or accept medication or treatment. An individual is considered competent to decide on psychiatric treatment if he or she has the ability to understand the nature of the illness for which treatment is proposed, the treatment recommended, and is able to appreciate the consequences of giving or withholding consent. If a person is not mentally competent, the psychiatrist must get consent from a family

member, committee, proxy or the public trustee before giving medication.

3. How can a person appeal decisions about their involuntary status or treatment in a psychiatric facility?

Review Board applications are available at the nursing station in each psychiatric facility.

A review board is an independent committee of 3 people who:

- May review involuntary status, mental competency, failure to comply with a health directive, competency to manage property, extension or cancellation of a leave certificate.
- May authorize treatment for a patient who is not mentally competent.
- May authorize the withholding of access of a patient to his or her clinical file. A Review Board hearing must be conducted within 21 days of the application date. A person is entitled to be represented at the hearing by a lawyer, advocate or person of their choice. A decision will be made within 2-3 days following the hearing.

4. Can an involuntary patient be discharged from a psychiatric facility?

A Certificate of Leave is a written agreement between a patient and a doctor that may be issued for a period of six months allowing an involuntary patient (who meets certain criteria) to live outside the psychiatric facility. The certificate contains conditions specifying that the patient must report at specific times and places for treatment. Once the certificate is issued, that patient becomes voluntary. If the patient does not report for treatment as agreed, the doctor can request the police to return the patient to the psychiatric facility.

5. Does a person have a right to see their hospital file?

YES. A person can apply in writing to the medical officer in charge of the psychiatric facility to see and/or copy the clinical record. The person needs to give their name, address, date of birth and date(s) of hospitalization. The hospital can charge a fee for administration and copying. It is important to inform Medical Records if a person cannot afford the fee. Most facilities will adjust or waive the fee.

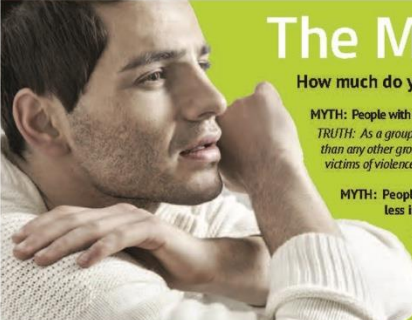
Within 7 days of receiving a written request, the medical officer may either grant the request to see the file (which is usual), or may apply to the Review Board for permission to withhold all or part of the clinical file. If there is incorrect information in the file, a correction can be requested, or a statement of disagreement can be added to the record.

The Review Board can order the medical officer to give access to the clinical file unless the board believes that this would likely cause: a) serious harm to a person's treatment or recovery OR b) serious physical or emotional harm to someone else.

6. If you need specific information regarding the Mental Health Act and your rights call:

- Canadian Mental Health Association - Interlake Eastern (serving all Interlake-Eastern area)
435 Main Street, Selkirk, MB 204-482-9723
- Mental Health Review Board
204-945-6050 / 204-945-6178
Will accept collect calls from persons in hospital.
- Legal Aid Winnipeg
204-985-8500 or toll free 1-800-261-2960
- Ombudsman Manitoba toll free 1-800-665-0531
www.ombudsman.mb.ca

COPIES OF THE MENTAL HEALTH ACT CAN BE OBTAINED FROM STATUTORY PUBLICATIONS 204-945-3101 or www.gov.mb.ca/health/act.html



The Myths of Mental Illness

How much do you know about mental illness? Here are some common myths and truths.

MYTH: People with mental illness are violent and dangerous.
TRUTH: As a group, mentally ill people are no more violent than any other groups. In fact, they are more likely to be the victims of violence than to be violent themselves.

MYTH: People with mental illness are poor and/or less intelligent.
TRUTH: Many studies show that most people with mental illnesses have average or above-average intelligence. Mental illness, like physical illness, can affect anyone regardless of intelligence, social class or income level.

MYTH: Mental illness is caused by a personal weakness.
TRUTH: A mental illness is not a character flaw. It is an illness, and it has nothing to do with being weak or lacking will-power. Although people with mental illness can play a big part in their own recovery, they did not choose to become ill.

MYTH: Mental illness is a single, rare disorder.
TRUTH: Mental illness is not a single disease but a broad classification for many disorders. Anxiety, depression, schizophrenia, personality disorders, eating disorders and organic brain disorders affect millions of Canadians every year.

Source: www.cmha.ca Canadian Mental Health Association website.

Social Activities and Recreation



Recreation changes strangers into neighbours, bringing people together in settings where friendships and abilities can grow in a positive environment. In a time when computers, cars and other labour saving devices have weakened or replaced human contact, recreation may improve health just as much by building social supports as by enhancing physical health. Research shows that people who participate in recreational activity enjoy better mental health, are more alert, and more resilient against the stresses of modern living. Participating in recreation is shown to reduce stress, anxiety and depression, and reduce the symptoms of Alzheimer's disease.

GATHERING INFORMATION...

There are a number of ways to find recreational and social opportunities in your community. Local newspapers as well as community news/public bulletin boards are good sources of information. Other good sources of information include:

- Call your City/Town office, Rural Municipality office or Local Government District (LGD) to find out more about what is going on in your community. Most districts have recreation guides and are online with social media so don't forget to check out their websites, Facebook and Twitter!
- 211 Manitoba www.mb.211.ca is a searchable online database of government, health, and social services that are available across the province. The service helps Manitobans who are looking to find the right community or social resource but don't know where to start.
- The Interlake-Eastern RHA website www.ierha.ca - click on Care in your Community - Community Wellness Team. The community wellness team of health experts is composed of nurses, dietitians, exercise consultants and people trained to help motivate you to live a healthier life. The wellness teams visit communities for events and they deliver free classes and programs all over the region. Contact 1-877-979-9355 or wellness@ierha.ca
- Stay up to date on programs, classes and trainings by subscribing to our E-Newsletter by emailing wellness@ierha.ca and include the word "subscribe" in the subject line.
- Recreation Opportunities for Children (ROC Eastman) This recreation-focused children's charity covers costs of registration in activities, transportation, equipment and supply costs, as well as giving a unique and personal learning program to each and every family. Contact 204-371-2887
- KidsSport™ provides support to children in order to remove financial barriers that prevent them from playing organized sport. www.kidsportcanada.ca/manitoba/ 1-866-774-2220 (Toll Free)
- Jumpstart gives kids from families in financial need the same chance to participate as their neighbours, their classmates and their friends. www.jumpstart.canadiantire.ca/ 1-844-YES-PLAY



SHARING THE FUN...

Going to new places or meeting new people is not always easy and can be stressful. It may help to go with a friend or let the contact person know you are coming. They will often make a point of looking for you and perhaps introduce you to others. It takes time to meet others and feel comfortable in a new setting. Give yourself and the activity a chance. You may be pleasantly surprised!

COMMUNITY LIBRARIES AND MENTAL HEALTH

Reading is not only an excellent pastime, offering opportunities to relax and to briefly escape from the stresses of everyday life, but is also a great way to access trustworthy information and empowers people to make informed decisions about their well-being and health. A number of recommended books on mental health topics can be found on the Interlake-Eastern RHA website - www.ierha.ca - click on Care in your Community - and then on Mental Health. Look for these books at a library near you.

- To find a listing of community libraries visit: <http://www.mla.mb.ca/content/manitoba-library-directory>
- **The Mental Health Education Resource Centre of Manitoba (MHERC)** 100-4 Fort Street, Winnipeg is a provincial resource promoting knowledge exchange. To promote mental health and educate about mental illness in an effort to encourage Manitobans to seek treatment early and to reduce the prejudice and discrimination that exists towards people with a mental illness. All resources are available for loan, free of charge. 204-942-6568 Toll Free 855-942-6568 www.mherc.mb.ca
- **CMHA Interlake Eastern**, 435 Main St. Selkirk 204-482-9723 Pamphlets, books, audio tapes and videos are available for you to browse through information about mental health issues and about mental illnesses.



RESOURCE & SUPPORT CENTRES:

Mental Health

Selkirk & Interlake Mental Health Support Centre Inc. www.supportcentre.ca

Provides community based settings for mental health support services on a drop-in basis, in several communities in the Interlake Eastman area.

- Selkirk & Interlake Support Centre 204-482-3536 Client Line 204-785-8073 (Mon-Fri 6:30am-2pm) Sunflower Café 204-482-1601
- Arborg Support Centre 204-376-5066
- Ashern Support Centre 204-768-2915
- L. Merrit Support Centre - Lundar 204-762-5769
- Lac du Bonnet Support Centre 204-345-5570

Women

Interlake Women's Resource Centre

- Gimli 204-642-8264
- Lakeshore Women's Resource Centre Ashern 204-768-3016

Metis

Manitoba Metis Federation: Provides wellness services in the community.

- Grand Marais 204-754-2721
- St. Laurent 204-646-2706
- Selkirk Friendship Centre 204-482-7525

SENIOR RESOURCE COUNCILS:

Provides services in the community by coordinating volunteers and fee for service providers to help seniors and people living with disabilities to maintain independence in the community.

Brokenhead Outreach For Seniors Inc.
Beausejour 204-268-7300

Two Rivers Seniors Resource Council Inc.
Lac du Bonnet 204-345-1227
Pinawa 204-753-2962
Whittemouth 204-348-4610

Springfield Services to Seniors
Oakbank 204-853-7582

Winnipeg River Resource Council Inc.
Pine Falls 204-367-9128

East Beaches Resource Centre
Victoria Beach 204-756-6471

Arborg and District Seniors Resource Council
Arborg 204-376-3494

Living Independence For Elders - LIFE
Ashern 204-768-2187

Eriksdale Community Resource Council Inc.
Eriksdale 204-739-2697

Fisher Branch Seniors Resource Council
Fisher Branch 204-372-8703 ext 315

Gimli Seniors Resource Council Inc.
Gimli 204-642-7297

Lundar Community Resource Council
Lundar 204-762-5378

Riverton & District Seniors Resource
Riverton 204-378-3103

St. Laurent Senior Resource Council Inc.
St. Laurent 204-646-2504 ext 4

Selkirk Support Services (located in Food Bank Bldg)
Selkirk 204-785-2737

South Interlake Seniors Resource Council Inc.
Stonewall 204-467-2719

Teulon and District Seniors Resource Council
Teulon 204-886-2570

FOR SENIORS

- Age and Opportunity 1-888-333-3121
- Partners Seeking Solutions with Seniors Peer Support line 204-237-5918 www.solutionsforseniors.cimnet.ca
- Province Wide Seniors Abuse Line 1-888-896-7183
- Seniors and Healthy Aging Secretariat Toll Free: 1-800-665-6565

THE IMPORTANCE OF EARLY INTERVENTION

"Empowering youth, educators and health professionals with a better understanding of mental health can help alleviate the social and economic impact of some mental health disorders. Programs that provide youth and their families with the much-needed opportunity to discuss and address issues affecting mental health - before they become a problem - can help to ensure healthy development."

Learn more about the Mental Health Commission of Canada <http://www.mentalhealthcommission.ca/English>



The number one complication of childbirth is DEPRESSION



It's normal to go through an adjustment period following childbirth – new mothers experience many different emotions.

Women anticipate feelings of happiness with the birth of their babies. But many new mothers are surprised by other feelings such as sadness, anger fear or anxiety. Up to 75 per cent of new mothers experience the "baby blues". The baby blues usually begin a few days after birth and often go away on their own by two weeks.

During the baby blues, women may feel weepy, overwhelmed, irritable, and anxious, fatigued and have trouble sleeping.

If these feelings don't go away or get worse you may be experiencing POSTPARTUM DEPRESSION.

"HOW DO I KNOW IF I HAVE POSTPARTUM DEPRESSION?"

If you've been experiencing any of the following for two weeks or more, talk to a health care provider:

- Strong feelings of sadness or emptiness
- Constant fatigue (even after resting)
- Trouble falling asleep or wanting to sleep all the time

- Uncontrollable crying
- Losing interest in activities you normally enjoy
- Trouble concentrating or making decisions
- Changes in appetite or weight
- Feeling hopeless, trapped or worthless
- Feeling anxious, overwhelmed or out of control
- Worrying a lot about your baby's health or safety
- No interest or pleasure in your baby
- Scary thoughts or fears about harming the baby

POSTPARTUM DEPRESSION IS TREATABLE.

Counselling, medication and support are helpful in treating postpartum depression. A health care provider can help you find the right supports and services for your situation. The sooner you get help, the sooner you'll be feeling better.

"I feel like the worst mother in the world"

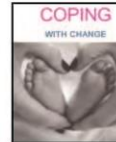
You are not alone. Many women suffer in silence with postpartum depression because they fear being seen as bad mothers or feel too ashamed to seek help. It is important to remember that postpartum depression can affect any new mother. It is not your fault.

WHERE TO GET HELP FOR POSTPARTUM DEPRESSION

- Talk to your doctor or nurse practitioner.
- Talk to your Public Health Nurse.
- Families First offers home visiting supports to families with children, from pregnancy to school entry. There is no cost. Families First is delivered across the province by community public health. First, a public health nurse will visit with you to talk about your family. Together you will decide what community resources would be best for your family. Contact:
 - Oakbank 204-444-6115 (covers IERHA East)
 - Selkirk 204-785-7693
 - 204-785-7505
 - Gimli 204-642-1610
 - Teulon 204-886-4071
 - Stonewall 204-467-4755




- The Towards Flourishing Project is a new initiative which promotes the mental well-being of parents and their families through the development and addition of a mental health promotion strategy to Manitoba's Families First Home Visiting Program.



Prenatal classes prepare you for birth.

Postnatal classes prepare you for all of the changes when a baby enters your life.

Coping with Change Postnatal Education Workshops may be available in your community or a community near you. It is a 5 session weekly group designed to help women understand the everyday changes they might experience when introducing a baby into their lives. Sessions address emotional adjustments, self-care, relationship changes and building support.

Visit  Coping with Change Interlake Eastern RHA to find out where and when the next workshop will be held or call 1-204-785-7533 for more information.

- In the Interlake-Eastern Region, if you are having thoughts of harming yourself or your baby or are feeling overwhelmed, call: Interlake-Eastern RHA Mental Health Crisis Services (24 hours) 1-866-427-8628

- **Postpartum Warmline**
An initiative of the Mood Disorders Association of Manitoba, the "Warm Line" is a phone line that offers peer support to women, men and their families who are suffering with postpartum depression. If you need help with postpartum depression or the "baby blues", please contact us 204-391-5983 Monday to Friday 9am-9pm

- **Postpartum Depression – Monthly Education Series**
216 Manitoba Avenue, Selkirk, MB.
Mood Disorders Association of Manitoba, in partnership with Growing Years Family Resource Centre, provides monthly education sessions on postpartum depression, stress, anxiety and the impact these have on the family. For more information or confidential support contact: Shelley Fitzcarrick (Outreach Manager) 204-330-7821 or email: shelleyf@mooddisordersmanitoba.ca

- Women's Health Clinic Mothers Program
1-866-947-1517 for resources and support
www.womenshealthclinic.org

- Health Links – Info Santé at 1-888-315-9257 (24 hours)

More information on postpartum depression is available at the following sites:

- www.postpartum.org
- www.postpartum.net
- www.beyondblue.org.au/beyondbabyblues
- www.ppdmanitoba.ca

Help for Families

Families can play a valuable role in supporting a family member with a mental health illness. Having a family member with a mental illness can be stressful. In addition to coping with the practical issues of day to day living, families can experience tremendous guilt, fear, grief, anxiety, self-doubt and uncertainty. Family members and friends who have a good understanding of the illness and treatment options will be better equipped to be supportive.

SUPPORT FOR FAMILIES & YOUNG CHILDREN
There are several family-based Resource Centres in the Interlake-Eastern Region. They work towards empowering families by partnering with community resources and strive to enhance wellness, learning, and growth opportunities.

- **Mrs. Lucel's Resource Centre**
76 Third Street, Lac du Bonnet, MB
204-345-9901 / 204-345-9909
www.mrsLucells.com
- **Wings of Power**
37 Pine Street Powerview-Pine Falls, MB
204-367-9641 www.wingsofpower.org
- **Network 4 Change**
92 Third Street South, Beausejour, MB
204-268-2506 www.network4change.ca
- **Growing Years Family Resource Centre**
216 Manitoba Avenue, Selkirk, MB
204-785-8218 www.growingyears.info
- **Selkirk Friendship Centre Inc.**
425 Eveline Street, Selkirk MB
Phone 204-482-7525

Some options for family therapy in the Interlake-Eastern Region may include Couple & Family Therapy Services 204-785-7716

The following organizations offer specialized services for families dealing with mental illness outside the Interlake-Eastern Region:

- **St. Boniface Hospital Family Therapy**
204-237-2606
- **Family Dynamics**
204-947-1401
- **New Directions for Children, Youth and Families**
204-786-7051 ext. 5262
Family Therapy for families with children under 18 yrs
- **Centre Renaissance Centre**
204-256-6750
- **Aulneau Renewal Centre**
204-987-7090
- **New Directions Parenting Centre**
204-956-6560
A service to support families with small children, birth-12 yrs

For more counselling and therapy services, see page 4.

Many Self Help organizations offer information and support to families, see pages 2 & 11.



A FEW TIPS FOR FAMILIES

- Find out about mental health resources in the community.
- Keep a journal of notes about what has been happening, which can help you to see patterns, etc.
- Make a list of questions you may want to ask the doctor or nurse practitioner.
- Ask for information about the illness and the treatment.
- Offer choices to the person such as "Will you go to the hospital with me or would you prefer (name a friend) go with you?"
- Have a plan for dealing with crisis situations such as who to call, what services are available, who can support the person and family through a crisis.
- Make sure you are looking after yourself; maintain outside interests, gain support from others, seek counselling if necessary.

Youth Resources

Phone lines offer support, information and are there to listen so don't worry if you don't know what to say. Any number you call, someone is there to help you. 1-800, 1-888, 1-855, 1-866 and 1-877 numbers are all FREE to call and won't show up on phone bills.

- › Interlake-Eastern RHA Crisis Line (24 hours)
1-866-427-8628
- › Interlake-Eastern RHA Mobile Crisis Unit
1-877-499-8770
- › Klinik Crisis Line (24 hours) 1-888-322-3019



Live Chat Line Wed-Sun at
www.kidshelpphone.ca

- › Bullying Help Line 1-888-456-2323
- › Children's Advocate (Mon – Fri/24 hour voice mail)
1-800-263-7146 Responding to complaints or concerns regarding youth who are involved in the child welfare system.

TEEN CLINICS

There are several clinics in the Interlake-Eastern Region addressing the unique questions and health concerns that today's teens have. All clinics are for youth aged 12 to 21.

No appointment is necessary. Services are free and confidential. For more information on location and times of clinic hours, visit Interlake Eastern Teen Clinics on Facebook or www.teenclinic.ca

Beausejour Teen Clinic 204-268-2288

Wanipigow Teen Clinic Clinic is open the 2nd Tuesday of every school month from 10am-2:00pm in the Wanipigow School

Selkirk Teen Clinic 204-785-7500

Oakbank Teen Links Clinic 204-266-3999

WEBSITES

- › www.teenstalk.ca – Sexual or mental health info. Follow them on Twitter @TeenTalkMB and like them on Facebook [facebook.com/teenstalkMB](https://www.facebook.com/teenstalkMB)
- › www.reasonstolive.ca – Suicide info and resources
- › www.mindyourmind.ca – Mental health info and resources
- › www.prevnet.ca – Online/digital abuse info
- › www.brotalk.ca – A supportive zone for teen guys
- › www.ok2bbtue.com – a Canadian site with info about



- › depression for youth and parents
- › www.mindcheck.ca – A provincial youth and young adult-focused interactive website.
- › www.inurhead.ca – Site for youth and parents dealing with mental health and substance use
- › www.youthspace.ca – Live Online Help – emotional and crisis support – no judgements
- › www.kidshealth.org – Site for parents, kids and teens – answers, advice and straight talk
- › www.stresshacks.ca – Information on stress and help to manage it

For more websites, visit www.cmha.ca or www.ierha.ca – click on Care in your Community and then Mental Health

Brain Disorders and Developmental Disabilities

Doctors, nurse practitioners and public health nurses are often the first point of contact/resource to approach where brain disorders such as mental illness and development disabilities are a concern of families with young, adolescent or adult children. Your local public health nurse is an excellent resource as you start your family and seek the best information on caring for and parenting your children. Contact your local public health nurse at a Community Health Office near you.

for an FASD assessment, contact one of Interlake-Eastern RHAs FASD diagnostic coordinators:

Sherisse Picklyk Dear
FASD Diagnostic Coordinator (West)
204-785-7789
spicklykdear@ierha.ca

Devon Ungurain
FASD Diagnostic Coordinator (East)
204-268-7705
dungurain@ierha.ca

THESE ORGANIZATIONS OFFER INFORMATION & SUPPORT FOR NEUROCOGNITIVE DISORDERS:

- › Alzheimer Society of Manitoba
www.alzheimer.mb.ca
1-800-378-6699 or 204-943-6622
- › Manitoba Brain Injury Association
1-866-327-1998 or 204-975-3280
- › Learning Disabilities Association of Manitoba 1-866-327-1998
www.LDAmanitoba.org
- › Society For Manitobans With Disabilities www.smd.mb.ca 1-866-282-8041 or 785-9338 Selkirk Office
- › Stroke Recovery Association of Manitoba 204-942-2880

FASD – Fetal Alcohol Spectrum Disorder

FASD is a result of alcohol exposure during pregnancy that can affect the developing brain. FASD is often referred to as a "hidden" or "invisible" disability because most people affected have no noticeable physical features. Manitoba has about 130 FASD-related births per year. About 15 percent of Manitoba women report consuming alcohol while pregnant (Source: Family Screening Data). To discuss a potential referral of a child

Building Circles of Support – for Caregivers of Children & Youth who have a Diagnosis of FASD

Building Circles of Support (BCS) is a free, 8 week informational series on Fetal Alcohol Spectrum Disorder. In partnership with the Manitoba FASD Center, the Interlake-Eastern Regional Health Authority is offering the sessions via MB Telehealth at various locations in the region. The information series is for parents, caregivers and professionals who support children or youth who have a diagnosis of FASD. Each BCS session is two hours in duration and provides a different topic and speaker every week – all handouts and course material is provided. We encourage participants to attend all 8 sessions. For more information or to register please contact one of the FASD Diagnostic Coordinators in the region.

- › FASD Information Manitoba 1-866-877-0050
- › FASD Life's Journey Inc. 204-772-1591
- › Initiatives For Just Communities FASD Program 1-877-912-2299 or 204-925-1928
- › Manitoba FASD Centre www.fasdmanitoba.com 204-235-8866

Mental Health Education and Support Groups for Families

Located outside the Interlake-Eastern Region



Are you coping with a mental illness of a family member? Do you struggle with how to support your loved one? Do you want to know how to support yourself, as a family member? CMHA Winnipeg Region is now offering an eight week course for families and friends. Call 204-982-6100 or visit www.mtwpg.cmha.ca

"Name That Feeling Support Group" is for children who have a family member with a mental illness (this includes any mental illness). This is a 7 week support group that offers young people 7 to 15 years, the opportunity to discuss their needs and feelings around living with a family member with a mental illness. Individual appointments on request. Call 204-786-1616 or 1-800-263-5545. Manitoba Schizophrenia Society.

Family And Friends is a support group sponsored by the Mood Disorders Association of Manitoba. It meets weekly on Wednesday evenings 7:00pm - 9:00pm at 100 - 4 Fort Street. 786-0987 or 1-800-263-1460.

Manitoba First-Episode Psychosis Family Support Group
Families with young people who have experienced first-episode psychosis meet monthly to share, learn, support each other and lobby. Contact Christine 204-475-8381.

S.P.E.A.K. Suicide Prevention Education Awareness Knowledge
A family-based education and support group. Contact Clinic at 204-784-4090 or www.klinik.mb.ca/speak.htm

Resources at your fingertips!

Resources such as smartphone applications, websites, and books are effective ways for individuals to take charge of their own recovery and manage their mental health. These resources do not replace treatment recommendations by a primary health care provider, but are a way to help learn about mental health and manage it in a healthy and effective way. Or you can visit www.ierha.ca and click on Care in your Community and then Mental Health where you can find a number of smartphone apps, websites and recommended books under the service buttons.



Calm in the Storm helps you to identify, assess and track your own stress levels and provides easy-to-use and highly effective mind/body practices.



Healthy Minds is a problem-solving tool to help deal with emotions and cope with the stresses you encounter both on and off campus. The goal: keeping your mind healthy.



The Life Line Canada offers access and guidance and support for those suffering in crisis and those who have suffered the devastating loss of a loved one from suicide.



Mindfulness Coach was developed to help Veterans, Service members, and others learn how to practice mindfulness.



Mindshift will help you learn how to relax, develop more helpful ways of thinking and identifying active steps that will help you take charge of your anxiety.



Pacifica gives you holistic tools to address stress, anxiety, and depression based on Cognitive Behavioral Therapy, mindfulness, relaxation and health.



Stop, Breathe & Think is a free mindfulness, meditation, and compassion-building tool that is simple, fun and easy to use.



Virtual Hope Box contains simple tools to help individuals with coping, relaxation, distraction and positive thinking.



Always There provides a password protected space for you to log your feelings, receive youth-submitted inspirational quotes, tips on taking care of yourself, and jokes aimed at helping you cope with stress.



Booster Buddy is designed to help teens and young adults improve their mental health.



SAM is a friendly app that offers a range of self-help methods for people who are serious about learning to manage their anxiety.



My Study Life is a cross-platform planner for students, teachers and lecturers designed to make study life easier to manage.

Skill Building and Mental Health Educational Workshops

Wellness programs can help improve your skills and knowledge. There are a number of skill building and educational sessions available to you in the Interlake-Eastern Region. You can find out about local programs in a variety of ways. Drop by the CMHA office in Selkirk, 435 Main St., or contact us by phone 204-482-9723. You can access information about our services or programs in the region. Search the website www.ierha.ca and click on Care in Your Community, and then Mental Health or Wellness or like them on Facebook www.facebook.com/InterlakeEasternRHACommunityWellness/. You can also join 'Your Connection to Wellness' e-newsletter. Email wellness@ierha.ca and include 'subscribe' in the subject line. You may also find educational workshops by searching www.ierha.ca under careers and then local training opportunities.



Sleep better, feel happier, have more energy, gain confidence, get out more, enjoy better relationships, help others – learn all that in eight, enjoyable 90-minute sessions. Contact CMHA Interlake Eastern @ 204-482-9723 or www.cmhaink@mymts.net for more information

Mental Health First Aid To educate people in understanding and responding to individuals developing a mental health problem or experiencing a mental health crisis. For more information visit their website: www.mentalhealthfirstaid.ca/

SMHC (Selkirk Mental Health Centre) offers free Mental Health First Aid to the public. Contact: Administrative Assistant 204-482-1646 or angela.macdonald@gov.mb.ca

Applied Suicide Intervention Skills Training

The ASIST workshop is for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. For more information visit their website at: www.livingworks.net To inquire about having a Mental Health First Aid or ASIST training for your community or organization (offered by Interlake-Eastern Regional Health Authority staff) contact the Regional Director of Mental Health & Crisis Services 204-785-5560.



Bounce Back, a skill-building self-help program to help adults experiencing mild to moderate symptoms of depression (with or without anxiety). Bounce Back offers two forms of help. The first is a DVD called Living Life to the Full, which provides practical tips on managing mood, sleeping better, building confidence, increasing activity, problem solving, and healthy living. The second is a guided self-help program in which a community "coach" provides telephone assistance with a variety of self selected workbooks in a structured way to improve your emotional well-being. This part of the program usually involves three to five telephone sessions with a Bounce Back coach, which you can do from the comfort of your home. For more information contact your primary health care provider.



The Towards Flourishing Project is a new initiative which promotes the mental well-being of parents and their families through the development and addition of a mental health promotion strategy to Manitoba's Families First Home Visiting Program.

COPING WITH CHANGE: MATERNAL HEALTH AND WELLNESS - POSTNATAL EDUCATION WORKSHOP



Prenatal classes prepare you for birth. Postnatal classes prepare you for all of the changes when a baby enters your life. It is a 5 session weekly group designed to help women understand the everyday changes they might experience when introducing a baby into their lives. Sessions address emotional adjustments, self-care, relationship changes and building support. For more information call (204)785-7533.

Cognitive Behavioural Therapy with Mindfulness (CBTm) Classes Cognitive Behavior Therapy (CBT) is recommended to be the first line treatment for most mental health disorders. Four classes are semi-structured and provide an introduction to mindfulness, cognitive behavioural theory,

thought records, exposure and behavioural activation, goal setting, problem solving, and healthy living. The classes include both information and experiential learning. Participants can bring one family member or friend to the classes. If you are interested in attending CBTm classes you can contact Interlake-Eastern RHA Community Mental Health Central Intake 204-785-7752 Ext. 1.

Get Better Together is a free six-session workshop for people with long-term health conditions. Let this program help you regain control of your health. To find out about a workshop near you, contact wellness@ierha.ca. You can also take this program online. Go to www.getbettertogether.ca.

Self-Help organizations are dedicated to the improvement of quality of life for those affected by mental illness through education, peer support and advocacy. These organizations offer a number of educational workshops and presentations.

Moods Disorder Association of Manitoba (MDAM) offers presentations on a variety of topics including: mood disorders, youth and mental health, addictions, trauma, external triggers, mental health within the work place as well as seniors with depression. MDAM also provides accommodating presentations to meet the specific needs of your organization or audience. To arrange for a presentation or workshop call 204-444-5228 / 204-350-7821.

Anxiety Disorder Association of Manitoba (ADAM) offers Cognitive Behavioural Programs and Support Groups. Contact the ADAM office in your area for information about programs in your community call 204-345-8511 / 204-389-5050 or email eastman@adam.mb.ca or interlake@adam.mb.ca

Manitoba Schizophrenia Society Inc. (MSS) offers workshops on subjects like: "Hearing Voices That Are Distressing", "Name That Feeling", "Strengthening Families Together", "Eight Stages of Healing" and "Honest, Open, Proud to Erase the Stigma of Mental Illness". Public presentations on schizophrenia, schizoaffective disorder, psychosis, mental health and recovery to groups of all sizes. For more information visit www.mss.mb.ca or call 204-371-0824 / 204-485-1253 or email eastmanmss@mts.net or bevking@mymts.net



Membership Information

Support the work of the Canadian Mental Health Association, Interlake Eastern Region.

Annual Membership

- \$20.00 Individual
- \$25.00 Organization
- \$2.50 Reduced

(Donations and Memberships are tax deductible)

Call for a membership form at 204-482-9723

Charitable Registration Number 14033 3056 RR001

This resource guide has been funded by the **INTERLAKE-EASTERN SUICIDE PREVENTION COMMITTEE - Reclaiming Hope**

Every effort was taken to ensure information was accurate at time of printing. We apologize for any errors or omissions. Please report any changes to the Canadian Mental Health Association, Interlake Eastern office at 204-482-9723.

This Mental Health Resource Guide is published by the Interlake-Eastern RHA in a joint partnership with the Canadian Mental Health Association.



Corporate Office - Selkirk
233A Main Street, Selkirk, Manitoba R1A 1S1
204-785-4700 / 1-855-347-8500 www.ierha.ca



CMHA Interlake Eastern
435 Main Street, Selkirk, Manitoba R1A 1V4
cmhaink@mymts.net

For more information on mental health resources in the Interlake-Eastern Region: www.interlakeeastern.cmha.ca
5th Edition • COPYRIGHT © 2017

DISCLAIMER: This listing of services does not constitute an endorsement of those services by the Canadian Mental Health Association.