Paths Towards Reconciliation in the Workplace:
Exploring the Aboriginal Cultures Awareness Workshop

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A Thesis submitted to the Faculty of Graduate Studies of

The University of Manitoba

In partial fulfilment of the requirements of the degree

of

DOCTOR OF PHILOSOPHY

Department of Peace and Conflict Studies

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Winnipeg

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Dedicated to my loving family Michael, Alicia, Byron and Shelly.

Your love and support allowed me to follow my dreams.

ABSTRACT

Educational workplace initiatives to address social inequality are widely used within organizations. In the past, these workplace workshops have varied in their underlying philosophical perspectives - with goals ranging from maintaining the status quo to promoting social change. Workshop curriculum grounded in the contact hypothesis have drawn from such diverse fields as social psychology, organizational theory, feminist viewpoints, critical theory, liberatory educational philosophy, conflict resolution and Indigenous approaches. The research to date on the efficacy of these various types of workplace educational programs have been mixed.

For the past ten years, the Winnipeg Regional Health Authority has offered the *Aboriginal Cultures Awareness Workshop* to its health care employees in hopes of addressing the differential medical care received by their Aboriginal patients. This mixed methods research project focused on the perceptions of key stakeholders and workshop participants on the most helpful, and least helpful aspects of the *Aboriginal Cultures Awareness Workshop*. The findings point towards a conceptual framework on the conditions needed within educational workplace initiatives that can create paths toward reconciliation between different identity groups. Addressing the need for accurate information and developing empathy within an atmosphere of joyful humour that is supported by the circle were the key findings in this research project.

Specifically, the findings that informed this conceptual framework included the importance of learning about Aboriginal history from an Aboriginal perspective, the power of storytelling to bridge the divide between different identity groups, how the appropriate use of humour can both ease tension, but also be used to challenge intolerant ideas and finally, the power of sharing circles to create safety and allow for dialogue. Drawing on the contributions of the diverse fields that have historically informed these types of workplace educational programs, this research project integrated the field of peace and conflict studies, and Indigenous perspectives to make a number of recommendations for future workplace educational programs.

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Prejudice is a burden that confuses the past,
threatens the future and
renders the present inaccessible.
Maya Angelou

On September 21, 2008, Brian Sinclair died in the Emergency Room of the Health

Sciences Centre (HSC) after waiting 34 hours for treatment of a bladder infection. Brian

Sinclair was a 45-year-old homeless Aboriginal man who was well known to the HSC

staff. He was also a double amputee after losing both his legs to frostbite and suffered

from a speech impediment since childhood. Brian had been transferred to the HSC

Emergency Department from another health care facility after his catheter was discovered

blocked and he was diagnosed with a bladder infection. Brian would have survived his

infection if he had been treated with antibiotics in a timely fashion. After waiting 34

hours for treatment the infection spread to the rest of his body and eventually killed him.

By the time Brian was discovered deceased in the emergency room, he had been

dead for several hours and rigor mortis had set in. In the days that followed, the Chief

Medical Examiner called an inquest into his death, citing his death as completely

preventable ("Referral Rules Change", 2008). After several delays over who should cover

the legal costs for the Sinclair family to be represented at the inquest, the Province finally

agreed to increase the amount it would allow ("Province Boosts Sinclair", 2010), only to

have the inquest further delayed pending a criminal investigation by the Winnipeg Police

Service ("ER Health Probe", 2010).

The police investigation remains active to date with news reports as recent as

October 2011 claiming that the police have recommended that charges of criminal

negligence causing death and failing to provide the necessities of life be laid against a

specific emergency-room employee ("Charge hospital", 2011). To avoid the perception of

any political bias in the eventual decision regarding charges, Manitoba justice officials have asked Saskatchewan justice officials to provide a legal opinion on charges (Rollason & Owen, 2011). As a result of charges potentially being laid the inquest into the death of Brian Sinclair has been further delayed.

In the meantime, the Sinclair family has initiated legal action seeking $1.6 million in damages, naming the Winnipeg Regional Health Authority (WRHA), the provincial government and a number of health and provincial employees for the "cruel and discriminatory" treatment Brian Sinclair received. The lawsuit claims that Brian Sinclair's charter rights were violated by the health care system when he did not receive adequate medical treatment that would have saved his life (Owen, 2010, para. 4). In response to this lawsuit, the WRHA lawyers have requested that the lawsuit be dismissed, arguing that Brian Sinclair's charter rights ceased to exist upon his death and as a result could not have been violated (Martin, 2011).

The death of Brian Sinclair in the HSC emergency room set off a firestorm of criticism of the treatment of Aboriginal people within the health care system. Questions were immediately raised whether racism played any role in the death of Brian Sinclair ("Referral Rules Change", 2008). The then Grand Chief of the Assembly of Manitoba Chiefs, Ron Evans, later stated, when referring to the health care system that "[t]here's racism in the system" (Skerritt, 2009). In an anonymous letter to the editor published in the Winnipeg Free Press a few days later, an HSC Emergency Room staff member disputed the claim that racism had played any part in Brain's death. The letter stated that staff had been "devastated" by the death of Brian Sinclair and "deeply hurt" by the suggestion that "staff at the HSC treated Brian poorly because he was aboriginal, disabled and/or homeless and that this may have contributed to his death" ("A Letter To", 2008).

Clearly, the perceptions of the death of Brian Sinclair can be starkly different between Aboriginal and non-Aboriginal peoples.

To be called a racist is to "label a person as not only outside of polite society but also beyond the pale of civilization itself" (Satzewich & Liodakis, 2010, p. 179). Coupled with the justifiable anger expressed by individuals who encounter the corrosive effects of discrimination based on their identity experience, it is understandable that creating a space to talk across the islands of anger and fear can be a challenging prospect. Often, the ensuing conflicts based on identity can harden individual attitudes and lay the foundation for intractable conflicts to emerge.

Workplace training initiatives that seek to address social inequality have ventured into this difficult terrain. Many of the programs within business organizations have tended to skirt around the issues of social inequality by focusing on appreciating diversity (Brazzel, 2003). In contrast, workplace programs based on an anti-racist perspective have faced the issue of social inequality head on, sometimes with confrontational approaches that have resulted in a backlash (Hamaz, 2008; Lynch, 1997). The goal of this research project is the exploration of the aspects of these workplace training programs that can either help or hinder participants in reaching across the divide that often separates different identities.

To that end, this study examines the *Aboriginal Cultures Awareness Workshop* (ACAW) that is offered within a large health care system in the city of Winnipeg. Data was collected from interviews with key stakeholders as well as from participant questionnaires. Three workshops were also observed which utilized participant observation methods. Several themes emerged from the data. The presentation of these

findings and subsequent analysis will be proceeded by an overview of the context that has led up to this conflict, and a literature review.

Before the research is presented, a few words on the terminology used within this dissertation is required. Although I have great ambivalence about using labels that essentialize individual identity, I have chosen to use the terms found in the current common lexicon to distinguish between groups of people for the sake of simplicity. As such, within this dissertation the terms "Indigenous" and "Aboriginal" are both used. The term "Indigenous" is a collective term referring to the original inhabitants of a country or territory (Ewen, 1994). The term "Aboriginal" refers to the Indigenous people of Canada, inclusive of First Nations, Inuit and Métis. The term "First Nations" came into common usage in the 1970s and was adopted to replace the term "Indian" which is now considered by many as pejorative. Although the term "First Nations" usually refers to Aboriginal people who have Status, it is important to note that this is not a legal term under the *Indian Act* (Frideres, 2011). The term, "non-Aboriginal" is used to refer to any individual who does not have any Aboriginal heritage[1]. The term "White" refers to those individuals of European heritage, and "people of color" refers to those individuals who are not of European or Aboriginal heritage. In this document the terms used will reflect the research I am referencing in the specific discussion.

The usage of these terms, however, does not capture the complexity of identity that characterize us all. For example, where would I fit myself? I am a woman of Icelandic, Chinese, and Métis heritage, and therefore can be considered both Aboriginal and non-Aboriginal. The need within our society to categorize individuals is an issue that

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[1] This does not include women who were non-Aboriginal by birth but gained First Nations status through marriage before the 1985 amendment to *The Indian Act*. This issue will be discussed further on pages 13-15.

faces all biracial and multiracial people. In his book *Pretty like a white boy: The*

adventures of a blue-eyed Ojibway, author Drew Hayden Taylor recites a humourous

story of how he has chosen to respond to the oft asked question "what are you?" by

individuals who struggle to classify him as either an Aboriginal or non-Aboriginal

person[2]. I too have found this a common experience. Thankfully, there is growing

recognition that the categories of race and ethnicity that we impose on people are

becoming increasingly problematic as the world becomes smaller through the process of

globalization (L'Heureux & Bell, 2006; Root, 1996). As the stories of mixed Chinese and

Aboriginal individuals demonstrate in the documentary *Cedar and Bamboo*[3] (Lau, Todd,

& Leung, 2010) perhaps part of the solution is for us all to recognize our 'diversity in

unity'. Just because the English language locks individuals into specific identities does

not mean we have to as well.

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[2] Taylor writes, "This is a declaration of independence, my declaration of independence. I've spent too many years explaining who and what I am repeatedly, so as of this moment, I officially secede from both races. I plan to start my own separate nation. Because I am half Ojibway, and half Caucasian, we will be called the Occasions. And I, of course, since I'm founding the new nation, will be a Special Occasion." (Taylor, 2005a, p. 507)

[3] The documentary examines "the lives of people of mixed Indigenous and Chinese ancestry and their formation of strong and meaningful identities in spite of the difficulty of reconciling divergent identities, racist laws, the complexities of familial and ethnic acceptance and/or rejection and personal identification with and alienation from Canada and Canadianness, Chinese First Nations and Indigenous identity" ("CCIE Presents Cedar", 2010, para. 2).

CHAPTER ONE

OUR CONFUSED PAST:
Relationship between Aboriginal People and Canada

It is estimated that there are 150,000 Aboriginal people in Manitoba or 13.5% of the total population of the province, with 35% of Aboriginal people living within the city of Winnipeg (Aboriginal Health Programs [AHP], n.d). Since 2001, the Aboriginal population in Winnipeg has grown by 2.7%, a rate faster than the general population (United Way Winnipeg, 2010). Research has indicated that the health status of Aboriginal people is below that of other Canadians with estimates that 40% of the patients seen in Winnipeg hospitals are Aboriginal and "Aboriginal people utilize hospitals and medical services at a rate two to three times higher than that of other Manitobans" (AHP, n.d., para. 1).

In order to fully understand the conflict that has developed between Aboriginal people and the health care system, resulting in vastly different perspectives of the tragic death of Brian Sinclair, two subject areas will be presented to set the context for this research. This chapter will present a brief history of the relations between Aboriginal peoples and the Canadian government that began with the arrival of the European settlers. Areas of conflict have arisen over broken treaty rights, the imposition of the *Indian Act*, contested understandings of identity, the residential school system, and the child welfare system. In Chapter three the specific aspects of the Canadian Medicare system that have contributed to the existing conflict will be explored.

History of Aboriginal People in Canada

Penney Clark (2007) characterizes the history of relations between Aboriginal

people and the European settlers as "one of marginalization, misunderstanding, and tragedy" (p. 85). Valaskakis (2005) explains that:

> Today, Natives and newcomers are engaged in conflicts over land and treaties, stories and stereotypes, resources and policies, all interrelated issues that arise in collapsed time and continuing discord. The threads of this discord are formed from dissimilar memories, images and meanings, each strand knotted in contention, and contradiction, each string entangled in struggles over territory, history, and ideology. (p. 1)

In an attempt to heal this rift, former Prime Minister Brian Mulroney established *The Royal Commission on Aboriginal People* (RCAP) in August 1991 following the Oka crisis[4] and the failure of the Meech Lake Accord[5]. The mandate of the RCAP was to examine the relationship between the Canadian government and the Aboriginal peoples of Canada. RCAP completed its work in 1996 and made a total of 440 recommendations (Hurley & Wherrett, 2000). The Commission held 178 days of hearings, visited 96 communities, and commissioned dozens of research reports.

In their report, the commissioners state "there can be no peace or harmony unless there is justice" (RCAP, 1996a). The commissioners argued that while government policies to date have been detrimental to them,

> Aboriginal people do not want pity or handouts. They want recognition that these problems are largely the result of loss of their lands and resources, destruction of their economies and social institutions, and denial of their

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[4] The Oka crisis occurred in the summer of 1990 when the Kanesatake (Mohawk) community members occupied land which they claimed included an ancient burial site. The contested land was scheduled to be converted into a golf course by a private developer. The situation escalated into an armed standoff between the Mohawk warriors and the Canadian Armed Forces that lasted for 78 days and resulted in the death of a police officer (Clark, 2007; Frideres & Gadacz, 2007; "The Oka Crisis", 2009).
[5] The Meech Lake Accord was an attempt by former Canadian Prime Minister Brian Mulroney, along with the ten provincial premiers, to amend the Canadian Constitution. The negotiations began in 1987 and the amendments were set to be ratified in 1990. The changes were largely motivated by the federal government's attempts to address the separatist movement in Quebec by allowing the province "special status" within the Constitution. Aboriginal people were opposed to the amendments as none of the changes recognized the special status of Aboriginal peoples in Canada. During the provincial approval process, the Manitoba legislature was unable to obtain unanimous consent after Aboriginal MLA Elijah Harper expressed the sole dissent to the amendments by holding up an eagle feather. The Meech Lake Accord fell apart shortly afterwards (Clark, 2007).

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nationhood…they seek a range of remedies for these injustices, but most of all, they seek control of their lives. (RCAP, 1996b, p. 2)

In 2005, the Liberal government, headed by Prime Minister Paul Martin, signed the Kelowna Accord[6] that sought to substantially change the relationship between the federal government and Aboriginal groups. When the Liberal government was defeated in 2006, the new Conservative government abandoned the Kelowna Accord, arguing that the funding agreement had not been formally signed (Henry & Tator, 2010) and indicating they would be drafting a new plan. To date, no new plan has been developed (Frideres, 2011). As a result, the conflict between Aboriginal people and the Canadian government remains.

The current relationship between Aboriginal people and the Canadian government can be divided into four broad historical periods: (1) initial contact and interdependence; (2) military alliances; (3) displacement and assimilation; and (4) negotiation and renewal (Henry & Tator, 2010). After initial contact between Aboriginal societies and the European settlers, and until the mid 1800s, the relationship was largely commercial and was characterized by interdependence between separate nations (Ray, 1996; RCAP, 1996b). This relationship began to change in the mid 1700s as France and England sought military alliances with different Aboriginal groups in their attempts to colonize North America. When these wars came to an end, coupled with a dramatic shift in the economic conditions from the fur trade to an agricultural and natural resources base, the Aboriginal people and the land they inhabited were then viewed as an impediment to the future development of Canada.

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[6] The *Kelowna Accord* included a five billion dollar budget with a focus on improving the health care, education, housing, and socio-economic status of Aboriginal people (Frideres, 2011; Henry & Tator, 2010).

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During this time, a number of treaties were signed between different Aboriginal groups and the government of Canada. However, court challenges continue to this day over the disparate understandings of the spirit of these legal documents. Despite these treaties, the Canadian government utilized the concept of *terra nullius*[7], combined with a moral imperative to "civilize" the Aboriginal people through the process of Christianization, to justify subsequent policies of both displacement and assimilation.

Frideres & Gadacz (2008) identify several ways in which the colonization of Aboriginal people was carried out over the years. These aspects include: (1) the seizure of the land of the Aboriginal people; (2) the destruction of their social and cultural practices (usually through the force of law); (3) the loss of political control which was achieved through the enactment of the *Indian Act* in 1876; (4) the creation of economic dependence with the formation of the reserve system; (5) the provision of low quality social services; and (6) the pervasive racism that permeated every level of Canadian society. The current relationship between Aboriginal people and the Canadian government shifted after the release of the 1969 *White Paper on Indian Policy* that sought to abolish the unique status of Aboriginal people within Canada from a founding peoples to just another interest group within a multicultural Canada.

Since that time, Aboriginal groups have sought the right for self determination as originally outlined in the treaties through both political and legal action. Unfortunately, there remains a wide gulf between the aspirations of Aboriginal people for self determination in Canada and the policies of the Canadian government. The following section details the different assimilative policies used by the Canadian government in its attempts to destroy the Aboriginal people over the years.

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[7] "Uninhabited land" (Frideres, 2011, p. 21).

Theft of Aboriginal Land, Treaty Making and the Creation of Reserves.

It was not until Confederation in 1867 and the expansion of the European settlers to western Canada that the formal treaty process began in earnest (Frideres & Gadacz, 2008). From the beginning, the perspectives of each party differed as "in the government view, the treaties granted privileges" where as "in the indigenous view [*sic*], they protected rights" (Dickason & Newbigging, 2010). Treaty negotiations were motivated by the government responding to the settlers' fear of the might of the Aboriginal nations (RCAP, 1996b). Between the years of 1860 to 1923, a total of sixty-six treaties were signed with just over half of Aboriginal people residing in modern day Canada (Dickason & Newbigging, 2010). The treaties were all similar in content: Indian bands were granted a certain amount of land for every individual band member (this became the present-day reserve system), cash annuities for individual band members, and a school provided on each reserve. The usual practice was for the government to write the treaty and present it to the band leaders for signing. Often, verbal agreements were made but not written into the final treaty. This failure to incorporate the verbal agreements is a source of conflict in modern-day treaty negotiations, as Aboriginal people claim that verbal agreements within their oral culture that were made at the time of signing are as legally binding as the written agreements (Frideres & Gadacz, 2008).

Since the signing of these original treaties, Canada has entered into several more treaties with Aboriginal groups through a process of negotiation, with one of the most recent treaties signed with the Nisga Nation in 2000, covering just over two thousand square miles in the province of British Columbia. Current treaties usually seek control over traditional lands, participation in the decision-making processes over land and resource development, and a share of any potential economic benefits that might ensue.

The Canadian government has historically failed to honour the treaties and one of the results of this breach has been the myriad of outstanding land claims by many Aboriginal groups across Canada (Frideres, 2011). These unresolved land claims have resulted in several violent clashes between Aboriginal people and the Canadian government as illustrated by the violent confrontations in Oka[8], Ipperwash[9], and Caledonia[10].

Currently, the majority of Canadians believe that treaties "are not more than outdated contracts" and as such can be breached (Frideres & Gadacz, 2008, p. 189). Aboriginal people on the other hand, consider the treaties as agreements between two nations that need to be honoured. To date, the Canadian government has not accepted this interpretation, despite the fact that the courts had "viewed treaties as enforceable obligations" under both the *Canadian Charter of Rights and Freedoms* and the *Canadian Constitution* (Frideres & Gadacz, 2008, p. 200). Aboriginal people have gone so far as to take their unresolved land claims to the *United Nations* (Hurley & Wherrett, 2000).

The Métis[11] also have outstanding land claims with the Canadian government. The Métis were given land through a process of script, whereby individuals were given a certificate that allowed payment of cash, goods, or land. During the settlement of the Red River Valley, Métis were given script certificates for their portion of the land. The fundamental difference between the treaty and script processes are that script was given to individuals while treaties were made with groups of Aboriginal people. Due to the Red River Rebellion and the subsequent disenfranchisement of the Métis people, only 20% of

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[8] Refer to footnote 4, page 7.

[9] The dispute in Ipperwash, Ontario, occurred in 1995 when the provincial government attempted to turn a military base on First Nations land into a park. Dudley George, an Aboriginal protestor, was shot dead by police during the dispute ("The Ipperwash Inquiry", 2007).

[10] The dispute in Caledonia, Ontario, was a result of a private developer beginning construction on land which the Six Nations reserve claimed was part of a treaty. Violent confrontations erupted between area residents and the Aboriginal protestors ("Caledonia Land Claim", 2006).

[11] The Métis are descendants of Aboriginal women and the French and English settlers.

the script holders claimed their land. Currently, there is evidence of widespread fraud that cheated Métis individuals out of their land rights by taking advantage of both illiteracy and poverty among the Métis people (Dickason & Newbigging, 2010). In December 2011, the Métis people won the right to have their land claims heard in the Supreme Court of Canada (Makin, 2011).

Indian Act.

The *Indian Act* was enacted in 1876 and allowed the federal government to regulate all aspects of "Indian"[12] people's lives. Shortly after enactment, several "Indian" spiritual ceremonies, including the potlatch and the sun dance, were outlawed. In 1885, the federal government also instituted a pass system, which required all "Indian" people living on reserves to seek permission from the "Indian" agent if they wanted to leave the reserve (RCAP, 1996b).

In 1969, the federal government made an attempt to repeal the *Indian Act* as outlined in the now infamous *White Paper on Indian Policy* that "called for the abrogation of the Indian Act, the elimination of the special status of Aboriginal people entrenched in the legislation and the abolition of Indian reserves" (Valaskakis, 2005, p. 5). All Aboriginal groups within Canada saw the *White Paper* as a "new articulation of a long-resisted policy on assimilation" (Frideres & Gadacz, 2008, p. 238). In response, the National Indian Brotherhood (precursor to the Assembly of First Nations) drafted the "Red Paper" that declared "registered Indians as 'Citizens Plus'" (Valaskakis, 2005, p. 5). In response to the widespread protests by Aboriginal people, the federal government backed down from implementing the recommendations contained within the *White Paper*. This event marked a turning point for Aboriginal people, as the success of

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[12] The term Indian is placed in quotations in this discussion to highlight the problematic nature of the term.

defeating the *White Paper* resulted in Aboriginal groups realizing the power they had in organized political activity (Henry & Tator, 2010; Clark, 2007).

Although the most egregious aspects of the *Indian Act* have now been eliminated (i.e., the outlawing of traditional ceremonies, the restrictions on movement, and the denial of the right to vote), Neu & Therrien (2003) argue that the accounting policies and procedures still enforced by the Department of Indian Affairs under the *Indian Act* continue to oppress First Nations people. In 2011, Shawn Atleo, the Assembly of First Nations National Chief, called for the *Indian Act* to be replaced and the dismantling of the Department of Indian Affairs within five years, arguing that the Department "only perpetuates our poverty" ("Replace Indian Act", 2010, para. 7).

Identity.

Through a series of legislative changes within the *Indian Act*, Aboriginal people in Canada are categorized in a number of different ways by the government. Lawrence (2004) argues that "identity, for Native people, can never be a neutral issue" based on the definitions being "deeply embedded within systems of colonial power" (p. 1). As a result, conflict has arisen between Aboriginal people who have been assigned different categories of identity under government policy. Government officials began legally defining who was, or was not, an Indian in the 1850s. The government definition was based on both biology and culture. When the treaties began to be signed in the 1870s, a number of individuals of mixed ancestry were forced by government officials to either "take treaty" or assimilate into the dominant culture. During this time, government officials often arbitrarily determined that a number of individuals or families were not "treaty", largely motivated by the desire to reduce the financial costs to the federal government (Frideres & Gadacz, 2008).

Today, Aboriginal people in Canada can be considered legal/registered/Status, non-Status, Métis or Inuit. Status refers to individuals who are legally recognized by the federal government as being "Indian" and to whom the federal government has a fiduciary responsibility. Non-status "Indians" are those individuals who have biological or cultural links to Aboriginal nations but have lost their Status for a variety of reasons. One of the most common reasons for individuals to lose their Status was when "Indian" women married non-"Indian" men, which also included an "Indian" woman marrying a Métis man. Not only would the individual "Indian" woman lose her Status, but any of her children from this union would also lose their Status. In contrast, "Indian" men who married non-"Indian" women did not lose their Status. A court challenge based on sexual discrimination inherent in the *Indian Act* resulted in the passing of Bill C-31 in 1985. This legislation allowed individuals who had previously lost their Status to reapply to the Department of Indian and Northern Affairs. As a result, many "Indian" women and their descendants were able to reestablish their Status, as the definition of Indian Status was amended under the *Indian Act.*

The new definitions under Bill C-31 also created new categories of "Indian" people – individuals with or without band affiliation (Frideres & Gadacz, 2008). Individual bands are empowered to determine who is, or who is not, a member of the band. Bands refers to "a body of Indians for whose collective use and benefit lands have been set apart or money is held by the Crown, or declared to be a band for the purposes of the *Indian Act*…the members of a band generally share common values, traditions and practices rooted in their ancestral heritage" (Indian Northern Affairs Canada [INAC], 2002, p. 9). Finally, treaty or non-treaty status refers to whether or not the "Indian" band the individual belongs to entered into a formal treaty with the federal government. The

enactment of Bill C-31 has caused conflict between different categories of "Indian" people. For example, when "Bill C-31 Indians" have applied for band membership, bands have often been reluctant to include these individuals on their membership rolls due to the potential strain on their limited resources. As result, "bitterness, jealousy, and factions within the reserve community" have arisen "between Indians who have spent their life on the reserve versus those who were enfranchised[13] or otherwise forced to live off the reserve" (Frideres & Gadacz, 2008, p. 36-37).

In response to the situation created by Bill C-31, some "Indian" bands have implemented blood quantum rules to determine band membership. For example, the Mohawk band at Kahnawake has imposed a controversial community code that has stripped band members of the right to live on the reserve if they marry non-Mohawk individuals. Also, band members must have at least 50% Native blood to be considered band members (Satzewich & Liodakis, 2010). Critics have argued that these policies are racist and violate human rights (Lawrence, 2004), while others have claimed that the policies are a right of Aboriginal communities to determine their own membership (Alfred, 1995).

The Métis are descendants of "Indian" women and English and French settlers. The Métis have always considered "themselves as a 'New Nation', neither Amerindian or white but a distinctive blend of both that incorporated farming, buffalo hunting, and the fur trade" (Dickason & Newbigging, 2010, p. 176). The Métis under the leadership of

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[13] Enfranchisement refers to a process "whereby individuals could forcibly lose or voluntarily give up their legal status as an Indian" (Satzewich & Liodakis, 2010, p. 228). Originally, enfranchisement was meant to entice Aboriginal people to relinquish their status in return for full citizenship. Certain conditions had to be met including severing ties with their home communities, obtaining an education, and being of strong moral character. Very few individuals are recorded as having taken up this offer by the Canadian government (Belanger, 2010).

Louis Riel sought to set up their own government after the people became aware that the Canadian government was negotiating the purchase of their land from the Hudson's Bay Company[14] without consulting with the current residents who included the Métis. A violent struggle ensued, known as the Riel Rebellion between Canada and the Métis that eventually resulted in the defeat of the Métis and the hanging of Louis Riel for treason (Dickason & Newbigging, 2010). Although the *Canadian Constitution* now recognizes the Métis people as a distinct society, the federal government policy towards Métis people has not been consistent. Today, most of the Métis in Canada do not have a land base, except for a number of communities within Alberta (Frideres & Gadacz, 2008).

Finally, the Inuit have never fallen under the jurisdiction of the *Indian Act* as treaties were never signed between the Inuit and the federal government. Inuit people were specifically excluded in the 1951 revision of the *Indian Act* which maintained their status as "ordinary citizens" (Dickason & Newbigging, 2010, p. 273). Despite this reality the federal government continue to treat the Inuit people as "wards of Indian Affairs" (Dickason & Newbigging, 2010, p. 272). On April 1, 1999 the territory of Nunavut was established which has been the largest land claims settlement in Canada's history. Under the agreement the Inuit surrendered title but maintained ownership of 350,000 square kilometers and received a cash settlement of $1.17 billion over 14 years. The Inuit have created a new form of government that "follows the Inuit practice of reaching decisions by consensus (Dickason & Newbigging, 2010, p. 277).

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[14] Prior to the creation of modern day Canada, the Hudson's Bay Company was the authority on the land settled by the Métis as it had "received its charter from Great Britain in 1670 to trade for furs, explore, and settle Rupert's Land, which consisted of the Hudson Bay drainage system, all of Manitoba, most of Saskatchewan, southern Alberta, and extended north to the Arctic" (Dickason & Newbigging, 2010, p. 346).

The Residential School System.

Clark (2007) argues that the residential schools were the "principal vehicle of the federal government's assimilationist policy" (p. 86). The residential school system was "a church-state partnership, a partnership in which the government was the senior partner" (Milloy, 1999, p. xiii). Churches were responsible for running the residential schools while the government provided the financial resources. This partnership lasted until 1969, when the Department of Indian Affairs assumed total responsibility for the residential school system.

Throughout the infamous history of residential schools, the federal government continually underfunded the school system, resulting in widespread systemic neglect of the thousands of Aboriginal children who were forced to attend these schools. The pedagogical philosophy was based on "civilizing" Aboriginal children into the dominant Euro-Christian society (Milloy, 1999). Although, the neglect of the children was well known among government officials, the stories of physical and sexual abuse have only become known to the general Canadian public in the past 20 years. The mandate of the current *Truth and Reconciliation Commission of Canada*[15] is to examine the Indian residential school system and make the Canadian public fully aware of the iniquitous history and ongoing legacy of the residential school system.

Before the residential school system, Aboriginal children had been educated in day schools. At that time, the Canadian government became concerned that this educational system was not meeting their goal of assimilation of Aboriginal people with Canadian society, as it was observed that once the Aboriginal youth left the day schools

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[15] For further information and current events of the *Truth and Reconciliation Commission* visit website http://www.trc.ca/websites/trcinstitution/index.hp?p=3.

and returned to their families, the youth would revert back to their traditional lifestyle.

When the residential school system was created, schools were often located some

distance away from the children's home communities and children were boarded at the

school for the entire school term. Visitation between parents and their children was

restricted, if allowed at all. One of the key assimilation techniques used by the residential

school staff was the physical punishment of Aboriginal students for speaking their own

language. When many Aboriginal parents resisted sending their children away to

residential schools, the government amended the *Indian Act* in 1920 to make attendance

at the residential schools mandatory. Subsequently, both government and church officials

regularly enlisted law enforcement to ensure that Aboriginal families and children

complied with the law.

The residential schools were characterized by poor construction, inadequate

ventilation that bred disease, ill-trained staff, inadequate food and clothing for the

children, and widespread physical and sexual abuse. Throughout the history of residential

schools, concerns were raised by a number of government officials over the horrific

living conditions in which the children were forced to live. It is estimated that in the early

1900s, only 50% of the children forced to attend residential school survived the

experience. Malnourished children would easily fall prey to epidemics that swept through

the schools due to poor sanitation and ventilation. Often, parents would not be advised

that their children had died during the school year and only became aware of their

children's death when they did not return home for the summer holidays (Milloy, 1999).

In order to make up for the shortfall in funding, many of the school administrators

sought to supplement the inadequate food supplies by growing their own food. This

reality impacted the children's already poor education, as the children were often required

to work half of the day in the fields. Most students within the residential school system left with a Grade three education, with very few students progressing past Grade eight. The lack of academic progress of students was blamed on the fundamental "nature of the Indian [*sic*] children", with school officials claiming that many of the children had intellectual disabilities (Milloy, 1999, p. 179).

Finally, in 1946, the government realized that the residential school system had been a failure and began the process of shifting resources to a day school system. The process to finally end the residential school system was excruciatingly slow and took 40 years to complete, with the last residential school closing in 1996. Today, many Aboriginal communities have control over their educational system, but are still required to follow curriculum set out by provincial officials. Bear Nicholas (1996) argues that based on the fact that Aboriginal people do not have complete control over the educational system for their children, the schools remain the "chief mechanism for maintaining the status quo…just as schools have always been the primary tools of colonialism, they are also the primary tools of capitalism" (p. 59). Aboriginal youth continue to drop out of school at rates higher than other Canadians (Assembly of First Nations [AFN], 2011).

Child Welfare System.

The child welfare system has been accused of picking up where the residential schools left off. Prior to 1950 most Aboriginal people had limited contact with the provincial child welfare system due to Aboriginal people being a federal responsibility. In 1951, Section 88 of the federal *Indian Act* was revised to include "all laws of general application…in force in any province are applicable to…Indians in that province" (Sinclair, Bala, Lilles, & Blackstock, 2004, p. 206). Although this change in federal

legislation allowed the provincial child welfare authorities to now investigate cases of child abuse and neglect on reserves, the provinces did not begin aggressively intervening until a cost sharing agreement was signed between the federal government and provincial governments in 1966 (Sinclair et al., 2004). At that same time, the plight of Aboriginal children on reserve was widely publicized with subsequent public pressure on governments to act. The numbers of Aboriginal children in care rose dramatically during this period. Aboriginal children represented only 1% of all children in care in 1959, but by the late 1960s represented 30%-40% of all children in state care, depending on the province.

A number of these children were subsequently adopted, with many of the children sent to adoption homes in the United States or Europe. In 1985, Manitoba Justice Kimmelman released a report entitled *No Quiet Place* that reviewed the provincial government policy of Indian and Métis adoptions. He likened the widespread adoption of Aboriginal children to other countries as "cultural genocide." A moratorium on out-of-country adoptions was subsequently declared. This era has been coined by Aboriginal people as the "60s scoop" and is perceived as another attempt by governments to assimilate them (Sinclair et al., 2004).

Beginning in the 1980s, First Nations and Métis people in Manitoba began advocating for control of their own child welfare services. During the 1980s and 1990s, there was a steady increase in the number of First Nations child welfare agencies; however, their mandate only extended to First Nations children living on reserve. With increasing numbers of Aboriginal people migrating to urban centres, many families often became involved with the local child welfare system, resulting in the continued over representation of Aboriginal children in the care of non-Aboriginal child welfare

agencies. Both the *Royal Commission on Aboriginal People* (1996) and *Aboriginal Justice Inquiry* (1991) maintain that a lack of preventative and support services contribute to the number of Aboriginal children in the care of child welfare authorities. The child welfare system is criticized for having only one response to family distress, that is, the removal of the children and placement in foster care.

In 2000, the Province of Manitoba moved to fulfill one of the recommendations of the *Aboriginal Justice Inquiry* (1991) and began the process to extend the mandate of First Nations agencies province-wide and create for the first time Métis controlled child welfare agencies (Hamilton & Sinclair, 1991). Despite the shift in responsibility, by 2009 the number of Aboriginal children within the care of Aboriginal agencies in Manitoba has increased to 7,837 – an increase of 2,300 children over a six year period (Office of the Children's Advocate of Manitoba, 2009). In a recent analysis commissioned by the Ontario government, it was found that there are currently more Aboriginal children in the care of child welfare agencies across Canada than at the height of the residential school system ("First Nations Children", 2011).

First Nations child welfare advocates have argued that that the child welfare system for First Nations children is not funded adequately to provide support or prevention services, but rather is structured to financially compensate agencies to bring children into foster care (McDonald & Ladd, 2000). In response to this situation, the *Assembly of First Nations* and the *First Nations Child & Family Caring Society* jointly filed a complaint with the *Canadian Human Rights Commission* (CHRC) in 2007, arguing that "the federal government's underfunding of First Nations child welfare amounts to racial discrimination under the Canadian Human Rights Act" (First Nations Child & Family Caring Society, 2011, p. 89). In 2011, the CHRC dismissed the

complaint on a legal technicality. However, in her final report to Parliament in May 2011, the Auditor General, Sheila Fraser, raised these same concerns (Francis, 2011).

Impact of Colonization on Aboriginal People in Canada Today

The legacy of colonialism has resulted in cultural trauma to Aboriginal people (Yoder, 2005) and a myriad of social ills that continue to plague Aboriginal communities. These issues include poverty that has been likened to Third World conditions, high levels of addictions, interpersonal violence, suicide, and poor health conditions (Mikkonen & Raphael, 2010). Currently, Aboriginal people in Canada are overrepresented within the justice system (Hamilton & Sinclair, 1991). As of 2006, 18% of the total Canadian prison population is Aboriginal despite the fact that Aboriginal people only make up 4% of the population. This percentage rises dramatically in the Prairie provinces with 69% and 77% of the total prison population (both provincial and federal) being Aboriginal in Manitoba and Saskatchewan, respectively (Frideres & Gadacz, 2008).

In Canada, Aboriginal women are five time more likely to die from violence than other Canadian women (Native Women's Association of Canada, 2009). The level of violence against Aboriginal women within Canada has drawn international attention (Jacobs & Williams, 2008) with Amnesty International taking special notice of the violence against Aboriginal women within Canada in a number of recent reports (Amnesty International, 2008; Amnesty International, 2009). Aboriginal women suffer not only higher than average levels of violence within their own homes (Hamilton & Sinclair, 1991; McGillivray & Comaskey, 1999), but also make up a disproportionate number of the missing and murdered women in Canada (Jacobs & Williams, 2008) with currently 600 unresolved cases (AFN, 2011).

Aboriginal people continue to suffer both poorer physical and mental health conditions than other Canadians. One of the major contributors to these appalling statistics is the rate of poverty found in Aboriginal communities where "one in four First Nations children live in poverty...double the national average" (AFN, 2011, p. 1). Although Canada ranks 8th in world as the best country to live in, the living conditions for First Nations communities were ranked 33rd on the Human Development Index (Mikkonen & Raphael, 2010). First Nations communities have a 1.5% higher infant mortality rate, and First Nations citizens having a life expectancy rate five to seven years less than other Canadians (AFN, 2011). One in five First Nations persons is diabetic, and the rate of tuberculosis in First Nations communities is 31 times the national average (AFN, 2011). Poor water quality and housing shortages exacerbate these rates of chronic and communicable diseases. The lack of clean drinking water on reserves is a common problem with 12% of First Nations communities under a boil water advisory that directly impacts the lives of 75,000 people (AFN, 2011). There is an immediate need for 85,000 housing units on reserves with many one and two bedroom homes being occupied by multiple families (AFN, 2011).

Although the economic gap is slowly closing and the educational attainment of Aboriginal people is steadily increasing (Satzewich & Liodakis, 2011), at the current rate it will take twenty years to close the educational gap between First Nations and non-Aboriginal Canadians (AFN, n.d.). It is more likely for First Nations youth to end up in jail than graduate from high school (AFN, n.d). Seven out of ten First Nations youth aspire to complete post-secondary education. However, the lack of adequate funding remains the primary barrier to achieving their goals. Post-secondary funding support for First Nations students was capped by the federal government in 1998 resulting in a steady

decline in available funds for a correspondingly increasing number of First Nations

students requiring funding (AFN, n.d.). Conflict currently exists between the federal

government (who provide the funding for post secondary education) and Aboriginal

groups who maintain that access to post-secondary education is a treaty right (Stonechild,

2006).

Suicide is now one of the leading causes of death for First Nations youth, with

rates that are twice those of youth in the general population (AFN, 2011). For Aboriginal

youth (ages 10 to 29 years) who live on reserves, the rates jump to five or six times the

rate of their peers in the general population. Suicide rates among the Inuit are a

staggering six to eleven times higher than the general population. Although the reasons

for suicide among Aboriginal youth are similar to those for non-Aboriginal youth

(including both interpersonal and social factors), the impact of colonization, residential

schools, and racism compound the situation and make Aboriginal youth more vulnerable

to suicide (Kirmayer, Brass, Holton, Paul, Simpson, & Tait, 2007).

Racism continues to be a pervasive reality for Aboriginal people in Canada

(Henry & Tator, 2010, Satzewich & Liodakis, 2011). In contrast to the United States with

its history of slavery and segregation, Canada has long prided itself on being a tolerant

country. Mock & Laufer (2001) argue that the "discussion of racism in Canada was new

to the polemic on Canadian society" (p. 3) with government officials openly denying that

racism exists within Canada against Aboriginal people[16] (Bennett, 2002). Even though

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[16] In a written statement that was submitted prior to the start of the 2001 *World Conference Against Racism* held in Durban, South Africa, the then National Aboriginal First Nations Chief Matthew Coon Come stated that "In a few days at the World Conference Against Racism in South Africa, Canada will no doubt present itself as a world leader in respect of human rights. Yet within Canada there are two realities. There is the 'reality' of a highly developed, just society that the world knows, and then there is the harsh and deadly reality which Aboriginal people endure. First Nations people's social and economic conditions are plain evidence of the discrimination and systemic racism that we continue to suffer in this 'gentle and just land'".

many Canadians express outrage when overtly racist events occur within society, recent research involving 120 York University students found that the majority responded with "indifference" when confronted with overtly racist remarks. These responses were in contrast to self-reported predictions "that they would be very upset by a racist act" (Kawakami, Dunn, Karmali, & Dovidio, 2009, p. 323). The distorted history that most Canadians continue to be taught in secondary schools across Canada perpetuates the myths and stereotypes that exist today against Aboriginal people (Adams, 1989; Clark, 2007). The continued existence of individual, institutional, and structural racism against Aboriginal people attests to this reality (Bennett, 2002; Silver, Mallett, Greene, & Simard, 2002).

Many Canadians recognize and remain concerned about the poor living and social conditions for Aboriginal people. However, there is also frustration and resentment over the large amounts of money that are expended by government without any dramatic change in the situation for many Aboriginal people. Widdowson & Howard (2008) argue that the "Aboriginal problem" has become an industry that only benefits the various lawyers, consultants, academics, bureaucrats, and Aboriginal elites that make a substantial living off of working on the "Aboriginal problem" but never solving the issues. These criticisms are based on the reality that large sums of money that are earmarked for Aboriginal services are often used up in excessive administrative and consulting costs (Henry & Tator, 2010). However, the criticisms by Widdowson & Howard (2008) are coupled with underlying and often unspoken racist beliefs that Aboriginal people are inherently inferior and largely to blame for their current situation

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In response to this statement, Robert Nault, the then Minister of Indian Affairs, responded "there's no proof of this in modern times that the Canadian government and the general population are racist towards aboriginal people" (cited in Bennett, 2002, p. 11).

(Buddle, 2009; Sinclair, 2009). In the end, the arguments by Widdowson & Howard (2008) only serve to perpetuate stereotypes about Aboriginal people and do little to provide thoughtful and well-informed solutions.

Finally, despite the poor living and social conditions for many, Aboriginal people maintain a vibrant culture and are actively healing from the legacy of colonialism. There are multiple examples of Aboriginal people and communities taking control over their own lives and thriving in Canadian society today without losing their distinct cultural identity (INAC, 2011; Newhouse, Voyageur & Beavon, 2005; Voyageur, 2010). Since 1993, the National Aboriginal Achievement Foundation annually highlights the contributions Aboriginal people are making to Canadian society in such diverse areas as health, law, political science, culture, and the arts[17]. Locally an Aboriginal organization Ka Ni Kanichihk Inc. hosts "Keeping the Fires Burning" that celebrates the contributions of Aboriginal grandmothers in preserving Aboriginal culture[18]. It is obvious that attempts by the Canadian government to assimilate Aboriginal people have failed. Despite the resilience of Aboriginal people in maintaining their culture, racism and negative attitudes against Aboriginal people persist within Canadian society. This reality provides the motivation for this research as it is imperative to search for ways to bridge the cultural divide between Aboriginal and non-Aboriginal peoples on the path towards reconciliation.

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[17] Refer to NAAF website for more details at http://www.naaf.ca/NAAA
[18] The list of the Aboriginal grandmothers honoured can be viewed on Ka Ni Kanichick website at http://www.kanikanichihk.ca/.

CHAPTER TWO

OUR CONFUSED PAST:
Health Care System and Identity-Based Conflict

To further understand the conflict between the health care system and Aboriginal

people, a brief overview of the Canadian Medicare system is required. The organizational

dynamics unique to health care settings, that can contribute to health care workers' stress

will also be presented. Finally, the way that organizations deal with identity-based

conflict will be reviewed.

The Canadian Medicare System

Canadians pride themselves on their universal health care system. In fact, it could

be argued that our national health care system is part of our national identity. The support

of this cherished social program is reflected in the bewilderment by many Canadians at

the vitriolic debate that continues to occur within the United States over the merits of a

universal health care system. Despite this unwavering support for Medicare, there remain

serious challenges to the sustainability of the current system. With an aging population

that will result in increasing demand for medical services coupled with the perceived

diminishing resources available, the future of Medicare remains uncertain (CMA, 2010a).

The current Medicare system in Canada originated in 1948 when the then

Saskatchewan premier, Tommy Douglas, first introduced a universal health care system

in the province. His plan eventually grew into a national program (Lam, 2011). Today the

Medicare system is governed by the 1984 *Canada Health Act* which outlines the five

principles that guide the medical system in Canada. These five principles include

portability, accessibility, universality, comprehensiveness, and public administration.

Under the Canadian Constitution, the provincial governments are responsible for delivery

of the health care services with the federal government contributing substantial financial

support through transfer payments. Historically, the federal government has tied its

financial support to provinces to their adherence to the *Canada Health Ac*t. (Health

Canada, 2011)

Increasingly, the Medicare system has been faced with spiraling costs. Since

2000, health care expenditure in Canada have increased on average of 7.3% annually

(CMA, 2010b) The rising costs of medical care have been largely attributed to

maintaining hospitals and ballooning drug costs. Further, the cost of expensive new

medical technology is often beyond the budgets of health authorities, with funds being

increasingly solicited from private donors (CMA, 2010a).

Patient health has been compromised with the long wait times that have come to

characterize the Canadian health care system. How to address these persistent issues

within the current system is an ongoing debate within the public discourse and often the

focus of many election campaigns at both the provincial and federal levels. In 2010, the

Canadian Medical Association (CMA) released a report arguing that the system needs to

be "massively transformed" as the principles of the *Canada Health Act* are not being met

(CMA, 2010a, p. iii). Critics of the CMA plan for transformational change have argued

that the vague language used within the report masks support for user fees which would

violate the principle of 'universality' under the *Canada Health Act* (Kondro, 2010). It is

within this challenging context that health care staff provide medical care to all

Canadians.

Health Care Staff Stress

Workplace stress is a common experience for many working Canadians. In a 2005

survey of Canadian workers, women were found to be more stressed than men within the

workplace. Many of the jobs within health care have been identified as some of the most

stressful jobs available. Although stress is not necessarily a negative experience, most

individuals, when faced with increased demands and reduced resources in the workplace,

develop physiological, psychological, and behavioural symptoms that can result in

reduced competency within the workplace and health/social problems for the individual

worker (Langton, Robbins, & Judge, 2010).

Nurses working within emergency rooms have been noted to have one of the

highest stress levels within the health care system. The result of this stress on nursing

staff is increased absenteeism, increased psychological distress, career abandonment,

reduced competency, and reduced team stability. The causes of stress for nurses is found

to be in three domains: exposure as witnesses to traumatic events; exposure as victims to

traumatic events (e.g., conflict that ensues from traumatic events from either colleagues

or patients and/or their families); and contextual exposure, that is, working within a

system where there is too much demand and too few resources to complete the tasks

required (Lavoie, Talbot, & Mathieu, 2011).

McGibbon, Peter, & Gallop (2010) utilized institutional ethnographic methods to

study the stress of emergency room nurses. These research methods paint a vivid picture

of the depth of stress felt by nurses far beyond any statistical analysis. For example, the

stress related to 'exposure as a witness' is graphically captured in this description of the

impact on nurses when they help parents deal with the news that their child has just died:

> I feel that I can keep it together, and there's always the times when you don't keep
> it together, and it's when the child dies and you have people crying and wailing
> and, you know, the mothers that, you know, a mother that cries from her
> belly...that to me is it. That sends me to hear that...You go off in the kitchen
> crying. If you don't do it here, you cry on the way home in the car...It's a horrible
> experience and you cry and then, then I'm able to let it go. (McGibbon et al.,

2010, p. 1358)

Another unique aspect of nurses' work that increases their stress levels include the 'spatial proximity' inherent in their job within hospital settings. Unlike other health care professionals (e.g., physicians and allied health care workers) who drift in and out of emergency rooms and wards to attend to other patients, the assigned nurses are with patients and their families for the entire length of their shifts. This constant presence often leaves nurses to "pick up the pieces" when bad news has been delivered to patients and their families and subsequently exacerbates their workplace stress (McGibbon et al., 2010).

McGibbon et al. (2010) argue that the subtext of gender relations remains firm within Canadian hospital settings despite the increasing numbers of female physicians over the years. Historically, nursing has been viewed as a female profession while medicine was the domain of the male gender. Currently, while hospitals are structured around the 24-hour nurse, several characteristics of nurses' work are not valued. The "caring" aspect of nurses' work is often considered inherent in women's work, and as a result is absent or minimized within job descriptions (McGibbon et al., 2010).

The distinctive hierarchical structure of present day hospitals also contributes to the stress level for nurses. Within the current health care system, nurses are staff members while physicians are independent practitioners. As a result of this structure, nurses become responsible to both the organization as well as for carrying out the instructions of the attending physician. A number of scenarios can emerge within this structure that increase the workplace stress for nurses, for example, situations when there are opposing demands from the organization to reduce costs versus recommendations from physicians for patient care that is expensive. Also, sometimes nurses may be faced

with an inexperienced physician, but lack the power to challenge or override a medical decision. McGibbon et al. (2010) describe various strategies that nurses use in attempts to ensure that patient care is not compromised in these situations.

Identity Based Conflict within Organizations

Health care organizations have been identified "as one of the highest conflictual environments" due to such factors as "high stress, high emotions, scarce resources, competition, downsizing, mergers, excessive regulations, diversity and cultural issues, and multiple stakeholders' demands" (Borkowski, 2009, p. 259). The hierarchical nature of health care settings where different staff members have "ambiguous levels of authority and power" create "unique constraints on conflict resolution among health professionals" (Winslade & Monk, 2008, p. 243). Further, medical staff have traditionally received little training on how to deal with conflict and there are "few mentors or role models for effective conflict resolution in health care (Winslade & Monk, 2008, p. 246). As mentioned earlier, unresolved conflict impacts the psychological well-being of staff members and if left unresolved can become entrenched over time with the conflict leading "to low-quality work, personal stress, and possible sabotage" (Borkowski, 2009, p. 260).

Owens (1998) identifies two ways that conflict is traditionally understood in organizational theory. The "bureaucratic theory" considers conflict as a breakdown in the organization or a failure on behalf of management to exercise sufficient control. This perspective stems from the more classical organizational theories that advocate responses that increase control over individuals through a strong organizational structure. The "human relations" school views conflict as negative, but related to the failure of the group

to develop appropriate norms. Conflict can be overcome when individuals increase their communication skills and develop the ability to work within a team environment.

Conflicts that result from diversity are often couched in terms of managing the situation. For example, Joshi & Jackson (2003) examine how to manage workplace diversity issues from a social psychological perspective, and argue that managers need to develop an understanding of social identity theory. This theory posits that individuals "exhibit a favorable bias toward others who are viewed as members of their in-group and will view themselves as being in conflict with out-group members" (p. 280). Interventions from this perspective would include increasing the communication skills of the individuals in order to build greater understanding between the two groups.

Mills, Simmons, & Mills (2005) contend that mainstream approaches to organizational theory have focused on planning, organizing, leading, and controlling individuals within organizations, but fail to challenge the underlying paradigm. It is only the critical approaches that have shifted the perspective to examine the alienating and exploitative effects that organizations have on individuals. The authors identify the radical, feminist, racioethnicity and postmodernist approaches that have critically examined mainstream organizational theories, but which are seldom mentioned in academic texts.

Mills et al. (2005) are particularly critical of the deafening silence within organizational theory on race and ethnicity based on the traditional paradigm that remains "ethnocentric, androcentric and elitist in its outlook" (p. 208). Nkomo (1992) claims that the silencing of the importance of race is a result of "subterfuge" within the research community, especially since race and ethnicity play a major role in how both individuals and society determine identity. The silencing of these issues is a direct result of the

acceptance of the "ethnicity paradigm", which is based on the belief that assimilation is the "most logical and natural antidote for racism and ethnocentrism" (Nkomo, 1992, p. 492).

Underpinning the belief of assimilation is an acceptance of inequality as a natural feature of society, a focus on individual remedies to racism that in turn do not challenge or change the social and power relations within society, and finally, the negating of the historical experiences of racial minorities within society. All of these beliefs result in "blame the victim" type responses to minorities who are unable to integrate into society. In contrast, while Canada has accepted the ideology of "multiculturalism", this perspective has also obscured a critical analysis of race and ethnicity within organizations due to this perspective also being "limited by inherent individualism, psychologicsm, and its acceptance of organizational hierarchy" (Mills et al., 2005, p. 221). In the end, it appears that like the larger society, organizations continue to struggle to find ways to address, and transform identity-based conflicts.

CHAPTER THREE

LESSONS FROM THE PAST:
Definition of Terms

To further understand the conflict between Aboriginal people and the health care

system, three subject areas will be explored from the relevant literature. Toward this end,

several key terms used in this research project dissertation will be discussed to ensure

clarity of understanding. Secondly, an overview of the field of conflict analysis and

resolution is presented. The practices developed in this field will be contrasted with

Indigenous perspectives and analyzed for their suitability in addressing the current

conflict. Finally, the philosophy, goals, and effectiveness of educational workplace

programs that seek to address social inequality will be reviewed.

Definition of Terms

The understanding of the terms *identity*, *race*, *racism*, *culture*, and *power* used

within workplace training programs have evolved over time. There remains much

confusion within training programs that seek to address social inequality over exactly

how these terms will be used, what is being discussed, and, finally, what is being taught.

Our deepening understanding of oppression within society has largely been a

consequence of the previously silenced voices of the oppressed finally being heard and

acknowledged. Within the 'practice' of education, the evolving understanding of

oppression remains contested terrain and lags far behind the analysis.

It is imperative, therefore, to ensure that we have clarity on what we are, or are

not addressing within any workplace training program. As such, the history and current

understanding of identity, race, racism, culture and power will be discussed. How these

evolving definitions have impacted different conflict resolution and transformation perspectives and practices will also be explored.

Identity.

Identity refers to "a sense of self; a way individuals know and understand themselves" (Cook-Huffman, 2008, p. 17-18). However, within the literature, there is often a distinction made between our self identity and our social identity (Cook-Huffman, 2008). The academic disciplines of psychology and sociology have historically focused on different aspects of identity (Rex, 2001). The field of psychology has focused on the internal aspects of identity (Kohlberg 1969; Fowler, 1995; Gilligan, 1982) while the field of sociology, beginning with Cooley's concept of the "looking glass self" (Cooley, 1902/2010), focuses on the interface between individual identity and societal structures. Subsequent research in the discipline of social psychology has combined knowledge from both disciplines to examine identity in relation to race (Cross, 1991; Helms, 1990, 1995), ethnicity (Kallen, 2003), and culture (Satzewich & Liodakis, 2010).

Within the field of conflict resolution, the primary focus has been the relationship between social identity and conflict. The analysis has examined identity and conflict from the interpersonal to international realms. For example, Wilmot & Hocker (2011) maintain that issues of identity are at the root of many familial and workplace conflicts. Tajfel (1982) articulated his 'social identity theory' to explain how ethnocentrism and the positive benefits individuals receive from being part of a distinctive group contribute to the development of conflict. Most of the theories developed within the field of conflict resolution are rooted in the symbolic interactional perspective, with the relationship between the individual and society as the focal point. As such, both the individual and society are perceived to be influenced by the interaction between the two.

There remains a pervasive belief within most societies today that identities are primordial, rooted in both blood and essence, and as such are resistant to change. The premise adopted by most conflict theorists and practitioners, that our identities are social productions and not inherent within human nature, prompt the continual exploration of ways to help opposing groups look beyond their hatred for one another, begin to view their differences as socially constructed, and therefore amenable to change. A challenge remains within the field, however, to manage "the tension between conceptions of identity that are essentialist and static, and those that argue identities are fluid and situationally constituted" (Cook-Huffman, 2008, p. 23). Like most conflict resolution researchers, Kriesberg (2003b) consider ethnic identity "to be largely socially constructed", but recognizes "that some traits of ethnicity are not easily modified by social processes" (para. 8).

Black (2003) argues that in most conflicts today "identity groups are always and everywhere the main constituents of political struggle" (p. 120). During conflict, social identities can become totalizing and it is widely assumed that identities help to sustain the struggle between different groups. Conflict tends to strengthen group norms and values and further maintain group cohesion. Individuals within these groups who seek reconciliation with the 'enemy' often face severe (and sometimes deadly) consequences (Byrne, 2000). Although there is a recognition that identity matters within conflicts, further research is required as the dynamics remain complex between identity and conflict (Cook-Huffman, 2008).

Burton (1990, 1998) argues that identity is one of the non-negotiable aspects in deep-rooted conflicts, based on his 'basic human needs' theory. He claims that the unfulfilled human needs fuel conflict and that traditional conflict resolution processes that

focus on symptoms fail, as the root causes (basic human needs) have not been addressed (Cook-Huffman, 2008). According to Kriesberg (2003a), conflicts become more intractable when the parties hold identities that are persistent, primary, non-compromising, or rooted in a sense of victimhood. Conflicts also become more intractable when identities are tied to nationalism, include an adversarial identity with the 'other' or rely on maintain negative views of the 'other'. As a result, fiercely held identities often present a challenge to practitioners who struggle to find ways to dislodge the negative perceptions of the 'other'. Cook-Huffman (2008) offers a number of guidelines in working with identities within conflict resolution. These suggestions include: (1) to be cautious of reification; (2) to examine the voices and power dynamics present to ensure that some voices have not been silenced; and (3) to adopt an analytical perspective that is fluid and flexible in understanding identities. Our knowledge and understanding how identities interweave with conflict situations is an ongoing project for the conflict researcher and practitioner.

Race.

The understanding of race and racism in Western societies began with beliefs in the biological and cultural superiority of the European peoples that were articulated as scientific truth (which currently have been largely debunked), and have been replaced with complex paradigms to describe a multidimensional concept (Henry & Tator, 2010, p. 21). The notion of race is a modern phenomena, only coming into the current lexicon a little over 500 years ago (Hirschman, 2004). Although ethnocentrism has been part of human history since time immemorial, the ideology of race and racism have only developed over the last few centuries (Fredrickson, 2002). Separating humanity into distinct races was based on the "belief that all humankind can be divided into a finite

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number of races with differing characteristics and capacities because of their genes or other inherited biological features" (Hirschman, 2004, p. 389). 'Scientific racism' was considered a legitimate area of academic research that was rooted in many of the hypotheses articulated by Social Darwinism[19] (Dein, 2006; Hirschman, 2004). These distinctions among humankind, based on skin colour, then developed into the ideology of racism, where non-White races were viewed as inherently inferior and lacking in the ability to create complex and modern societies (Hirschman, 2004). Winant (2000) argues that the theory of race arose over the need for European peoples to reconcile their belief in freedom for all human beings and their involvement and support of the slave trade.

The societal acceptance of "scientific racism" as a legitimate area of research began to decline shortly after the end of WWII. This shift in public and academic perception occurred after the full horrors of the Holocaust that had been carried out, based on the racist Nazi ideology of Hitler, became well known. In 1942, Ashley Montagu published his now famous book, *Man's Most Dangerous Myth: The Fallacy of Race*. In his book, Montagu refutes the biological premise of scientific racism and instead argues that the race concept was a social construct (Hirschman, 2004). Other historical events that challenged the acceptance of the 'scientific race' concepts includes the drive by former colonies to obtain their independence and the civil rights movement during the 1960s (Hirschman, 2004).

Within academia, the demise of 'scientific racism' had been first challenged by the work of W.E.B. DuBois (1903/2003) and the Chicago School (Winant, 2000). Currently,

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[19] Social Darwinism is defined as "the philosophy first articulated by English sociologist Herbert Spencer (1820-1903), who coined the phrase 'survival of the fittest' and applied Charles Darwin's theories of evolution to human economic conditions. The philosophy suggested that competition was normal and inevitable, that those who could not compete would be eliminated through natural selection, that only those who were inferior or inadequate to survive in society would be poor, and that the laissez-faire economic system was the best because self-help was the only way out of poverty" (Barker, 2003, p. 403).

the premise of "race science" that presumed race differences are biologically based, and subsequently determine both culture and personality, has been debunked by most academics (Agnew, 2007). Race is now believed to be a social construct; but it is recognized as continuing to be an "integral part of the classificatory system through which a racialized social order is produced and maintained" (Agnew, 2007, p. 9). Although the academic discourse has largely accepted the social construction of race, the normative discourse continues to accept the division of human beings according to the physical markers of race, with the underlying assumption that these physical markers determine one's culture and personality. Unfortunately, there remain some voices from the academic world (Herrnstein & Murray, 1994; Rushton, 1995) who have gained widespread notoriety over their continued research into perceived differences in intelligence and sexual behaviours rooted in individual skin colour[20]. Gould (1996) reissued his book, *The Mismeasure of Man*, first published in 1982, in an attempt to refute these claims by Hernstein & Murray (1994). Despite these attempts to challenge the fundamental beliefs underlying 'race science', these beliefs remain stubbornly persistent in mainstream dialogue. The PBS documentary, *Race: The Power of an Illusion* (Adelman, 2003), is a notable attempt by the media to open the discourse regarding the fallacy of race science.

Racism.

Racism is defined as "a belief in the superiority of a particular race" (Oxford

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[20] Hernstein & Murray (1994) argue that individual general intelligence (referred to as g), is related to a number of factors. Their most controversial claim is that race is correlated with g as they have detected patterns of intelligence among Asians, Whites and Blacks. They claim that Asians and White people show consistently higher intelligence than Blacks. Rushton (1995) examined the sexual behaviour of different 'races'. He concludes that Asians show the most sexual restraint while Blacks show the least sexual restraint. He went on to claim that there are anatomical differences (head, brain and genitals) between the 'races' that result in differing levels of intelligence and sexual behaviours.

Canadian Dictionary, 2004, p. 840). Prior to the 1960s, most non-White individuals were encouraged to assimilate into the dominant society. In keeping with the consensus model of society, scholarly research focused largely on individuals' responses to racism. For example, *The Nature of Prejudice*, originally published by Allport in 1954 details the development of prejudice and discrimination within individuals. Earlier, W.E.B. DuBois's (1903/2003) book, *The Soul of Black Folks* articulated the psychological response of African Americans to the history of slavery and systemic racism within the United States.

Challenging individual or societal racism did not gain widespread support until the Civil Rights movement. Beginning in the 1960s, postcolonial perspectives began examining the psychological responses of individuals to the experience of colonialism. Memmi (1965) in his book *The Colonizer and the Colonized*, and Fanon (1967) in the book *Black Skin, White Masks*, began deconstructing the impact of colonialism on both the colonizer and the colonized.

At the same time, Black scholars and members of the civil rights movement distinguished between individual and institutional racism, and began to identify the power dynamics that helped keep racism firmly in place within society. In the USA during the 1970s, critical race theory originated with legal scholars who criticized the liberal political philosophy and provided an alternative perspective to support the civil rights movement (Henry & Tator, 2010). The main premise of critical race theory is that racism is embedded in the very structure of society and not the aberrant behaviour of a few individuals. Another critical contribution of the critical race theory is the emphasis "on the role of narrative/storytelling to analyze the nature, dynamics, and impact of racism" (Henry & Tator, 2010, p. 29). Critical race theorists argue that it is by telling the story of the victims that racism is deconstructed.

Critical race theorists in the United Kingdom began applying Marxist ideology to our understanding of race relations with a focus "on the process of racialization that occurs in capitalist systems" (Henry & Tator, 2010, p. 27). Whether or not class or race has primacy in the ongoing disenfranchisement for people of colour remains controversial in this particular area of analysis. Currently, many authors advocate the adoption of an intersectionality approach to the study of race, gender, and class as more reflective of reality (hooks, 1990). The intersectionality perspective argues that although historically each type of oppression has been treated as distinct, a more comprehensive analysis needs to acknowledge how all types of oppression are "interlocking, mutually determining, and reinforcing categories" (Satzewich & Liodakis, 2010, p. 23). Within Canada, Aboriginal scholars have argued that the history of colonization has had unique and devastating consequences for Aboriginal people (Adams, 1975; Alfred, 2009).

Critical race theory coined the term 'anti-racism' to counter "the notion of races" (Henry & Tator, 2010, p. 30). Some proponents of this theoretical perspective have also advocated for the abandonment of the term race as an analytical concept (Satzewich, 1998). Other scholars have argued that striking race from the academic lexicon will only serve to fuel a conservative political agenda that advocates a colour-blind society based on the belief that by simply not using the word race, racism will disappear (Dei, 1996).

The anti-racist perspective has moved the focus from individual racism to the structural aspects of racism, with the assertion that it is the institutional policies and practices which are rooted in racism that is the problem to be addressed (Henry & Tator, 2010). Along with this focus on power relations in the dynamics of racism, anti-racism is an approach that calls for an "educational political action-oriented strategy" (Dei, 1996, p. 25) in addressing racism within society. However, the anti-racist perspective has been

criticized in a number of areas, such as its almost exclusive focus on the systemic and organizational level, limited theoretical grounding, and the difficulty in applying this approach to practice (Srivastava, 2007a). Anti-racist perspectives have also been accused of being too aggressive in their approach (Hamaz, 2007). The effectiveness of anti-racist approaches was recently challenged in a soon-to-be-published University of Toronto study which found that aggressive anti-racist initiatives can increase bias towards other groups. The researchers suggest that "it would be more beneficial for anti-racism campaigns to emphasize the benefits of diversity and equality for all members of society with less focus on the negative aspects of prejudice" (Abma, 2011, para. 16).

Another emerging area of research on race and racism includes 'Whiteness' studies (Frankenberg, 1993; Katz, 2003; Sullivan, 2006; Trepagnier, 2006). The groundbreaking article, *Unpacking the Invisible Knapsack*, by Peggy McIntosh (1990), was one of the first explanations of the pervasiveness of White privilege. This area of research interest shifted the focus away from the victims of racism to "those who perpetuate systems of dominance, that is, to those who are White and privileged and whose views are considered natural, normative, and basically raceless" (Henry & Tator, 2010, p. 36). Both critical race theory and Whiteness studies have all identified new forms of racism. Some of these new variations of racism include cultural racism (Adams, Bell, & Griffin,1997), neo-racism, (Rattansi, 2007), silent racism (Trepagnier, 2006), colour-blind racism (Henry & Tator, 2010) and aversion racism (Dovidio & Gaertner, 2004).

Rattansi (2007) argues that racism remains difficult to define as it is a concept that "has suffered from formulaic and clichéd thinking from all sides of the political spectrum" (p. 1). Instead, Rattansi (2007) argues that it is best to understand racism as

"multidimensional, with varying degrees of cultural, color and other physiological coding" (p. 160). Further, there is a need to accept that racism is not "an all or nothing phenomena" but rather "is marked by deep ambivalence and contradiction" (p. 160). Currently, most individuals outwardly disavow racist beliefs, instead indirectly maintaining a racist system by endorsing different political and social attitudes that support policies that maintain inequality rooted in racism (Zárate, 2009). Wise (2010) argues that with the election of U.S. President Barak Obama, many politicians and policy makers are convinced that racism no longer characterizes American society, with an underlying acceptance of the benefits of a colour-blind approach to social issues. Wise (2010) dubs this phenomena as "post racial liberalism" and argues this colour-blind approach can actually "perpetuate and even deepen systemic racism" (p. 19). Clearly, our understanding of how the dynamics of racism play out within our society is continuing to evolve.

Culture.

The word 'culture' has been described as "one of the two or three most complicated words in the English language" (Williams, 1976, p. 76). Defining the word culture is not the problem as there are numerous definitions offered by various disciplines. Rather, it is in "recognizing that the term comes to us from the nineteenth century with different meanings and that those meanings come attached to political agendas of one sort or the other" (Avruch, 2003, p. 140). Despite this complexity, the term culture has shown a renewed popularity within a number of different contexts (Wicker, 1997; Bennett, 2005).

The concepts of ethnicity, race, and nationality are often conflated with the word culture resulting in much confusion. Ethnicity "has its roots in the Greek word...(ethnos)

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and means 'people'" (Satzewich & Liodakis, 2010, p. 3). Black (2003) asserts that ethnicity originated with the rise of the nation state. Ethnic groups will often share a common language and common biological ancestry but do not always reside in the same country (Satzewich & Liodakis, 2010). As such, nationality is often thought of as referring to one's own or one's ancestors' country of origin who have a shared history (Hindess, 2005). All of these aspects of identity can be part of the one's cultural heritage but do not make up the totality of one's individual culture.

Anthropologist E.B. Tylor (1871/1970) is cited as articulating the first definition of culture as "a complex whole which includes knowledge, belief, art, morals, laws and customs and any other capabilities and habits acquired by man [*sic*] as a member of society" (p. 1). Tylor developed his understanding of culture during his studies of "small societies with relatively well-defined cultural borders and only a small degree of internal social differentiation…the very image of cultural homogeneity, cultural coherence and cultural continuity" (Wicker, 1997, p. 32). Conceptual difficulties over the term culture arise when this classic understanding of culture is superimposed on today's large and complex societies (Wicker, 1997).

Wicker (1997) further argues for a modification of Tylor's classic definition of culture based on a number of changes within the global society that have occurred. These changes include the current reality that "cultures and ethnic groups as actual, autonomous totalities do not exist" (p. 36) and global migration that is increasingly undermining the territorial borders of cultures. Further, the process of creolization[21], through both

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[21] The term as used here refers to the "cross-fertilization that takes place between different cultures when they interact...[with]...a distinctive emphasis on cultural creativity, sharing, transcendence, and invention" (Cohen, 2007, p. 817-8). This current definition is more closely aligned with hybritity and transculturation that is a result of the forces of globalization rather than the original linguistic and anthropological

accessible electronic communication and intermarriage, has contributed to the

development of a global culture. As a result, "culture can no longer be represented by the

metaphor of the timeless and suspended complex whole" but rather is changing from a

"concept of a coherent culture…to the concept of a flowing cultural complexity" (Wicker,

1997, p. 39).

The concept of culture remains complex, and difficulties arise with an agreed

understanding of culture as the definitions adopted by different academic disciplines have

been influenced by ideological or political agendas. LeBaron & Pillay (2006) provide a

description of culture that highlights how pervasive but fluid 'culture' is within all our

lives:

> [C]ulture is the shared, often unspoken, understandings in a group. It is the
> underground rivers of meaning-making, the places where we make choices about
> what matters and how, that connect us to others in the groups to which we belong.
> It is the water in which fish swim, unaware of its effect on their vision. It is a
> series of lenses that shape what we see and don't see, how we perceive and
> interpret and where we draw boundaries. Often invisible even to us, culture
> shapes our ideas of what is important, influences our attitudes and values, and
> animates our behaviors. Operating largely below the surface, cultures are shifting,
> dynamic set of starting points that orient us in particular ways, pointing toward
> some things and away from others. Each of us belongs to multiple cultures, and so
> we are experienced in transitioning cultural boundaries within and between us
> from an early age. (p. 14)

The current challenge of arriving at a common understanding of what culture is stems

from the original definition by Tylor. Wicker (1997) reminds us that definitions of culture

have also been impacted by "ideological systems of classification…which can be

understood only in their proper historical context, and which power political systems use

to construe order" (p. 34). It is important, therefore, to carefully examine the premise of

any definition of culture.

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understanding which referred to " not only racial mixtures but linguistic mixtures that occur on the
peripheries" (Malouf, 2007, p. 8).

The original definition of culture, as articulated by E.B. Tylor, has been particularly problematic for Indigenous peoples. Smith (1999) argues that "the belief that indigenous culture cannot change, cannot recreate themselves…nor can they be complicated, internally diverse or contradictory…[as]…only the West has that privilege" (p. 74) have served to further oppress Indigenous peoples. With this static definition of culture, it is therefore easy for supposedly superior cultures to justify the negation and appropriation of Indigenous knowledge. To counter this Eurocentric conceptualization of culture, Indigenous scholars, Battiste & Youngblood Henderson (2000), choose to "reject the concept of culture for Indigenous knowledge, heritage, and consciousness, and instead connect each Indigenous manifestation as part of a particular ecological order" (p. 35). The reclaiming of Indigenous culture then allows for the reviving and protection of Indigenous knowledge (Battiste & Youngblood Henderson, 2000).

In the past few decades, the use of the term 'culture' has been adopted by many disciplines to replace the word 'race' based on the iniquitous history of the term. The first attempts to move away from the term race and shift to culture appear to have begun with anthropologist, Fredrick Boas, who began using the concept of culture in his studies as a way to steer away from the "scientific racism" of the day (Willinsky, 1999). In many disciplines "the concept of culture" is now doing "the distressing work which race was once used to accomplish, in keeping the barbarian at the gate" (Willinsky, 1999, p. 97).

This use of the term 'culture' over 'race' is demonstrated by the adoption of the word 'multiculturalism' to describe Canadian society. In 1971, Canada adopted a national policy of multiculturalism. Since that time the policy of multiculturalism has undergone three stages of development. The first stage, occurring from 1971-1980, saw the development of "folkloric multiculturalism" which emphasized "celebrating our

differences" (Satzewich & Liodakis, 2010. p. 157). The next phase (1980-1990) involved

the institutionalization of multiculturalism within the public sector and resulted in the

passing of the *Multiculturalism Act* in 1988. Increasingly, the focus of multiculturalism

shifted to the economic and political advantages of increasing diversity. Finally, since

1980, there has been a shift to "civic multiculturalism" which has focused on "society

building" where "a common sense of identity and belonging" is fostered (Satzewich &

Liodakis, 2010, p. 159).

The policy of multiculturalism has been controversial since its inception. Several

authors have criticized the multiculturalism policy as ineffective for "barely

acknowledg[ing] the historical inequalities of race and ethnicity within Canada" and

"does little [to] address systemic racism", and as a result the "multiculturalism discourse

only submerges more critical discussion of racism" (Srivastava, 2007b, p. 291). Other

critics have alternatively argued that the policy has been too effective. First,

multiculturalism can inadvertently result in a hardening of ethnic and racial stereotypes

when contact between different groups does not go beyond a superficial level.

Multiculturalism has also been criticized for promoting cultural relativism[22] and

as a result undermining Canadian values. This criticism has become more intense since

9/11 and the subsequent rise in "Islamophobia". Within Canada, this debate has become a

divisive issue, especially when some cultural groups seek acceptance for their religious

beliefs (e.g., wearing of the hijab, Sharia law). In response to these perceived requests,

the Quebec town of Hérouxville recently passed a bylaw outlining the rules that new

immigrants need to adhere to if they are to be accepted within their community. The most

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[22] Cultural relativism "holds that the evaluative criteria of a culture should be drawn from within the culture in question and that no external standards are applicable" (Satzewich & Liodakis, 2010, p. 156)

controversial aspects of the bylaw (which drew both national and international media attention) outlined that new immigrants were not welcome in their community if they covered their faces, carried weapons to school, stoned or burned women alive, or performed female genital mutilation (Satzewich & Liodakis, 2010, p. 171). Perhaps one of the initial ways to bridge this divide in Canada is articulated best by Manji (2011) who encourages her fellow Muslims to enter this debate and challenge the more fundamentalist interpretations of their faith.

In response to the divisive debate over multiculturalism, the Quebec government has recently adopted a policy of 'interculturalism'. The policy of multiculturalism is viewed as promoting "individualist approaches to culture, whereas interculturalism focuses on the collectivity" (Satzewich & Liodakis, 2010, p. 169). Interculturalism is a policy that discourages ethnic enclaves and promotes linguistic assimilation by fusing the "*commonalities* [emphasis in original] of cultures within a francophone framework" (Satzewich & Liodakis, 2010, p. 168). Interculturalism is a policy response that is also being explored by Western European countries as they struggle to deal with the influx of new immigrants within their societies (Bilodeau, 2011).

Finally, multiculturalism policy has also been criticized by Aboriginal groups for devaluing their claims for self-government as they argue their claims for self-determination are seen as just another minority group seeking rights within Canada (Satzewich & Liodakis, 2010), and the linking of "their issues and concerns with those of immigrant groups…undermine the unique status of the First Nations in Canada" (Joshee, 2004, p. 130). Instead, Aboriginal groups argue that as the original inhabitants of this land and a "distinct peoples" the policy of multiculturalism is a "threat to their survival" (Satzewich & Liodakis, 2010, p. 166).

Within the field of conflict resolution, the international relations school has historically ignored culture based on the premise it was irrelevant in addressing conflicts. The belief of these theorists stems from a conviction that their theories and techniques are applicable in all settings, regardless of the culture of the participants (Avruch, 2008). Examples of these perspectives and practices that negate the importance of culture include the *basic human needs theory* by Burton (1998) and *principled negotiation* articulated by Fisher, Ury, & Patton (1991). Faure (2009) claims that there are two primary ways that culture is viewed within conflict resolution. The Burtonian view which does not consider culture as important as the universal basic human needs that all human strive to achieve, and the view put forward by Lederach (1995) that "culture…[provides]…the logic by which people reason" (Faure, 2009, p. 513).

The existence of different cultures within a region does not necessarily result in conflict. However, if conflict does erupt between groups with different cultures, culture is the lens through which individuals view the causes of the conflict (Avruch, 1998; Avruch & Black, 2001). Faure (2009) claims that culture correlates with the intensity of the conflict, that is, as "conflict increases, so does the role of culture" (p. 521). Instead of ignoring or negating the impact of culture on conflict, Avruch & Black (1993) advocate that practitioners adopt the ethnographic tradition of "thick description" articulated by Geertz (1973) in analyzing how culture is impacting the existing conflict. Thick description was first described by Geertz (1973) in his seminal book, *The Interpretation of Cultures*, in which he challenged anthropologists to expand the lens of their interpretations to seek a deeper understanding of the context in which cultural behaviours were being observed during their research. Geertz's (1973) perspective challenged the

positivistic understanding of research with its focus on objective observation by integrating the subjective meanings of the research subjects.

Currently, several authors have highlighted the importance of culture in any conflict resolution or conflict transformation. For example, Rothman (1997) maintains that identity issues are at the root of many intractable conflicts and need to be addressed, Abu-Nimer (2003) cautions that many of the conflict resolution formulas are based on Western worldviews and do not easily translate into other cultural contexts, Schirch (2005) examines the different cultural ceremonies that facilitate peacebuilding, and LeBaron & Pillay (2006) examine how cultural dynamics impact conflict resolution. Within the field of communication studies, there is recognition of the importance of culture. As such, many communication practitioners have provided negotiators and diplomats who draw on conflict resolution concepts with communication microskills to effectively work cross-culturally (Fowler & Mumford, 1995; Gallois, 2003; Kimmell, 2000; Ting-Toomey, & Oetzel, 2001).

Based on his work in a number of different countries, conflict theorist and practitioner – Lederach (1995) outlines an elictive approach to conflict transformation that builds upon "cultural resources within a given setting" (p. 7). His perspective challenges the prescriptive techniques often found in traditional conflict resolution models that assume universality, to instead understand "culture as a seedbed and as a foundation" (Lederach, 1995, p. 63) to conflict transformation. As such, the practitioner views the "cultural context, and knowledge about conflict-in-setting" to "provide the foundation through which the model happens" (Lederach, 1995, p. 67).

Power.

Similar to the term culture, power is another concept with a number of definitions that are often "abstract and ambiguous", yet the consequences of power within conflict situations are very real (Coleman, 2000, p. 109). How we understand and respond to power is largely dependent on our personal experiences and the views that we have about human nature, the nature of the world, and the meaning of our existence. In Western societies, power is usually thought of in competitive terms. Many scholars argue that this is a limiting perspective on the concept of power. Other common misconceptions of power are that power is concentrated in a physical location, it is a finite commodity, and that power only flows in one direction – from top to bottom (Coleman, 2000).

In the 17th century, Thomas Hobbes argued that the human lust for power was "perpetuall and restlesse...[and]...ceaseth onely in Death" (Govier, 2002, p. 53) . Based on his pessimistic perspective of human nature, Hobbes believed that the only way for humans to survive in peace was through an all-powerful sovereign and the corresponding deference of the population. Despite the advent of democracy, this perception of the continual human lust for power remains prevalent. In contrast, Gandhi provided a different conception of power and the deference of the population in his theory of non-violence. Gandhi demonstrated through his non-violence methods that governments can only stay in power with the support of the people (Govier, 2002). Gene Sharp (2005) further articulated non-violence principles into a number of non-violent strategies that have been used successfully in several countries around the world to topple dictators from power (York, 2001; Stolberg, 2011).

Boulding (1989) defines power as "that of a potential for change", which in human interaction means "the ability to get what one wants" (p. 15). Boulding (1989)

uses the metaphor of the stick, the carrot, and the hug to distinguish between the different types of power. His schema includes: destructive power, which is often associated with political and military force and obtained by threats (or the stick); productive power, that is most often associated with exchange and obtained by economic means (the carrot); and, finally, integrative power, which is associated with love and obtained through relationship (the hug). Boulding (1989) argues that in our current world system, power is distributed unequally, with the few in power depending largely on both destructive and productive means of power to maintain the current system. The results have been death and destruction in both the human and the natural world. Boulding (1989) claims that if humanity is to survive, an integrative power perspective and system must be adopted.

Within the social sciences literature, four different perspectives on power have been identified. These are conceptualizations of power as 'power over', 'power with', powerlessness or dependency, and empowerment or independence. 'Power over' perspectives are assumed to be inherently coercive and competitive, while in contrast 'power with' processes are deemed to have been "jointly developed, coactive, and noncoercive" (Coleman, 2000, p. 111). The characteristics of being in a state of powerlessness and dependency have been researched in relation to identifying the means for which individuals, groups, and societies become empowered and independent.

At the interpersonal level, Wilmot & Hocker (2011) advocate for a relational theory of power, that is, relation power is constructive and is used to solve problems, enhance relationships, and balance power. As such, the authors have developed several strategies for using power within relationships with the ultimate goal of self empowerment. Sociological perspectives have been influenced by feminist insights on power, and include the exploration of role theory in understanding group behaviour

(Coleman, 2000). Hofstede, Pedersen, & Hofstede (2002) also explored how power is perceived across cultures. Finally, Coleman (2000) argues that "the field of conflict resolution would be well served if scholar-practitioners developed enhanced understanding and improved methods for the cooperative, dependent, and independent approaches to power in conflict" (p. 122). Francis (2010) argues that there is a need to both "recognize and address power asymmetries in a more concerted way...in order to make conflict resolution possible" (p. 6). Addressing power asymmetries in the pursuit of peace remain one of the key challenges for conflict researchers and practitioners.

Although Canada considers itself a democratic country, there have been many examples from its history where destructive power has been used in attempts to assimilate Aboriginal people. Neu & Therrien (2003) argue that the Canadian government has shifted from overt coercion to destructive economic power to maintain Aboriginal people in a dependent state instead of working with Aboriginal people in gaining self determination. If the conflict between Aboriginal people and the Canadian government is to be resolved, conflict resolution practices that use a 'power with' and 'empowerment' orientation will need to be adopted. A review of the field of conflict resolution will now be presented in order to further discuss the most appropriate way to address the ongoing conflict between Aboriginal people and Canadian society.

CHAPTER FOUR

LESSONS FROM THE PAST:
Conflict Resolution and Conflict Transformation

The field of conflict resolution has only emerged as a field of study in the 20th century (Schellenberg, 1996). As with many new fields of study, there is an ongoing debate over whether the field is a discipline in its own right (Schellenberg, 1996). Sandole (2006) also notes that the field of conflict resolution and peace studies has been an area of study where there is a great need, but very little demand. Bercovitch, Kremenyuk, & Zartman (2009) argue that the field of conflict resolution is one in which "theory and practice are inextricably linked" (p. 1). However, Galtung (2008) contends that the practice of conflict resolution and peacebuilding lags far behind the theory formation.

Kriesberg (2009) maintains that the field of conflict resolution "relates to all domains of conflicts, whether within or between families, organizations, communities, or countries" (p. 15). The field of conflict resolution began taking shape after the widespread revulsion at the massive number of killings that resulted from the two World Wars. Within academia, researchers began to examine different aspects of conflict and aggression, resulting in theory production that has provided the foundation for further studies in the conflict resolution field. A number of historical events, such as the development of the United Nations, the Cold War, the colonial struggles for liberation and independence, and the civil rights movement, spurred further study into the application of theory on both the domestic and international fronts. Most of the research did not occur in either college or university settings, but rather the ideas and practices being formulated occurred within institutes funded either through government or

foundations (Kriesberg, 2009). The institutionalization of the conflict resolution programs only began within academia when such fields as law began to explore alternative dispute resolution practices. The methods of negotiation, mediation, and problem-solving workshops were refined, and academic settings provided the place for individuals to become trained in these various techniques.

The ending of the Cold War and the increase in bloody intrastate conflicts, terrorism, and globalization have greatly impacted the field of conflict resolution and peace studies. There is also growing recognition that the field needs to move beyond conflict resolution techniques toward conflict transformation (Kriesberg, 2009). Ramsbotham, Woodhouse & Miall (2005) view "conflict transformation as the deepest level of the conflict resolution tradition" (p. 8). which "implies a deep transformation in the institutions and discourses that reproduce violence, as well as in the conflict parties themselves and their relationship" (p. 29). Within this trend has been the call to hear from the voices which have historically been silenced in this field – namely those of women and Indigenous peoples (Byrne & Senehi, 2008). Green (2002) believes that conflict transformation is moving the field of conflict resolution to "the even more demanding threshold of application and practice" that will occur at both the intrapersonal and systemic levels (p. 100).

Since 1969, Galtung, a peace researcher, has argued for the need to build a 'positive peace' (a world where all human beings have the opportunity to achieve their full potential) rather than the 'negative peace' (the absence of violence) that the world has accepted to date (Galtung, 2008). The current focus on conflict transformation will hopefully push the field of conflict resolution and peace studies to deepen its

understanding of conflict and peacebuilding, and contribute to the development of the 'positive peace' as first articulated by Galtung over 40 years ago.

As identified by Kriesberg (2009), many of the current conflict resolution perspectives are rooted in the work of other disciplines. Schellenberg (1996) and Keashly & Warters (1996) group these areas into four major fields of focus – the individual, the social structural, social process, and formal. A focus on the individual assumes that conflict and aggression are either biologically-based or learned behaviours. Theorists that have informed this perspective include Lorenz, Freud, Dollard, Skinner, and Bandura. A social structural perspective focuses on conflict as a direct result of the way society is organized. Marxist, feminist, and critical theories are the major contributors to this school of thought (Keashly & Warters, 1996). The social process perspective looks at conflict and aggression based on the social interaction between individuals and groups. The sociological theory of symbolic interactionism has informed this area of study. Symbolic interaction assumes that "our behavior generally, and conflict-specific behavior in particular, are guided by our subjective interpretations of the situation" (Keashly & Williams, 1996, p. 39-40). Morton Deutsch's 'crude law of social relations' is a good example of a theory developed from this perspective. Deutsch (1985) researched how cooperative and competitive behaviours impact group processes. His research found that within groups each type of behaviour (cooperation or competition) tends to be self-generating. In other words, if cooperative behaviour is encouraged to deal with conflict within a group, then cooperative behaviour will be reciprocated, and similarly if competitive behaviour is the norm when dealing with conflict in a group, then competitive responses will ensue (Deutsch, 1985). Finally, the field of formal conflict resolution is based on "super-rational" and mathematical models of analysis. The

assumption underlying this perspective is that there are natural conflict patterns that occur in any conflict. Individuals and groups are assumed to respond to conflicts in a predictable manner and detailed research based on complex mathematical formulas would uncover these patterns (Schellenberg, 1996; Keashly & Warters, 1996).

Early in its history, the field of conflict resolution was largely focused on international conflicts and adopted the realist paradigm[23] (Burton, 1997). Galtung provided one of the first real challenges to the realist paradigm by highlighting the way that structural violence underpins most of the political and economic systems existing in the world today. John Burton developed his theory of "basic human need" as the root of conflicts, after years of working as a diplomat and civil servant for Australia. Based on his practical experience, Burton came to reject the prevailing realist paradigm on international relations, instead being influenced by general systems theory[24] to arrive at a different understanding of deep-rooted conflicts. (Sandole, 2006). Burton (1998) argues that "aggressions and conflicts are the direct result of some institutions and social norms being incompatible with inherent human needs" (para. 3). He identifies basic human needs as personal recognition, identity, and security, which he contends are non-negotiable.

Theoretical Perspectives of Conflict

How one conceptualizes the root causes of conflict in society will determine the theoretical perspectives that are pursued in addressing conflict and what is perceived to be possible in dealing with conflict. One of the first definitions of conflict in the

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[23] The realist paradigm is premised on the belief that "sovereign states...act rationally to advance their security, power, and wealth" and that international conflicts are "significantly restrained by the distribution of power between two or more states" (Levy, 2001, p. 7)

[24] Systems theory is "a conceptual orientation that attempts to explain holistically the behaviour of people and societies by identifying the interacting components of the system and the controls that keep these components (subsystems) stable and in a state of equilibrium." (Barker, 2003, p.176).

academic literature was articulated by Coser (1967), who defined conflict as "a struggle over values and claims to scarce status, power, and resources, in which the aims of opponents are to neutralize, injure, or eliminate rivals" (p. 8). This definition coined during the height of the Cold War emphasized scarcity and implies the use of coercive power to deal with conflict. Violence is both probable and possible within this characterization of conflict. Interventions within this perspective would include outright violence, deterrence methods, and conflict management. This theoretical perspective became the underlying premise of the realist paradigm.

Currently, a widely cited definition by Wilmot & Hocker (2011) describes conflict as "the expressed struggle between at least two interdependent parties who perceive incompatible goals, scarce resources, and interference from others in achieving their goals" (p. 11). This definition shifts the focus to interdependence and the belief that resolution is possible through processes such as negotiation, mediation, or dialogue. Fisher (2008) maintains that the subsequent interventions that flow from this definition of conflict are "that only the parties can effectively resolve their dispute, and in so doing also improve their relationship in ways that will render the outcomes sustainable until conditions change" (p. 329). Conflict resolution interventions differ however, on how much emphasis is placed on the various aspects of the conflict (e.g., resolving the dispute or improving the relationship).

Galtung (1996), on the other hand, conceptualizes any type of violence and war as morally wrong, with the only sustainable way for humanity to survive is through living in peace. He argues that currently society has settled for 'negative peace' which he defined as the absence of war and personal violence, when humanity should be striving for the more laudable goal of 'positive peace'. To achieve positive peace, Galtung (1996) argued

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that structural violence (systems of domination and oppression) must be eliminated. As such, Galtung believes that the solutions to conflict are structural changes in society. Despite these varying perspectives, each school of thought has contributed to the growing understanding of the complexity of violence at all levels of society.

Docherty (2001) outlines that conflict must be viewed as occurring within three dimensions include the rational, relational, and symbolic domains. Schirch (2005) argues that conflict resolution perspectives and interventions have historically focused on either the rational and relational dimensions. The rational or material conflict perspective stems from Western philosophy which assumes that in resolving conflict "humans are capable of communicating through detached, unemotional, objective logic" (p. 35). Conflict resolution processes rooted in this belief include the work of Fisher, Ury, & Patton (1991) in their bestselling book, *Getting to Yes: Negotiating Agreement Without Giving In* (2nd ed.). The basic premise of these techniques is that negotiations to end conflicts should and can be completed without any messy emotional aspects.

The relational or social aspects of conflict have been recognized as important in conflict resolution by a number of authors. The emphasis is put on developing better communication skills and understanding and balancing power dynamics and disparities within relationships (Schirch, 2005; Wilmot & Hocker, 2011). Dialogue groups and intercultural communication techniques are examples of these types of conflict resolution strategies (Schoem & Hurtado, 2001). The belief is that developing skills in cross-cultural communication will build better relationships and ultimately reduce or remove conflicts (Lopez & Zúñiga, 2010; Zúñiga, Nagda, Chesler, & Cytron-Walker, 2007).

Finally, the symbolic dimension of conflict resolution is considered "the messy dimension of conflict" that is "often overlooked, neglected, or discarded in the theoretical

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trashbin" (Schirch, 2005, p. 38). Within this dimension, individuals are perceived to view

conflict through their own worldviews which are made up of "five interacting elements:

perception, emotional and sensual cognition, culture, values, and identity" (Schirch, 2005,

p. 39). Drawing on her work with Aboriginal youth, Sutherland (2005) builds on the idea

that conflict often rest on differing worldviews to develop a number of "worldview

skills". These include moving from "rigid to flexible worldviews", "learning to listen to

worldview differences", and "creating shared pictures" (Sutherland, 2005, p. 98-102).

Lindner (2006) and Wilmot & Hocker (2011) also argue that conflict practitioners

need to have a better understanding of how emotions impact conflict. Indigenous

perspectives that are based on the medicine wheel[25] teachings which include the physical,

emotional, mental, and spiritual aspects of human existence, have always acknowledged

the need to address all of these aspects within a conflict situation. The emerging field of

conflict transformation builds upon the work of conflict resolution practitioners who have

focused on the material and relational aspects of conflict, but now seek to include the

symbolic dimension of human interaction.

Perspectives and Practices in the Field of Conflict Resolution

As just described, the field of conflict resolution and peace studies has provided a

number of theoretical ways to analyze conflicts. Based on these theoretical perspectives,

a number of conflict interventions have developed. An examination of these seminal

perspectives and practices used in the field of conflict resolution will now be presented.

This review will be followed by an analysis of the applicability of these perspectives to

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[25] The medicine wheel is a symbolic representation of the spiritual teachings of many of the Indigenous
people of North America. For a more detailed description of these teachings refer to *The Sacred Tree*
(1985) by Bopp, Bopp, Brown, & Lane.

the ongoing conflict between Aboriginal people and the Canadian government. Finally, an overview of Indigenous conflict resolution perspectives and practices will be compared and contrasted with the conflict resolution and conflict transformation perspectives previously reviewed.

Negotiation.

Negotiation is the most commonly used conflict resolution practice, as it is used at all levels of society (Schellenberg, 1995; Zartman, 2009). Wilmot & Hocker (2011) describe negotiation "as the active phase of conflict resolution when people generate options, brainstorm ideas, give and take, and attempt to get their mutual goals met" (p. 245). Zartman (2009) claims that negotiation can be used to prevent, manage, resolve, and transform conflict, depending on the perspective and practice of the negotiators. The terms negotiation and bargaining are often used synonymously, however Schellenberg (1996) contends that negotiation most often refers to the interactive process between the parties, while bargaining refers to the underlying positions of the parties (Wilmot & Hocker, 2011).

The process of negotiation has been characterized as either using a competitive (distributive) or cooperative (integrative) style. Distributive negotiation is based on an individualist worldview with an underlying possibility of coercion to obtain an agreement. In contrast, integrative negotiation is based on a relational worldview with the goal of expanding the number of options that are available to come up with an acceptable agreement (Druckman, 2003; Maiese, 2003; Schellenberg, 2006; Wilmot & Hocker, 2011). Today however, most individuals continue to view negotiation as largely a win/lose process (Wilmot & Hocker, 2011).

Negotiation as a conflict resolution process has been extensively researched. Studies have been completed on several aspects of negotiation, including the structures impacting negotiation, the different types of strategies used by negotiators, processes within negotiation, and the individual behaviours of negotiators (Zartman, 2009). This research has been informed by the game/decision theory, social psychological perspectives, organizational behaviour theory, and the field of international relations (Druckman, 2003).

One of the most popular forms of negotiation was developed in the 1980s by Harvard School of Business professors Roger Fisher and William Ury entitled 'principled negotiation'. The authors provide a prescription for their *principled negotiation* based on four principles – separate the people from the problem, focus on interests instead of positions, invent options for mutual gain, and insist on using objective criteria. This neat and simple prescriptive practice became quite fashionable in corporate circles, but has been criticized by other conflict theorists for ignoring the identity, culture, and power issues that are present within most deeply-rooted conflicts (Walker, 2004). As a result, the use of negotiation as the only conflict resolution process has not been overly successful in sustainable long-lasting solutions to deep-rooted conflicts (Schellenberg, 1996).

Mediation.

Mediation is another practice developed and used within conflict resolution with a number of different perspectives on the exact methods used. Bercovitch (2009) provides an understanding of mediation that allows for the differing philosophical perspectives and practices that exist:

> ...a process of conflict management, related to but distinct from the parties' own negotiations, where those in conflict seek the assistance of, or accept an offer of help from, an outsider (whether an individual, an organization, a group, or a state) to change their perceptions or behavior, and to do so without resorting to physical force or invoking the authority of the law. (p. 343)

Mediation has historically been used in many cultures. The use of mediation in the North American context began in the industrial relations field, when conflicts arose between labour and management, and then expanded into the legal system when mediation was adopted as a cheaper and more efficient process to litigation (Cheldelin, 2003; Kressel, 2006). Currently, mediation is used in a variety of different settings. For example, mediation is utilized in the: (1) international realm where there are border or trade disputes; (2) within the court system to address both domestic disputes and criminal justice issues; (3) at the organizational level in areas such as business, union, and workplace conflicts; (4) disputes between students and staff within educational settings; and even (5) within neighborhood disputes (Cheldelin, 2003; Kressel, 2006; Wilmot & Hocker, 2011). Winslade & Monk (2008) outline the use of narrative mediation within organizations that combine classic mediation techniques with the use of individual stories to reach conflict resolution.

Schellenberg (1996) identifies some of the key features in the classic Western understanding of mediation. These include the assumptions that mediation is (1) assisted negotiation, (2) involves a neutral third party, (3) voluntary, (4) disputants maintain responsibility for the solutions, and (5) the process is private and confidential. The classic understanding of mediation is rooted in an individualistic worldview where the focus is a problem-solving methodology and the goal of obtaining a formal or contractual agreement (Cheldelin, 2003).

Bush & Folger (2005) challenge this classical understanding of mediation with their 'transformative approach' to mediation. They maintain that mediators should be focused on transforming the quality of the conflict interaction, instead of being focused on reaching a settlement. In other words, the goals of mediation change from the focus on resolving conflicts to transforming the participants' "conflict interaction from destructive and demonizing to positive and humanizing" (p. 70). Bush & Folger (2005) advocate the use of two key processes – empowerment and recognition of participants, in their goal of transforming the conflict. Empowerment allows for participants to find their agency, and recognition is the process of participants developing empathy of each other's position. Cheldelin (2003) argues however, that "operationally the two mediation models are very similar – assessment, story-telling, problem-solving, agreement – but embedded in the transformational model is recognition of the need for emotional healing" (p. 223).

Concerns have been raised over the assumptions of neutrality and power within the classic understanding of mediation (Cheldelin, 2003). For example, the use of mediation in domestic violence cases has been strongly opposed based on concerns that women will be further victimized during the process; however, some jurisdictions have utilized mediation when safety concerns are fully addressed (Bush & Folger, 2005). Wing & Rifkin (2001) are also critical of mediation processes that profess neutrality in socially unjust situations and maintain an individualistic focus. They contend that the adherence to neutrality by mediators only reinforces oppressive structures within society and fails to recognize that society is stratified by group membership (e.g., gender and race). To address these concerns, Wing & Rifkin (2001) argue for mediators to practise mediation

from a social justice perspective informed by anti-oppression[26] and racial identity

development theories[27]. Finally, mediation as a conflict resolution process has also been

found to less effective when a number of conditions are present. Kressel (2006) identifies

these as situations when there are (1) high levels of conflict, (2) low motivation to reach

an agreement, (3) low commitment to mediation, (4) a shortage of resources, (5) disputes

involving fundamental principles, and, (6) unequal power differentials. Schellenberg

(1996) further claims that mediation is less successful in complex conflicts.

Interactive Conflict Resolution.

Fisher (2008) utilizes the term interactive conflict resolution methods to describe

the use of conflict resolution practices where third parties help small groups engage in

problem solving discussions. He describes these as:

> ...facilitated face-to-face activities in communication, training, education, or
> consultation that promote collaborative conflict analysis and problem solving
> among parties engaged in protracted conflict in a manner that addresses basic
> human needs and promotes the building of peace, justice, and equality. (p. 328)

Facilitating dialogue between disputing parties is based on the assumption that improving

communication will reduce the conflict. Practitioners assume that through dialogue

participants will begin to empathize with one another, and that the conflict will be

reviewed and clarified. Once these processes occur between participants, solutions can be

found (Fisher, 2008).

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[26] The field of social work identifies anti-oppressive practice as "concerned with eradicating social injustice perpetuated by societal structural inequalities, particularly along the lines of race, gender, sexual orientation and identity, ability, age, class, occupation and social service usage" (Dumbrill, 2003, p. 102)

[27] Racial identity development theories argue that minority individuals pass through a number of predetermined stages in their identity development related to their racial heritage (Cross, 1991; Hardiman & Jackson 2001; Tatum, 2003). The initial theories were based on the experiences of African Americans during the 1960s. Recent literature, however, has also articulated racial identity stages for individuals of other racial heritages (Ferdman & Gallegos, 2001; Hardiman, 2001; Helms, 1990,1995; Horse, 2001; Kim, 2001; Poston, 1990, Wijeyesinghe, 2001).

An example of one of these types of models are the problem-solving workshops

that began with the work of John Burton during the 1960s as part of a trend towards 'track

two diplomacy'[28]. Burton (1990) advocated a different approach from the realist

perspective, stating that the traditional approaches often adopted by various governments

were not working (d'Estrée, 2008). The premise of the strategy is analytical, and the

strategy advocated is often mechanistic. Problem-solving approaches have been used in

both individual and group settings. d'Estrée (2009) outlines problem-solving workshops

as:

> ...off-the-record, face-to-face meetings between members of adversarial groups,
> where a third party facilitates participants working through a structured agenda
> that asks participants to consider the concerns of all parties participating, the
> shape of possible solutions, and the constraints faced by all parties participating to
> accepting the varying possible solutions. (p. 143)

In their original conceptualization, John Burton outlined fifty-six (56) workshop rules to

help guide the process which he dubbed "controlled communication" (Mitchell, 2003).

These problem-solving workshops had an overarching "goal of addressing basic human

needs" with the underlying assumption that "frustrated basic human need is the source of

serious conflicts" (d'Estrée, 2009, p. 143).

Several other academics and practitioners have built upon the original work of

Burton by facilitating these workshops in various conflict zones throughout the world and

often renaming their practices. Fisher (2008) identifies a number of examples of other

types of processes that use dialogue to resolve conflict including interactive problem-

solving (Kelman, 1972), problem-solving forums (Azar, 1990), collaborative analytical

problem-solving (Mitchell & Banks, 1996), facilitating dialogue (Chasin & Herzig,

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[28] Track two diplomacy refers to "methods of diplomacy that [are] outside the formal government system"
(Diamond & McDonald, 1996).

1993), consensus-building (Hare, 1982), and sustained dialogue (Saunders, 1999).

However, despite the myriad of names that these workshops are known by, the majority

of these processes maintain the basic premise articulated by Burton's human needs

theory, that is, the focus on universally accepted basic human needs (security, identity,

and recognition), and the use of analytical processes to problem-solve. This prescriptive

model is outlined by d'Estrée (2009) as follows:

> changing communication , 'analyzing the conflict'…changing stereotypes and
> enemy images, changing options available and developing new ideas for
> solutions, changing one's perception of change, both in the other and in the
> relationship, connecting the individual with his or her system and yet internalizing
> change, and finally, transforming the intergroup/intersocietal relationship. (p. 151)

The purpose of the third party is to both control the process and provide analysis to the

participants (d'Estrée, 2009). The process is largely an intellectual endeavour without

much attention (at least by the facilitator and according to the rules) given to the other

aspects of human communication, such as the emotional or cultural dynamics that might

occur.

The ARIA (antagonism, resonance, invention and action) approach articulated by

Rothman (1997) is another type of interactive conflict resolution method that also builds

on the work of Burton, with the focus however on individual identities. Rothman (1997)

argues that most people believe that conflicts are rooted in disputes over material

resources, when in fact identity is the issue at stake. The sources of conflict within

interest-based disputes (material resources) are often easily discernable, whereas identity-

based conflicts are "relatively intangible and deeply rooted in the more abstract and

interpretive dynamics of history, psychology, culture, values and beliefs" (Rothman,

1997, p. 11). Rothman (1997) outlines a four-part methodology for identity-based

conflict. Conflicts are theorized to cycle through the stages of antagonism (A), resonance

(R), invention (I), and action (A). The conflict process is understood to be dynamic with disputing groups often cycling back to previous stages.

Disputants begin in an antagonistic stage where all parties are stuck in blaming and demonizing each other for the conflict that exists between them. The goal of this phase is "surfacing the antagonism" (Rothman, 2003, para. 6) so that the issues are openly stated. After awhile, the disputants become weary of the lack of progress and an opening occurs for each to hear each other's stories. This point arrives after the facilitator has worked to create an atmosphere where the group has "a holding place to encounter the other" (Rothman, 2003, para. 4). The next phase, entitled resonance, is "the heart of the ARIA framework" when "adversaries gain insight into what is truly at stake in a conflict and why it matters so much – respectively and interactively, within and between" (Rothman, 1997, p. 34). This phase is characterized by the individuals moving "from us versus them to we" (Rothman, 1997, p. 42) or from "negative attribution to analytic empathy" (p. 44). Once this dynamic has occurred within a group, the ground is set for the next stage of problem-solving. At the invention stage, the groups work to find solutions to the conflict that has occurred between them. With the deeper relationships which have formed between the groups during the resonance phase, the groups are now better equipped to find innovative solutions to the conflict. Finally, in the action phase, groups work to put the solutions into practice.

Conflict Transformation.

According to Miall (2004), *conflict transformation* "is best viewed not as a wholly new approach, but rather as a reconceptualisation of the field in order to make it more relevant to contemporary conflicts" (p. 3). Conflict transformation means going beyond the traditional conflict management and conflict resolution approaches. Miall (2004)

maintains that conflict transformation is the "process of engaging with and transforming the relationships, interests, discourses and, if necessary, the very constitution of society that supports the continuation of violent conflict" (p. 4). Galtung is credited as being the most influential theorist in this perspective by articulating the foundational concepts. These include the belief that conflicts have both positive and negative aspects, however the key is for the analysis to go beyond the dichotomies often perceived as inherent in conflicts by linking these conflicts to structural issues within society that serve to maintain the dichotomies (Miall, 2004). Conflict transformation also requires that beliefs about the inherent violent nature of humanity be abandoned. As such, Elise Boulding (2000) maintained that despite the common belief in human aggression as innate, conflict transformation requires fostering a culture of peace within society. Fry (2006) also challenges the commonly held belief that humanity is inherently warlike by identifying several examples of peaceful societies.

Lederach (1995) defines conflict transformation as an idea that "does not suggest we simply eliminate or control conflict, but rather points descriptively toward its inherent dialectic nature" (p. 17). Conflict is viewed as inherently transformative and the critical piece is to recognize that this transformation can be cultivated for both negative and positive purposes. He explains:

> ...transformation as a concept is both descriptive of the conflict dynamics
> and prescriptive of the overall purpose that building peace pursues, both in terms
> of changing destructive relationship patterns and in seeking systemic change.
> Transformation provides a language that more adequately approximates the nature
> of conflict and how it works and underscores the goals and purpose of the field. It
> encompasses a view that legitimizes conflict as an agent of change in
> relationships. It describes more accurately the impact of conflict on the patterns of
> communication, expression, and perception. Transformation suggests a dynamic
> understanding that conflict can move in destructive or constructive directions, but
> proposes an effort to maximize the achievement of constructive, mutually
> beneficial processes and outcomes. (Lederach, 1995, p. 18-19)

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Conflict transformation seeks to address conflicts in four dimensions – the personal, relational, structural, and cultural. With this in mind, conflict transformation develops a map for change that includes examining the present situation (including the historical antecedents), visioning what is desired in the future, and then developing a change process that allows the disputing parties to move from here to the future (Lederach & Maiese, 2003).

If conflict transformation is to be accomplished, Lederach (1995) argues that current conflict resolution practices must move away from prescriptive approaches toward elicitive approaches that build upon the "cultural resources in a given setting" (p. 7). In his book, *The Moral Imagination*, Lederach (2005) argues that conflict practitioners must acknowledge that conflict has to be understood as in relationship, develop a capacity for paradoxical curiosity, draw on creativity, and develop comfort with mystery and risk. The process is inherently spiritual. In summary, Lederach (1995) challenges the field of conflict resolution to move beyond the prescription approaches that have been favoured by Western theorists and practitioners to embrace elicitive approaches to dealing with protracted conflicts.

Indigenous Peacemaking Perspectives and Practices.

Walker (2004) argues that "Indigenous approaches to transforming conflict emphasize process and relationship above technique" (p. 536). Walker (2008) contrasts Indigenous and Western worldviews that have informed conflict resolution and contends that Western perspectives are characterized by being unilinear, analytic, 'human over human", and, "human over nature", while in contrast Indigenous perspectives tend to be circular, holistic, nonhierarchical, and "human in relationship with nature" (p.529). Although it is important to guard against the trap of essentializing Indigenous

perspectives, it is still possible to identify "common cultural currents" of "land, spirituality and governance that grind against the dominant discourse of North American culture" (Valaskakis, 2005, p. 6). Little Bear (2000) coined the phrase "jagged worldviews colliding" (p. 77) to describe the encounter of Aboriginal philosophies and positivist scientific thought. This clash of worldviews is demonstrated in the alternative conflict resolution practices that have been adopted by Aboriginal groups in response to mainstream practices that have not worked for their communities. Within the criminal justice field, sentencing circles have been used as an alternative to the court system (Pranis, Stuart, & Wedge, 2003). In Manitoba, a number of alternative conflict resolution practices have developed within the child welfare field. These practices include the *Hollow Water Community Holistic Circle Healing*, the *Family Group Decision Making* and the *Meenoostahtan Minisiwin* programs. A brief synopsis of these practices will be presented to demonstrate the fundamentally different approaches that Aboriginal peoples adopt in dealing with such complex conflicts as sexual abuse and family violence

The Hollow Water Community Holistic Circle Healing (CHCH) sexual abuse treatment program was initially developed in 1984 by political leaders, social service providers, and community members in the Ojibway community of Hollow Water, located in southern Manitoba. The purpose of the program was to begin addressing the sexual abuse of children within the Hollow Water community, utilizing Aboriginal perspectives on healing. There was consensus among community members that the mainstream approaches utilized by both child welfare and the justice systems were not working to help the victims, offenders, families, and communities to heal. The mainstream approach to disclosures of child sexual abuse often involved the removal of the child from the family home if the safety of the child could not be ensured, and laying charges against the

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offender. Individual therapy was usually offered to both the victim and non-offending

family members while the accused awaited trial. In the end the offender might receive a

jail sentence. Historically, reconciliation between the victim and offender has not often

been considered therapeutically possible. In stark contrast, the Hollow Water CHCH

program seeks to restore harmony in both the family and community, even after the

devastating violation of child abuse within the family (MacDonald & Dickie, 2000).

The Hollow Water CHCH program utilizes a traditional Aboriginal method of

addressing wrongs committed within their communities. The practice includes the use of

four circles of healing. Pranis et al. (2003) explain that the "circle is a universal

metaphor" in "traditional, indigenous practices" for "an underlying worldview – one that

sees the universe as characterized by wholeness, unity, and connectedness" (p. 68). When

the CHCH team receives a disclosure of sexual abuse, they first ensure the safety of the

victim, and then they negotiate a four month reprieve from criminal charges being laid

against the offender. During this time, the CHCH team assess the offender's commitment

to engage in the healing process, and if determined to be genuine, the offender is involved

in a three to five year journey of healing that includes four 'circles'. These circles include:

(1) the circle of victimizer, in which the offender is confronted with their behaviour by

the social service workers and encouraged to fully acknowledge the offense;

(2) the circle between the victim and victimizer, where the offender takes responsibility

for the offense with her/his nuclear family; (3) the circle with the extended family, where

the offender repeats her/his acknowledgment of responsibility, but now with the extended

family members; and finally, (4) the circle of sentencing, in which the offender must

again acknowledge her/his offense to the community and a sentence is determined

(Bushie, 1999; MacDonald, & Dickie, 2000). Bushie (1999) believes "that one of the

unique features of Hollow Water CHCH model is the way it brings the Canadian legal

system into the circle of the community in order to creatively use that system to help heal

the community" and the increase its effectiveness by using "Aboriginal healing models

and approaches" (para. 13).

A similar process entitled Family Group Decision Making (FGDM) was adopted

in 1997 by Métis organizations that help families who are involved in child welfare

disputes (Routhier, 2002). The concept for FGDM originated with the Maori people of

New Zealand (Pennell & Burford, 2000). The key premise of the model is to shift

accountability and responsibility for safety of the children back to the family, instead of

with external institutions such as child welfare or justice systems. The FGDM model has

four stages: (1) the referral stage, (2) the preparation and planning stage, (3) the

conference and plan development stage, and (4) the monitoring, support, and review

stage. The referral stage consists of the organization being referred to a family that has

voluntarily chosen to become involved in the FGDM program. In the second stage, the

FGDM coordinator meets with all members of the family and their support network to

describe the process. The child welfare worker is requested to prepare a presentation to

the family outlining the child protection concerns. Other external agencies that are

involved with the family may also be asked to prepare a presentation to the family. The

coordinator also determines the place, food, and ceremony or ritual that the family would

like incorporated within the FGDM process. In the third stage, the family is brought

together with their supports, and after the FGDM coordinator outlines and sets the

expectations of the process, the external agencies present the concerns that have brought

the family in contact with child welfare authorities. After the presentations are completed,

all external members *leave* the FGDM session, and the family is tasked with coming up

with a plan to ensure the safety of the children. After the family has developed a plan, it must be approved by the child welfare authorities who still carry the legislative mandate. In the final stage, the family plan is carried out and monitored by the FGDM coordinator (Routhier, 2002). This process is in stark contrast to current child welfare practice where child welfare agencies often operate disengaged from extended family members to protect children from abuse and neglect at the hands of their caregivers. The critical difference with the FGDM process is that the family and community both develop and monitor the plan for their children, instead of the child welfare agencies charged with policing the family, to ensure compliance with an externally developed plan.

Another conflict resolution process that has been adopted by the Cree people in northern Manitoba is the Meenoostahtan Minisiwin: First Nations Family Justice program, which combines the Cree "traditional peacemaking role" with "contemporary family mediation" in addressing conflicts that arise between families and the child welfare and justice systems. The Cree words Meenoostahtan Minisiwin translates into the English language to mean "let's all put our families right" (Pintarics & Sveinunggaard, 2005, p. 71). The program was instituted in 1999 and "aims to establish a community based collaborative process that begins from a place of strength and wisdom and emphasizes relationships and restoring harmony and balance in addressing the best interests of First Nations children and families" (Pintarics & Sveinunggaard, 2005, p. 73). Similar to the FGDM process described above, the Meenoostahtan Minisiwin program "brings together family, extended family, community members, elders and community service providers in the resolution of child protection concerns through the deployment of properly trained Okweskimowewak (family mediators)" (Pintarics & Sveinunggaard, 2005, p. 72). The family mediators are not there to fix the family problems, but rather are

"devoted to the creation of space in which the participants can meet one another, and shift their position from being conflicted or oppositional with one another to one of joining forces to collectively address the real problems" (Pintarics & Sveinunggaard, 2005, p. 77). The Okweskimowewak utilize the Seven Sacred Laws (love, respect, honesty, bravery, humility, wisdom, and truth) of the Anishinaabe[29] Elders to guide the process. Pintarics & Sveinunggaard (2005) also draw on the work of John Paul Lederach who advocates for the balancing of power and the recognition of interdependence in conflict transformation processes.

Finally, the use of stories is considered integral to the Meenoostahan Minisiwin process. Pintarics & Sveinunggaard (2005) claim "that no reconciliation is possible without first sharing of our respective stories (*dabwe*); and, that those connected to the family must gather together (*ototemitwin*) and give willingly their offers of support to restore harmony (*minnoopuhniw*), beauty (*minahsin*) and health (*minahyawin*)" within the Meenoostahtan Minisiwin process (p. 79-80).

Conflict Resolution Practices and Aboriginal People

The framework by Schirch (2005) described earlier provides a helpful framework for understanding the conflict resolution practices and their applicability to conflicts for Aboriginal people within the Canadian context. Within this framework, conflict is understood to occur at three difference levels – the material/rational, social/relational, and symbolic domains. At the material level, conflict arises over material resources, which results in rational responses that seek to use "objective, rational, and logical problem-solving methods" (Schirch, 2005, p. 32). Conflicts within the social realm "focus on the relationships, communication, and interactions" (Schirch, 2005, p. 32) between people.

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[29] Aboriginal people that inhabited Northwestern Ontario, Northern Minnesota and Southern Manitoba.

Finally, symbolic conflict results from differing worldviews between individuals and communities that are rooted in differing perceptions, emotional responses, culture, and values between groups (Schirch, 2005).

The premises of conflict resolution practices based on the realist paradigm are similar to the assumptions underlying the assimilative policies adopted by the Canadian government in the early 1900s. The need to control the 'other' through processes of threat and coercion, have been demonstrated in the reserve system, the *Indian Act*, the residential school system, and the child welfare system. Based on the resounding failure of the Canadian government to create respectful relationships with Aboriginal peoples to date, these types of methods of 'controlling the conflict' should be discarded and alternatives sought. The failure of this type of conflict resolution became dramatically apparent in the 1990 Oka crisis[30], and continued use of this type of conflict management will seek only to maintain the conflict and could in fact exacerbate the situation with violence being a distinct possibility. In the past few years, many Aboriginal leaders have warned that unless the historical wrongs and current conditions that many Aboriginal people live in today are addressed, there is an increasing probability of conflict escalating into violent confrontations (Kelley, 2008).

Schirch (2005) claims that many Indigenous people "react negatively to the idea of separating the people from the problem when identity is a major factor in the conflict" (p. 35), as advocated by the 'principled negotiation approach'. Attending to only parts of the human experience is antithetical to Aboriginal worldviews which are more holistic in orientation. The symbol of the medicine wheel[31], which reflects many Aboriginal

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[30]Refer to footnote 4, page 7.
[31] Refer to footnote 25, page 60.

people's understanding of the universe, contends that human reality is made up of physical, emotional, mental, and spiritual dimensions. To be at peace within oneself, with others, with nature, and, with the Creator, are to have all these aspects in balance (Bopp, Bopp, Brown, & Lane, 1989; Pranis et. al, 2003). 'Principled negotiation' both ignores and negates at least two dimensions of the human experience – the emotional and spiritual aspects. Aboriginal perspectives maintain that ignoring these aspects within any conflict does not result in sustainable solutions.

Avruch (1998) claims that classic mediation process that utilizes a neutral party may work in complex societies; however, the process becomes problematic in smaller communities where individuals may be known to each other. Many cultures use respected Elders to mediate disputes within families or communities (Cheldelin, 2003; Kressel, 2006; Schellenberg, 1996). Within the Aboriginal community, the Meenoostahtan Minisiwin program, mentioned earlier, is an example of a mediation process adopted by the Cree people of northern Manitoba. Elders are often used as well in sentencing circles within the justice system (Pranis et al., 2003).

Several authors have been critical of conflict resolution practices that are highly prescriptive and which include the underlying assumption that these practices can be applied in any cultural context. Avruch (1998) argues that the premise underlying Burton's theory of basic human needs – recognition, security, and identity are universal – is flawed. He claims that Burton assumes his Western perspective to be transferable to all cultural settings. He argues that the analytical problem-solving techniques, as outlined by Burton, assume "that people everywhere *reason* the same way" and, as such, "cultural difference ultimately [are] trivial" (Avruch, 1998, p. 91). Walker (2004) contends that one of the challenges with Burton's basic human needs theory

applicability to Aboriginal communities is that the "approach is individualistic rather than communally based in that it defines needs of individuals in contrast to needs of societies" (p. 535). In contrast, Abu-Nimer (2003) argues that Burton's principles are valid across cultures as one does not "change the principles by what you do, but you adjust to that local, traditional dispute resolution" (para. 4). To be applicable within Aboriginal settings, Burton's theory of basic human needs would have to acknowledge the communal needs, as well as utilize Indigenous conflict resolution practices.

Rothman's (1997) ARIA model is a conflict resolution intervention that could have some potential in addresses the multifaceted conflict between Aboriginal and non-Aboriginal peoples. In 2001, Rothman utilized the principles from his ARIA model to conduct an "action evaluation" project after race riots broke out in the city of Cincinnati, following the shooting death of a Black teenager by the Cincinnati police. The process began after Black organizations initiated a lawsuit against the city of Cincinnati for "racial profiling and misuse of force by police against African-Americans" (Rothman, 2006, p. 105). In response, the presiding judge sought an alternative way to address these concerns, which resulted in Rothman becoming engaged in "nine months of participatory problem assessment and goal setting by almost 3,500 citizens of Cincinnati" (Rothman, 2006, p. 105). The result was a "Collective Agreement" that was signed in April 2002 with action plans that had the force of the law. In retrospect, Rothman (2006) has had several concerns about the success of the initiative as there was not sufficient time allocated to the process to truly address the deep-rooted identity conflicts between the police and the African-American community. Further, Rothman (2005) discovered that once the collaborative agreement was signed, the dialogue process reverted back to the interest-based adversarial legal processes in which the agreement was embedded.

Similarly, the conflict between Aboriginal and non-Aboriginal peoples is complex and one of the challenges that consistently occurs is the belief that "quick fix" initiatives can address the issues that are rooted in 500 years of collective history.

Despite the optimistic viewpoint that Galtung (1969) initially presented, the challenge of how to take his perspectives on conflict transformation and apply them to practice remain. Ryan (2008) cautions against a number of aspects of the conflict transformation approach. These include the lack of normative consensus, doubts about the underlying paradigm (liberal democracy), disagreement on which level of intervention to focus (individual or structural), potential for interventions to provoke a backlash, risk of intervention becoming utopian engineering, over-glorification of Indigenous approaches, and the lack of clarity and practical approaches. For example, despite the great hope that the CHCH program in Hollow Water First Nation will continue, the program is currently dormant due to lack of qualified staff and political support (K. McClintock, personal communication, February 16, 2011). Clearly, there is much work to be done to both operationalize the principles of conflict transformation and then sustain initiatives, especially within hostile environments.

Addressing the Conflict

The Byrne & Carter (2002) social cubism conceptual framework provides a comprehensive analytical outline for examining the conflict between Aboriginal people and non-Aboriginal people. These authors contend that conflict resolution has historically focused on either the "political and economic structures" or the "psychological and cultural forces" in ethnoterritorial conflicts (p. 741). The social cubism framework seeks to pull together six facets of complex conflicts that address both of these domains. The model identifies six facets of conflict that need to be examined for a comprehensive

analysis that includes the economic, religious, political, psychocultural, historical, and demographic realms. The model challenges conflict analysts and practitioners to examine the "*interaction* of material and psychological mechanisms" that work to reinforce deeply entrenched conflicts (Byrne & Carter, 2006, p. 741). Valaskakis (2005) characterizes the conflict between Aboriginal people and non-Aboriginal Canadians as "each strand knotted in contention, and contradiction, each string entangled in struggles over territory, history, and ideology" (p. 1). The Byrne & Carter (2002) social cubism framework helps to capture the complexity of the conflict that exists today between Aboriginal people and non-Aboriginal people.

Beginning with the economic aspects of the conflict, Aboriginal leaders have argued that the poor economic conditions that many Aboriginal people continue to suffer is a direct result of the lack of self-determination and self-government that exists within communities. To date, the Canadian government has been slow to settle land claims and resource issues with Aboriginal people, with most victories having been settled through litigation. Frideres (2011) states that "it is currently estimated that $59 billion and thousands of hectares of land" are currently in dispute (p. 204).

The role of the churches in operating the residential school system remains a source of deep ambivalence within Aboriginal communities. There is ongoing tension between Aboriginal people who continue to practise Christianity and Aboriginal people who are reviving the traditional spiritual practices. The public apologies from many Church leaders, and most recently an expression of 'sorrow' from the Catholic Pope in 2009, has helped some Aboriginal people to forgive the past actions of the Church (Frideres, 2011, p. 70).

Within the political realm, Aboriginal people have continued to fight for self-government. There has been some success in the areas of education and child welfare. However, many aspects of Aboriginal people's lives continue to be governed by the *Indian Act.* The psychocultural effects on Aboriginal people of colonialism and surviving several failed attempts at assimilation has almost resulted in the destruction of the Aboriginal culture. The effects of colonization can be seen today in the high rates of poverty, addiction, violence, and suicide within many Aboriginal communities.

Clark (2007) maintains that a true accounting of history from the Aboriginal people's perspective is only now becoming known to other Canadians. Smith (1999) argues that for Indigenous peoples "history is important for understanding the present and that reclaiming history is a critical and essential aspect of decolonization" (p. 29-30). The *Truth and Reconciliation Commission of Canada*[32] (TRC) is one way that Aboriginal people's history will be reclaimed when the Canadian public becomes aware of the residential school system from the viewpoint of the survivors and their families. As part of a court settlement with the survivors of the residential school system, the TRC was established on June 2, 2008. The mandate of the TRC is "to contribute to truth, healing and reconciliation" between the Aboriginal survivors of the residential school system and Canadian society (Brant Castellano, Archibald, & DeGagné, 2008, p.413). The TRC released the *Truth and Reconciliation Commission of Canada: Interim Report* (Sinclair, Littlechild & Wilson, 2012) with recommendations to include the history of residential schools within the public school curriculum, as well as the development of public education campaigns to educate the general public on the history of residential schools within Canada.

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[32] Refer to footnote 15, page 17 for further information.

Truth and reconciliation commissions have historically been created by governments. However, the current TRC is unique as its creation was the result of a court agreement between the residential school survivors and the Canadian government, and is being funded by monies from the residential school survivors' compensation. As a result, the Canadian government does not have the influence normally accorded governments in truth and reconciliation commissions (Sinclair, 2009, September 21).

Historically, truth and reconciliation commissions have also focused on addressing the psychosocial harm of massive violence against citizens within a country. Rice & Synder (2008) argue that the past perspectives of the mandates of commissions need to expand within the current TRC to include structural aspects that have characterized the relationship between Aboriginal people and the Canadian government. Three structural aspects indentified within Canadian society include: (1) the legacy of colonialism which continues to oppress Aboriginal people today; (2) the denial of the historical truths that continue to perpetuate the myths and stereotypes of Aboriginal people within Canadian society; and (3) the impact that colonialism has had on generations of Aboriginal people, which has been illustrated in the high rates of substance abuse, violence, suicide, low self-esteem, and self-hatred.

One of the commissioners for the TRC, Justice Murray Sinclair, stated his understanding of the work of the TRC is to both "witness" the stories of residential school survivors and their families, but also find ways to reconcile Aboriginal people with the rest of Canada. He believes that reconciliation will be the more challenging part of the work of the TRC. One of the other challenges will be for Aboriginal people to find ways to overcome the legacy of the residential school system. Sinclair (2009) quotes an Elder, who stated during sessions in the planning of the TRC, that Aboriginal people "cannot

continue to walk into our future backwards". Remembering the history is vital, but healing must also come from the TRC in order for Aboriginal people to overcome the legacy of the residential school system and finally attain true self-determination.

Finally, Aboriginal people are one of the fastest growing populations in Canada, particularly in the Western provinces. This has increased pressure on Aboriginal leaders and the Canadian government to address the myriad of social ills that continue to plague Aboriginal communities. Racism against Aboriginal people continues at the individual, institutional, and systemic levels. However, conflicting opinions remain on how best to address these issues. As a result, many of the proposed solutions are often imposed on communities without exploring traditional peacebuilding practices that could result in more sustainable solutions. The Indigenous peacemaking practices described earlier are examples of different conflict resolution practices that seek to address the legacy of colonialism.

CHAPTER FIVE

LESSONS FROM THE PAST:
Educational Responses to Social Inequality

Education has been one tool used by many organizations to address issues of social inequality between different identity groups. The final section of this literature review will first examine the underlying philosophical assumptions within these educational initiatives, and then a review of specific educational initiatives within workplaces will be presented. To contrast these initiatives, a number of unique practices from the field of conflict resolution will be examined. Finally, the efficacy of these educational programs will be explored.

Philosophical Orientations of Educational Initiatives

Educational academics have been exploring different educational approaches needed to address social inequality within the classroom and in society. To further understand the educational philosophies that have informed workplace initiatives, an articulation of the different premises of *citizenship*, *multiculturalism*, *anti-racism* and *peace* education is required.

Citizenship Education.

Citizenship education seeks to prepare individuals "to participate as active and responsible citizens in a democracy" (Hébert & Sears, 2001, p. 1). Most nation states utilize the educational system to accomplish their goal of increasing a sense of citizenship (Bear Nicholas, 1996; Sears & Hughes, 1996). Hébert & Sears (2001) identify four elements that comprise citizenship education. These areas include the civil, political, socio-economic, and cultural/collective domains. The civil element outlines how individuals and governments value and practise "freedom of speech, expression and

equality before the law, as well as the freedom of association and access to information"

(Hébert & Sears, 2001, p. 1). The political element refers to the "right to vote and to

political participation" (Hébert & Sears, 2001, p. 1). The socio-economic elements are the

principles accepted in society that cover citizens' rights to economic well-being, as well

as the state's expectations of loyalty and solidarity from citizens. Finally, the

cultural/collective element includes the individual and government policy on cultural

diversity within society. Debates arise among citizenship educators over the level of

emphasis that should be given within school curriculum to each domain (Hébert & Sears,

2001).

Historically, the emphasis on different perspectives of citizenship education in

Canada has varied. Early in Canadian history, the focus of education for all children was

assimilation "as a vehicle of nationalism" (Hébert & Sears, 2001, p. 2). Later, during the

time period from 1920 to 1950, Canadians were taught to support democracy, however,

in passive ways. Educators encouraged individuals to support philanthropic causes in

addressing societal issues, instead of seeking change through the political arena. During

the 1960s to 1980s, the federal government became increasingly concerned that Canadian

students knew little about Canada. As a result, the Canadian studies movement within the

education field was born, which sought to increase citizens' understanding of what it

means to be Canadian. Eventually, the Canadian studies curriculum was replaced with

multiculturalism, reflecting the enactment of the *Multiculturalism Act* in 1988. Finally,

beginning in the 1990s, the right wing economic agenda of the government replaced

citizenship education in schools. Students were now encouraged to embrace "an

exuberant individualism" and "set aside questions of community and social obligation"

(Hébert & Sears, 2001, p. 6-7), in efforts to increase economic prosperity of the state (Hébert & Sears, 2001).

Currently, there is worldwide concern within democratic governments over the decline in civic involvement, especially among youth. In many countries, youth are seen as being ignorant about basic civic responsibilities, alienated from the political process, and showing signs of declining faith in the value of democracy (Sears & Hyslop-Margison, 2006). Initial research on this growing phenomena blamed youth, however more recent analysis has focused on the need for reform of political structures (Sears & Hyslop-Margison, 2006). Worldwide demonstrations, originating with the 2011 Occupy Wall Street protests in which the youth have played a major role, appear to support this analysis for structural reform (Savage & Wolf, 2011).

Criticisms of citizenship education claim that it tends "to privilege liberal democratic understandings of citizenship" that is rational and culturally neutral couched in universalist terms. As a result, this perspective of citizenship education is "disembodied…[from]…the influence of race, gender, sexual orientation, ethnicity and socioeconomic status" (Blades & Richardson, 2006, p. 1). Aboriginal educators have also critiqued citizenship education for ignoring the Canadian history of colonization and assimilation of its Indigenous peoples (Bear Nicholas, 1996). In respect to addressing issues of racism, there is "a tendency to treat…[it]…"as correctable "attitudinal" problems" of specific individuals, "rather than symptoms of a much deeper problem" (Bear Nicholas, 1996, p. 63).

Multicultural Education.

Banks (2002) articulates the main goal of multicultural education as "help[ing] individuals gain great self-understanding by viewing themselves from the perspective of

other cultures" (p. 1). He argues that the educational system within the USA has reflected only the history of the dominant group (Anglo-Americans) while remaining silent on the history of marginalized groups within American society. This omission of accurate and comprehensive history within the school system is detrimental to students from both marginalized and dominant group identities.

It is important to distinguish the multicultural educational philosophy that has stemmed largely from American educational academics from the multicultural perspective enshrined in the Canadian *Multiculturalism Act* of 1988. Multicultural educational perspectives seek to address the oppression of the marginalized within American society through educational reform. In contrast, many of the underpinnings of the multicultural policy in Canada are more consistent with citizenship educational perspectives described earlier.

Multicultural educational reform seeks to restructure "schools and other educational institutions so that students from diverse racial, ethnic, and social-class groups will experience educational equality" (Banks & McGee-Banks, 2004, p. 3). Implementation of multicultural education includes a focus in five areas: content integration, the knowledge construction process, prejudice reduction, equity pedagogy and the developing of an empowering school and social culture (Banks & McGee-Banks, 2004). The authors claim that although there is:

> general agreement among most scholars and researchers that, for multicultural education to be implemented successfully, institutional changes must be made in the curriculum; the teaching materials; teaching and learning styles; the attitudes, perceptions, and behaviors of teachers and administrators; and the goals, norms, and culture of the school…many school and university practitioners [however] have a limited conception of multicultural education, viewing it primarily as curriculum reform that involves only changing or restructuring the curriculum to include content about the ethnic groups, women, and other cultural groups. (Banks & McGee-Banks, 2004, p. 4)

As a result of this perception by practitioners, many math and science teachers have resisted multicultural education, claiming that the required changes are the purview of the social science and language arts domains (Banks & McGee-Banks, 2004).

Banks & McGee-Banks (2004) further categorize the types of 'content integration' that have occurred when a multicultural educational philosophy has been adopted within schools. The four levels of content integration include: a contribution approach, the additive approach, the transformational approach, and, finally, the social action approach. Most schools have chosen to limit multicultural education to either the contribution or additive approaches that focus on "hero, holidays, and discrete cultural elements" or "content, concepts, themes, and perspectives that are added to the curriculum without changing its structure" (p. 15) respectively. He argues that a comprehensive multicultural education would include the transformational and social action approaches that seek to change the structure of the curriculum, "to enable students to view the concepts, issues, events, and themes from the perspective of diverse ethnic and cultural groups" and then "make decisions on important social issues and take action to help solve them" (p. 15).

Despite these lofty goals of multicultural education, Ladson-Billings (2004) claims that "scholars and activists" have been "pushing the boundaries of multicultural education and argue against the ways dominant ideologies are able to appropriate the multicultural discourse" (p. 52). She argues that unless multicultural education has a "transformational political agenda", it "can be just another form of accommodation to the larger social order" (p. 53). In her analysis, she identifies four types of multicultural education; corporate or conservative, liberal, left-liberal and critical. The corporate or conservative multiculturalism, "has a veneer of diversity without any commitment to social justice or structural change" (p. 53). Liberal multiculturalism, on the other hand,

"holds onto to the notions of meritocracy and argues for equal opportunities to compete in a capitalist market economy" while left-liberal multiculturalism "emphasizes cultural differences to the point of exoticism" (p. 53-4).

Sleeter & Delgado Bernal (2004) state that these types of multiculturalism support White privilege "by rendering institutional racism invisible, leading to the belief that injustices will disappear if people simply learn to get along" (p. 241). Ladson-Billings (2004) argues that it is only critical multiculturalism which "calls for restructuring of the social order through a radical approach to schooling" (p. 54), due to the focus on "naming and actively challenging racism and other forms of injustice, not simply recognizing and celebrating differences and reducing prejudice" (Sleeter & Delgado Bernal, 2004, p. 241).

In an attempt to address racism within multicultural education, Ladson-Billings (2004) argues for the adoption of Critical Race Theory (CRT) as a theoretical framework for understanding all forms of human inequality. The premises of CRT include the belief that racism and other types of "isms" are normal and not an aberrant form of individual behaviour within society, that counter-storytelling is a way to challenge all types of oppression within society, and, finally, that society's elite only allow and encourage advances by subordinate groups when these advances also promote the self-interests of the elites (Ladson-Billings, 2004; Sleeter & Delgado Bernal, 2004).

Anti-Racism Education.

Anti-racism educational perspectives have also been informed by CRT but rose out of opposition to multicultural education, primarily in Britain (Sleeter & Delgado Bernal, 2004). The conceptualization of multicultural education in the UK is more akin to citizenship educational perspectives in North American described earlier. Multicultural education in Britain was criticized as based on a "liberal reformist framework" that did

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not "challenge the institutional arrangements in a capitalist system or the economic roots of the historical development of racism and class exploitation" (Kailin, 2002, p. 50). In contrast to multicultural education that presents a top down perspective, anti-racist education seeks to look "at the world from the perspective of those who are oppressed" (Kailin, 2002, p. 55). The "central element of anti-racist pedagogy is empowerment" where mainstream knowledge is "subjected to a critical analysis in order to reveal the existing relations of race and class domination" (Kailin, 2002, p. 56). St. Denis (2007) calls for the adoption of "anti-racist education to become part of what constitutes Aboriginal education" (p. 1070). Kailin (2002) further identifies several streams that have developed within anti-racism education, including left-oriented movements, Black nationalist movements, race awareness training, Whiteness theory, and critical race theory.

According to Bonnett & Carrington (1996), a backlash against anti-racism education occurred within Britain that resulted in Canadian anti-racist educators seeking a more tempered approach. As a result, many anti-racist educators advocated moving away "from the narrow conceptions of theory and praxis (predicated upon essentialist and dualist conceptions which take little or no cognisance of the mutability of 'racial' or ethnic identity)" (Bonnett & Carrington, 1996, p. 282). Although St. Denis (2007) advocates the adoption of anti-racism education within Aboriginal education, she also warns against "the development of a cultural hierarchy with notions of 'real', 'traditional' and 'assimilated' Indians" that only "denigrates and honours others" (p. 1081). Instead she argues for the use of the "anti-racist analysis" [as] "common ground for building alliances for those concerned with the impact of racism and white domination on Aboriginal people" (p. 1081). This perspective would also be advocated by many multiracial

individuals who find the binaries within some forms of anti-racist education exclusionary, with little room for individuals who walk in both worlds (Miville, Constantine, Baysden & So-Lloyd, 2005).

Peace Education.

Peace education builds upon the lessons from Gandhi and Martin Luther King Jr. who advocated non-violence as the response to conflict. It is important, though, to understand that "peace education is not *pacifism education"* (Harris, 2002, p. 19). Peace education assumes that "conflict is ubiquitous", that conflict is not something to be avoided, but rather "addressed in ways that promote understanding and transformation" (Harris & Morrison, 2003, p. 29). Peace education has the goal of both the "philosophy for education for peace and the skills and the processes that are involved" (Harris & Morrison, 2003, p. 32).

Peace is understood to be more than the absence of violence and war, but to also include what is understood to be positive peace, as articulated by Cabezudo & Haavelsrud (2007):

> Positive peace is when social justice has replaced structural violence. In contrast to negative peace, positive peace is not limited to the idea of getting rid of something, but includes the idea of establishing something that is missing. While getting rid of structural violence or social injustice, positive peace implies the presence of social justice. Galtung has defined the structural violence as the distance between the actual and the potential. (p. 280)

Creating peace is understood to occur at three levels: peacekeeping, peacemaking, and peacebuilding. Both peacekeeping and peacemaking are reactionary, as these processes seek to stop violence from escalating, and also explore conflict resolution techniques with the disputing parties respectively. In contrast, peacebuilding focuses on the goal of creating a 'culture of peace'. Within peace studies, most research and practice has

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occurred within the peacekeeping and peacemaking areas, leaving much more to be done in the area of peacebuilding (Harris & Morrison, 2003).

Peace education can occur at all levels of human interaction, depending on the types of violence that need to be addressed. For example, peace education includes such wide-ranging activities as: working to end war at the international level and seeking a balance of power between nations; the equitable distribution of the Earth's resources; creating understanding between cultures in order to coexist peacefully; sustainable peace with the Earth and environment; and, finally, the inner peace sought by individuals (Harris & Morrison, 2003). Boulding (2000) advocates that humanity must look to the past to find examples where societies have lived peacefully, both between themselves and with the environment. Joshee (2004) argues that peace education could provide the possibility of a new narrative that "reinserts social justice, identity, and an activist orientation into multicultural and citizenship education" (p. 152). Danesh (2007), in his utilization of a peace pedagogy in the countries of Boznia and Herzegovina, advocates the moving away from a 'survival-based' or 'identity-based' worldview that underscore many educational philosophies, and instead embracing a 'unity-based' worldview. Within this worldview, peace education addresses all aspects of human life – the intellectual, emotional, social, political, moral and spiritual.

Workplace Initiatives that Seek to Address Social Inequality

The previously discussed educational philosophies have informed educational programs within the workplace that seek to address social inequality. Plummer (2003) differentiates between workplace training programs by examining the key focus of each type of training. She identifies the three broad areas of workplace training to include: (1) *diversity* – examines inclusion; (2) *multiculturalism* – examines increasing an

appreciation and respect for other cultures; and (3) *anti-racist* – examines creating social justice and fairness. Training programs can vary based on their level of focus – the individual, interpersonal, organizational, or societal domains (Plummer, 2003).

Within Canada, there is an abundance of diversity, multicultural and anti-racist training programs (Brewster, Buckley, Cox, & Griep, 2002). However, there is little consensus on the best practices for delivery of these educational initiatives. In a 2001 review of 'race relations' training offered in Canada, Mock & Laufer (2001) identified programs with such divergent names as "race awareness, racism awareness, equal opportunity training, race relations, multicultural awareness, cross cultural awareness, cross cultural training, diversity, intercultural, interracial, anti-oppression…[and]…anti-racist" (p. 22). The language used to describe these types of training programs remains contentious, as the differing titles of these educational initiatives can indicate both the pedagogical and political stance of the trainer and organization (Mock & Laufer, 2001). Educational initiatives appear to range along a continuum; at one end, programs that advocate the status quo informed by structural-functionalist theory and liberal education principles, and on the opposite end of the continuum, training programs that work for fundamental social change and informed by critical theory, feminism, and liberatory education philosophy (Adams, Bell, & Griffin, 1997; DeRosa, 2001). In the actual delivery of these programs however, the demarcations become less clear as many training initiatives and workshops tend to borrow strategies from each other.

Diversity Workplace Training Initiatives.

Within the United States, diversity education was first developed during the social protest and civil rights movements that occurred between the 1950s and 1970s. During the 1990s, several large corporations began using the title *diversity management*

initiatives in response to both legislative changes and globalization. In contrast to earlier programs, these "diversity management" training seminars rarely address social justice issues (Brazzel, 2003).

Workplace educational initiatives under the diversity umbrella include both *legal compliance* and *diversity management* training workshops. Legal compliance seminars offered within government and business workplaces have been driven by the need to ensure that managers within organizations are complying with legislative changes that were enacted to increase diversity within the workplace. In the United States, this has been a result of affirmative action legislation (DeRosa, 2001) and, in Canada, as a result of equity policies enacted by both federal and provincial governments shortly after the Royal Commission on Equality in Employment (Abella, 1984). A motivating factor for the implementation of these workshops, particularly in the United States, has been the concern over costly lawsuits should organizations be found to have violated these legislative requirements (DeRosa, 2001).

The managing diversity educational initiatives also fall under the diversity category. Participants in these workshops are usually managers who are expected to ensure that their employees develop the requisite skills for working with diverse clientele (DeRosa, 2001). Brazzel (2003) defines diversity management as training that:

> uses applied behavioral science methods, research and theory to manage organizational change and stability processes, that support diversity in organizations and eliminate oppression based on race, gender, sexual orientation and other human differences, in order to improve the health and effectiveness of organizations, while affirming the values of respect for human differences, social justice, participation, community, authenticity, compassion, proaction and humility, effectiveness and health, and life long learning. (p. 51)

Despite the contention by Brazzel (2003) that "diversity and social justice are two sides of the same coin" and cannot "be viewed separately…[or]….separated" (p. 53), much of

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the training delivered under diversity management has been criticized as "window dressing" as it fails to address structural or institutional racism and social inequality (DeRosa, 2001). Plummer (2003) argues that diversity management continues to struggle with the "continuous dialogue concerning how much of oppression and social-justice theory 'belongs' in the field" (p. 45). Despite this debate, the "managing diversity" industry is an estimated 8 billion dollar business in the United States (Hansen, 2003), with 67% of US organizations having "a diversity training program" (Holladay & Quiñones, 2008, p. 343).

Multicultural Workplace Training Initiatives.

Under the multiculturalism umbrella are a variety of training programs with titles such as *intercultural communication*, *cross-cultural*, *cultural awareness*, *valuing differences*, *prejudice reduction*, *race relations*, and *cultural competence*. These initiatives seek to increase the "cross-cultural understanding and communication between people and nations" (DeRosa, 2001, p. 1). For example, Levy (1995) defines the field of intercultural communication "as a cohesive series of events or activities designed to develop cultural self-awareness, culturally appropriate behavioral responses of skills, and a positive orientation towards other cultures" (p. 1). Historically, intercultural communication workshops were developed to address the needs of business, government, and diplomatic staff whose jobs required them to work and live in different countries (Adams, Bell, & Griffin, 1997; Levy, 1995). Most of the training is focused on developing communication micro skills to address cross-cultural conflict (Ting-Toomey & Oetzel, 2001). However, other aspects of identity, such as gender and sexual orientation, are "explored within the context and tradition, but not within the framework of power and oppression" (DeRosa, 2001, p. 1). Another type of training under the

multiculturalism theme is the valuing differences approach. In the United States, this type

of training has been defined by DeRosa (2001) as "cultural pluralism and the 'salad bowl'

vision (rather than the 'melting pot')" (p. 3). Within Canada, this type of training is

congruent with the official multicultural policy of the federal government. The goal of the

training is to help participants celebrate each other's differences.

Most of the initiatives under the diversity and multiculturalism umbrella seek to

effect change at both the individual level and organizational level. Through the use of

primarily didactic approaches and the use of the 'banking notion'[33] (Freire, 1970/2005) of

education in which the trainers seek to impart their expertise to workshop participants

(Fowler & Mumford, 1995). The underlying pedagogy is a liberal educational

philosophy, which posits that racism can be eradicated by education. Racism is viewed as

an irrational belief system, and in order to become a non racist individual, one requires

rational education (Srivastava & Francis, 2006).

In recent years, the term cultural competence has become popular within

workplace training initiatives. Several professions and their subsequent organizations

have identified cultural competence as a requirement for ethical practice. However, there

has been little cross-pollination between the different disciplines (Dana, 2008a). The term

cultural competence has come to replace earlier terms such as cultural sensitivity, cultural

awareness and cultural skills (Srivastava, 2007a). Authors Cross, Bazron, Dennis &

Issacs (1989) have been credited with the first published definition of the term cultural

competence (Johnstone & Kanitsaki, 2008; Weaver, 2008) which is understood to

encompass:

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[33] Freire (1970/2005) refers to this process when "education...becomes an act of depositing, in which the students are the depositories and the teacher is the depositor" (p. 72).

> ...a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations. The word culture is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. The word competence is used because it implies having the capacity to function effectively. A cultural competent system of care acknowledges and incorporates – at all levels – the importance of culture, the assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, the expansions of cultural knowledge, and the adaptation of services to meet culturally-unique needs. (Cross, et al., 1989, as cited in Johnstone & Kanitsaki, 2008, p. 135)

Despite this commonly accepted definition, Weaver (2008) argues that cultural competence remains an evolving concept with challenges in operationalizing the concept within both the literature and field.

Originally, the agreed upon components of cultural competence included changes in one's knowledge, attitudes, and skills in working with cultures other than one's own (Weaver, 2008). Balcazar, Suarez-Balcazar, & Taylor-Ritzler (2009) broaden the original triadic model of cultural competence with their "synthesis model" (p. 1154) by integrating a social justice perspective. Developing cultural competence is therefore viewed as including four components that begin with a precondition of a "desire to engage" in the learning process (Balcazar et al., 2009, p. 1154). Within these authors' model of cultural competence, individuals need to: (1) develop a critical awareness about personal biases that includes an understanding of privilege and oppression; (2) develop cultural knowledge that includes both specific characteristics and the historical context; (3) develop individual and organizational skills to adequately serve different populations: and (4) have the ability to apply all of these skills to the particular context in which the service is delivered. Similarly, Maddalena (2009) argues for acknowledging power relations within cultural competence. However, Weaver (2008) maintains that to date,

most professions have yet to truly integrate a social justice mandate in their attempts to develop cultural competence within their members or organizations.

Several authors have identified a continuum of developmental stages that individuals go through to become cultural competent practitioners (Ellis, Dulmus, & Wodarski 2003; Johnstone & Kanitsaki, 2008; Raheim, 2002; Srivastava, 2007a). Ellis, Dulmus, & Wodarski (2003) begin with the stages of cultural destructiveness, cultural incapacity and cultural blindness, and then identify the stages of pre-cultural competence and cultural competence (both basic and advanced). In contrast, McGibbon & Etowa (2009) begin with developing sensitivity and awareness, then acquiring knowledge and skills that result in competence (p. 67). However, the underlying premise of all cultural competence models is that the process is developmental and ongoing in an individual's life. Further, several of the social service and health care fields have developed instruments to measure cultural competence of practitioners; however, the focus of these measures rests on individual change rather than organizational or institutional reform (McGibbon & Etowa, 2009). It is clear, though both the diversity and multicultural perspectives, that the term 'culture' has replaced 'race', in part reflecting the fear that is created when issues of race are raised within the workplace.

Anti-Racism Workplace Training Initiatives.

In contrast, an anti-racism perspective in either workplace or school workshops is described as "an action-oriented strategy for institutional, systemic change to address racism and the interlocking systems of social oppression" (Dei, 1996, p. 25). Historically, an anti-racism perspective originated in Britain before being explored in the Canadian, Australian, and American contexts (Dei, 1996). Anti-racism approaches do not appear to have gained currency within the business sector in North America, but have found some

acceptance within the education, social service, and health care fields (Johnson, Antle, &

Barbee, 2009; McGibbon & Etowa, 2009; Srivastava 2007a; Webb & Sergison, 2003).

Bonnett & Carrington (1996) argue that Canada's adoption of multiculturalism as official

policy in 1971 allowed for the openness in Ontario to adopting an anti-racism policy in

the early 1980s. After the Toronto race riots in 1992, the then NDP politician, Stephen

Lewis, was commissioned by the Ontario government to examine the circumstances that

led to the unrest and make recommendations for solutions. Within his report, Lewis

(1992) described being taken aback by the lack of training for police officers that was

"grossly deficient in their multicultural and anti-racism components" (p. 7) and called for

more comprehensive training for Ontario police officers. However, with the defeat of the

NDP government in 1995, many of the recommended initiatives were dismantled and

have not been reinstituted to date[34] (Henry & Tator, 2010).

Anti-racism educational initiatives are based on social justice educational

principles, feminism, and critical race theory, and seek change at the societal level.

Educational social justice principles are rooted in the critical pedagogy of Freire

(1970/2005), who argues that the purpose of education is the development of a critical

consciousness within students. Razack (1993) states that "a radical or critical pedagogy is

one that resists the reproduction of the status quo by uncovering relations of domination

and opening up spaces for voices suppressed in tradition education" (p. 59). Feminist

perspectives also seek to deconstruct power relationships within society through

consciousness-raising processes. Finally, critical race theory has informed anti-racism

educational initiatives (Adams et al., 1997) by arguing that "despite the scientific

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[34] During his tenure as premier, Mike Harris also directed "that the term 'racism'...be removed from every
government document and policy" (Henry & Tator, 2010, p. 340).

refutation of race as a legitimate biological concept and attempts to marginalize race in much of the public (political) discourse, race continues to be a powerful social construct and signifier" (Ladson-Billings, 1998, p. 8).

Derman-Sparks & Phillips (1997), in their articulation of anti-racist education, argue "racism within the United States is a White problem" as "Whites established the system in the first place, control its resources and power, and also have the primary power to transform it" (p. 24). However, even though the racism within the United States has been historically and structurally created by White people, the authors acknowledge that people of colour also play a role in maintaining the racist system. Derman-Sparks & Phillips (1997) claim, however, that this behaviour by people of colour should be identified as "pro-racist", to signify the structural understanding of racism. Overall, anti-racism training initiatives seek to expose the role of power and oppression in the continued existence of racism within society.

Finally, a similar perspective to anti-racism is the concept of 'cultural safety' articulated by Maori nurse/educator, Irihapeti Ramsden, that has been adopted in some health care institutions. This perspective seeks to train health professionals to move "beyond cultural sensitivity to analyzing power imbalances, institutional discrimination, colonization and relationships with colonizers, as they apply to health care" (NAHO, 2006, p. 1). In contrast to cultural competence models that dominate many of the training programs within health care, cultural safety shifts the focus to the health care provider to create a atmosphere of trust with the patient (Ramsden, 2002). Tervalon & Murray-Garcia (1998) maintain that "cultural humility incorporates a lifelong commitment to self-evaluation and self-critique", seeks to redress "power imbalance in the patient-

physician dynamic", and also develop "mutually beneficial and nonpaternalistic clinical

and advocacy partnerships with communities" (p. 117).

Initiatives from the Field of Conflict Resolution

From the field of conflict resolution and peace studies, initiatives such as *dialogue*

groups (Fisher, 2008; Kriesberg, 2009; Saunders, 1999, 2009), *encounter and coexistence*

programs (Abu-Nimer, 2004), and *youth peace camps* (Malhotra & Liyanage, 2005;

Wallach, 2000) have been implemented to address racism and social inequality within

organizations and communities. Dialogue groups have been facilitated within a wide

variety of settings, including international groups locked in intractable conflicts

(Saunders, 2009), community dialogue groups (Miller & Donner, 2000; Walsh, 2007),

and in post-secondary institutions (Hurtado, Milem, Clayton-Pederson, & Allen, 1999;

Hurtado, 2001; Lopez & Zúñiga, 2010; Zúñiga et al, 2007). Saunders (1999) describes

dialogue groups as:

> a process of genuine *inter*action [emphasis added in original] through which
> human beings listen to each other deeply enough to be changed by what they
> learn. Each makes a serious effort to take others' concerns into his or her own
> picture even when disagreement persists. No participant gives up her or his
> identity, but each recognizes enough of the others' valid human claims that he or
> she will act differently toward the other. (Saunders, 1999, p. 82)

In contrast to most workplace initiatives, dialogue groups meet over a sustained period of

time and "explore ways of working together toward greater equality and justice" (Zúñiga

et al., 2007, p. 2). Participants in dialogue sessions seek to understand each other through

relationship and commitment to work together for solutions to mutual social justice

issues. Dialogue groups differ from other training or one-time only workshops as a

"critical-dialogic perspective" that goes beyond the premise of diversity education that

"emphasize…content assimilation about contemporary race or gender relations" or cross-

cultural communication course where "curricular activities…promote intergroup communication without explicitly addressing power relations" (Zúñiga et.al., 2007, p. 5). Dessel, Rogge, & Garlington (2006) state that dialogue groups are also "distinct from clinical, therapeutic processes such as group therapy" as these initiatives do "not ensure confidentiality or address individual issues and internal dynamics to the degree that therapy does" (p. 305). Instead, intergroup dialogue seeks to reconcile the tensions between the various perspectives by incorporating conflict transformation and peacebuilding (Zúñiga et.al., 2007).

Dialogue groups have their roots "in philosophical and cultural traditions that have valued dialogue as a method of communication and inquiry" (Zúñiga et al., 2007, p. 5). These authors contend however, that although dialogue groups draw on elements from both the human relations approach and social justice, there is an attempt to "reconcile the tension between approaches" by drawing on the principles of conflict transformation and peacebuilding as articulated by Saunders (2009) and Lederach (1997), feminist pedagogy, and social justice education theory and practice (Zúñiga et al., 2007, p. 7).

Abu-Nimer (2004) reviewed the use of encounter and coexistence programs between Arab and Jewish citizens in Israel. These programs began in the early 1990s and were largely funded by Jewish organizations located in the United States, but given legitimacy by the education department in the Israeli government. Coexistence programs replaced earlier initiatives that had focused on Jewish citizens increasing their awareness of Arab culture. In contrast, the coexistence sessions adopted a prejudice reduction perspective that focused on reducing stereotypes and increasing cultural understanding and sensitivity. Unfortunately, after increased violence between Arabs and Jews within Israel in 2000, the encounter and coexistence programs were halted.

Youth peace camps are another educational initiative that has been delivered to youth from conflict-ridden parts of the world. One of the most famous camps is the *Seeds of Peace* camp founded in 1993 by the late John Wallach. The purpose of the camp is to empower "young leaders from regions of conflict with the leadership skills required to advance reconciliation and coexistence" (Seeds of Peace, 2011). Youth from war-torn regions are brought to a camp in the USA state of Maine for two weeks and through the camp program learn empathy and respect for their historical enemies. Peace camps have their philosophical base in a "Transformative Dialogue Model" which is a "process of getting beyond gaining factual knowledge alone to also become changed or 'transformed' by what one learns in some meaningful way" (Burns, Williams, & Pankratz, 2009b, p. 1). Participants are transformed by their learning through "critical reflection on their experiences" (Burns et al., 2009b, p. 1). The process of transformation occurs in three phases – building trust, sharing of perspectives, and creating action plans.

In reality, none of the models used in workplaces or communities presented thus far (diversity, multicultural, anti-racist, dialogue groups, coexistence groups, and youth peace camps) are delivered in a "pure" form; rather trainers and educators tend to borrow processes and techniques from each other. Shapiro (2002) found in her evaluation of several programs in the US that although all the programs sought to address racism, there were often different emphases between the training programs. For example, there was a focus on the emotional and psychological aspects in prejudice reduction programs, programs that sought healing and reconciliation highlighted the social and spiritual dimensions, diversity and multiculturalism programs stressed the social, cultural, and political issues, and, finally, anti-racist initiatives took a distinctly social justice perspective. Interestingly, across the programs trainers acknowledged that although their

particular program focus may be different, many agreed that in order for change to occur within society, there must be change at both the individual and structural levels.

Trainers and educators who have been involved in delivering workshops within systems that seek to address racism and social inequality have also found that they are forced to make choices about what they focus on in training, based on the stance of the host organization. In a 1998 review of 'race relations' training across Canada commissioned by the *Canadian Race Relations Foundation*, Mock & Laufer (2001) discovered that the titles of the various training and educational initiatives differed between communities. For example, in Toronto and Vancouver, the workshop trainers described their programs as either "anti-racist and anti-oppression", while in Montreal the term "intercultural"[35] was more commonly used by trainers, and in Winnipeg, trainers found that "cross-cultural" workshops were more acceptable to organizations (Mock & Laufer, 2001, p. 17). In their experience in facilitating training sessions in Canada, Henry & Tator (2010) argue that the use of euphemisms used by organizations often serve a purpose in providing:

> ...the organization with a rationale for limiting its response to cosmetic changes. Multicultural approaches suggest that gaining an understanding of other cultures is sufficient to combat racism. Diversity labels cushion the organization by allowing it to hide behind the rationalizations that managing diversity is all that is required…such a view implies that racism results from diversity, and that it can be managed. Thus, racism is considered something to be 'managed', not necessarily opposed. (p. 340)

Interestingly, many trainers indicate that they often make the title of the program more palatable to the host organization, even when they have included more controversial anti-racism aspects in an attempt to ensure that the training actually occurred (Hamaz, 2008;

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[35]Refer to page 48 for the current debate regarding the adoption of an intercultural policy by the Quebec government in contrast to the Canadian government policy of multiculturalism.

Mock & Laufer, 2001). Currently, this dilemma of what perspective will or should be highlighted within workplace educational initiatives that seek to address social inequality remains a salient issue for trainers in the field.

Evaluation of Educational Initiatives

Most educational initiatives within the diversity, multiculturalism, and dialogue categories that work to address racism and other aspects of social inequality have been based on the 'contact hypothesis' articulated by Allport in 1954. This hypothesis puts forth the belief that prejudice can be reduced if individuals from different racial and cultural groups have the opportunity to engage in meaningful contact with each other (Allport, 1979/1954; Adams et al., 1997; Derman-Sparks & Phillips, 1997; McCool, De Toit, Petty, & McCauley, 2006; Srivastava, 1996). Contact theory has also informed anti-racist training programs and youth peace camps, but these programs have also been strongly influenced by feminist, liberatory educational, social identity, critical theory, and peacebuilding perspectives (Henry & Tator, 2010; Lazarus, 2006; Srivastava & Francis, 2006). Allport (1954/1979) outlined the conditions for contact to be meaningful. These conditions for positive contact include "equal status between the groups", "common goals", "intergroup cooperation" and "the support of authorities, law or customs" (Pettigrew & Tropp, 2005, p. 264). All of these educational initiatives that utilize a group format rely on the understanding of group dynamics first articulated by Lewin (1948/1997).

Support for the 'contact theory' for initiatives that seek to reduce prejudice among different groups has "waxed and waned" (Pettigrew & Tropp, 2000, p. 94) over the years. The initial great hope and popularity for these types of educational initiatives during the 1960s was replaced with a growing pessimism during the 1970s and 1980s. In a meta-

analysis completed by Pettigrew & Tropp (2000), the authors reviewed 203 studies that examined the efficacy of the 'contact theory' through a variety of initiatives in reducing prejudice. These researchers found that "overall, face-to-face interaction between members of distinguishable groups is importantly related to reduced prejudice" (p. 109). In further meta-analysis, in which the authors reviewed 515 studies of intergroup contact, the authors conclude that the original conditions outlined by Allport are now "better thought of as *facilitating* (emphasis in original), rather than essential, conditions for positive contact to occur" (Pettigrew & Tropp, 2005, p. 271).

Research completed by Devine, Plant, & Buswell (2000) examined the response of individuals to the "pervasive norm that discourages overt expressions of prejudice" and discovered that the responses of individuals defined as having high prejudice were resentful against the "pervasive nonprejudiced norms" (p. 185). This resentment by these individuals often leads to "destructive reactance", resulting in "a tendency to backlash against minority group members or against policies designed to promote minority-group rights" (p. 185-6). Similarly, in a recent University of Toronto study, aggressive anti-racist initiatives were found to be less effective than initiatives that highlighted the benefits for anti-racism (Abma, July 8, 2011)

Hazeur & Hayman (2005) argue that diversity-type training became the buzzword in the 1990s (especially within the business community); however many of the training initiatives remained superficial. As mentioned earlier, these training programs were largely motivated for legal and economic reasons. Many companies implemented 'diversity training' programs as a way to defend themselves against any future lawsuits as courts have been amenable to these initiatives as "good faith efforts to stamp out discrimination" (Kalev & Dobbin, 2006, p. 610). In contrast, many people of colour

viewed these business initiatives as 'window dressing', without ever dealing with the structural and institutional aspects of racism. Hazeur & Hayman (2005) claim that the race industry[36] has historically adhered to the 'colour-blind theory', which advocates that race be downplayed with the belief that any in-depth discussions about race will only make racism worse. Many diversity trainers have advocated that workplace training move towards a broader definition of diversity (e.g., beyond race and gender), in response to the backlash (usually from White males) that trainers often experience (Lockhart, 2002). Hazeur & Hayman (2005) strongly argue that this 'colour-blind' approach only silences any meaningful discourse on race and racism, and that future training initiatives should utilize a critical race theoretical framework.

In their study of the efficacy of both corporate affirmative action and diversity policies, Kalev & Dobbin (2006) found that diversity training has had no effect on increasing employee diversity within the companies. Instead, many of the training sessions resulted in backlash from White male employees who felt that they were being made to feel both guilty and responsible for the oppression of people of colour. Lynch (2007) has also been a vocal critic of diversity initiatives within corporations and organizations, arguing that the main goal is to eliminate White men from the workforce. Instead Kalev & Dobbin (2006) found that the most effective way to increase diversity within workplaces is to implement structural changes where an individual or committee is given both the responsibility for, and authority to, increase diversity. Kalev & Dobbin (2006) also discovered that these particular initiatives resulted in benefits primarily for White women and to a lesser extent Black women, by helping these women move into

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[36] Common term used to refer to the diversity industry within the corporate sector.

managerial positions. Interestingly, none of the diversity initiatives have had any effect on increasing Black men moving into management positions.

The widespread belief within corporations that diversity initiatives will increase profits was recently challenged in a study, where it was found that diversity initiatives do not increase the bottom line. The study's author, Dr. Kochan, a professor of Management at MIT, states that "the business case rhetoric for diversity is simply naïve and overdone. There are not strong positive or negative effects of gender or racial diversity on business performance" (Hansen, 2003, p. 28).

Training initiatives under the multiculturalism umbrella that seek to increase awareness of other cultures and/or increase cross-cultural communication have been criticized for the belief that by "gaining an understanding of other cultures"…[will be]… "sufficient to combat racism" (Henry & Tator, 2010, p. 342). Many of these training programs have been viewed as an 'add-on' approach; that is, giving employees specific cultural knowledge devoid of an analysis of how power and oppression have shaped cross cultural interactions. Henry & Tator (2010) argue that multicultural training initiatives are based on three false premises – the belief that increased understanding of other people's customs will improve cross-cultural interactions, the belief that the complexities of culture can be learned in a short time frame (usually a few hours or days), and that only those who come into contact with racial minorities on a daily basis need to be trained (e.g., management staff are exempt because they do not have direct client contact). Gallois (2003) explains how cross-cultural communication training sessions have sometimes made relationships between cultures worse. She claims that training sessions are often focused on individuals learning the micro skills of communication, instead of understanding that all cross-cultural communication is a process of intergroup relations

embedded in history and context. As a result, many trainees are shocked when a subsequent cross-cultural encounter turns out poorly if the recipient of the communication finds the trainee patronizing, due to negation of the any "history of intergroup rivalry or social inequality" (Gallois, 2003, p.9).

Training programs to develop cultural competence that have become increasingly popular in health and social service sectors have been criticized for being implemented without much theoretical, empirical, or institutional support. One of the key challenges has been the lack of recognition within the training curriculum about the fluidity of the concept of culture. As such, one of the dangers within training programs is the development of stereotypical thinking when participants uncritically accept culturally specific information, without recognizing the diversity within cultural groups. Further, training programs designed to increase the cultural competence of staff members often obscure the "dynamics of race and culture" in both the organization and society (Nybell & Grey, 2004, p. 18). McGibbon & Etowa (2009) argue that cultural competence initiatives within health care are "politically safe" approaches that only "reify culture" (p. 69) however, "there remains minimal evidence to demonstrate their effectiveness in improving health outcomes or reducing health inequities" (p. 70). Drevdahl, Canales, & Dorcy (2008) use the analogy of a goldfish tank to describe the use of the cultural competence training models with health care. The training initiatives may make patients feel more comfortable (like the goldfish tank in the waiting room), but do little to change the health outcomes for patients. Finally, Weaver (2008) maintains that programs to enhance cultural competence within organizations have historically focused on focus on individual change versus organizational or systemic transformation.

Research on the efficacy of cultural competency training initiatives within the human services fields have identified two main challenges: inadequate measures and determining causality (van de Vijver & Breugelmans, 2008). First, the various instruments that have been used to measure individual cultural competency upon completion of training have been found to lack both validity and reliability (Balcazar et al., 2009; Gozu, Beach, Price, Gary, Robinson, Palacio, et.al, 2007; Kumas-Tan, Beagan, Loppie, MacLeod, & Frank, 2007; van de Vijver & Breugelmans, 2008). Secondly, limited research exists on the effects of these training initiatives on client/patient outcomes (Majumdar, Browne, Roberts, & Carpio, 2004). However, many studies have shown that participants within workplace training initiatives have shown improved knowledge, skills, and attitudes towards cultures different from their own (Beach, Price, Gary, Robinson, Gozu, Palacio, et.al, 2005; Majumdar et al., 2004; Smith, Constantine, Dunn, Dinehart, & Montoya, 2006).

To address this criticism, practice fields such as social work have advocated the integration of theories of empowerment that require practitioners to "understand the historical oppression of ethnic minorities" (Lum, 2000, p. 22). In the past 20 years, there has also been an increasing focus in the field of social work on the dynamics of oppression and discrimination faced by many of the people that the field serves (Shera, 2003). Attempts have also been made to integrate perspectives rooted in Indigenous perspectives when practitioners are developing cultural competence. As mentioned earlier, Maori nurse/educator, Irihapeti Ramsden, used the term 'cultural safety' to extend the "cultural focus of understanding health beliefs and practices to different groups to include an examination of power inequities, individual and systemic discrimination, and the unequal power relations in health care" (Srivastava, 2007a, p. 42). However, the

implementation of this perspective is controversial, as it has been criticized for being politically biased (NAHO, 2006).

One of the most famous anti-racist workshops is Jane Elliott's "blue-eyes brown-eyes" diversity training. Beginning with her seminal work in the 1960s that resulted in the ABC News video, *Eye of the Storm* (1970), Elliot uses a format where individuals with blue eyes are subjected to discriminatory treatment, while brown eyed individuals receive preferential treatment. The goal of the training program is to sensitive the participants to the "emotional and behavioral consequences of being the object of discrimination" (Stewart, LaDuke, Bracht, Sweet & Gamarel, 2003, p. 1899). Within the workshop Elliot uses a number of confrontational techniques including "sneering looks, scalding criticism, group humiliation, and food deprivation" on group participants (Stewart et al, 2003, p. 1911). In one of the only evaluations completed to date on this workshop, Stewart et al. (2003) found this training to be more effective when delivered over a longer period of time (8 hours). The workshop was also found to be more effective in reducing prejudice of White participants against Asian Americans and Latinos but had limited effect on lowering prejudice of the White participants against African Americans (Stewart et al., 2003), Finally, the evaluation also found that many of the White participants stated that the training was "an intensely aversive experience" and the authors cautioned that "it is possible that the aversive nature of the activity, particularly for blue-eyed Whites, might, in the long term, lead to Whites experiencing increased aggression...[and perhaps]...toward the very groups, for whom reduction of prejudice and discriminatory treatment was the goal" (Stewart et al., 2003, p. 1916).

Although Dei (1996) argues for an "integrative anti-racism" where "gender, class and sexuality…intersect both in the historical and contemporary reality of people's lives"

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(p. 28), there has been criticism that the anti-racist perspective focus on race and racism has eclipsed the other forms of oppression (Baines, 2003). Another criticism has emerged over the dialogue process found within anti-racist initiatives. Srivastava & Francis (2006) reviewed several anti-racist educational initiatives that were delivered in Toronto, Ontario, during the 1990s. The authors observed that the workshop techniques were "used to elicit personal experiences of racism" and that "typically, non-Whites [were] expected to disclose stories of racism, while Whites share their feelings of being shocked, affronted, racist or non-racist" (p. 283-4). Srivastava & Francis (2006) argue that this "these strategies exacted a heavy toll on the tellers, reinforced the exclusionary notions of identity that underlie a racist culture, and had only a limited effect on fostering organizational change" (p. 277). The authors maintain that the factors within the training initiatives that contribute to this negative experience for the tellers are the focus on the individual, emphasis on the 'other' teaching the dominant culture, and finally, the lack of acknowledgement of the inequitable power relations within either the workplace or classroom. Overall, these workshops may "provide for an interesting educational experience or safety valve for White participants and administrations, instead of a profound challenge to racism and White privilege" (Srivastava & Francis, 2006, p. 277).

Shapiro (2002) in her review and comparison of programs that sought to address institutional and structural dimensions of racism in the USA found that the initiatives struggled to translate their curriculum into practical solutions that participants could enact within their spheres of influence. Some other challenges for the programs included the need to "clarify language, differentiate among types of oppression, address the emotional aspects of racism, expand time and financial commitments, evaluate progress, and extend the reach of training" (p. 109).

Yancey (2007) believes that anti-racist initiatives are experiencing decreasing support within the general public. For example, in Britain anti-racist education has been harshly criticized as many educators adopted an aggressive stance towards White individuals (Hamaz, 2008). As a result of these experiences, a backlash against anti-racist educational initiatives occurred and there remains a fear of many organizations to adopt this perspective (Bonnett & Carrington, 1996). The decreasing lack of support for anti-racist training initiatives has also seen a similar decline in support within Canada (Mock & Laufer, 2001). As mentioned earlier, in a recent study by University of Toronto researchers, the use of aggressive anti-racist campaigns found that they "might actually increase bias towards other groups, while messages emphasizing the personal stake one has in a more open-minded society can be more effective" (Abma, 2011, para. 2).

Paluck & Green (2009) reviewed 985 research studies completed on 'prejudice reduction' initiatives and found that there is no evidence provided by any research studies to support a case for either the benefit of, or harm done by, such initiatives. These authors claim that within their meta-analysis they found that "one can argue that diversity training workshops succeed because they break down stereotypes and encourage empathy" or "alternatively, one can argue that such workshops reinforce stereotypes and elicit reactance among the most prejudiced participants" (p. 357). In the end however, Paluck & Green (2009) contend that neither one of these arguments is "backed up by the type of evidence that would convince a skeptic" (p. 357).

Ropers (2004) reviewed the use of dialogue groups in conflict resolution in a myriad of settings from grassroots initiatives to groups involving influential leaders. He contends that critics of dialogue groups often dismiss these initiatives as naïve based on an underlying assumption that dialogue is the panacea for settling all conflicts, and the

perception that only moderate individuals who may not have the ability to affect long term change within their respective communities are participants. Ropers (2004) argues, however, that dialogue groups have moved beyond the "fairly naïve 'contact hypothesis'…[to]…more sophisticated concepts of 'intercultural learning'" (p. 5). Although many conflict practitioners have learned the different aspects of dialogue groups that are successful, there remains little research on the long-term impact of these types of interventions in sustaining peace.

One exception has been the research completed by Hurtado (2001) on intergroup dialogue groups with college and university students that found that "participants typically think and see the world differently, increase personal and social awareness of different group experiences and forms of oppression in society, and build confidence in working through differences with others" (p. 22). Zúñiga, et al. (2007) also found that students involved in intergroup dialogues "showed increased outcomes in the areas of raising consciousness, bridging differences, and building capacity for social change" (p. 64). Interestingly, the students of colour were found to have a significant increase in "cognitive empathy" in comparison to the White students (Zúñiga, et al., 2007, p. 65). In a recent large research program reviewing intergroup dialogue sessions facilitated in post-secondary institutions, Lopez & Zúñiga (2010) found there was a positive impact on students' intergroup understanding, intergroup relationships, and intergroup collaboration. Interestingly, even when the aim of the curriculum focused on race or gender, students identified an increased understanding of the impact of poverty, stemming from their involvement in dialogue groups. Finally, students were found to have a greater sense of agency to address issues of social inequality within society.

Other researchers have uncovered mixed results. Miller & Donner (2000) discovered that the White students involved in a dialogue group, as part of an undergraduate social work course, were substantially more hopeful about the success of the dialogue group's discussions than the Black students. All of the White students within the study felt that "people from different racial backgrounds could *learn* [emphasis in original] from each other" while just over 50% of the Black students felt the same way (p. 43). Jones & Jenkins (2007) argue that cross-cultural dialogue groups are often facilitated in the interests of the dominant culture. In their classroom of Education students that included both Maori and White New Zealand students, these academics found that the Maori students argued for separate classes where they could discuss course questions amongst themselves. The response of the White students was one of both anger and disappointment, resulting in the separate classes being halted after one term. Jones & Jenkins (2007) caution that any cross-cultural dialogues should be critically examined, and advocate for the possibility of "separation of ethnic groups in classrooms, at least for a proportion of the course, in order to enhance the possibilities of confident, informed cross-cultural interaction" (p. 149).

Katz (2003) has argued for "White-on-White" groups based on her contention that "racism has severely hindered White people's psychological and intellectual development" and "deluded Whites into a false sense of superiority that has left us in a pathological and schizophrenic state" (p. 17-18). These groups would allow "Whites...[to]…explore racism without exploiting people of color" and that participants could "create a positive change in attitudes and behavior so that White people take action to combat racism" (p. 23).

Dovidio, Gaertner, John, Halabi, Saguy ,Pearson, & Riek (2008) developed the "Common Ingroup Identity Model" to describe the behavior of minority and majority interrelations. These authors found that "minority-group members often seek to retain their cultural identity, majority-group members tend to favor the assimilation of minority groups into one singe culture (a traditional *melting-pot* orientation) - a process that reaffirms and reinforces the values of the dominant culture" (p. 238). These authors argue that successful strategies that create "a perception of shared fate and common identity...facilitate the development of empathy" (Dovidio et al., 2008, p. 245). This research would suggest that any interventions needs to incorporate the perspectives of both minority and majority group members and "to understand that intergroup relations are truly *relational* [emphasis in original]" (Dovidio et al., 2008, p. 247). Further research is needed to identify specific strategies that can overcome these group dynamics and open a space for meaningful dialogue.

Walsh (2007), in a review of interracial dialogue groups conducted in the USA, sought to explore the widespread public criticism that dialogue groups are 'all talk and no action'. Her findings concluded that, despite dialogue group participants often focusing on their differences, this reality did not stop the initiation of several social justice projects to address the racial divide within their communities. Walsh (2007) concludes that dialogue groups are not just all talk but often result in tangible social justice actions by community members. In their review of evaluations of intergroup dialogue, Dessel & Rogge (2008) contend that the "lack of a clear description of how dialogue was implemented creates difficulty in replicating studies to confirm their effectiveness" (p. 223). However, in the twenty-two studies reviewed by Dessel & Rogge (2008), all showed positive results at least in the short-term.

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Abu-Nimer (2004) found several shortcoming in the use of encounter and coexistence programs between Arab and Jewish citizens in Israel during the 1990s. Specifically, the source of funding from the USA-based Jewish organizations kept the focus on individual change within the coexistence programs, rather than exploring the structural discrimination of the Arab population embedded within the Israeli political system. As a result, many individuals within the Arab community lost interest and subsequently deemed coexistence programs as simply another aspect of the Israeli government propaganda. Other issues found within these initiatives included the lack of training for facilitators and any long-term follow up for participants. Despite these bleak outcomes, Abu-Nimer (2004) argues that the coexistence groups are vital in seeking peace within the Middle East and provides a number of recommendations for the continuation of these programs.

The *Seeds of Peace* camp founder, John Wallach (2000), argued that the camp experience is basically a "detoxification process" (p. 114) that is based on the premise that "if a student can truly come to understand the other side's suffering, he or she can understand a great deal about how to build a peaceful future" (p. 53). The hope for all 'Seeds' (participants in the *Seeds of Peace* camp) is for the youth to return to their home community "well on their way to becoming the true leaders of a new generation that is as committed to fighting for peace as their predecessors were in waging war" (Wallach, 2000, p. 13).

In a study reported in the *San Francisco Chronicle* in 2008, the efficacy of the *Seeds of Peace* camp experience was challenged. The article cited the results of a survey completed by *Pal Vision* (an independent Palestinian youth organization) of 400 past Palestinian participants and counsellors from *the Seeds of Peace* camp. The survey found

that 91% of the respondents were no longer in contact with the Israeli youth they had met at camp, 93% of the youth had not participated in any post-camp activity and that only 5% of the respondents believed that the camp had helped "promote peace culture and dialogue between participants" (Kalman, 2008, para. 11.). In response to this evaluation, the *Seeds of Peace* organization (2008) countered with two independent studies completed by evaluators, *Zogby International* and *Social Impact*, that found 60% of the participants felt they had "an improved understanding of the other side's 'human face'", 50% had "gained the ability to 'empathize' with the plight of others", and that 65% had "the desire to stay involved with conflict and peace issues" (Zogby International, 2004, p. 2).

However, in a closer review of the report completed by Social Impact (2005), the evaluators found that a number of the past Palestinian youth participants, their parents, and camp staff were critical of the *Seeds of Peace* selection criteria, stating that many of the Palestinian youth were chosen from the "academic elite" (p. 25). The *Seeds of Peace* organization requires that camp participants speak the English language. As a result of this requirement, many youth from Palestinian refugee camps are precluded from attending the *Seeds of Peace* camp, as many of these youth are not afforded the opportunity to learn English within their school programs. The Social Impact (2005) evaluation also found that the selection process was criticized for "not reach[ing] far out beyond liberals and moderates on both sides" (p. 27) and the evaluators concluded that this biased selection criteria could impact the types of results that are found among past camp participants.

The evaluation by the Social Impact (2005) evaluators claim that after 4 years, 66% of the past camp participants felt that the most effective aspect of the experience was

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"an understanding and improved human face of the enemy" (p. 48); however these results varied substantially between the Israeli and Palestinian youth. On this same item, 79.3% of the Israeli Jewish participants agreed with the statement, while only 36.7% of the Palestinian youth did. The evaluators attribute this difference in the findings to:

> Palestinian perceptions of effectiveness and success often relate to concrete and tangible changes in policy or actual involvement to change the situation on the ground, while Israeli participants tend to view the desired change in psychological attitudes towards the other as the primary measurement of effectiveness. (Social Impact, 2005, p. 48)

Interestingly, these results reflect other research findings mentioned earlier in this paper that indicate there are perceptible differences of efficacy between participants from different identity groups involved in educational initiatives that seek to address racism and social inequality. That is, the dominant groups often feel more positive about the impact of the workshop, while participants from historically oppressed groups are often less confident of long-term change.

The focus of the research by Malhotra & Liyanage (2009) sought to determine if empathy for historical enemies was ameliorated and sustained by involvement in a peace camp for Sri Lankan youth (ages 18 to 21 years of age). These authors identified that past research only hints at a causal link, however there is always the concern that participants in peace initiatives contribute to a self-selection bias that skew the final results. The authors identified several unique contextual circumstances that exist for peace camps facilitated within areas of protracted conflict. Firstly, there is likely to be limited or non-existent "institutional or normative support or sanction for intergroup contact", "severe status (and power) differences between the participant groups" and individual participants under constant bombardment by separate (and usually antagonist) media, religious, and community influences (p. 912). Despite these hostile conditions, Malhotra & Liyanage

(2009) found that there was significantly greater empathy for participants of the peace camps than non-participants one year after a four-day camp experience.

In conclusion, the research regarding the efficacy of educational initiatives that seek to address social inequality remains mixed. Although there appears to be some benefit that can result from these programs, there can also be some negative consequences. Education remains however one of the primary ways change in human behaviour is believed to be accomplished. The question remains on how that education can be effectively constructed and delivered that ultimately results in a more just world. To this end, the following research seeks to clarify what aspects of a workplace educational initiative either help or hinder in attaining this goal.

CHAPTER SIX

TOWARDS A BETTER FUTURE:
Research Methods

Several research methodologies informed this research project, including feminist, anti-oppressive, Indigenous, and conflict transformation perspectives. First, feminist perspectives are not distinguished by any specific research methods, but are guided by the principles of "reciprocity, collaboration, and advocacy in the research-participant relationship in an attempt to address longstanding inequalities based on gender, race, and class in participants' lives and in the researcher-participant relationship" (Alcalde, 2007). Another important contribution of feminist research methodology is standpoint theory which requires that researchers both examine and make known their value stance by practising objectivity with reflexivity (McCorkel & Myers, 2003). Anti-oppressive research approaches seek to uncover oppressive elements within society with the ultimate goal to seek social justice (Brown & Strega, 2005).

An Indigenous research methodology is guided by the goals of healing, decolonization, mobilization, and transformation (Smith, 1999). Finally, a research methodology informed by a conflict transformation perspective, as articulated by Lederach (1995), views "people in a setting [as] key resource[s], not recipients" (p. 31). All of the above research methodologies lend themselves more closely with qualitative research methods. However, this research project will utilize some quantitative research methods in the form of descriptive numerical statistics. As such, this research project will be a mixed methods research design that utilizes the strengths of both perspectives to build knowledge (Berg, 2009; Bogdan & Biklen, 2007; Creswell, 2009).

In the end, any research embarked on to examine educational programs that seek to address racism and other types of social inequality must be rooted in methodologies that seek to both inform and work towards social justice. Within the local Manitoba context, where unfortunately the most virulent racism is directed towards Aboriginal people, a methodology would call for research that is informed by Indigenous research methodologies. The contributions from feminist, anti-oppressive, and conflict transformation will only strengthen the design of this research project.

Position of Researcher

To begin, it is necessary to position myself within this research project. My interest in addressing racism is rooted in both my personal and professional lives. I am a multi-racial woman of Chinese, Métis, and Icelandic heritage. Due to a family breakdown early in my life, my cultural heritage is rooted in my mother's Chinese and Métis roots, and I have had little experience or exposure to my father's Icelandic heritage. The first experience of racism that I recall occurred in a playground when I was still a preschooler. At that time, I remember an older White boy calling me a "chink". Even though I was unaware of what that term meant, I knew instantly that it was pejorative, due to the inflection within his voice. It was the first time I consciously remember that I was somehow different from other children. A few years later, when my family moved to the northern Canadian territory of Nunavut, I moved into a privileged position where I was considered "White" and superior to the Inuit children. This position was clearly demonstrated to me within the education system when my grade three Inuit classmates were required to indicate their "numbers" instead of their "family names" during roll call. I did not have to suffer this dehumanizing process. I knew at the age of nine that this was fundamentally wrong. When I returned to southern Canada to finish my secondary school

education, my consciousness of racism was reawakened when I met my future husband, who originates from the island of Trinidad, and is of African, Carib, Chinese, and Spanish ethnicity. Through my relationship with both him and our two children, I have vicariously experienced the racism that they have all suffered over the years.

During my early adulthood, I was often mistaken for a slightly dark skinned White person, although I have always been forthcoming in advising people of my multiracial background. During that time, I had few personal experiences of racism. Any oppression I felt within work settings was perceived by me as due to sexism. It is only in the last few years, after I gained employment within an Aboriginal unit at the University of Manitoba, that I began to feel the pervasive racism against Aboriginal people that exists within Canadian society. I presumed this differential treatment was a result of individuals inaccurately assuming that I am fully Aboriginal, both due to my physical features and my place of employment. My experiences of racism revolved around the assumption by others that I did not have the requisite academic qualifications for the position I held, or that I was hired simply because of my Aboriginal ancestry.

In my professional life, I have co-facilitated a three-day training program entitled *Culture and Diversity* for the past twelve years. This training is provided for individuals employed within the provincial child welfare system. The goals of the *Culture and Diversity* training module are to "build awareness and understanding of cultural issues" (Institute of Human Services, 2005, p. 7). It was through this professional experience that I first began exploring the issues of racism and how organizations seek to deal with it, both within the workplace and in professional practice, more deeply. All of these experiences laid the foundation for my current academic interest in exploring how to address racism within workplaces. This interest resulted in my decision to make

workplace educational initiatives that seek to address social inequality the focus of my
Ph.D. studies.

Research Objectives

The use of workplace educational initiatives to address social inequality within
the workplace are widespread. Most research studies to date have reviewed the
effectiveness of these programs, but have faced challenges for both logistical and
methodological reasons (Paluck & Green, 2009). The purpose of this research study is to
discover the perceptions of both stakeholders and participants in the *Aboriginal Cultures
Awareness Workshop* (ACAW) that is currently offered by the *Aboriginal Health
Programs* (AHP) at the *Winnipeg Regional Health Authority* (WRHA). For this research
project I utilized a qualitative case study approach. Qualitative research is characterized
by "methods that emphasize depth of understanding and the deeper meanings of human
experience" (Rubin & Babbie, 2005. p. 754). Case studies are defined by Berg (2009) "as
a method involving systematically gathering enough information about a particular
person, social setting, event, or group to permit the researcher to effectively understand
how the subject operates or functions" (p. 317). The primary focus of this research project
explores the perceptions of both stakeholders' and workshop participants' perceptions on
the helpful and non-helpful aspects of the ACAW curriculum and facilitation.

Data Collection

Permission was originally granted from AHP senior management to complete this
research project. After the successful submission of my research proposal, I then received
approval from both the *University of Manitoba Research Ethics Board* and the *WRHA
Research Review Committee*. Data collection began the spring of 2011 and was
completed in the fall of 2011. Data was gathered from a number of sources (that included

a review of the background written material on the ACAW), interviews with key

stakeholders that included several past and current facilitators of the ACAW, ACAW

participant questionnaires, and participant observations by me of three deliveries of the

ACAW.

First, background information was provided to me by the staff of AHP. A copy of

the current curriculum was examined to identify the key topics reviewed and discussed

within the workshop. The ACAW curriculum examined had just been revised prior to the

research project. An overview of the curriculum at the time of the research project was

reviewed and is outlined in Chapter seven.

Nine interviews were completed with key stakeholders of the ACAW. The key

stakeholders included past and present facilitators, managerial and support staff

associated with the ACAW, and included both Aboriginal and non-Aboriginal

individuals. Pseudonyms were assigned to each interviewee. Both female and male staff

members were interviewed. However, to maintain confidentiality, only female

pseudonyms have been assigned. Of the interviewees who were either in managerial or

support roles, all had attended the ACAW at least once.

The focus of the interviews was to both establish background information on the

workshop, as well as to obtain their perceptions of the ACAW, utilizing an open-ended,

semi-structured interview guide[37]. This research project used an "interview guide" which

"lists in outline form the topics and issues that the interviewer should cover in the

interview, but it allows the interviewer to adapt the sequencing and wording of questions

to each particular interview" (Rubin & Babbie, 2005, p. 450). At the beginning of the

interview, key stakeholder informants were advised that they could refuse to answer any

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[37] Refer to Appendix A.

of the questions, end the interview, or withdraw from the study completely at any time without repercussions. A consent form outlining these conditions was reviewed with the informants before the interview. A copy of this consent form was also left with each informant[38]. After the interview, key stakeholder informants were sent a transcript of his or her own interview to review and make any changes. In their review of their transcripts, several of the informants made changes and these changes were incorporated in to the final data.

Data from workshop participants was collected using ethnographic methods and a questionnaire. Ethnographic methods place the researcher "in the midst of whatever it is they study" (Berg, 2009, p. 191). Each ACAW participant was given a clipboard and pen at the beginning of the workshop to keep their own notes, and I was also able to take notes unobtrusively during the workshop. I chose to write very cryptic notes during the workshop in order to help with memory recall once I wrote up my more detailed notes after the workshop. I completed these more extensive notes during breaks and at the end of each day. My field notes included both descriptive and analytical aspects. For example, I wrote descriptive notes of the behaviours and actions of both the facilitators and participants, while my analytical notes included my attempts to make sense of the behaviours and dynamics that I was observing during the workshop.

As mentioned earlier, I attended three sessions of the ACAW as a participant-observer. Initially in this role I had planned to participate in all of the group activities after advising participants at the beginning of the workshop that I was also conducting research. Due to my perception shortly after the first workshop began that I was

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[38] Refer to Appendix B.

influencing the learning process of the participants, I decided to withdraw from the small group exercises and only participate in the large group discussions.

Questionnaires were also distributed to the ACAW participants. In the ACAW deliveries in which I participated, there were 17, 14, and 13 participants respectively, for a total of 44 individuals. Questionnaire data was also collected from another ACAW delivery that had 21 participants for which I was not present. A total of 26 questionnaires, out a potential of 65 participants, were returned for a response rate of 40%.

Registered workshop participants were to be advised of the research project through a letter of introduction sent out by staff from the AHP, either via mail or email prior to their attendance in the ACAW[39]. Unfortunately due to a miscommunication, the participants in the first workshop observed were not given advance notice of research being completed, and as a result participants were only advised once they arrived. It was my perception that a few of the participants within this particular workshop were uncomfortable with the research project, and subsequently refused to sign the consent form. I was careful in my observation notes of this first workshop to not include any of the comments or behaviours from these participants in my data collection.

At the beginning of each of the workshops, I explained the purpose of the research project and requested that all participants sign a consent form. I utilized a script that was similar to the letter of introduction that had been sent to workshop participants. A copy of the consent form was given to all workshop participants[40]. Participants were told in person, as well as on the questionnaire, that they could refuse to answer any of the questions without any repercussions.

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[39] Refer to Appendix C.
[40] Refer to Appendix B.

The questionnaire was comprised of largely open-ended questions that sought to determine their perceptions of both the helpful and non-helpful aspects of the ACAW[41]. The questionnaire was distributed to participants at the beginning of the workshop and participants were encouraged to fill it out over the next two days. Self-addressed stamped envelopes were given to any participant who did not complete the questionnaire at the end of the workshop. Several participants took advantage of this option.

After collection of the data, pseudonyms were assigned to each respondent in the interviews and questionnaires. Pseudonyms were also used in any written notes and all transcriptions of the data. The names of any individuals or organizations mentioned in any of the data were omitted from any written record, to further protect the individual respondent's confidentiality. All data, including interview tapes, were kept in a locked, secure location. The tapes and transcripts will be destroyed upon completion of the research project.

During the research project, it was possible that when key informants or workshop participants discussed their personal experiences within the workshop they might have become distressed. It is my experience that due to the sensitive nature of the topic, workshop participants could become emotionally distressed. I was prepared in that if I sensed any reluctance on the part of an informant or participant, I would advise the individual s/he would not have to answer the question. I also had available information about appropriate support services for any informant or workshop participant that I determined might be so distressed as to need follow-up intervention. Thankfully, this did not occur.

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[41] Refer to Appendix D.

Data Analysis

The process of data analysis began with the verbatim transcription of the stakeholder interviews, participant-observer notes and questionnaire responses. Data was coded utilizing a grounded theory approach. Grounded theory is defined by Creswell (2009) as a "strategy in which the researcher derives a general abstract theory of a process, action, or interaction grounded in the views of participants in a study" (p. 229). All transcripts of the data were read and hand-coded according to topics and patterns that emerged from the data. Each data code was then sorted into categories through a cut and paste process. During this process, data summary tables and research memos were developed.

Content and narrative analysis was used to review all of the data. Berg (2009) defines content analysis as "a careful, detailed, systematic examination and interpretation of a particular body of material in an effort to identify patterns, themes, biases, and meanings" (p. 338). Narrative analysis differs from content analysis as it "goes deeper into the causes, explanations, and effects of the spoken word" (Johnston, 2005, p. 277). The purpose of narrative analysis is not to "validate the accurateness of the person's story, but rather to discover the meaning of it" (Johnston, 2005, p. 282). The purpose for utilizing both of these analytical methods within this research project was to provide a "thick description" of the perceptions of all individuals involved in the ACAW (Geertz, 1973).

Unexpected Research Events

There were a few unexpected events within this research project. First, there was an assumption on my part that all of the workshop participants would be of non-

Aboriginal descent. This assumption was reflected in some of the questionnaire items[42] which asked respondents about their experiences with Aboriginal people, and if their understanding and interaction with Aboriginal patients and colleagues would change after completion of the workshop. One of the participants challenged my erroneous belief quite clearly with the following comment:

> First of all, I am an Aboriginal and I am from a First Nations community at [name of community][43] Cree Nation. Most of all my friends and family are Aboriginal.

Despite this assumption on my part, the information gathered from this question was helpful in highlighting certain dynamics that occurred within the ACAW. These dynamics will be discussed further in Chapters eight and nine.

Other issues also arose during my involvement in the ACAW as a participant observer. In the first workshop that I observed, I began by participating in all of the group exercises. Participants were aware, however, that I had previously attended the workshop approximately a year prior when I was exploring the possibility of completing my research in this area. As a result, several of the participants began looking to me within the small group exercises to help them answer the questions. In order not to impact their learning, I decided halfway through the first day of the first workshop to not participate further in the small group activities after explaining my reasons to the group. In the two subsequent workshops, I explained my decision to withdraw from the small group exercises along with my reasoning and did not observe any negative responses from the participants.

Another issue occurred after the first sharing circle of the first ACAW I observed. Inadvertently, I ended up sitting to the left of one of the facilitators who started the circle

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[42] Refer to Appendix D, Items 12(a), 12(b), 12(c) and 12(d).
[43] Name of community removed to protect the anonymity of the respondent.

which meant that I spoke immediately after the facilitator began her/his remarks. I noticed subsequently that several participants mirrored some of my comments. As a result, I was very cautious to sit close to the end of the circle in order to not influence participant remarks in any subsequent sharing circles.

Finally, the research position was not always an easy one for me due to my past and current experience as a facilitator of these types of workplace training programs. During the large group discussions, I often felt that my roles as a researcher and as a past facilitator of these types of workshops were blurred. This conflict occurred most often when I found myself helping the facilitators with content, especially in circumstances where I felt that I had knowledge that would help answer any of the participants' questions.

Further, my past role as an advisory committee member on the ACAW Curriculum Committee resulted in some tension with my new role as a researcher. It was my perception that although the AHP management had allowed me access to the organization to complete my research, I felt that many of the staff felt that my research was in part "evaluating" their work. This is not an uncommon experience for researchers involved in the community in other capacities and who also engage in research within that same community (Back & Solomes, 2001). This tension became apparent when the staff revisited the questionnaire (that included questions about the helpful and non-helpful aspects of the facilitation), despite the fact that the questionnaire had been developed in consultation with all staff concerned. In my attempts to address this issue, I subsequently advised the staff that I would be resigning my position on the ACAW Curriculum Committee until my research was completed.

CHAPTER SEVEN

TRANSFORMING OUR CONFUSED PAST:
The Aboriginal Cultures Awareness Workshop

The *Winnipeg Regional Health Authority* (WRHA) was originally created in

1999, with different health care institutions eventually amalgamating into the current

WRHA over the following years (HSC, 2011). The plan to regionalize health services

within the province of Manitoba began a few years earlier, after the province of Manitoba

began struggling to balance both the increased demand for and costs of health care

services in the face of ever decreasing financial resources (Manitoba Health, 1997).

The WRHA serves the city of Winnipeg as well as two surrounding rural

municipalities, encompassing a total population of just over 700,000 people. The WRHA

also provides specialty medical services to the province of Manitoba as well as to

northwestern Ontario and Nunavut (WRHA, 2011a). The mission of the WRHA is "to

coordinate and deliver safe and caring service that promotes health and well-being"

(WRHA, 2011b). In 2011, the WRHA had 28,000 employees and a total annual budget of

$1.8 billion. The WRHA oversees the operation of several hospitals (including the *Health

Sciences Centre* [HSC]), personal care facilities, and community health agencies within

the city of Winnipeg (WRHA, n.d.1). Since the inception of the WRHA, it was hoped

that the process of regionalization would provide for a more cost effective and

coordinated delivery of health care services to residents of the city of Winnipeg and the

surrounding area.

In the past number of years, the WRHA has come under intense criticism for

becoming increasingly bureaucratic, failing to improve health care services and control

escalating costs. In the 2011 provincial election, a number of doctors expressed

frustration with the WRHA as "bureaucracy has left them out of the decision-making process" ("MDs frustrated" 2011 para, 5). The local media has also blamed the spiraling costs of health care in Manitoba as partially due to the exorbitant salaries paid to WRHA senior management (Brodbeck, 2011, June 29). This same media source also questioned the need for specific medical resources for Aboriginal people, asking why "aboriginal people require different medical care than people of other races" (Brodbeck, 2011, July 3). As mentioned earlier, although most Canadians remain committed to the universal health care system, the system continues to be plagued with problems rooted in both the increasing demand for health care services as the population ages, and decreasing available financial resources. It is within this context that the ACAW has been created.

History of the Aboriginal Cultures Awareness Workshop

The ACAW was created in 1996, to "build understanding between all health care staff and the Aboriginal patients and families they care for, and to build culturally respectful workplaces within the Winnipeg health region" (WRHA, n.d.1). The curriculum was designed to teach participants about the "impact of Canadian history on the Aboriginal community" and dispel "stereotypes about Aboriginal culture" (WRHA, n.d.1). The workshop is not mandated for WRHA employees; however all staff members are encouraged to attend.

ACAW grew out of the *Aboriginal Services Review Committee* that was established in 1990 by the HSC with the mandate to review existing services to Aboriginal patients. The HSC is the largest teaching hospital in the city of Winnipeg and in the province of Manitoba. In a subsequent report, the Committee found that "Aboriginal patients represent 25–40% of the patient population Centre-wide, with the figure ranging up to 60% at both the Children's Hospital and the Rehabilitation and

Respiratory Hospital" despite the fact that Aboriginal people only make up 14% of the population in Manitoba (HSC, 1992, p. 3). This Report also made several recommendations, including the development of "continuing education programs for employees, trainees, students and volunteers to increase understanding of aboriginal culture" (HSC, 1992, p. 14). The Report based this recommendation on the finding that although the HSC had a high representation of Aboriginal patients, many staff did not have adequate knowledge about Aboriginal culture and as a result patient care was often compromised. The Report identified that "many problems are caused by misunderstanding, miscommunications and insensitivities on the part of service providers" (HSC, 1992, p. 12). The Report recommended that the training workshops include the "demographic patterns and facts about health status of Aboriginal people", "the historical and social context", "awareness of traditional Aboriginal culture – values and behavior, and healing practices" and "cross-cultural variability" (HSC, 1992, p. 13-14).

One of the stakeholders interviewed for this research project claimed that there were a number of incidents during the 1980s that precipitated the eventual development of the *Aboriginal Services Review Committee* that would result in the ACAW:

> ...one particular incident that warranted the Board of Directors to look at the needs of Aboriginal patients in hospital.
>
> This was around New Year's – there had been a shooting in one of the communities – and [the patient's][44] head was blown off. So somebody picked up pieces of skull and put it back and so they medivaced [the patient] into HSC Intensive Care Unit.

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[44] Gender pronouns have been removed to protect the confidentiality of the individual described in the story.

And the family that was 100 people if not more that showed up. But what happened was people just didn't want to leave the hospital, they wanted to stay there. So Security was called in. Security and Engineering were called in.

Because half of the family wanted to do a smudging ceremony[45] in the middle of the night in ICU. You can't do that there. We were there all night and anyway as it ended up, they kept telling us that [the patient] only has a few hours to live and all that. But this [patient] survived.

That was the story that warranted something had to happen to help the needs of families of patients that came in crisis situations – and they decided at the time that they should start doing Aboriginal culture awareness for staff. That way it opens up – it educates them, it opens their minds, it opens their hearts on the culture of Aboriginal people. So that's way back in the '80s when that started to take place. (Gayle)

This informant shared another story describing how other individual training initiatives were developed prior to the development of the ACAW to deal with specific incidents within the HSC:

There was a woman that was in the hospital and she was dying of cancer....And again something had happened the night before or that night and they had to call in the family. And when they called in the family there were 50 people arrived, her children, her grandchildren, her sisters, brothers, everybody, cousins. That's the way Aboriginal people do that when someone is dying.

So they all came in and the team leader[46] called me the next morning. She was very, very upset. And she says, I really need to talk to you about our head nurse. I want to share something with you but I'm having a hard time with it. Because if I make a big issue out of it, I could stand to lose my job. But I want to tell you because you probably could work it in such a way that I won't be affected by it.

The head nurse came to her and because there was only two of them, nobody else heard it, and said to her, "Get these Indians out of here. It ruins the image of Health Sciences Centre". That was her comment. And that team leader was upset. She was crying when she told me that

So I went to the Director of Nurses at this unit...I explained the whole thing to her and she said, "okay, we'll see about that". So her and I planned a Cultural

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[45] The smudge ceremony is considered a cleansing ceremony and consists of burning sacred medicines (tobacco, cedar, sage, and sweetgrass) in a shell bowl. Participants in a smudge ceremony then wave the smoke over different parts of their bodies. The smoke is believed to attach itself to negative energy and clears away the negative energy as the smoke drifts away (Gray & Thomas, 2011).
[46] The team leader was identified as Aboriginal by the informant.

> Awareness, mandatory, for all nurses, for all team leaders, and head nurses to attend for ten days. (Gayle)

Unfortunately, despite this attempt at mandatory training for the nurses in this particular unit, the training did not have the desired impact on the head nurse who "slept through it all. She came, but she made sure that she had a book in her hand or slept through it all". (Gayle)

The delivery of ACAW began in 1996. One stakeholder explained that the workshop "was mandatory before" but the feeling by many participants at that time was that "it seemed like a disciplinary workshop that they had to come to" (Maria). For another stakeholder who had attended both the original and the current iteration of the ACAW, the atmosphere surrounding the original training was tense:

> Back then, when I first started, it kind of felt like it was getting shoved down everybody's throat. It was a new thing and there was so much going on about it, and so much conversation about it. And it was, the feeling was that everybody had to attend. And if you didn't attend you were a bad person or you're a racist if you didn't want to go, or something.
>
> So the message has been very strong and especially I think at the start, that everyone was very very encouraged. Not mandatory but VERY VERY encouraged to go. (Freda)

After attending the current version of ACAW twice, this same interviewee felt much safer:

> I also really enjoyed the interaction amongst everybody, that there's lots of group activities and discussion. And I think that lets the room feel very safe, that everyone participates. That session that, the two that I've been to, I think everybody was really, was "in" it. (Freda)

Originally, the workshops were only delivered to staff from the two largest hospitals in Winnipeg, the HSC and St. Boniface hospitals. Some of the initial resistance to the workshop seems to have been a result of the type of position that the participants held within the health care system. For example, "the majority of them were very open,

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attentive and willing to learn and ask questions. But there was some resistance. The ones that really resisted were the ones that didn't have direct patient care". (Gayle)

Beginning in 2000 and after regionalization, the workshop was offered to all WRHA employees. Shortly afterwards in 2001, the *Aboriginal Human Resources* department was created within the WRHA under the *Aboriginal Health Strategy* initiative. In 2006, *Aboriginal Human Resources* amalgamated with the existing *Aboriginal Health Services* to create one department, *Aboriginal Health Programs* (AHP), with three streams: *Health Services, Workforce Development*, and *Health Education.* The mission of *Aboriginal Health Programs* is "through collaborative partnerships with key stakeholders...build the capacity within the Winnipeg health region to respond to the needs of the Aboriginal community" (AHP, n.d.). The *Health Services* stream provides a number of services to Aboriginal patients and their families in the hospitals and facilities under the WRHA, including advocacy, discharge planning, interpreter services, spiritual cultural care, and the Traditional Wellness Clinic. The *Workforce Development* stream works to achieve a representative workforce within the WRHA through the recruitment, outreach, and retention activities within the Aboriginal community. Finally, the *Health Education* stream is currently responsible for the delivery of the ACAW, along with a number of other training initiatives specific to Aboriginal staff and patients, including workshops on human resources, palliative care, and traditional teachings. The ACAW is considered a prerequisite for all of the other training programs offered by *Health Education*.

During the workshop, I observed that the facilitators address the past history of ACAW by explaining that things have changed since the original inception of the workshop. Participants are told that the original sessions included several employees who

had a lot of hostility towards both the workshop and the facilitators. As a result of this

resistance, one of the original facilitators chose to stop training for some time. However,

after the curriculum was revised and the "message changed", the facilitator returned to

help deliver the workshop.

Barriers and Resistance to the ACAW

Currently, there remains both resistance and barriers for WHRA employees to

attend ACAW for a variety of reasons. Some of the barriers include the time and

budgetary pressures within the WRHA:

> I get some calls, oh why do we have to take this workshop? I want to know
> what's involved. They kind of wanted a pre, I guess, insight, of what the
> workshop was. Do I have to do, like, is there, what does it entail? It was just
> basically, I don't know if I can take the two days. What I sensed was a little bit
> of resistance, a little bit of the unknown. (Alicia)

> People I think are already stressed coming there for the two days because their
> positions have to be back-filled, so some are stressed about that.
> I think some people that haven't come, the two days is a big issue from what I
> understand. Especially somebody who is a nurse in Emergency, for them to be
> covered, backfilled, for two days, I think it causes some hardships. So they're
> going to be paying two people for those two days.
> So not only is there a staffing issue in that you have to find the second person.
> And for departments like Emergency and ICU, those are highly trained, harder to
> fill, don't have as much of a casual pool to go to. So there's a challenge just from
> finding somebody, and there's also the economic part of it, in that then the
> manager is paying two people for that. (Freda)

Other issues that seems to impact attending the training are both the size of the

organization and the different cultures within the WRHA:

> I think that the challenges for ACAW and our department, is the size of the
> organization, it's a huge organization, and our department is just part of a big
> organization and you cannot just move quickly on anything. It's a process.
> The WRHA has its own culture. That's another piece. Every hospital has its own
> culture. Every department within a hospital has its own culture of how they
> operate, like organizational culture. So our little team is, you know, doing their
> piece with all those different pieces flowing into it. And it's big. It's like 28,000
> employees....you know the sad part is that for 28,000 employees, sometimes

it's hard to fill a workshop with 20 people. (Nancy)

The lack of support demonstrated by non-attendance in the ACAW by senior

management and physicians within the training is also perceived as influencing the value

that is put on this workshop within the WRHA:

> Like not upper management or senior management. Because it's the time,
> right. I think it's time and they don't internalize the importance of it. They don't
> see the importance of it. (Nancy)

> That it really needs to come more from senior management and middle
> management that this is important, that this is valuable training and information
> for our staff. And that, I mean, it says that it should be strongly encouraged by
> management but from what I've seen there's maybe a few middle managers that
> do that, or facilities that do that, and see the importance and value. And they stress
> that with their employees and they encourage them strongly to come. But there's
> just not enough...I think that's a part that senior management really needs to
> take on. And they don't, the other thing is that I don't see senior management or
> physicians attending the workshop which is also disheartening to me. (Linda)

Finally, stakeholders have observed both resentment and the fear of being made to feel

guilty by participants when the history of Aboriginal people in Canada is presented:

> I think there's some resistance to cultural training for Aboriginal people
> because it's like, well, we know this already. Why do we have to keep hearing
> your story? Why can't you stop telling your story? How does that help me today?
> It wasn't me who colonized you [laughs] all those pieces come up.
> I think there's a big movement for Aboriginal people to get over themselves
> already. I think that's a general thought out there, that people don't want to hear
> about us and the past anymore. I'm sorry to say that but that's what I think. Or if
> you talk about it you're being adversarial. (Nancy)

> I know it gets tiring when people, "Oh here we go with all the history, here we go
> again, and blah, blah, blah". You kind of sense that mentality 'cause I know from
> evaluations, a lot of people go on about move on already. We actually get
> comments like that. I've seen comments and stuff like that were pretty hard –That
> were like, yeah, "get over it already and move on". (Alicia)

> I've heard people who have attended from the past have felt judged...so there
> might have been a perception out there that it was, it was highly emotional. So
> people really didn't want to come to this type of workshop. (Maria)

People begin to feel resistance. Like, "oh, you're trying to make me feel guilty for what people, I've never done, or never known, for what my ancestors kind of did to your community". It's kind of like that. I think that if people end up feeling guilty about it, a lot of times people will put up barriers. (Rachel)

Despite the barriers, resistance, and negative perceptions of the training program several of the stakeholders express that they feel the atmosphere at the WRHA is changing with an increased awareness of Aboriginal culture:

I think there's more awareness there right now. There's more things happening to address issues of all employees, I guess. There's more wellness, there's more, I think even with cultures across the board I think that's a good thing too, there's more and more of that. (Alicia)

Yeah, I guess some would say that it's changed. It's changed their perception. I think sometimes though what hasn't changed is some of the stereotypes that people sometimes get into right away. And I'll just speak from my experience of being a frontline worker also. The other part where if people had stereotypes, if people had prejudices about us, and if I happen to be in the area, what I find is that they don't necessarily speak about it real fast, or if they're starting to name it, that they might change the subject. Or they might kind of shove it aside kind of attitude. (Elaine)

From the above comments a number of themes are present. Within the WRHA there remains a general antipathy towards the ACAW that appears to be related to the continued racism towards Aboriginal people within the larger society. There is also a perception that Aboriginal patients receive extra resources through the delivery of the cultural awareness programs at the expense of other ethnic groups served by the WRHA, and non-Aboriginal individuals continue to express a fear of being blamed or shamed due to a perception of how the culture awareness programs have been delivered in the past. Structural barriers also impact participation in the workshop, including a lack of funding to cover replacement staff for the training, the challenges of finding qualified staff to backfill for staff attending the training, the enormity of the organization, and the lack of participation of both senior management and physicians within the workshop.

Current ACAW Delivery and Curriculum

The ACAW is facilitated by two trainers, both of whom are of Aboriginal descent. Several of the current and past facilitators have had past work experience in the health care field. The four facilitators interviewed for this research project were men and women who ranged in age from late twenties to mid-fifties. For the past few years, the workshop has been offered weekly, ten months of the year. AHP accepts applications from WRHA employees, but has also accepted applications from other related organizations. WRHA employees who participate in the workshop often attend out of interest, but some participants attend after being "strongly encouraged" by their supervisors to attend. The minimum and maximum participants for each workshop is set at 6 and 20 individuals respectively.

The training is two full days and is held in a large carpeted room in the offices of the AHP, which is located on the third floor of a nondescript building in downtown Winnipeg. One wall has large windows overlooking one of the main thoroughfares of the city. Throughout the training, the sound of traffic is a constant hum of noise in the background. The workshop is specifically set up to take advantage of the "sharing circle" format which is an integral part of the curriculum. Office chairs are arranged in a circle with each participant given a clipboard with workshop materials as well as a pen.

Participants are asked to sign in when first arriving at the workshop and are asked to fill out a name tag which is then worn by them throughout the workshop. Surrounding the chairs are a number of flip chart stands with storyboards that highlight different lecture material from the ACAW curriculum. Coffee, tea, hot chocolate, and water are available in the corner of the room for the participants throughout the workshop. Food and candies are often served throughout the two days.

On one wall, a large magazine display bookshelf containing written material on Aboriginal issues (both historical and contemporary) is available for participants to peruse. Several rectangular tables and extra chairs are stored against the wall with the large windows overlooking the street below. These tables and chairs are used for other meetings that are regularly held in the room. On another wall a large white board, table, filing cabinet, and door to the offices of the AHP are located. The door to enter the room from the outside hallway is on the fourth wall, along with another door that opens into a small cloakroom that also houses a microwave.

The purpose of the ACAW is to increase "awareness and an understanding of the fundamental values and beliefs of traditional Aboriginal cultures" with the goal being "to begin building bridges of understanding between the health care provider and Aboriginal patients and their families" (Gray & Thomas, 2010, p. 3). The underlying beliefs of the ACAW include the hope that with increased awareness of Aboriginal culture, WRHA employees will improve their communication with Aboriginal patients, reduce their stereotypical thinking and potentially discriminatory behaviour, and ultimately be able to provide health services to Aboriginal people that are culturally sensitive.

Although the focus of the curriculum is on providing awareness of traditional Aboriginal beliefs and customs, the facilitators do emphasize that it is important for health care providers to recognize the diversity within the Aboriginal community and not assume that "every Aboriginal person has 'traditional' values" (Gray & Thomas, 2010, p. 3). The curriculum identifies the ACAW as part of the WRHA strategic plan which strives to develop "a workforce in the WRHA that more accurately reflects the cultural diversity of the region and where respect and tolerance is expected and understood"

(WHRA, 2005, p. 6). The programs under the AHP are also currently one of the

organizational priorities of the WRHA (WRHA, 2011).

The curriculum identifies four underlying principles. These include the

acknowledgment of "systemic oppression" of Aboriginal people within Canadian society,

the beliefs that "racism affects everyone", "race is a fact of birth", and the use of "adult

education" principles within the workshop design. Racism against Aboriginal peoples is

perceived as impacting the self-esteem of many Aboriginal individuals which can result

in risky behaviours and subsequent compromised health outcomes. Race is understood as

being "a matter of biology and identity", and to discriminate against an individual due to

their race violates the values that most individuals within Canadian society accept. The

workshop utilizes adult learning principles premised on the belief "that a participatory

process where participants define their learning needs, and share ideas, knowledge and

attitudes in a safe and non-judgemental environment is most conducive to learning" (Gray

& Thomas, 2010, p. 4).

The ACAW curriculum was revised in 2010 and the name changed from the

Aboriginal *Cultural* Awareness Workshop to the Aboriginal *Cultures* Awareness

Workshop. This change was made by the staff of *Health Education* within AHP in

recognition that the Aboriginal community is diverse with many different cultures.

The facilitators use both storyboards and handouts to highlight the curriculum

material. At the beginning of the workshop, the facilitator immediately works to create a

safe learning environment for all participants by explaining the guidelines for the

workshop, which include confidentiality, respect, participation, comfort, and having fun!

Most of the facilitators use self deprecating humour almost immediately which appears to

put many of the participants at ease very quickly. The facilitators also state that they do

not consider themselves experts but that they have knowledge to share with participants

that might help answer any questions they may have about working with Aboriginal

people in the health care field.

In order to elicit questions from the participants in a non threatening way, the

facilitators ask that group members write their questions down on sticky notes

anonymously and place them in the basket in the centre of the circle. Once participants

complete this task, the questions are read out loud to the group and then stuck to a piece

of flip chart paper which remains on display for the balance of the workshop. Participants

are advised by the facilitators that they will try and address the questions during the

workshop.

The current curriculum is divided into two main themes – a historical review of

the Aboriginal people's experience in Canada and a review of traditional cultural beliefs

and ceremonies. Although the ACAW curriculum was recently revised, the topic areas

remain the same as described by Leskiw (1998):

> ...experience the diversity of the cultural background of all group members;
> recognize various definitions of Aboriginal people; understand the impact of the
> past on Aboriginal people today; identify myths and stereotypes about Aboriginal
> people; empathize with the colonization experience of Aboriginal people;
> recognize how values and perceptions affect thought process and behavior; apply
> knowledge of Aboriginal culture and values in a workplace setting; employ
> communication strategies from a culturally aware perspective; observe and
> respect the ethics, behavior, and protocol of Aboriginal people; and, experience an
> Aboriginal smudging ceremony[47]. (p. 2-3)

Throughout the workshop the facilitators use a variety of experiential exercises including

the sharing circle, small group exercises, small and large group discussions, videos and

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[47] Refer to Appendix E for workshop handout on smudging and further explanation of the underlying
beliefs of the smudging ceremony.

participant involvement in a smudge ceremony. The following is a more detailed description of the number of the activities used within the workshop[48].

The sharing circle is introduced at the beginning of the workshop and initially used for the participants to identify themselves and share their reasons and goals for attending the ACAW. The facilitators advise participants that the sharing circle has been used by "First Nations peoples for centuries" and within the "circle no one is above or below and no one is in front or behind anyone else" and that "everyone is equal and everyone has a place" (Gray & Thomas, 2011, p. 1). Participants are also advised of the protocols of the sharing circle which include the use of a talking stick which dictates that individuals can only talk or respond to things said in the circle when they are holding the talking stick.

The sharing circle is used four more times during the workshop, including at the closing of each day, the opening of the second day and after the viewing of the video on residential schools. The use of the sharing circles are very powerful in creating safety within the group. Another significant part of the curriculum are exercises reviewing the history of Aboriginal people within Canada. A large group discussion follows this group exercise. In the afternoon of the first day, participants are shown a video on the history and experience of Aboriginal people within the residential school system.[49] This video often elicits strong emotions from participants and a sharing circle is held immediately after the viewing to allow group members to debrief their feelings. Finally, participants complete a group exercise entitled "Residential School Survivor Transcripts" in which

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[48] Refer to Appendix F for workshop agenda.
[49] The name of the video used in the training is *Sleeping Children Awake* (1993).This docudrama outlines the history of the residential school system through the stories of survivors and excerpts of Shirley Cheechoo's autobiographical play, "Path with No Moccasins". (Hanah, 1993)

group members work to link a history of residential school experience with current psychological and social difficulties of some Aboriginal individuals.

The second day of the workshop shifts the focus to presenting some traditional Aboriginal cultural beliefs. A group exercise entitled "Cultural Concepts" takes place in which participants are introduced to the differences between the concepts of cultural awareness, cultural knowledge, cultural sensitivity, cultural competency, cultural safety and cultural humility[50]. Workshop participants are then asked to demonstrate through a role play exercise how these concepts are practised within the health care field. The facilitators provide instructions for this exercise by giving examples of behaviours that demonstrate these concepts. After this exercise participants are taught about traditional Aboriginal beliefs and values (i.e., medicine wheel, holistic healing, and sacred medicines) through several lectures, a video, and participation in a smudge ceremony. Participants are given the option of not participating in the smudge ceremony if they are uncomfortable. In my observations, this option was exercised by a few participants, one of whom had an allergy to smoke. The final day of the workshop closes with a sharing circle. Evaluations are completed by participants after each workshop and reviewed by the facilitators.

ACAW Participants' Demographics

For this research project demographic information was gathered on workshop participants. The following data provides a description of the participants in regard to their gender, ethnic background, type of position within the WRHA, and the length of employment within the health care field. Female participants made up the majority of the

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[50] Refer to Appendix G for definitions of these terms given to workshop participants.

workshops observed (44 female participants [or 89%] and 5 male participants [or 11%])[51].

Figure 1:   Gender
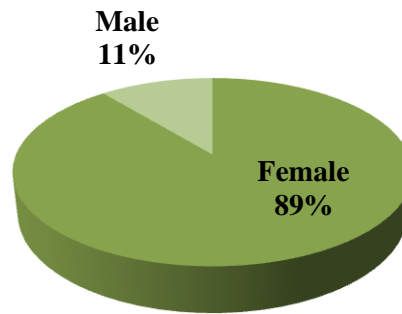
Participants were also asked to identify their racial or ethnic background;. 23 of the 26 respondents chose to answer this question. The vast majority (89%) of respondents identified European ancestry.

Figure 2:   Ethnic Background
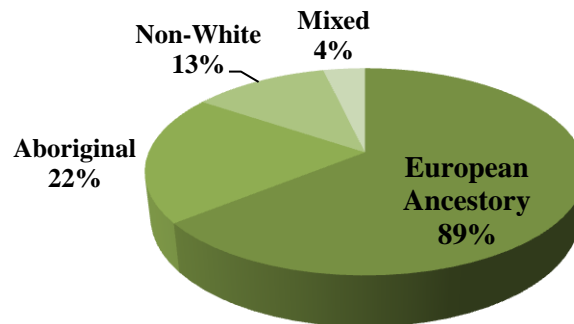
73% of the workshop participants were employed in either nursing, social work, health care aide/homecare support worker or professional/technical (allied health) positions within the WRHA.

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[51] Data regarding male / female distribution was not collected for the ACAW that I did not attend. Information later received from the facilitators indicated that this particular ACAW had a more evenly balanced gender distribution.

Figure 3: Current Position of Workshop Participants

Category	Percentage
Not Identified	8%
Student	4%
Nurse	19%
Social Work	11%
Health Care Aide/Homecare Support	8%
Professional/Technical (Allied Health)	35%
Management	11%
Administrative Support/Clerical	4%
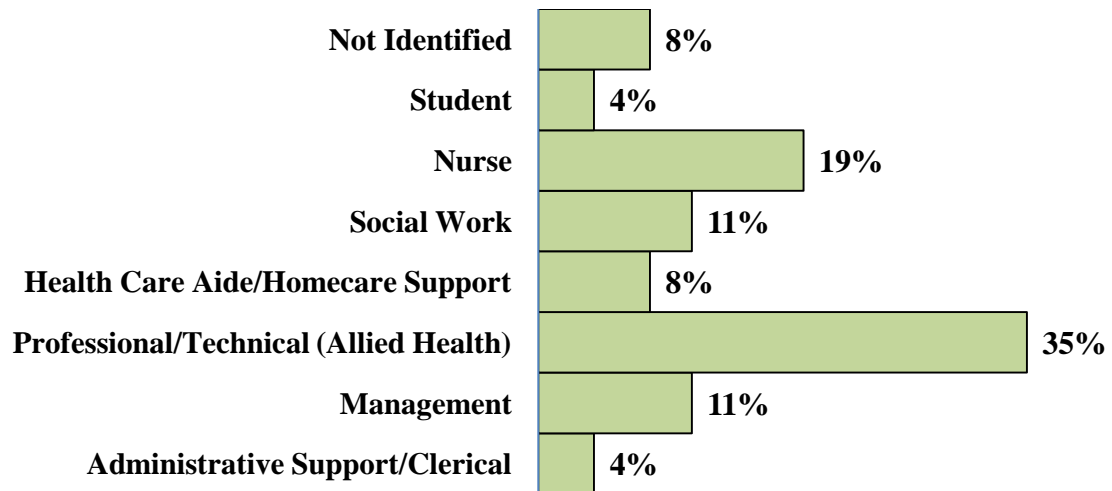
Of note was the fact that there was no participation from physicians within the four ACAW deliveries in which data was collected. The length of time that workshop participants had been employed varied, with 65% having up to 10 years of work experience in the health care field.

Figure 4: Length of Employment in Health Care

Category	Percentage
20+ Years	15%
15-20 Years	8%
10-15 Years	12%
5-10 Years	27%
1-5 Years	19%
0-1 Years	19%
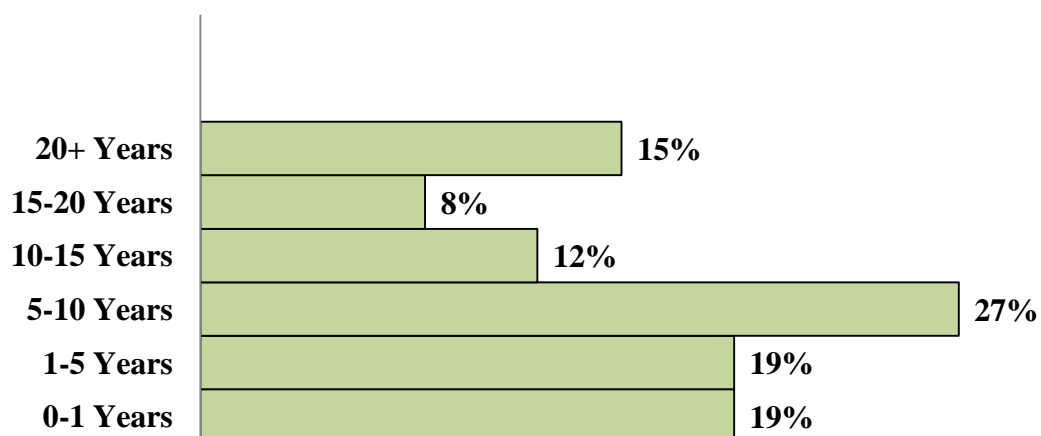
The findings from the research data will detailed in the next chapter.

CHAPTER EIGHT

ACCESSING THE PRESENT:
Voices from Health Care

The findings of this research project will first address data from workshop participants on their reasons for choosing a career in the health care field. Next, data will be presented on the perceptions and feelings of the participants entering the workshop, their reasons for taking the workshop, their feelings before starting the training program, the support from their workplaces, 'burning' questions they had about Aboriginal people and their previous experiences with Aboriginal people. Relevant comments from the key stakeholder interviews are also included in this data.

The data which constitutes the focus of this research project will then be presented. Key stakeholders and workshop participants were asked to comment on their perceptions of both the helpful and non-helpful aspects of the curriculum and facilitation. Data was also collected on the perceptions of both the effectiveness and recommendations for improvement of the ACAW. Finally, from all the data collected several themes emerged which will be discussed in detail in the next chapter.

Setting the Context – Workshop Participants

Reasons for Entering the Health Care Field.

Workshop participants were asked to share their stories of why they chose a career in health care. Their responses described a myriad of reasons for participants, ranging from a desire to help others, to being involved in meaningful work, to job security. For example, some participants spoke of wanting to be of service to others:

> I chose a career in health care field because I feel that I can be of service to others...

while other participants spoke of being an advocate for others:

> I am a passionate advocate and I am empathic and I found over time that these qualities could be better put to use in the social services/health care field.

or of having a passion for a career in nursing:

> In the back of my mind was always nursing and meeting all the nurses with my oldest daughter (she is special needs). I felt that I really wanted to make a difference in someone's life, like they did mine.

or of having a passion for a career in social work:

> It became clear to me that social work was my "calling"... I knew my social work career should be in the health field and with elderly people.

and finally wanting to make a difference in the lives of different groups:

> Like working to help others and working to improve health care for GLBTT individuals.

> I feel strongly about making contributions to my community, both personally and professionally, and therefore this opportunity provided me with a way in which I could "give-back" professionally by sharing my gifts. (Aboriginal [workshop] participant)

Other participants spoke about an interest in specific careers, such as social work:

> I am hoping that this field of work will help me with my future aspirations of becoming a social worker...

or behavioural psychology:

> I started working with a young boy with autism providing one on one ABA[52] treatment. I continued to the field and it became my passion.

> I wanted to dedicate my life to behaviour analysis (psychology) and one of the best fields is this.

or geriatrics:

> Began working geriatrics and found I had a knack for it.

Finally, several of the participants highlighted the perception of job security found with

the health care field:

> In a rural area, it seemed like a good job, for good pay.

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[52] Applied Behavioural Analysis

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I just decided to take an OR course which was advertised in the paper and I became an OR technician and a few years later I took a nursing diploma course to work in the operating room. I knew that is the area I liked so I wanted more job security – not every hospital employs technicians.

Alternatively, some participants were encouraged to enter the health care field either from family or friends:

I had relatives that were nurses and developed an interest in becoming a nurse as a small child.

My mother and grandmother were influential mentors that led me to choose the rewarding caring profession of nursing.

My husband suggested to try nursing. I applied and got in – discovered that I love working in the health care field!

I was a nanny for a young baby boy at the time I was considering teaching. However, his mother/my employer was a nurse. She inspired me and encouraged me to consider nursing as a career. Thirteen years later here I am!

Although there was a myriad of reasons for participants to attend the workshop, there was an underlying theme with the majority of respondents expressing the need to be involved in a work setting that "gives back" to society. Interestingly, this perspective would align well with traditional communal Aboriginal values which could predispose the majority of participants to be amenable to hearing the perspectives of Aboriginal people presented in the ACAW.

Reasons for Attending the Workshop.

The majority of the respondents (81%) identified the reasons for attending the ACAW, which included an interest in learning more about Aboriginal people. For example, several respondents were self-motivated to speak about an interest in understanding the Aboriginal culture:

I had been interested in increasing my knowledge of the Aboriginal community for many years. A note on my paycheck [*sic*] reminded me to ask. I did not have a lot of knowledge of the culture.

with some participants having specific questions about Aboriginal cultural practices that

that would assist them within their workplace:

> To increase my understanding and appreciation of Aboriginal culture and hopefully to use this knowledge to provide more useful and supportive care to my patients. I particularly hope to gain some incite [*sic*] into spirituality as it pertains to death/grieving in order to be more sensitive to the needs of families with stillborn/ill/infant death situations as I work on a high risk labour and delivery unit.

and finally, a few participants were interested in exploring their own heritage:

> ...I have Aboriginal in myself and want to learn more about my own culture my family never practiced there [*sic*] own culture growing up.

Figure 5:   Reasons for Taking the Workshop
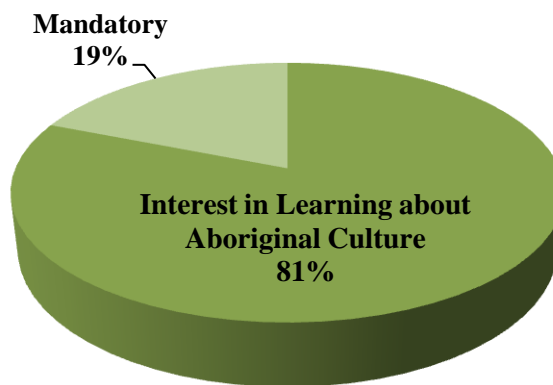
It would appear that the majority of respondents were open to the information presented

in the ACAW which could have influenced the type of responses received in this research

project. However, there were a few participants (19%) who responded that they were

required to attend by commenting that "the workshop is mandatory" or it was "a

requirement of my new position". It would appear that there were a few individuals who

were "prisoners"[53] to the ACAW; however their presence was not observed to have impacted the overall group dynamics of the workshops observed.

Feelings of Participants Upon Entering Workshop.

In keeping with many of the earlier responses indicating interest in the content of the workshop, it is not surprising that the majority of respondents (65%) expressed feeling "interested", "excited", and "open" to learning when asked how they were feeling at the beginning of the workshop. Some of the participants demonstrated this interest and excitement by commenting they were "enthusiastic and ready to learn about Aboriginal culture" or "excited and curious - I even dreamed about it".

Figure 6:   Feeling Before Entering Workshop
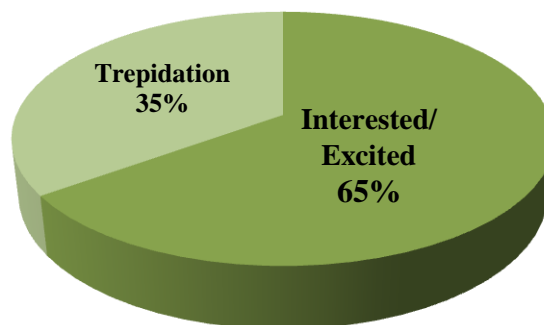
There were, however, a number of participants (35%), who had trepidations about attending the training due to the length of time away from work and/or how the content would be presented. Some of the comments that expressed concern about being away from work were qualified by their interest in the topic. These included statements such as:

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[53] "Prisoners" is a term used by many trainers to identify workshop participants who are mandated to attend.

"concerned with the length but mostly positive" and "excited to learn something new...apprehensive about being away from work for 2 days".

The comments expressing concern over how the material would be presented included: "looking forward to it, yet was unsure how information would be presented" or "a bit nervous because I don't know everyone and I don't know what to expect from this cultural program". Finally, one respondent expressed that they were "resentful that the workshop is mandatory". These feelings of apprehension have also be observed by staff members of *Health Education* who explain that "when they first come in, I think they're a little scared, nervous, and not sure why they're there and not sure what they signed up for and all that kind of stuff" (Maria). This apprehension on behalf of some participants may be related to the history of ACAW within the WRHA in which attendance was mandatory.

Institutional Support.

The majority of respondents (84%) indicated that their workplaces were supportive of their attendance at this workshop, with several individuals indicating that they were strongly encouraged to participate. One response expressed concern over the focus on Aboriginal patients at the perceived neglect of other cultural groups involved in the health care system:

> They are interested in us attending it. They don't always feel that we are needing this training given the many cultures that we deal with. Our target population seems to be working with Filipino more than Aboriginal people. There is some question as to the necessity.

Similar comments were also observed to have been made several times by a number of different participants in my observations of the ACAW. The participants would further

explain that they felt a need to understand a number of different cultures as the patient diversity within the workplace has increased.

Participants' "Burning" Questions.

As mentioned in the description of the curriculum, participants were given the opportunity at the beginning of the workshop to identify questions about Aboriginal people that they hoped would be addressed. The following lists the questions that were written anonymously by participants on sticky notes and later stuck onto flipchart paper for review throughout the workshop. In reviewing all of the questions, there were several themes identified. These included questions about cultural practices, current Aboriginal issues, and specific health care issues. For example, there were several questions about general cultural practices, such as:

Do all aboriginal [*sic*] people have the same culture?

Why are ceremonies & traditions so important to the Aboriginal people?

Before Christianity which [*sic*] was the Aboriginal's spiritual beliefs?

several specific questions regarding traditional ceremonies:

How does a pipe ceremony work?

What is the sweat lodge?[54]

What is a smudge ceremony? Medicine wheel? Holistic healing – what are they?

My friend went to a smudge ceremony that included the Lord's Prayer. Is that consistent?

Are the ceremonies such as the smudge ceremony something that is religious related or cultural related?

cultural artifacts and traditions:

What is a powwow?

How come there are many different colors in powwow?

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[54] In the Ojibway tradition, a sweat lodge is a purifying ceremony of both mind and spirit. For further details refer to Benton-Banai (1988).

What is sweet grass?

What does sweet grass symbolize?

What is the purpose [*sic*] head of feathers?

Why is it often required that women wear skirts to aboriginal ceremonies?

and, the role of Elders within the Aboriginal community:

How does someone become an Elder?

Who runs a healing circle?

How are Elders passing knowledge to inner city youth?

There were also questions on current Aboriginal issues, such as:

Explain Treaty Indian and Status Indian.

What is the Aboriginal population in Winnipeg?

Is it time [*sic*] that you need an RCMP officer to gain access to some reserves?

Are reserves beneficial or a hindrance to native issues?

and, also questions on the social problems within the Aboriginal community:

Why are there so many poor Aboriginal people with such large social issues?

Why is there so much crime/violence amongst aboriginal people? High number in jails?

Why are there negative stereotypes about aboriginal [*sic*] people?

There were specific questions regarding how to communicate or interact effectively with

Aboriginal people:

Do all aboriginal [*sic*] cultures like being grouped together under that one umbrella or are there enough similarities between native and Inuit for example to make it acceptable?

Is there protocol or certain ways to approach a group of Aboriginals or a meeting or meeting setting?

What are the "historical assimilation policies" that resulted in difficulty for Aboriginal people? Wasn't there difficulties between agrarian vs. hunter/gatherer culture? Why is integration into white society so frowned upon?

I'm very curious as to why eye contact is so limited, as well as why aren't my questions answered (or respond even, when spoken to)?

I would like to know how offending it is [*sic*] for Aboriginal people to hear them being referred to "Indians" as it was their original name and still is an official name in different languages?

There were several questions on current issues within the Aboriginal community, such as the controversy that arose over a Christian-based youth centre focused on Aboriginal youth that was opposed by some Aboriginal groups:

In the previous weeks in the news there was a rally against setting up a youth center on Main St. stating it was a form of the residential schools? Why wasn't anyone [*sic*] embracing a place for the youth to go?

and, the traditional perspective on LGBTTQ individuals:

How does the two-spirit identity differ today, if at all, from its original definition?

and, finally a question regarding the common misperception that all Aboriginal people have access to free post-secondary education:

Does an Aboriginal student/youth have access to free education up to university (not including student loans) at this time?

Participants also had specific questions about working with Aboriginal people within the health care system:

As health care providers what is the most important thing to consider when dealing with Aboriginal patients?

What are some commonly held beliefs regarding mental health/illnesses among aboriginal populations?

What is cultural competence? How can non-Aboriginal practitioners work with Aboriginal people in a way that demonstrates cultural competence? What methods of communication are best?

Do aboriginal people [*sic*] have special powers in healing?

Is there a list of resources that I can refer my clients to if they have questions about Aboriginal health or cultures?

Why is the aboriginal [*sic*] cultural awareness workshop no longer "required" in all Winnipeg/WRHA health programs?

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What is the best way to incorporate and invite ceremonies into the workplace?

What does Anisanabe mean? When someone is seriously ill, many family arrive. How is family defined? Aunts/Uncles/Cousins etc.

Is there an aboriginal [*sic*] care home opening in the South of the city?

These range of questions reflect the observation of one of the stakeholders who identified

the lack of knowledge within many health care staff at the WRHA:

We have a lot of people in health care that say they don't understand why Aboriginal people may be – why they're always utilizing the health care system, right? So, why can't they just be healthy? Why do they have to continually use the health care system? Why do they have diabetes? Why are they coming into emergency rooms all the time? You know, those types of things. (Maria)

As mentioned earlier, the purpose of the ACAW is to provide the type of information that

addresses these questions with the hope that it will provide "the health care providers...an

understanding of why Aboriginal people as a group may act the way they do, and the

whole historical piece behind it". (Maria)

Overall, these questions demonstrate that participants entered the workshop with a

great deal of curiosity about Aboriginal people and their traditional culture. It could also

be assumed that several participants were taking the opportunity offered within the

workshop to get these questions answered. The questions alone demonstrate that the

workshop has and can play a vital role in providing a safe space to provide answers to the

questions that health care workers have about their Aboriginal patients.

Workshop Participants' Experience with Aboriginal People.

One of the questions requested participants to identify what had been their

experience with Aboriginal people before attending the training. Unfortunately, this

question was premised on the assumption that *all* participants in the workshop would be

non-Aboriginal. As illustrated in Figure 7 (page 157), 12% of the respondents identified

as Aboriginal persons. In fact one Aboriginal respondent took offense to the way the

question was worded:

> Again, the preposition of the question is slightly offensive. I have grown up
> around Aboriginal people. I have worked with "them". I have studied "them". I
> have encountered "them" in everyday life.

The question also appeared to be confusing for non-Aboriginal respondents as their

comments either identified their contact with Aboriginal people (i.e., work, personal,

growing up), or their positive or negative experiences with Aboriginal people.

Despite these issues, there were some interesting findings. Several of the

respondents contrasted their positive personal experiences with individual Aboriginal

people with their experience with Aboriginal people who are homeless and struggling

with addictions, and the negative perceptions of Aboriginal people often portrayed in the

media:

> Mixed. I have had positive experiences with Aboriginal co-workers...But I have
> also experienced the negative stereotypes walking/driving by Aboriginal people
> who are drunk and in the streets/sidewalks.

> Work with many Aboriginal Peoples → staff and clients. Some negative → many
> drunk and homeless people or criminals...

> The experience I've had was a little bit negative: seeing Aboriginal people drunk
> and beg for money downtown. In the news also saw a lot of negative stories:
> Aboriginal people involved in crime, shootings, fighting that lead to people
> getting killed...

> Unfortunately the most dramatic situations both in the media and in everyday life
> are the ones that stand out and sometimes overshadow the day to day experience
> and positive experience. I have to remind myself sometimes that there are many
> functioning /happy/productive/healthy Aboriginal families in our community.

Finally, one interesting finding that emerged from the data indicated that only 12% of the

23 respondents who identify as non-Aboriginal identified that they currently have

personal relationships with Aboriginal people. The following bar chart outlines the places

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where (if any) respondents identified they had contact with Aboriginal people.

Figure 7:   Experience with Aboriginal People*
n=25
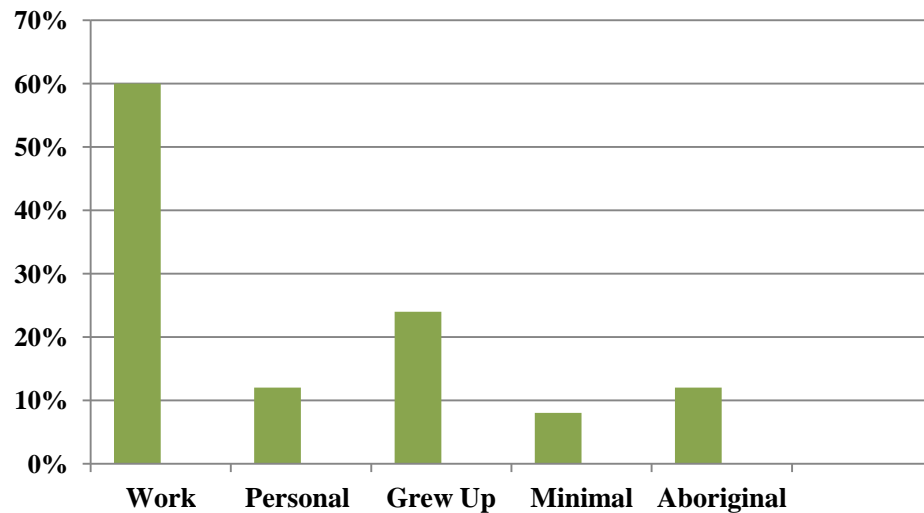
* Respondents who identified as Aboriginal were included in the data.

It would appear that the majority of interaction between Aboriginal and non-Aboriginal individuals occurred within the workplace.

Research Questions

Curriculum - Helpful and Non-Helpful Aspects.

The main objective of this research project was to identify the helpful and non-helpful aspects of both the curriculum and facilitators. Workshop participants highlighted the helpful aspects of the curriculum as the relaxed atmosphere, small and large group discussions, experiential activities (hands-on learning of the sacred medicines), involvement in the smudge ceremony, along with the teachings of the underlying meaning behind the symbols, medicines, and ceremonies. A stakeholder highlighted similar aspects considered helpful in the curriculum:

If we do a piece and say we're going to talk about the Seven Sacred Laws and we give them a little synopsis, whether it's through video or education.

Then actually get them to do a little exercise around it. I think that is really helpful. And then in the small groups it helps them when they bring it back. So there's a lot of things that go on.

There's team building in there because they're developing a relationship with their team – there's a safety in that room there too (Maria)

In response to questions on the non-helpful aspects of the curriculum, the workshop participants appeared less willing to identify any concerns with the curriculum as demonstrated by 39% of the responses to this question included comments that they had found "everything helpful" in the curriculum.

Of the negative comments, two were related to discomfort with 'role plays', a finding that is consistent within group facilitation (Lakey, 2010). Other comments by respondents on the less helpful aspects of the curriculum included disliking specific activities, such as the residential school transcripts and time line exercise. One comment was expressed that the video on residential schools was not helpful, the explanation being that "I have seen a lot of videos about residential schools and when watching them kind of stir up emotions". Finally, there were several comments from participants on needing to have more relevance to health care work challenges. These comments were also echoed in the stakeholder interviews and will be discussed further under the areas for improvement section. As mentioned earlier, in my observation of the workshops, I noted several comments from participants expressing the need for health care staff to also have an understanding of other cultures, especially in light of the increasing immigrant and refugee populations in Manitoba.

One interesting story shared by a stakeholder related to her/his experience attending the ACAW and participating in the small group on cultural concepts[55]. The small group was tasked with role-playing a scenario within health care that demonstrated their assigned cultural concept. As demonstrated by the following story, the resulting group dynamics reflected the current societal dynamics between Aboriginal and non-Aboriginal relations, unfortunately without a satisfactory resolution:

> You have differences within the group. You have to know where people are at with this Aboriginal culture awareness thing. Because it's not the same if you're an Aboriginal person versus one who's not.
>
> This person was one of the Aboriginal youth that was in our group, sub-group. And we were trying to do a part of the exercise that had to do with different cultural development levels. We had the last two – We had the most difficult one at the highest level. And we were trying to do that by depicting a situation .
>
> Specifically I wasn't really interested in, I don't like role plays and I wasn't feeling that well myself that day and I kind of thought, no I'd rather not do the role play. But I'll be involved with the discussion and stuff like that. And the other girl that was there, she was a white girl, and then the guy.
>
> And we were in the process of trying to decide who's going to be the patient and who's going to be the doctor. That was a little bit challenging and I kind of right away felt for the girl because I know she kept saying, "What do you want to be? Do you want to be the patient or the doctor?" But she didn't want to do it in a way that again reinforces the stereotypes. And the guy was like, nonchalantly, "no it doesn't matter".
>
> But I was "Oh my God"–but we had that conflict right then and there. 'Cause you don't want to do that stereotype. I knew she felt bad. Then we kind of, the two of us, commented about that.
>
> He was taking the attitude–and he kind of said it in a number of the other exercises that he's struggling with a lot of resentment. Like when they talk about everything about the residential schools, and the way he talked, I mean it was his whole demeanor and his face changed – I think it really sucks. So he's still struggling with that. (Heather)

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55 Refer to Appendix G for copy of the "Cultural Concepts" handout.

This particular incident occurred within the ACAW delivery in which there were a higher than usual number of Aboriginal participants due to the inclusion of a group of young people from a First Nations community who were interested in pursuing careers in health care. Unfortunately, this was the ACAW delivery that I did not observe, but comments made to me by the facilitators later indicated there were some very different dynamics that occurred during this particular workshop. This incident will be discussed at length in the analysis chapter; however, the dynamic that unfolded in this encounter is not uncommon in these types of workshops when different identity groups come together (Kiselica, 1999).

Finally, I observed that the curriculum often did not allow for deeper discussion of many of the "burning" issues for participants due to time constraints. For example, in the "Facts and Fallacies"[56] group exercise, participants are first asked to complete the exercise in their small group and then be prepared to share their discussion in the large group. Two of the items in the exercise ("Aboriginal people were discovered by Europeans" and "The term Aboriginal, Native and Indigenous are used to define one homogenous group of people in Canada") were observed to result in many questions from the participants. In one observation, a discussion ensued about how Aboriginal people prefer to be addressed, as one of the health care workers had experienced negative responses from patients when they were asked for a treaty number. Due to time constraints, one of the facilitators attempted to end the conversation, which resulted in a response from one of the participants: "No, we are going to answer this question!" Unfortunately, this attempt by the facilitator to limit discussion was observed on a few other instances when the time allocated for the exercise was reached. The only exception

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[56] Refer to Appendix H for copy of the "Facts and Fallacies" handout.

to time constraints was observed during the sharing circles. Due to the rules of the sharing circle, there was one workshop who had a number of group members that tended to speak for long periods of time and the sharing circle took longer than the time allotted in the curriculum. Some of the workshop participants mentioned this in their questionnaire responses by commenting that "the sharing was too long" or suggested that "perhaps a skillful [*sic*] and tactful refocusing of participants who deviated from one tangent to another on certain group discussions could have resulted in more time spent on relevant issues."

Facilitators/Facilitation Skills - Helpful and Non-Helpful Aspects.

Respondents were also asked to identify the helpful and non-helpful aspects of the facilitators. Again, the workshop participants identified several characteristics of the facilitators that they found helpful, but expressed only a few negative comments about the facilitation. In contrast, the interviews with the stakeholders identified a number of characteristics of facilitators that were deemed as not helpful to the delivery of cultural awareness workshops.

One of the first characteristics of a good facilitator is being open and honest and making participants feel safe:

Being open, making people feel comfortable. (Heather)

You're basically trying to set up a very safe situation in the learning environment where learners can share and learn from each other and grow. (Linda)

Several of the workshop participants also commented on the "safety" that was created by the facilitators who were open and non-judgmental. The following are comments that are representative of participant reviews:

They were both warm and open and created a good atmosphere.

> Created a comfortable environment – everyone was accepted and free to express opinions.
>
> Approached very humbly (especially [name of facilitator] - she has an aura of gentle, calming and safety).

My observations of the facilitators were similar to the comments by both the stakeholders and participants. For example, one facilitator stated very early on in the workshop that it was permissible for participants to ask any question they may have, explaining that the facilitators have been asked very tough questions in the past such as "Why can't Aboriginal people get over it already?" The increased comfort of the participants was then demonstrated in their body language. The initial closed-body language observed (crossed arms and legs) began to ease and became so relaxed that several of participants felt comfortable enough to sit relaxed on the ground during subsequent group exercises.

Good communication skills were also noted as important in facilitating the ACAW as described by one of the stakeholders:

> I think a good facilitator is somebody who can introduce very touchy subjects, material, in a very pleasant kind of a way. Somebody that actually will represent both sides of the coin
>
> I think a good facilitator, like an organizational facilitator, can take you to the doorsteps of Hell. (laughs) The pathway to Hell can be led by facilitation! (laughs) I'm not saying that we go to Hell but what I'm saying is that there is something about the facilitator or the facilitator role that guides and leads people.
>
> And I think that a good facilitator is somebody that can use life experience, life examples, and to kind of explain it in a way that makes sense for people who may not have been there in their life. (Rachel)

These communication skills are clearly demonstrated when facilitators are able to deal with conflict in a constructive manner, as explained in several of the stakeholder interviews. First, facilitators need to be in a good space:

> I think someone that's patient. I would say someone that isn't necessarily in an angry phase in regards to what happened to us, you know, as Aboriginal people.

That is supportive to themselves, to the other co-facilitator and then also to be
able to be supportive to the participants.

But also to be able to challenge, you know, the participants in a good way. Not
necessarily, not call someone on it if they're being blatantly prejudiced. (Elaine)

to be non-judgmental:

But it's never a situation where you know, you'll say, you're wrong or, that's racist
or, you know. You never do that because that's shaming and belittling the
participant. They are allowed to have those beliefs. They are allowed to come in
the room with that belief and to leave the room with that belief. But my job is just
to provide an opportunity for them that, if they so choose, to change their beliefs,
they can.
So that's the other thing, is that a facilitator has to have some humility, they have
to have patience, calmness, a sense of caring, and not to necessarily have an
agenda when they go in there, but to just be very giving of themselves that they're
allowing that opportunity. (Linda)

Not necessarily questioning everything a person says, you know. We're supposed
to respect people's opinions. But I think that's a fine line in regards to what a
person's opinion is versus what a person's stereotypes are. Like if we're able to
talk about our own stereotypes – I think I do that.
Like before '96 I had stereotypes. So I think that kind of opens the door for other
people to talk about theirs. And I do it in kind of a joking way. Like, when I
thought that I used to get lots of money because that meant I was treaty–you
know, in the 90's. And getting ticked off because I didn't! (Elaine)

and be able to create safety through humour:

Someone who has, who is able to handle conflict in communication extremely
well. Who is able to facilitate dialogue, talking on sensitive issues, somebody who
can create a safe space so that you can agree to disagree and where people feel
safe enough to do that and not hurt each other–you know, like emotionally or
where there's trust.

Somebody that can be humourous and create some fun in the training too, have a,
give everyone an opportunity to be heard. Or if they can't you know, then create
some other space for that to happen. (Nancy)

One workshop respondent also commented that one of the facilitators was "excellent at

de-escalating potentially difficult situations/differing opinions". I also observed several of

the facilitators dealing with conflict that arose in effective ways. For example, during a

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role play demonstrating "cultural competence" in the "cultural concepts" exercise[57], one of the participants referred to an imaginary staff member as their "little Mexican friend". In the debrief that followed the exercise, the facilitator asked what the participant meant by the comment, to which the participant responded they had just blurted out this comment during the role play in the heat of the moment. The participant was emphatic that there was no intent to slur Mexican people. The facilitator further challenged the participant and other group members by using humour (gentle teasing) to explain why the comment might be considered derogatory. The participant looked clearly surprised that the comment could be taken as derogatory, but after some further discussion seemed to have understood the impact of this type of comment. I felt that this was an excellent example of the facilitator utilizing humour to challenge the participant without shaming the individual. This use of humour to gently tease a participant when they may have said something that was discriminatory or prejudicial was demonstrated a number of times by several of the facilitators during my observations, and will be discussed further in the analysis section.

The stakeholder interviews highlighted the need for facilitators to have well-grounded knowledge in the curriculum:

> People with experience. People with knowledge. People having the ability to be empathetic. (Gayle)

> Who knows the history, I guess. Who's done their own inner work. (Nancy)

> I think they need to know their stuff backwards, forwards, inside out. That's my sense of any facilitator though. I think they need to be comfortable with the material so that it's not – you know, you're reading from your notes. It's a very interactive workshop and that, to me, means you need to lose the formality of standing behind your notes. (Freda)

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[57] Refer to Appendix G for "Cultural Concepts" handout.

but also how the curriculum knowledge applies within the health care system:

> If people have a question around let's say nursing or psych nurse, which [name of facilitator] is, [the facilitator] and can answer those questions. People who want stuff around HR stuff or challenges with Aboriginal people or, you know, they can come to myself as well. (Maria)

and, finally making sure to attend to the group dynamics:

> In the last session is that we had such an array of different people from different backgrounds. And everybody's on a different page or different stage in their life. And to kind of, to try to facilitate that type of a group where everybody has different expectations, everybody has some uncertainty, everybody is there for a different reason.

> You know, everyone's on a different starting page, or starting lines, and I think that's probably one of the very challenges that the facilitator has is ensuring that there's something for everybody. (Linda)

Stakeholders also spoke about the need for a good relationship *between* the facilitators in

order to work effectively with the group dynamics in the workshop:

> Trust between facilitators and trust to the audience, with the audience. So between, they have to know how each other works, and to be able to communicate.
> The interpersonal communication is so important. They need to be able to work that out, you know, if the training doesn't go well or if there's concern, where they can meet and work it through.
> They need to be able to support each other...know each other, know their body language, know their cues. You know, one can come in if another's fumbling or needs some interjection. (Nancy)

> It's co-facilitating too so they definitely need to know what co-facilitation means. And, who might lead and who might follow. Because you sometimes have that kind of a relationship. But this one's more of a co-lead so that gets kind of tricky too. But when you have really good co-facilitators that helps. (Maria)

In summary, good facilitators require individuals who are: open, honest and non-

judgmental; able to create a safe environment; possess good communication skills, that

include the ability to use humour to both support and challenge participants; a solid grasp

of the content, and the ability to co-facilitate.

As mentioned earlier, the interviews with the stakeholders revealed more in-depth

information regarding non-helpful facilitators' attributes in the delivery of cultural

awareness workshops. Several comments identified facilitator characteristics that were

opposite of what have been identified as helpful aspects in good facilitation. These traits

include facilitators who were challenging, argumentative, judgmental, not knowing the

material, and not attending to the group dynamics. An example of the type of non-helpful

behaviour is described below along with the subsequent negative feedback from

participants:

> [The facilitator][58] was very challenging to participants and I don't think you
> should challenge your participants, you know.
>
> If somebody, even if they were asking questions on certain things [the facilitator]
> would make them feel bad.
>
> So there's another section when we do *Dates in History* and that's our history
> piece. [The facilitator] would go over everything they did and tell them what they
> did wrong, so to speak, in [the facilitator] way.
>
> And, then people aren't feeling good about their learning because everything they
> do is wrong. So I've seen how people felt and I can imagine how I would feel in
> that situation. (Maria)

Later, the body language of these participants indicated that they had shut down and

further resulted in difficulties between the facilitators:

> They would withdraw, kind of rolling eyes, not even interested anymore. Then it
> was difficult on the other co-facilitator 'cause you always felt you had to clean up
> – damage control and be overzealous, let's say. I always felt I had to be way over
> on the happy side because of the way [the facilitator] was being. (Maria)

While the participants' displeasure could be seen from subsequent body language, it was

only in the evaluations that their feelings of displeasure be expressed:

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[58] Gender pronouns removed to protect the anonymity of the facilitator.

And you can tell when they're starting to shut down as well and they're not sharing as much and definitely through the evaluations. They're actually saying, they felt the facilitator was judgmental and didn't make it a safe environment. (Maria)

Other interviews with stakeholders reiterated that it was important that a facilitator not engage in certain types of behaviours, such as being "argumentative", "call them out in a group" or "lecturing", but rather allow the "group to learn at their pace and need". In the end one comment advised that "you've got to use everything in your arsenal except confrontation" (Rachel).

While having a solid grounding in the curriculum was considered essential for a good facilitator, lack of knowledge and confidence in the material reflected poor facilitator skills:

A bad facilitator is somebody that is just very, somebody that doesn't really know the material very well, somebody that is unsure of themselves. You know, I think people can kind of read that on people. And if it's coming from that perspective, I think you can really lose the group. (Rachel)

A workshop participant reiterated this opinion by the stakeholder with a comment about a specific facilitator who "repeatedly defended/qualify [their][59] teachings" and her/his preference for a facilitation style which shows "more personal experience with the theme/topic".

Several of the respondents in the stakeholder interviews explained that facilitating poorly can have negative consequences:

I think it's the way that you talk or introduce certain subjects. I think it's the way that you facilitate it.

And I think that you've got to be very careful because this is a two-day workshop. And if you bring somebody to a certain place, you've got to be able to make sure they come back.

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[59] Gender pronouns removed to protect the anonymity of the facilitator.

What I think would be really, really bad is if somebody went through the workshop and they were so negatively affected by the things that they saw and learned, that they actually took a lengthy stress leave or they needed to get further counselling.

I haven't seen it but I think that there is potential for that to happen. I think depending on the individual. (Rachel)

In addressing the potential negative consequences was the belief by the stakeholders that potential facilitators "definitely...need training" and "need to be slowly integrated into" training the workshop (Maria). As mentioned earlier, a couple of the stakeholders mentioned that good facilitators need to have "done their own inner work" (Nancy) and are not "necessarily in an angry phase in regards to what happened to us, you know, as Aboriginal people" (Elaine). Finally, as identified earlier, a continual challenge has been keeping facilitators as "retention has always been an issue" (Nancy) as "it's a grueling piece of work to do...you can get burnt out" (Linda).

Effectiveness of ACAW

Both the interviews and questionnaires explored the perceptions of individuals regarding the overall effectiveness of the ACAW. The stakeholder interviews appeared to reveal more faith in the effectiveness of the workshop than the respondents from the participant questionnaires. A majority (66%) of the stakeholders expressed that they felt the workshops were effective in making the WRHA a better place for both Aboriginal patients and staff. The interviewees based this on the responses from participants. For example, many of the interviews with stakeholders described how ACAW participants often express feeling good leaving the workshop:

I'm going to say the workshop is very good and I would even put it anywhere from a 60 – 80%. That's a big number, a big gap. But depending on your group, I would even say 80% and I'm leaning towards the 80%.

And, why is this? Because people feel really good leaving. There's many times I get a lot of hugs at the end of it and even participants follow up with me in emails saying it was the most wonderful workshop they've been to, where can I get more. (Maria)

There are still staff that don't even know about the workshop. There are still staff that haven't gone to the workshop. But I do know the ones that did go to the workshop, it is very positive. They will talk about their experiences going to the workshop, felt that it helped them understand some of the issues, some of the challenges. (Elaine)

and, expression by many participants that they would like more information on how to

work with Aboriginal patients:

I say a lot of it is really effective 'cause – after they've taken the workshop, there's a majority that want more. They want more information. Because they come out knowing more about Aboriginals and where they came from. There's just a whole new outlook on what, as opposed to when they went in before they had no clue. A lot of them had no clue of the history. (Alicia)

I think sometimes I would say there are some staff that still want more direction, I guess, in regards to how to deal with Aboriginal patients when they come into the hospital. (Elaine)

and, finally stories where participants apply their new knowledge in their work

encounters with Aboriginal people:

That time too where one story was heard where one participant did come to the training and went back to...the staff went back to Psych Health, went back on a ward and so this elderly Aboriginal person was in there and for the first time after being in ACAW this staff said, You know we have Elders that we can access at HSC. "Would you be interested in that service, that resource?"

And this person said yes. So then eventually this patient went and connected with an Elder and that person was I think in their sixties and it was the first time they had ever learned about smudge. They had never learned about their ancestral ways of praying and so it was big.

So that staff did that right from going to one ACAW training. So it was big, you know. So that's something too. (Nancy)

Despite the belief that the ACAW is meeting its mandate, there is acknowledgement that

the size of the organization can hamper the effectiveness of the workshop:

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I think we are reaching individuals. And that individual will go back into the workplace and many of our participants have said, "I'm going to tell my co-workers about this or the next time I hear my co-workers talk about Aboriginal people, I'm going to say something because I'm more aware and knowledgeable now to say something".

So I think there are little pockets of people out there in WRHA now that are helping with the process of understanding Aboriginal people – the patients and families and co-workers that they encounter.

I wish there were more, I really do. Because we are such a large place that the small number of participants that we get is disheartening to me just in a global kind of way. (Linda)

and, that although the knowledge is helpful, not everyone will benefit or change their

their behaviour upon returning to the workplace:

So some of them will, some of them won't. But for the most part I think most of them have a change in perception while they're in there.
And, it's based on some of the evaluations, for sure, but also the way they come and talk to us after and say, I didn't even realize that that happened.
Or, when we do the history piece they weren't aware that all of this stuff happened in history. So it just gives them a better idea of why...or they realize that there was something hidden. (Maria)

I would say, maybe 60%. And the question always remains, "how do I do that when I go back to work?"
How do I get better at being respectful and understanding and providing good service in a culturally appropriate manner? I think it's the million dollar question it you have a complete good answer to that one! [laughs] (Nancy)

I think it's pretty effective but I think we still have work to do. I think that there are some people that think wow. They might not necessarily talk about their prejudice but what I do hear is about the prejudice that they see from their family members.
Sometimes it could be a parent. Not a parent, but you know – a mom or dad that still has a lot of prejudice about us. I see that, where they want to try and give them some of the information from the workshop to help them change some of the attitudes. (Elaine)

In identifying some of the challenges to the workshop being more effective, the

interviewees cited problems with the curriculum with its focus on the traditional aspects

of the Aboriginal culture without explaining that a number of Aboriginal people

(especially many of the patients that the health care staff will encounter) are disconnected

from their traditional beliefs:

> One of the challenges I think with these Aboriginal culture programs is that, I think and this is just my own personal perspective, but I think sometimes these things can kind of turn into Folklorama, you know.
>
> And I think some people will want to kind of, okay, if we're going to talk to people about culture, we'll talk to them about the beauty of the traditional culture and we'll make that kind of front and centre, right? Which is really not a bad thing to do but at the same token you have to understand that, you know, my point always was the vast majority of people...the Aboriginal people that we're serving do not know the traditional culture.
>
> It may be something that was in place, it may have provided generations of culture and lifestyle but today the majority of people don't know this.
>
> So if we're telling people that have never seen an Aboriginal person before, and we've recruited globally, that this is the traditions....and we kind of send them on their way, I don't think we're equipping the workforce with the proper tools to address that particular client who may be....Christianized but also kind of marginalized in society.
>
> We had a very large homeless population where everybody was Aboriginal. Understanding that demographic – they're very far from the traditional but they make up a lot of our clientele – all the people that are accessing health services have – you know – for health care anyway. That's kind of what I think was really important. (Rachel)

Finally, the effectiveness of the ACAW can be diminished when specific WRHA

employees do not perceive the relevance to their job duties:

> And then there was somebody else and it was, Well, I'm an electrician and I don't deal with patients and this was great, but I'll see you later. Because we don't make that connection for everybody about how to take it back to work. (Freda)

In the end there was acknowledgement that many of the interviewees felt that the

workshop was "pretty effective but ...we still have work to do" (Elaine), as demonstrated

by the following story:

> I know from friends and mostly friends – Aboriginal friends – they say that the attitude hasn't necessarily changed when they come into the Emergency Department. So we still have that area that has a bad reputation.

> I would say that in Women's, there is one or two connections that I have with friends where they've gone to Labour and Delivery and it wasn't negative. So that was something that was different. And it was a very young couple–she was 15. She didn't feel that she was treated disrespectfully. (Elaine)

Perhaps the following comment captures the reality that workshops can potentially be effective for most people but there are always going to be some individuals who will maintain prejudicial viewpoints:

> I always think that, you always have three groups. I always believe that it's going to coincide kind of like the bell curve. You'll have about a quarter of the population that the best training program is not going to make a darn bit of difference to these folks. They're set in their ways. They think, they have their own perceptions that supersede any type of training, you know.
>
> You'll have another quarter of the population or a percentage of the population that you're kind of preaching to the converted, they know it and they embrace it.
>
> You have about 50% of the group, the rest of the 50%, are what I consider to be fence sitters. They have a sense of, well things are really tough in the Aboriginal community but then again, they don't understand how people can be put in that position. They're opened. They can be swayed to either way.
> So I think that the program, if you address that population you make all the change in the world, right?
>
> Because you, in theory, could have 75% of the population kind of go through some type of a change or some type of, you know, they've changed their conduct as a result of it. So the potential I think is huge. (Rachel)

In the questionnaires given to workshop participants, several questions were posed to try and determine their perceptions of the effectiveness of the ACAW. For example, on the questionnaire, participants were asked how they felt right after the workshop. A majority (81%) of the respondents described feeling positive about the workshop using words such as "good", "great", "glad I came", "glad I was part of the workshop", "appreciative of the time and opportunity", and "very satisfied". Half (50%) of the respondents also indicated that they had learned something. In four subsequent questions, participants were asked to comment on whether their *understanding* and

interaction with both their *patients* and *colleagues* would change after attending the workshop. These questions appeared to be either confusing or redundant as the response rate decreased with every question[60]. As mentioned earlier, I had constructed these research questions with the underlying assumption that all of the respondents would be non-Aboriginal. As a result, some of the responses from Aboriginal participants described how they were somewhat offended by the question as demonstrated by comments such as "I have no problem with interacting and understanding where they come from because I am Aboriginal"![61] However, an interesting comment by an Aboriginal respondent illustrated how s/he was somewhat taken aback by the lack of knowledge of her/his non-Aboriginal colleagues within the workshop:

> I do not feel it will increase understanding of Aboriginal patients but has increased my understanding and awareness of non-Aboriginal people and lack of awareness on their part of Aboriginal people, culture and of basic Canadian history.

Overall, it appears that 50% of the respondents believed that the workshop increased their understanding of both their Aboriginal patients and colleagues. Interestingly, 62% of respondents felt that their interaction with Aboriginal patients would improve as a result of attending the workshop; however, in contrast, only 38% of the respondents felt that the workshop would impact their interaction with their Aboriginal colleagues. Perhaps part of the reasoning for these responses is reflected in one comment:

> I have a good repore [*sic*] with all my colleagues @ work and do not think my relationship with my colleagues will really change. We all get along very well.

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[60] Refer toTable 1 and 2, page 177.
[61] To account for these comments, a category for Aboriginal respondents was included in Table 1 and 2, page 177.

Table 1

Impact on Understanding[62]		
	Patients n=26 100% response	**Colleagues** n=23 88% response
Increased Understanding	50%	50%
Increased Empathy	19%	0%
No Change	8%	15%
Aboriginal Respondent	8%*	8%**

*See comment on page 145.
** Comment that the workshop "has increased my understanding of non-Aboriginal colleagues".

Table 2

Impact on Interaction		
	Patients n=25 96% response	**Colleagues** n=20 77% response
Behaviour Change as a Result of an Increase in Understanding	62%	38%
Willingness to Engage in Dialogue with Aboriginal Colleagues	N/A	15%
No Change	31%	23%
Aboriginal Respondent	4%*	0%

*Comment that the workshop "will help me relate with other Aboriginals in the city".

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[62] Percentages do not total 100% as some comments were excluded from totals as deemed irrelevant to findings (e.g., "no contact with Aboriginal people in current position").

In response to the Likert scale questions, 92% of the respondents (from the workshop participants) rated their satisfaction with the workshop at 8 or higher and 100% of the respondents rated their satisfaction with the facilitators at 7 or higher. Finally, in my observations of the workshop, there were a number of interesting comments by the participants during the sharing circles that indicate an impact of the workshop that was not directly related to the stated goal of building "understanding between all health care staff and the Aboriginal patients and families they care for, and to build culturally respectful workplaces within the Winnipeg health region" (WRHA, 2009). First, there were several individuals who had Aboriginal ancestry but had not been raised with any knowledge of their traditions. These participants expressed that the workshop had awakened a desire to more fully explore and understand their heritage. Also, in the sharing circles following the first day, in which the video *Sleeping Children Awake*[63] was shown, several participants advised talking (and sometimes arguing) with members of their family about the history and the stereotypes of Aboriginal people. Several participants commented that they now had a better understanding of the history and were now trying to share their new-found knowledge with their family members.

Improvements

Of the workshop participant responses (n=25/26) to the question on whether the ACAW should continue, 100% indicated yes, with some respondents more emphatic about their support:

> Definitely it should continue because it is part of awareness and education. The more we learn/understand the better chance for distributing the information we get. The better we understand the issues and culture the more advocative [*sic*] we become. The more we are aware the better impact this will have on our

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[63] Refer to footnote 49, page 145 for description of video.

generation who are the hope of reducing the discrimination to the maximum.

Absolutely. Ignorance continues to run rampant everywhere, including the workplace; including so call "inclusive" workplaces. Our community is sick/ill and requires all for it to heal. I truly believe highlighting the similarities and celebrating the differences in our cultures allows us to open our minds and hearts to all.

For people working in the health care field, I think this should be an essential workshop that everyone should take. I think it's even more critical for those who will be doing the direct care on residents. Should be given priority to attend it first.

Strongly yes – make more workers/other people aware of the history and what's going on now.

Definitely – "Those who forget the past are doomed to repeat it". It is factual and First Nations friendly.

Absolutely. Education is the key to assist in the challenge of dealing with racism and prejudice.

Absolutely yes. People learn and become aware, more sensitive, at least short-term.

Yes, absolutely, education and awareness of cultural issues help dispel ignorance and fear. Given the large Aboriginal community in Winnipeg this workshop is particularly relevant.

Although all of the respondents supported the continuation of the workshop, there

were a few comments that qualified their answers:

Yes but people should be able to opt out if they feel they are familiar with the material.

Yes. I do think the workshop should continue because everyone can benefit from a better understanding of other cultures. I would like to see an expansion of course offered. For example, in my area we have far more clients of Filipino descent than Aboriginal clients.

This final comment above supports a previous concern by a participant on needing to

expand cultural knowledge to other ethnic groups served by the health care system.

Both stakeholders and workshop participants identified several recommendations

on how to improve the delivery of the ACAW through pre-screening individuals for the

workshop:

> I think if you do like a questionnaire or survey for them to fill out and then you
> analyze that as the facilitators. And then come back and say based on your
> responses this is where I see the group is. So we can spend time more on this
> area, and then less on this. (Heather)

> I think what would be very beneficial to ACAW, to our workshop that we give, is
> if there is sort of like a prior learning about why is cultural proficiency important
> in health care. (Linda)

> In the intro, it would be great to identify "culture". I might survey registrants prior
> to the first day to assess what level folks were at or add additional workshops (i.e.,
> Level 1, 2, 3, etc.) (participant).

There were also suggestions for changes to make the curriculum more relevant to the

issues within the workplace. First, the curriculum needs to expand beyond the focus on

the traditional aspects of the Aboriginal culture:

> I think a lot of the cultural awareness training program is seen kinda, sometimes
> like you have the whole Folklorama effect. You know, where we're going to
> showcase the beauty of our culture so people will understand that this is what
> Aboriginal culture is. Yeah, okay, but – what about the people that don't practise
> all this – right? Like, it's got to be accurate. It's got to be relevant and it's got to
> be real and honest, right. (Rachel)

and, there were comments highlighting the need to give participants "tools" to use within

the workplace when dealing with Aboriginal patients and their families:

> I think the other thing I understand from the facilitators they get a lot of comments
> about is people want to know how to take it back to the workplace.
> And I don't think we talk about that enough – we could talk more about what we
> want people to take back or how we expect this information to influence. People
> need some guidance.
> So why not at each section can we tie back into those objectives and I think that
> would let people know how to take it back to work . (Freda)

> Some discussion about how this knowledge could be brought back to my worksite
> would have been great! There was lots of history – which is required – but more

information about "current issues" linking and the history (course) could have been good (participant).

and, perhaps developing these "tools" through the use of case studies:

> I think case studies would be very good. What's happening right now but what could be, or should be, or why, it's an issue. (Rachel)

Some of the respondents also felt that the curriculum should also include focusing on

solutions to the issues that Aboriginal people face within the health care system:

> I felt that a little bit more of that part of – "How do we go forward? What is being done?" These are the situations that are going on and then people are left like feeling, Oh yeah, this is great. We had that, but these are the things we are now seeing taking place in the community and in the society that is making a difference. (Heather)

> More detailed history prior to contact. Next steps, plans for empowering? (participant)

> More studies of the people affected by the residential school are coping now and how to help them. (participant)

> If possible I would make it a little bit longer (more than 2 days). So that more time can be spent discussing how one can help with the healing process and development of Aboriginal people. It's like: where do we go from here? Steps that can be taken next. (participant)

In the end, several of the stakeholder interviews maintain that "it's necessary work"

(Nancy) that has the potential to have a positive impact within the health care system:

> And I still think my gut feeling tells me that if we do any one thing in this cultural program is trying to get the people to value the life of someone who's really struggling. I think that that's going to be probably one of the big indicators of success, in my books. (Rachel)

> Well and also if they've come through the workshop and they've talked about history and seen the movie about residential schools and stuff like that. And they hear a co-worker calling us down. Would they be able to say something? I mean I would hope that they would be able to. 'Cause as we say, sometimes we get tired of trying to defend ourselves and each other. It's nice to have a non-Aboriginal person do that, to help us. So that's where that bridging comes into play. That's what I believe that my dream is anyway. (Elaine)

As highlighted by the last comment, the ultimate success of the ACAW would be for all past participants to take responsibility to ensure that Aboriginal patients and their families are treated with respect and dignity when they seek health care services from the WRHA.

Past Evaluation of the Aboriginal Cultures Awareness Workshop

Some of the findings in this research project are consistent with an external evaluation completed in 1998, two years after the ACAW was launched. At that time, the evaluators found that hospital staff felt that the level of awareness, understanding, and sensitivity had increased for those staff members who had attended the training. Along with the increase in awareness, there was a perceived willingness to challenge unacceptable attitudes towards Aboriginal patients by staff members. This change was attributed to both the workshop and corporate 'culture' set by senior management. Some of the outstanding issues included: (1) the almost complete lack of physicians and senior management participating in the workshop; (2) some participants left feeling threatened by the workshop; and (3) the concern over the focus on Aboriginal culture at the expense of other patient cultures.

Although the Aboriginal staff members who were interviewed for the evaluation felt the workshop was valuable and believed that it had resulted in better treatment for Aboriginal patients within the hospitals, these staff speculated that the change in behaviour had more to do with the change in the corporate culture than the workshops per se. Aboriginal staff members were also concerned about the lack of participation of both physicians and senior management in the workshops and fearful that "in the absence of strong and consistent leadership…the efforts of the training…[would]…be less than fully 'successful'" (Leskiw, 1998, p. 12). The evaluators concluded that "the work of the Aboriginal Cultural Awareness Training program, while shown to be valuable and

appropriate for its efforts, works best within a supportive corporate environment"

(Leskiw, 1998, p. 18). Since this initial evaluation in 1998, the workshop has not been

further externally reviewed.

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CHAPTER NINE

ACCESSING THE PRESENT:
Themes from the Voices from Health Care

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Triangulation of the data (questionnaires, interviews, and workshop observations)

reveal several themes that emerged as helpful aspects for participants' learning within the

delivery of the ACAW. Triangulation is defined by Rubin & Babbie (2005) as "the use of

more than one imperfect data-collection alternative in which each option is vulnerable to

different potential sources of error" (p. 758). The themes that were discovered through

the process of triangulation included the importance of presenting the history of

Aboriginal people in Canada *from* an Aboriginal perspective, the use of the sharing circle

in developing safety within the group, the use of humour by the facilitator(s), and the

importance of personal storytelling.

Aboriginal History

In the interviews conducted with the stakeholders, 67% of the respondents

highlighted the importance of presenting the history of Aboriginal people, particularly

regarding the history of residential schools within Canada:

> The residential school piece with the video, it's very powerful. (Gayle)
>
> I know it's powerful by the reactions and the emotions, alot of it – I didn't know this happened. (Nancy)
>
> They put themselves in the person's shoes, so to speak, by saying I couldn't imagine my children being taken away. Or, I couldn't imagine being the mother of those children being ripped out of my arms. (Maria)
>
> Sometimes it's more like when people watch the video, *Sleeping Children Awake*[64], that they really start to understand our issues that we're having today. And I always say that it's the history and the video, I guess, where people can't change the channel, or can't turn the page in the newspaper, and stuff like that. It's really hard to hear about what went on. (Elaine)

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[64] Refer to footnote 49, page 145 for description of video.

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I think it was helpful that they gave a whole timeline because some of those things I didn't know about, you know, the history and how recent actually some of it still is. Because I was thinking it was more like things that happened a long time ago. But now, because of that training, I was like, oh, there's some things that are just recent and still going on. (Heather)

In my observation of the ACAW, there were several comments by the workshop participants that they were not aware of some of the history presented. One of the stakeholders expressed their belief that this lack of knowledge about Aboriginal people is also pervasive within the general population:

I think people just don't know that the culture.
The whole – even living on a reserve – there's a lot of questions around that. You know like, "Why don't Indians save up all their treaty money and buy a house?" "On five dollars a year!"[65] [laughs] But some people don't even know that.

I was actually on the bus when I heard that comment.
I said, "Do you know how much that is?"
And she was like – "Well, no, I have no clue."
So I said, "It's five dollars a year. Did you know that?"
She was like – "Ah huh, yeah, right!" – And I said, "Seriously."
And she was like – "Oh my God!"
She had no clue. (Alicia)

Finally, I also observed body language that seemed to show alarm (hands on the mouth, shoulders hunched over, arms crossed) at the historical events that were being presented in the workshop.

In the *Facts and Fallacies*[66] group exercise, participants were asked in their small groups to answer "true or false" to the statement: "Aboriginal people were discovered by Europeans." This question was consistently answered as *true* by a significant number of workshop participants in all three of the ACAW, observed. The large group discussion that followed consistently highlighted the difference in perspectives between Aboriginal

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[65] Annual treaty payments were initially conceived by the federal government as providing "livelihood assistance"; however, they are considered by First Nations to be symbolic of the federal government's fiduciary responsibility as payments currently are $5.00 per person per year (Frideres, 2011, p. 54).
[66] Refer to Appendix H for "Facts and Fallacies" handout.

people and the history lessons that have been taught in many Canadian schools. During one of these discussions an Aboriginal participant succinctly captured the difference in perspective by asking the group members who had answered the question as true with "Were we lost?"

A slight majority (58%) of the respondents in the questionnaire highlighted the historical components as helpful aspects of the curriculum with several mentioning the video *Sleeping Children Awake*[67] (about residential schools) as significant. A few of the workshop respondents also noted the importance of being able to discuss the historical content (e.g., facts, traditions, and dates) with other group members:

> The parts that were very helpful were the presentation of historical facts about Aboriginal people and the spiritual beliefs and concepts of Aboriginal people.

> The history of the Aboriginal Peoples and residential schools made me appreciate more of the difficulties with land claims, education, assimilation, and loss of language.

> I would have to say the residential school. It definitely impacted me and changed my views on the way Aboriginals live and why they are the way they are. Also made me understand why my own family is the way they are because my great grandma was affected by the residential school.

> The video on residential schools was very informative. Many of the group activities helped me to process the information provided.

An interesting response was made by an Aboriginal participant who originally expressed some irritation with having to review the history of Aboriginal people, but then changed her/his comment after observing the process within the group:

> Day one - I did not find the small group work → "a stone through history"[68] very helpful, however it did illuminate the ignorance of many participants of basic history (i.e., one person in my group asked what a treaty was). It was helpful to me to realize how little some people know. I need to rethink my assumptions

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[67] Refer to footnote 49, page 145 for description of video.
[68] Refer to Appendix F for copy of workshop agenda. This exercise is described on the agenda as the "Dates in History".

about people's knowledge.

Finally, there was one comment that reflected a desire to move forward from the focus on history to looking towards the future:

> Residential schools – how they started and how they were run. History – OK. Maybe too much focus on the history or the past. Go towards the future.

These comments reflect some of the past observations of the stakeholders who have heard comments from workshop participants that Aboriginal people need to "move on" from the past.

Sharing Circles

In my observations of the sharing circles utilized within the ACAW, I was surprised at how quickly people become comfortable in talking about tough issues within the group. In my experience of facilitating the *Culture & Diversity* workshop, I have found that it usually takes a full three hours, through the use of group exercises, to get individuals both feeling comfortable and safe enough to talk about "touchy" subjects. The setup in the *Culture & Diversity* workshops I have co-facilitated involved four to six individuals seated around large round tables with workshop material on their tables. In contrast, the ACAW seat all individuals in a circle with clipboards and pens along with several handouts for the workshop.

In my observations of the ACAW, individuals often came into the room a bit flustered from trying to find parking spaces and then were somewhat hesitant when they saw the set-up of the room. Almost all of the participants would keep their clipboards pressed against their bodies at the beginning of the workshop but after the first sharing circle, where introductions are made, the clipboards would be placed on their laps or put on the floor. The body language of the participants would relax, and several individuals

would be comfortable enough in later exercises to sit on the floor. One participant

commented on this observed dynamic during the final sharing circle by sharing their

initial thoughts upon entering the room. The participant explained how s/he had thought

to herself/himself, "Oh crap, this is one of those interactive workshops", but then went on

to explain that s/he had enjoyed the workshop immensely and appreciated the format!

Several of the stakeholders explained the reasoning for the sharing circles, as well

as the benefits in the delivery of the workshop:

> One of the things that I make sure that when we were in the circle...to make sure
> that people are comfortable. That people are safe, they can say what they want,
> what they're feeling, what their stereotyping is, and feel free and safe enough to
> say it in my presence. Because that's how we begin to work together. (Gayle)

> I think the difference too is the way we present the message where people do feel
> more open to talking whether it be within our circle or on a one-to-one type thing.
> (Elaine)

Thirty percent (30%) of the workshop respondents mentioned in the questionnaires the

sharing circles as helpful aspects of the curriculum:

> I have participated in several Aboriginal cultural awareness sessions and this one
> stands out in many ways. Sharing circles were excellent ways of debriefing and
> allowing people to share their voice.

> The sharing circle, because no one will talk or interrupt while another person has
> the talking stick.

> I enjoyed many of the people there and we felt like friends after 2 days. I think the
> sharing circle helped with that.

> I have to admit that sharing circle (holding stick) is a very respectful way of
> communicating and for the first time I felt that I could speak out my thoughts
> without hesitation.

Despite many of the participants enjoying the sharing circles within the curriculum, there

was a comment by a stakeholder who expressed some caution around sharing circles:

> You have a couple of sharing circles, that's good.

> In the [another cultural awareness workshop] one, every topic had a sharing circle. Sometimes people just don't have anything to really share.
>
> Engaging too much in that activity can cause resistance. You have people that are unsure and are running out of things to say and, give that a rest a little bit. It's like you're trying to drag something out of people that are not ready to share. (Rachel)

This was reiterated by one of the workshop participants who commented that:

> I am not a fan of "icebreakers" or "energizers". I think it only adds to some people's anxieties. The sharing circle of course is a cultural tool, but I find it uncomfortable to be "forced" to share. I still actively contribute to discussions but typically only when there is something I feel would be valuable in saying.

The facilitators began every workshop explaining the protocols for the sharing circle and included the option for participants to "pass" when it came time for their turn,. Despite these instructions, there seemed to be a group dynamic that participants may have felt compelled to say something when the talking stick was passed to them. Although sharing circles appear to create safety for most individuals, there may be some limitations with their use.

In my observations of the workshop, I also noted a challenge with the sharing circle format. For example, during one sharing circle held after the video *Sleeping Children Awake*[69], a participant related a story of how s/he understood how the government and churches could have justified the residential school system as Aboriginal people needed to fit into the dominant society in order to survive. The participant further related that during a presentation by an Aboriginal speaker on the residential school system in high school some years prior, the participant boasted about how s/he had challenged the speaker to explain how else Aboriginal people were going to fit into a White man's world. Due to the rules of the sharing circle, participants could not be asked

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[69] Refer to footnote 49, page 145 for description of the video.

to clarify their remarks unless the facilitator(s) took the initiative once their turn came within the sharing circle. In this instance, neither facilitator(s) chose to address these comments. As a result, I perceived among participants an uncomfortable silence when these comments were not addressed.

Humour

The use of humour in the delivery of the curriculum content was identified as being very helpful to both creating safety within the group and also helping participants learn a different perspective. In the stakeholder/facilitator interviews, there were many examples where humour was used:

> Like if we're able to talk about our own stereotypes – I think I do that.
> Like before '96 I had stereotypes. So I think that kind of opens the door for other people to talk about theirs. And I do it in kind of a joking way.
> Like, when I thought that I used to get lots of money because that meant I was treaty – you know, in the 90's. And getting ticked off because I didn't! (Elaine)

> Like in the past, I talked about this story that didn't happen to me but somebody else was kind of entering a sweat lodge[70] and they had a smudge pot outside.
> Well this person comes in and he didn't know how to smudge so he kind of took the ashes and rubbed them all over his face. So his face was all black.
> So he comes into the sweat lodge – and, "What the hell happened to you?"
> [laughs] "Well, I did some smudging" – "Well, you're supposed to use the smoke, not the ash!"
> Well if you say that kind of story when you talk about the smudge, that humour can put people at ease. If you relax them, they're in a position where they're going to absorb the information a whole lot better and I think they're going to walk away thinking – Well, that was a very good session. (Rachel)

> We try to use humour in a really hard subject to talk about. And we've had people actually ask questions that I was shocked they would even ask in that type of environment.
> So that led me to believe they felt safe enough to ask those questions. And, if the curriculum is followed – I don't know how else to explain that – it does create a safe environment. (Maria)

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[70] Refer to footnote 54, page 155 for a description of sweatlodge.

The use of humour throughout my observations of the three deliveries of the ACAW

seemed to have a perceptible impact on the participants. I observed that workshop

participants often came into the room initially displaying closed body language. As

mentioned, many participants at the beginning of the workshop would sit down in their

chairs, cross their legs, hold the clipboard against their bodies like a shield, and often did

not talk to their neighbours, but rather concentrated on reading their workshop material or

looking around the room at the various storyboards used in the workshop. However, after

the initial sharing circle, when both facilitators used self-deprecating humour, the body

language, verbal exchanges, and, most importantly, laughter by the participants became

frequent throughout the workshop. One example of the use of humour occurred during

the experiential exercise on sacred medicines. One of the participants smelled (the

sample) of sweetgrass and commented that it smelled like honey. One of the facilitators

responded to the participant, "okay babe" as if the participant had called her "honey". The

response of the room was gales of laughter and a hug between the participant and

facilitator. This "hug" scenario between the facilitator and this particular participant had

been established earlier on in the workshop when the facilitator made a joke about

needing a hug and the participant responded in kind. The "hug" scenario was played out a

few more times during this particular workshop and seemed to contribute to a sense of

fun and play that characterized this session.

Another example of the use of humour was demonstrated during the teaching of

the smudge ceremony[71] in which the facilitator shared several stories of her "gaffs" in

learning the correct protocol in performing the ceremony. This disclosure by the

facilitator appeared to put several participants at ease to ask questions. In the final sharing

[71] Refer to footnote 45, page 135 for description of the smudge ceremony.

circle, several participants commented that they initially had thought the workshop would be "tough going" but that the facilitators made the workshop "fun", "comfortable", and the "history interesting".

These observations and comments were reiterated by 28% of the respondents to the questionnaire who stated they enjoyed the use of humour by the facilitators. Some of the comments also elaborated that the "sense of humour...was a great way of providing some relief/balance to heavy topics/discussions" and that humour "made the material easier to absorb and the workshop enjoyable".

The use of humour to reduce some of the tension during group discussion was also observed. In one session, participants were struggling on how to deal with Aboriginal patients who became offended when health care workers use a term such as "Indian". The use of this term had occurred in their discussions with patients and their families specifically when asking about their Status for health coverage benefits. Several of the participants seemed frustrated with the discussion (as observed by their body language - furrowed brows, crossed legs/arms) when one of the facilitators commented that they would be fine with being addressed as "hey you" especially in the event of a fire. This use of humour seemed to reduce the tension within the room and subsequently several constructive suggestions on how to address this scenario within the workplace were made from both the facilitators and other participants and seemed to satisfy those participants who were struggling with this issue within their workplace.

Storytelling

The use of storytelling by the facilitators, participants, and within the videos was also identified as a key part of the ACAW curriculum. One of the stakeholders explained that "Aboriginal history has always been storytelling or giving examples" (Gayle). Other

stakeholder interviews highlighted that stories can touch parts of individuals that other types of interaction do not:

> I think the experiential storytelling piece would really, you know there's some research where if you touch your senses and your emotionality then you really remember what you've experienced or you learn something new. (Nancy)

Stories can come from individual facilitators, within the curriculum material (e.g., videos), or from participants themselves. The stories from the individual facilitators can be very powerful in the learning process. For example, one story by a facilitator about her/his experience of being called a "dirty Indian" resulted in many of the participants expressing surprise that this had occurred for this particular facilitator. In contrast, individual stories from the facilitators could also be humourous and were used several times during the section on sacred medicines. For example, there was the story of a facilitator's experience describing the first time s/he had gone to pick sweetgrass. In an attempt to be *more* traditional, the facilitator wore her/his moccasins, only to end up with wet feet as sweetgrass grows in marshy areas. Another story included challenges of trying to gather cedar near the top of a large tree while being a bit overweight.

Workshop participants were also advised to plan strategically where to sit if they were ever invited to participate in a traditional Aboriginal ceremony. In this story, the facilitator described a situation in which an individual who had never attended a smudge ceremony before sat next to the individual leading the smudge, but had not observed the proper way to "smudge". S/he only heard that the smoke should be used to cleanse oneself. The individual proceeded to mime washing herself/himself, including soaping under the arms. Several other participants who also did not know the proper way to smudge followed suit. The facilitator explained that it would have been rude to correct the individual during the ceremony, but that it was also very difficult not to laugh!

The individual stories of the residential school experience, as recounted in the

Sleeping Children Awake[72] video, were perceived as very important to the workshop in

the stakeholder interviews:

> Where I think for people like me, I can only speak for myself, I engage more as a
> learner through storytelling, through hearing other stories, through art, poetry,
> more creative ways than, you know, in 1905 this happened, in 1926, you know,
> that type of learning. So videos, they use a good video – that I find engaging.
> (Freda)

> Like from people who are open to share their residential school stories – what
> they've experienced. I think that really captures and shows a lot of teaching in
> itself...and I find people are really into that, like they have the attention, they have
> questions and they get more I think out of the workshop. And there's actual people
> who have experienced that. (Alicia)

The stories within the video also seemed to impact the workshop participants whose body

language demonstrated both interest and emotional engagement (i.e., watching intently,

leaning forward, and tears).

Stories also came from other participants during the group discussions following

the *Fact and Fallacies*[73] exercise. A story that was helpful in clarifying one of the

fallacies for the group included a participant's experience on being challenged about the

stereotype that all Aboriginal people do not make eye contact. The participant explained

having gone out to a reserve to meet with the Chief as part of a work assignment and was

very careful at the beginning of the meeting to not make eye contact. The Chief finally

asked the participant if s/he had been told by someone not to make eye contact with

Aboriginal people, resulting in great embarrassment for the participant. Another

participant in the *Cultural Concepts*[74] exercise recounted her/his experience in helping a

Muslim woman give birth and who had requested no males be present in the room during

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[72] Refer to footnote 49, page 145 for description of the video.
[73] Refer to Appendix H for "Facts and Fallacies" handout.
[74] Refer to Appendix G for "Cultural Concepts" handout.

delivery. Unfortunately, this patient's request arose at a time when there were no female

physicians available. The medical staff organized it so that the male doctor would stand

behind the curtain and help the nurses facilitate the birth. This compromise proved to be

very successful in this situation and gave other participants a tangible example of how

health care staff can strive to make their service more culturally sensitive.

The workshop participants also felt that storytelling was important as 38%

identified that the personal stories of the facilitators and participants were helpful to their

learning:

They were open to share about their own personal experiences with the group.

Sharing their experiences with their family to us and also their own knowledge.
They help us understand and know more.

Shared personal experiences - helped make an emotional connection to the facts.

Despite the many benefits, there were also some challenges identified in the use of stories

in the delivery of the ACAW. For example, one of the interviewees explained how the

use of personal stories by the facilitators can take a personal toll on staff:

There does need to be more of an understanding of what this experience is for the
facilitator and how much is invested personally because you're sharing personal
stories.
You're sharing personal experiences – you're creating a safe environment, an open
environment.
And for people to be aware that it's not a typical training situation, that trainers are
investing so much more of themselves in this process. That when I come home
sometimes and I'm just drained emotionally. (Linda)

Also, due to the short duration of the workshop, there was a comment from a

stakeholder cautioning that stories could cause some distress within individuals that are

difficult to address within the workshop:

You have no control over how a person is going to tell their story. How they're
going to be effective when they tell their story. So it's too precarious.
You know, like when, you can't have a storytelling because each time a person,

for example, say a residential school survivor wants to do a talk and they're okay with doing the talk, you have no control over something that might get triggered for them or for the others.

I just think that there's less control over something like that. And maybe it's too deep for an awareness training. (Nancy)

Further, a participant felt that personal disclosures during the sharing circle appeared to be difficult to address within the workshop:

After the few disclosures of abuse in the sharing circle following the video there didn't appear to be a significant amount of debriefing/check in with key individuals. (participant)

It would appear that stories can be powerful learning tools, but have to be used with some caution in order to ensure that individuals are not further traumatized by the experience.

In conclusion, the data highlighted the importance of retelling history, the use of sharing circles (but with some caution), the power of humour to bridge across identity differences, and how storytelling can impact group dynamics within workplace initiatives that seek to address social inequality. The next chapter will analyse these themes and other findings from the data in more detail.

CHAPTER TEN

ANALYSING THE PRESENT:
Making Sense of the Voices from Health Care

The framework by Schirch (2005), described earlier, provides a helpful guide for

both understanding the conflict between Aboriginal people and the health care system,

along with analysing the findings within this research project. Conflict is understood to

occur at three difference levels – the material/rational, social/relational, and symbolic

domains. At the material level, conflict can be addressed by providing material resources.

Conflicts within the social/relational realm go beyond the material resources to develop

relationship and communication skills. The symbolic realm includes the deeper aspect of

conflict in which different groups have conflicts over values and perceptions that are

often rooted in differing worldviews (Schirch, 2005). Over the past years, the conflict

between Aboriginal people and the health care system has been addressed at both the

material and social/relational levels. Work still needs to done in the symbolic realm.

Material/Rational Domain

The ACAW was originally developed in the 1990s after a number of incidents at

the *Health Sciences Centre* (HSC) highlighted the rift between Aboriginal patients and

the non-Aboriginal health care staff. Since that time, the *Winnipeg Regional Health*

Authority (WRHA) has substantially increased resources within the Winnipeg health care

system to address the specific needs of Aboriginal patients, their families, and Aboriginal

staff members, with the *Aboriginal Health Strategy*. As mentioned earlier, *Aboriginal*

Health Services, provides resources to Aboriginal patients and their families that include

advocacy, discharge planning, interpreter services, spiritual cultural care, and the

Traditional Wellness Clinic. The *Aboriginal Workforce Development* department seeks to

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recruit and retain Aboriginal people within the WRHA. Under *Aboriginal Health*

Education, the ACAW is offered as one of the educational initiatives available to WRHA

staff.

It is clear from the ongoing support of *Aboriginal Health Programs* (AHP) within

the WRHA that strides have been made in the last 20 years to address the material aspects

of this conflict. Reflecting on my own experience with HSC almost 30 years ago, I

perceive that there is now greater sensitivity to the needs of Aboriginal patients that is

most likely due to health care staff having increased awareness of different cultural

practices of Aboriginal patients. Years ago, while visiting my own sick child in the

hospital, I had observed the reaction of a nurse tending to an Aboriginal child in the next

bed who had been severely injured in a car accident. Earlier in the day, the parents of this

child had had an Elder come to their child's bedside. After the Elder performed some

prayers, he placed a small piece of cloth on the child's head as part of a healing

ceremony. Later, the attending nurse snapped at the parents for having the Elder attend

the child's bedside, snatched the cloth off of the child's head, and subsequently threw the

cloth in the trash, while commenting to the parents that it was unsanitary. When I shared

this story with workshop participants during one of the large group discussions, many of

the participants commented that they would find it hard to imagine that this type of

incident would be repeated today. Clearly, there is a perception that things have changed

within the WRHA over the years. The dilemma remains how to explain the incident that

resulted in the death of Brian Sinclair and the subsequent conflict that has erupted.

Social/Relational Domain

Most of the specific findings within this research project provide guidance on how

workplace initiatives that seek to address social inequality can be delivered in order to

increase the learning potential of the participants. These findings inform the relational aspects of the conflict. However, several themes are rooted in contrasting worldviews on how conflict should be addressed. Five general observations have emerged from the data. Three of these observations relate to the design of the ACAW, namely: (1) the continued use of a static definition of culture within the curriculum; (2) the characteristics and training needs of facilitators, and (3) the current time frames allowed for these workshops. Two other general observations relate to process issues with the delivery of the ACAW. These include: (1) the ongoing resistance to the training within the WRHA, and (2) the unique dynamics that can emerge between workshop participants from different identity groups.

The four themes identified from the data also provide guidance on how dialogue between Aboriginal and non-Aboriginal people can be encouraged and supported. These themes include: (1) the importance of sharing Aboriginal history *from* an Aboriginal perspective; (2) how sharing circles and (3) humour help create a safe space to talk across difference; and (4) the use of personal storytelling in the learning process. A discussion of these themes will follow.

Design Observations and Analysis.

Static Definition of Culture.

Beginning with the stated purpose, goals, and objectives of the ACAW, a number of observations were made. First, the ACAW curriculum appears to inherently support a "static" definition of Aboriginal culture. Part of the issue stems from the lack of definition of what culture is within the curriculum. This lack of clarity about what culture means was raised by one of the workshop participants who remarked that "[i]n the intro, it would be great to identify 'culture'". Further, maintaining an essentialist understanding of

culture provides a "limited view of complex race relations, and risks defusing important political, economic, and social conflicts to mere difference in culture" (Vandenberg, 2010, p. 239). Shapiro (2002) identifies the lack of clarity in terminology as a common issue within workplace workshops that seek to address social inequality.

Despite the recent change in the name of the ACAW (which was prompted by AHP staff who wanted to signal the diversity within the Aboriginal community), the curriculum tends to focus on "the beauty of the traditional culture" (Rachel) and as a result both obscures the diversity and reality within the Aboriginal community. Bonnett & Carrington (1996) observed a similar dynamic in their review of anti-racist training programs in Britain and Canada where they observed that the curriculum is "predicated upon essentialist and dualist conceptions" of social identity (p. 282). As a result of how Aboriginal identity is constructed within the ACAW curriculum, many workshop participants could be left with the impression that all Aboriginal people practise a traditional lifestyle. In reality, many Aboriginal people adhere to Christianity (Fitznor, 1998), and tensions remain in Aboriginal communities between individuals who practise Christianity and those who follow the traditional beliefs. This reality is demonstrated by the recent conflict that has arisen within a northern Quebec Aboriginal community. This conflict stems from the desire by some band members to revive their traditional beliefs and build a sweat lodge[75] in the community and the band leadership who wish to continue to follow the Christian faith (Peritz, 2011). Interestingly, although all of the facilitators had a deep respect for traditional beliefs, a substantial proportion of the facilitators did not actively practise traditional ceremonies, further demonstrating the diversity within the Aboriginal community.

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[75] Refer to footnote 54, page 155 for a description of a sweat lodge.

If workshop participants are left with the perception that all Aboriginal people practise their traditional beliefs, many participants could experience negative reactions from non-traditional Aboriginal patients. MacDonald, Carnevale, & Razack (2007) describe the tension that arises out of cultural awareness workshops within health care settings where "cookbook solutions" are often sought in working with particular cultures. Unfortunately, these training programs tend to "oversimplify and homogenize difference", reify culture and can potentially "perpetuate stereotypes" (MacDonald et al., 2007, p. 465). In reality, the time constraints within the high-paced world of health care contribute to the perpetuation of short and superficial educational initiatives as a quick fix to cultural issues that have arisen within the workplace.

Although the curriculum identifies four underlying principles that are to used to guide the workshop, it does not appear that these principles are played out in reality. The curriculum identifies the need to address systemic oppression, but the focus remains largely on the historical aspects of oppression for Aboriginal people. A shift to the more contemporary issues facing Aboriginal people would enhance the curriculum but again could be challenging to implement in the present time frame allowed. Further, the statements that "race is a fact of birth" and that "racism affects everyone" reflect a somewhat dated understanding of race and dynamics of racism. The exercises within the workshop mirror this analysis of race and racism by focusing on the impact of racism on Aboriginal people instead of developing a more multidimensional understanding of how racism affects non-Aboriginal people (including both White people and other people of colour). Again, this inclusion of a more detailed understanding of race and the impact of racism would be difficult to implement in the current curriculum due to the current time allowed for workshop participants.

Characteristics and Training Needs of Facilitators.

Retaining good facilitators was one of the issues identified in the stakeholder interviews, based on the perception that "it's a grueling piece of work to do...you can get burnt out" (Linda). One of the other perceptions is that individuals who facilitate the ACAW are not "in an angry phase" (Elaine) or have "done their own inner work" (Nancy). Lakey (2010) argues that safety is created within workshops when facilitators demonstrate their "OKness" (p. 165). Several authors, most of whom have experience facilitating these types of workshops, argue that facilitators require a number of skills to be successful (Kiselica, 1997; Obear, 2007; Ring, 2000). Kiselica (1999) provides one of the most detailed descriptions of the types of skills required by facilitators, including having a high level of racial identity development.

Racial identity development models emerged from the counselling psychology field and were originally inspired by the civil rights movement in the USA. The development of racial identity was first studied with African Americans (Cross, 1991). Since that time, other racial identity development models for Asian Americans, Native Americans, Latinos, bi-racial and multiracial people have been researched (Kim, 2001; Horse, 2001; Ferdman & Gallegos, 2001; Poston, 1990; Wijeyesinghe, 2001). Throughout these models there is an assumption that there are strong similarities in the way ethnic minorities respond to the experience of oppression and racism. Racism is presumed to influence the racial identity development of those targeted by racism, but also those individuals who benefit from racism. As a result of this assumption, Helms (1990, 1995) and Hardiman (2001) articulated theories of White identity development. Finally, Hardiman & Jackson (1997) articulate a generic social identity development model that seeks to describe the "attributes that are common to the identity development

process for members of all target and agent groups" (p. 1). Kiselica (1999) argues that a facilitator be an "individual who is, or has been, in the process of examining his or her own racial identity and developing a multicultural identity" (p. 140).

Kiselica (1999) warns that it is important that the facilitator not present herself/himself "as an all-knowing expert whose multicultural journey is complete" (p. 142). This belief was also articulated by one of the stakeholders who argued that "a facilitator has to have some humility" (Linda). In my observations of the ACAW, the facilitators demonstrated this humility by consistently referring to their own ongoing learning journeys.

It is also important that facilitators have the ability to constructively challenge individuals on prejudicial belief systems, and in order to do this Kiselica (1999) argues for a "carefrontational" approach. He identifies this as the ability to empathically confront participants when necessary. Ring (2000), in his reflections on being an anti-racist trainer, maintains that facilitators "must be exceedingly well prepared to facilitate group members in their working through difficult (often emotional) interpersonal encounters" (p. 76). In order to accomplish this task, facilitators must be assertive, honest, emotionally congruent, and be open to feedback while constantly "monitoring group process to avoid emotional casualties that may spring forth from the misinterpretations and strong differences of opinion that can readily arise around discussions of race and power" (Ring, 2000, p. 75-76). Clearly, facilitators of workshops training programs that seek to address social inequality need to have a myriad of skills.

Dialogue groups that have been delivered in a number of university settings have resulted in a comprehensive framework being developed for training facilitators that appears to have met with some success. After students from a variety of identity groups

are recruited to be facilitators (with the incentive of gaining academic credit), the students are put through a semester long training session. The material presented during the semester includes team building, facilitation skills, self awareness (utilizing both the *Cycle of Socialization*[76]and *Cycle of Liberation* models[77] and racial identity development theory), and conflict resolution skills (Zúñiga et al., 2007).

Beale, Thompson & Chesler (2001) explains that the training program is built upon four themes: (1) increasing personal awareness, (2) gaining knowledge, (3) exploring individual passion, and (4) developing skills. In developing personal awareness, it is particularly important for students to identify their "hot button" issues. Obear (2007) identifies this ability to "navigate triggering events" as one of the key skills needed for facilitators. Examining the "passion" that drives an individual to undertake these challenging conversations is another area that students explore. Beale et al. (2001) claims that individuals who are attracted to facilitating dialogue groups can be motivated by love, anger, or sadness. These emotions must be recognized and facilitators need to learn the "ability to lead with both heart and head" (p. 231). Once the students have completed their training, they are then mentored into facilitating dialogue groups and given ongoing support from senior facilitators and their colleagues.

Initiatives that work towards conflict transformation have also articulated the characteristics required for facilitating peacebuilding initiatives and sentencing circles. Green (2002) maintains that peacebuilders must be both self-aware and have the ability to manage conflict. Similarly, the keepers of circles used in sentencing circles informed by

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[76] The *Cycle of Socialization* (Harro, 2010a) identifies the socialization process that individuals go through in developing and maintaining prejudicial attitudes.
[77] The *Cycle of Liberation* (Harro, 2010b) provides steps that individual can take in challenging these attitudes at both the personal and societal level.

Aboriginal perspectives must be fair, have integrity, be able to facilitate difficult

conversations, have knowledge of the community, and have empathy, humility and

patience (Pranis, et al., 2003).

Despite these findings from various disciplines, specific training for the

facilitators for workplace training initiatives that seek to address social inequality, is often

sorely lacking (Chrobot-Mason, Hays-Thomas, & Wishik, 2008; Henry & Tator, 2010;

Overmyer Day, 1995). The required facilitation skills are frequently underestimated, with

many individual facilitators chosen solely based on their identity characteristics

(Chrobot-Mason et al., 2008). Despite the often scathing criticisms of this lack of

adequate training for facilitators (Lynch, 1997), curriculum is still being developed that

includes very limited guidance for facilitators of potentially challenging material. The

following is the extent of the instructions given to potential facilitators of a three-hour

curriculum for psychiatric residents working with Aboriginal patients:

> Your challenge as a facilitator will be to create an environment in which
> participants can feel safe reflecting on differences in their worldview, comparing
> and contrasting it with that of the people they care for in their practice and begin
> to understand the impact of these differences. In the following materials, we have
> included questions to help encourage this reflection. We have also chosen video
> materials that we hope will provide an emotional impetus for participants to begin
> to question some of their own assumptions. (IPAC/RCPSC, 2009, p. 1)

Although the reading and instructional material provides an excellent background on the

content, and not to in any way disparage the hard work of the individuals involved in

developing this curriculum, the question remains, how does an individual facilitator

create that safe learning environment, and also deal with any conflict that may erupt in

conversations over contentious issues without any training or support? One can assume

that the individual chosen to facilitate this curriculum may be someone with facilitation

experience; however, this historically has not been the case within large organizations

(Henry & Tator, 2010). The lack of adequate preparation is unfair to both the facilitator and participants and can potentially result in less than ideal learning environment. AHP provides a mentoring process for new facilitators, but due to a high level of staff turnover in the last few years there has not been a consistent training program for ACAW facilitators. Implementing both a training and a support program for the facilitators of the ACAW, drawing on the lessons learned from similar programs, would only enhance the delivery of the workshop.

Timeframes for Training Workshops.

Research from the literature consistently recommends that educational initiatives within workplaces that seek to address social inequality need longer time frames than are normally allocated. In their review of anti-prejudice educational initiatives across a wide variety of settings in Australia, Pedersen, Walker, Paradies, & Guerin (2010) argue for the delivery of these programs "over the medium to long term to allow time for in-depth analysis and sustained behaviour change" (p. 60). Chrobot-Mason et al. (2008) further maintain that the effectiveness of workshops is often undermined by their short duration. Although several of the ACAW participants initially expressed concern over the length of the workshop, a larger number of participants expressed that they had wished the workshop had been longer.

This has been the my own experience training these types of workshops - that is, once the dialogue has opened up about the division between different identity groups and safety has been created, participants often feel that they have not had enough time to both fully discuss the issues and look for the solutions that divide us all. In their development of a three-hour workshop to help pediatric residents understand the issues of working cross-culturally, MacDonald et al. (2007) found that much more time was needed to

address such "challenging theoretical objectives". One of the institutional obstacles that remains for the delivery of the ACAW is the constant pressure to deliver the content over a short period of time. As articulated by Banks (2006), in order for educational initiatives "to be both meaningful and impactful...the encounters must be nurtured and deepened to move from simple exposure to meaningful engagement and empowerment" (p. 611-612). Clearly, having more time to develop those more meaningful and empowering relationships is required.

Process Observations and Analysis.

Resistance to Training.

Although the majority of the workshop participants felt the workshop was both enjoyable and necessary, within the WRHA there remains resistance to the training program, as demonstrated by the small percentage of senior management and physicians attending the ACAW. It appears that this reality has not changed since the Leskiw (1998) evaluation that was completed more than10 years ago. Chrobot-Mason et al. (2008) identify that:

> resistance may manifest as lack of attendance or participation, denial of the need for training, objections to its design or facilitators, confrontational or argumentative behavior, domination of discussion, hostility toward colleagues from different social identity groups, and various forms of backlash including claims of "reverse discrimination". (p. 24)

These authors also state that it is common for participants to feel fear and trepidation upon entering these types of workshops based on the reputation that the workshops are primarily focused on inducing guilt within participants, especially against White males

within the workforce (Lynch, 1997). Although the majority of the participants were either interested or excited to attend, 35% of the respondents still expressed some trepidation[78].

Large organizations tend to give employees "mixed messages" about the importance of these training initiatives by championing their support within their mission statements, but then only encouraging lower level employees to attend (Henry & Tator, 2010). Chrobot-Mason et al. (2008) maintain that overcoming resistance within organizations to these workshops to have any hope for success requires the "clear support and *participation* (emphasis added) by top management" and sessions that include "cooperative learning experiences" that are delivered over a period of time that can address awareness, skill development and action planning (p. 47-48).

There were no examples of blatant resistance in the workshops I observed. However, a story from one of the stakeholders demonstrates the types of confrontative, argumentative, and hostile behaviours that can occur in these types of workshops. This story also illustrates the challenges facing facilitators in trying to handle these types of situations:

> One of my experiences here – I speak to international doctors that are coming here to become doctors here. And most of these doctors that come here from different parts of the world.
>
> And they want to know about Aboriginal people 'cause that's who they're going to work with for a period of time in their training. So they come in to train here and part of their curriculum is me doing a session for an hour with them.
>
> So I had one doctor, I forget where he was from – the Middle East – he was from the Middle East. And he said, "Your people are weak. That's wrong with your people – they're all weak". And I said, "Do you want to elaborate on that? I don't understand what you're saying". He said, "Well I see them on Main Street. I see people all over the place drunk and asking for money". He said, "They're all weak".

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[78] Refer to Figure 6, page 152.

And I do it in the sharing circle. And the reason why I do it in a sharing circle is because I want to learn about them. If they're going to doctor me, or doctor my grandchildren I better know what they're talking about and I'd better know their culture. So I listen and give them the eagle feather[79]and it goes around, they introduce themselves and I say, Please talk a little bit about your culture. "Tell me what your culture is so that I don't stereotype you. I don't want to put you in a box and think this is how you are".

And most of them are pretty receptive to that. But there are some that are very closed off. But this doctor said to me that my people are very weak. I'm the last one to take the eagle feather. I was very reactive to him that day. And I didn't feel good about it after, because I was reactive and very defensive. When you're reactive and defensive nothing gets done, I find. So I felt that I wasn't getting the message across to him. By the same token I didn't think that I needed to make excuses to him.

I told him, I said, "It's interesting what you said. My people are weak. For five hundred years my people suffered atrocities. They were raped of their culture. They were raped of the land. Raped physically – children". I said, "And that's weak? No I don't think so. I think we're very strong people. We lived five hundred years with that. And you know what? Our people never started world wars. I want you to remember that. We've never been in world wars. We've never created massive killings of people. That I want you to remember. 'Cause you see that in Afghanistan. You see that in United States. We're not killers. Massive killing. We're not irresponsible like that".

"We're very peaceful people. Yeah, we suffered atrocities. We kill ourselves but we don't kill masses and masses of people. That doesn't give us an excuse to kill ourselves. But we have to correct those things". (Gayle)

Another layer of complexity to dealing with resistance within health care is both the hierarchal nature of the system and the chronic shortage of physicians within remote locations. These two aspects make it difficult to challenge physicians who often have more power than other health care workers, and, this is coupled with the ongoing need for Aboriginal communities to have good medical care. This particular facilitator had worked many years to convince senior WRHA staff to provide physicians destined to work in remote Aboriginal communities, who are often foreign born, with some cultural

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[79] Sharing circles are facilitated with a talking piece. In this instance, an Eagle feather was used.

awareness training. Her role as an allied health care worker within the larger health care system, however constrained her ability to challenge physicians on prejudicial attitudes.

Dynamics between Workshop Participants from Different Identity Groups.

Another interesting issue that came up within the training was the difficulty that had occurred between workshop participants who were from different identity groups and at different stages of their racial identity development. This issue emerged during the *Cultural Concepts*[80] exercise when workshop participants were asked to role-play a scenario within the health care system, and conflict arose when the identity of the specific participants reinforced stereotypes within society[81]. Kiselica (1999) identifies this as a common occurrence in his experience teaching courses on multicultural counselling with students from multiple identity groups. In response, Kiselica (1999) utilizes racial identity development models to determine where students are at within their own understanding prior to training and then tailors his classes accordingly. This theme arose a few times in the stakeholder interviews. Concern was also expressed on how this issue could be addressed within the current ACAW delivery structure.

As mentioned previously in the literature review, several authors have argued for workshops that separate identity groups (Katz, 2003; Jones & Jenkins, 2007). To date, this design for educational workshops has never found widespread acceptance. Tatum (2003) states that for White people it is often fear that stops the dialogue, as White people are often too afraid to say anything based on their belief that their comments will either expose their ignorance or be deemed racist. A stakeholder observed the fear that grips either White or non-Aboriginal individuals in broaching cross-cultural issues:

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[80] Refer to Appendix G for copy of the "Cultural Concepts" handout.
[81] For further information on the specific incident, refer to page 162.

There's always going to be that barrier where we're from different cultures, different ethnic backgrounds. So some people I think feel paralyzed, well what do I do? I'm always going to be seen as a white woman, a white this, a white that, or whatever nationality you are, right – so it's working that through. (Nancy)

Tatum (2003) argues that the "culture of silence" that is pervasive among White individuals only serves to maintain a racist culture. On the other hand, individuals from marginalized groups often "live in a chronic state of (attributional) ambiguity" in which they "attribute avoidant behaviors from dominant group members as motivated by prejudice" (Chrobot-Mason et al., 2008). As a result of this circular dynamic, dialogue is difficult without some understanding of how prejudicial views are maintained.

Perhaps, utilizing the frameworks developed by Derman-Sparks & Phillips (1997), or the dialogue groups that have been delivered at the University of Michigan (Beale et al. 2001; Hurtado, 2001; Zúñiga, 2007) are one solution to what occurred within the ACAW workshop. These educational programs occasionally utilize identity-based caucus groups to address these difficult issues. Also, as a result of the extended time periods in which both these programs are delivered, an in-depth analysis of the complex dynamics of prejudice and discrimination is encouraged.

Themes

Importance of History.

One of the main themes found in this qualitative research project was the importance of understanding the history of Aboriginal people in Canada *from* an Aboriginal perspective. Many of the non-Aboriginal workshop participants expressed surprise at the different historical events of which they had not been previously aware. Alternatively, an Aboriginal respondent expressed dismay at the lack of knowledge of Canadian history by her/his fellow workshop participants. This experience is similar for

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individuals involved in facilitating dialogue groups. Zúñiga et al. (2007) discovered that many of the students from privileged identities are unaware of the history of less privileged groups, while less privileged groups are both astounded and irritated over their fellow participants' lack of knowledge. This issue seems to stem from both how history has been taught in the school system and how Canadian history is discussed within the mainstream media.

The recognition that distortion of history has an impact on the psyche of individuals from both the dominant and oppressed groups has long been recognized (Du Bois, 1903/1997; Fanon, 1967; Freire, 1970/2005; Memmi,1965/1991). The impact of this distorted history on the Aboriginal psyche has also been a subject of much discussion from Indigenous scholars. Battiste & Henderson (2000) argue that the educational system has engaged in "cognitive imperialism" through both the residential school system but also in the history that has been taught in the public school system (p.86). To address the desire by Indigenous people to decolonize their minds, there is a worldwide movement to make known the voices of Indigenous people who have historically been silenced. In the book, *Reclaiming Indigenous Voice and Vision* (Battiste, 2009), Indigenous educators and scholars from around the world highlight such things as the contrast between Aboriginal and Eurocentric worldviews (Little Bear, 2000), and the need for the educational system to be at the forefront of the decolonization process for Aboriginal people (Cajete, 2009).

In Canada, the distortion of history within school curriculum has long been debated and remains a very contested area within the field of education (Lund, 2006). Henry & Tator (2010) argue that the history curriculum within Canadian schools "often exhibits a dominant-culture bias that expresses in the way history texts are written" and that there is resistance to "look beyond the study of British, American, and European

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history" (p. 201-202). Further, the recognition of any discriminatory or racist policies that have been part of Canadian history are either absent or dealt with in a cursory fashion and the "unsavory aspects of Canadian history have been excluded, distorted, or downplayed in virtually all current social studies curriculum materials" (Lund, 2006, p. 38). As a result, many Canadian students have been taught a distorted understanding of Aboriginal people in Canada (Clark, 2007). Consequently, it is not surprising that many of the workshop participants had a limited understanding of the history of Aboriginal people from an Aboriginal perspective

Conflict between Aboriginal people and non-Aboriginal Canadians is often rooted in the lack of a more accurate portrayal of Canadian history. A lack of knowledge about the history of the Mohawk people within Quebec has been cited as one of the antecedents to the Oka crisis[82]. In his post analysis, David Walker, a Mohawk man present during the standoff, explained that a key flash point was "the lack, their total lack of knowledge of *our* (emphasis added) history in this area" ("The Kanesatake Conundrum", 2011), in referring to his non-Mohawk neighbors.

In contrast, rediscovering the silenced voices from history can result in reconciliation between opposing sides. The poignant story of Francine Lemay (sister to Quebec corporal, Marcel Lemay, who was killed during the Oka crisis) and Mavis Etienne (Mohawk negotiator during the Oka crisis)[83] demonstrates that understanding the history of a people and the subsequent conflict can result in conflict transformation. As part of dealing with her brother's death, Francine Lemay began translating into French a book entitled *At the Woods' Edge*, written by Mohawk authors, Arlette Kawanatatie Van

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[82] Refer to footnote 4, page 7 for details of the Oka crisis.
[83] For a podcast of the story see website http://www.cbc.ca/cestlavie/episode/2010/06/13/june-13th-15th/.

den Hende and Brenda Gabriel. Written shortly after the Oka crisis, *At the Woods' Edge* is an anthology that includes the oral history, court documents, and photographs of the history of the Mohawk people in Oka. It was during the process of translation, that Francine Lemay began to understand the circumstances that had led up to the conflict that eventually resulted in her brother's death. From this new knowledge, Francine Lemay sought out her Mohawk neighbours to start a journey for her own reconciliation. Since that time, Francine has used her own experience to help build bridges between the two communities involved in the Oka crisis (Pindera, 2010).

This lack of knowledge of Aboriginal people and their history in Canada also extends to new immigrants to Canada. Dialogue groups held in Vancouver in 2010 between First Nations, urban Aboriginals, and immigrant communities, identified that many new immigrants had developed stereotypes of Aboriginal people based on the "erasure of history" of both communities (Suleman, 2011, p. 8). In these dialogue groups, that included both listening and sharing stories of their respective histories, the gulf that had separated the various communities began to be bridged with plans to continue the process in the future.

The lack of inclusion of previously silenced voices in historical accounts, within both the educational curriculum and the public discourse, remains a source of contention throughout the world (View, 2010). The field of conflict resolution recognizes the power of hearing the voices of the "other" in conflict transformation (Abu-Nimer, 2004; Bar-On, 2000; Wallach, 2000). Although Karp & Sutton (1993) caution against the use of history to produce guilt within participants, Pedersen et al. (2010) argue that research has consistently demonstrated that the provision of accurate information about marginalized groups has the potential to reduce prejudicial attitudes if combined with other proven

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mechanisms used within these educational initiatives. As mentioned earlier, the *Truth and Reconciliation Commission of Canada: Interim Report* has made recommendations for provincial and territorial governments to include the history of residential schools within public school curriculum, and the develop public education campaigns on the impact of the residential schools for the general public (Sinclair, Littlechild & Wilson, 2012). Hopefully, if all levels of government accept these recommendations the rewriting of Aboriginal peoples' history will set the foundation for reconciliation.

Sharing Circles.

The power of the sharing circle to support respectful dialogue across difference was a theme that was identified by both the research respondents and me. The circle has been a traditional form of conflict resolution utilized by the Indigenous people of Turtle Island[84] (Pranis et al., 2003). Meyer (2002) states that the circle has been referred to by the Navajo Nation as "a gift from the Creator to keep us in harmony" (p. 1532). The circle is based on the Medicine wheel teachings[85] (Bruyere, 2007), rooted in a worldview of "wholeness, unity, and connectedness" permeating all existence (Pranis et al., 2003, p. 68). Hart (1996) describes the sharing circle as "a method of facilitating discussion" that is governed by a number of principles. These guidelines have been succinctly described as to "speak from the heart", "listen from the heart", "speak spontaneously" (when it one's turn to speak), and "speak leanly" (IPAC/RCPSC, 2009, p. 4).

The discussion within the circle is facilitated by a number of rituals that include an opening and closing, the use of a talking piece, guidelines, and keepers (Boyes-Watson, 2005). Opening and closing within the circle can be facilitated by an Elder, but

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[84] Turtle Island is a common term utilized by Indigenous people of North America to refer to the continent of North America.
[85] Refer to footnote 25, page 60, for description of the medicine wheel.

as demonstrated within the ACAW, the keeper can be anyone who has an understanding of the circle protocols (Pranis et al., 2003). The concept behind the talking piece is very simple: one speaks only when holding the talking piece. A talking piece can be any object, but often within Aboriginal-led circles an Eagle feather or talking stick is used. Pranis et al. (2003) maintain that the power of the talking piece lies in the ability to generate and sustain "inclusive dialogue" (p. 93). Bruyere (2007) explains in his use of sharing circles within the classroom that provide guidelines to help facilitate respectful discussion:

> In laying the foundation for working in Circle, I ask students to consider that the 'head has no answers and the heart has no questions' and invite them to learn by speaking from the heart rather than simply from the mind. Students are also asked to consider that, when speaking, 'there are hard words and soft words', and that there are ways to share a wide variety of opinions and experiences (about delicate issues such as racism, sexism,homophobia, colonisation) and still nurture a safe learning environment. (p. 267)

In the end, the power of circles lies in the ability to connect all of the individuals who join the circle (Hart, 1996).

The circle has been used in a variety of settings. As described earlier, Hollow Water First Nations has used four different circles of healing to deal with sexual abuse within their community (Bushie, 1999; Ross, 1996). Pranis et al. (2003) give a comprehensive overview of how sentencing circles have been used as an alternative to the current adversarial justice system. Talking circles have also been used in dialogue sessions within university settings (Zúñiga et al., 2001). Despite their growing use within Aboriginal communities to address justice issues, Pranis et al. (2003) do not view sentencing circles as a panacea for all disputes. In his extensive experience facilitating groups to address a variety of issues, Lakey (2010) did not find the circle format to work and instead utilizes a "U" formation.

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Finally, it is very important to avoid appropriation of the sacred teachings of circles by strictly adhering to the Indigenous protocols for usage (Brant Castellano, 2004; Gaywish, Richard, & Rocke, 2009; Graveline, 2000; Meyer 2002). Despite these cautions, circles have the potential to help people address a number of issues within their lives, as circles encourage and support respectful dialogue. Chinn (2008) even claims that "the process of circling is easily accomplished online" as long as the protocols of the circle are followed (p. 65). But perhaps it is the ability to tap into the spiritual force found within circles that can help guide people to address the most intractable of issues. Bruyere (2007) argues that racism is a spiritual force, and believes that the teachings of the medicine wheel embodied within the circle can counteract the disease of racism. Bruyere (2007) explains that the guidance provided by the medicine wheel teachings, in which all aspects of creation (both animate and inanimate) are envisioned to be living in harmony, make it not only possible but attainable for humanity to live in harmony and create a truly equitable world.

Humour.

One of the most exciting themes that emerged in this research project was how the use of humour melted the bridges of difference between workshop participants. The facilitators of the ACAW were adept at using humour to help create a safe learning environment, first, by their use of self-deprecating humour that put most of the workshop participants at ease, and then through the use of gentle teasing to challenge any ill informed or intolerant statements. Humour is considered a universal human trait which occurs in virtually all cultures, but has been practised differently across cultures (Martin, 2007).

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In Western civilizations, humour was originally associated with aggression. In the Bible humour was characterized by situations where one was making fun of someone else and was related to the behaviours of "scorn, derision, mockery, or contempt" (Martin, 2007, p. 21). Philosopher Thomas Hobbes equated laughter with feelings of superiority and the word "ridicule" became the common word used to describe situations that made people laugh (Martin, 2007). Currently, a distinction is made between humour in which one is laughing "with" or laughing "at" another person.

Humour is considered a multidimensional phenomena (Lewis, 2006; Martin, 2007) and can be used for both positive and negative purposes (Banas, Dunbar, & Rodriguez, 2011; Lewis, 2006; Martin, 2007). Types of humour are divided into three general categories - jokes, spontaneous conversational humour, and accidental or unintentional humour (Martin, 2007). Within the category "spontaneous conversational humour", there are eleven different subcategories that include irony, satire, sarcasm, overstatement and understatement, self-deprecation, teasing, replies to rhetorical questions, clever replies to serious statements, double entendres, transformations of frozen expressions, and puns (Martin, 2007).

Within the delivery of the ACAW, the facilitators utilized the self-deprecation and teasing forms of humour the most. Self-deprecation humour is described as "humourous remarks targeting oneself as the object of humour" and "may be done to demonstrate modesty, to put the listener at ease, or to ingratiate oneself with the listener" (Martin, 2007, p. 13). It was my impression that the use of self-deprecating humour by the ACAW facilitator was used to both demonstrate modesty (by the oft expressed comments of their own learning journeys) and to further put the participants at ease with the potentially challenging material. Teasing is defined as "humourous remarks directed at the listener's

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personal appearance or foibles", but unlike sarcasm, "the intention is not to seriously insult or offend" (Martin, 2007, p. 13). The use of teasing to gently correct inappropriate behaviour has historically been the primary parental disciplinary technique within many Aboriginal cultures (Hamilton & Sinclair, 1991). Consequently, it was not surprising that teasing was used within the ACAW to gentle prod workshop participants when their comments were deemed either ignorant or offensive. This use of gentle teasing was most clearly demonstrated in the incident when a workshop participant referred to their "little Mexican friend"[86]. As articulated by Martin (2007), the use of humour to "joke about another's perspective...can communicate a sense of acceptance and appreciation of one another while still maintaining and acknowledging their different points of view" (p. 17). Aboriginal people often use teasing to both show humility and push another to change their behaviour (Hirch, 2005).

In contrast to its history in Western culture, humour within Indigenous societies is rooted in maintaining a sense of community. Hirch (2005) argues that the stereotypical perception of Aboriginal people has been one of the humourless "stoic Indian" despite the fact that humour and laughter has been, and continues to be, an integral part of Indigenous life. The use of humour within Aboriginal communities has been used to help individuals survive colonization (Hayden Taylor, 2005; Spielmann, 2009) and also maintain hope for the future (Hirch, 2005). In the video entitled *Redskins, Tricksters and Puppy Stew*, an Aboriginal female member of the *Sketch Comedy Troup* describes how humour is used within the Aboriginal culture to transcend difficult situations:

> Humour is transforming. It can take you to another place – good, bad, ugly, things you want to hide or things you want to celebrate. Because I come from a tradition where even in ceremony where that is the most crucial, the most serious part of

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[86] Refer to pages 166-7 for complete description of incident.

our lives – there is joke telling. There is people playing the trickster, showing their comic wit.

And I think that is distinctly Native because I would not find that in a Catholic Church or a Protestant Church or they weren't doing that when I visited the Vatican. You know, they weren't cracking jokes–[laughter]–having a good time. So because our stories are transforming, humour is like one of our elemental tools that we have used throughout our experience (Hayden Taylor, 2000).

The use of humour has also been used by Aboriginal authors to bridge cultural divides.

Acclaimed Aboriginal author, Thomas King, describes how he used humour within his

popular *Canadian Broadcasting Corporation* radio documentary, *Dead Dog Cafe*

Comedy Hour:

 I am dealing with cultural humour. And occasionally I am going to hold that mirror up to White Canada and say see this is what it feels like.

You can get in the front door with humour. You can get into their kitchen with humour. If you are pounding on the front door, they won't let you in. They may gather the kids around and watch on the front stoop you know making a fool out of yourself sometimes. Which doesn't mean that I don't believe in that sort of confrontational activism, you know, it's just not me. It's not what I am good at.

Humour is – I'm better at humour – it makes me laugh too, it's sort of those things that hurt in life, those things that continue to hurt about being Native in North America. I can handle those through humour. I can't handle those through anger because I get angry about something it just gets away from me. It just consumes me. And so I got to keep coming back to humour as sort of my safe position. And I think that I make more of an impact.

I mean a lot of the letters that we get on *Dead Dog Cafe* are from non-Native listeners who say you know this show really makes me think about what it's like to be Native in Canada, or what it's like to be you know a White in this country and the kind of privilege that just accrues to you simply because you know you are from that particular racial group (Hayden Taylor, 2000).

The power of humour to bridge social divides across identity groups is an issue that

requires further exploration, particularly within workplace educational initiatives that

seek to address social inequality. Understanding the dynamics of humour and the

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appropriate types of humour that should be used would be essential knowledge and skills for any potential facilitator.

Humour has also been recognized within the field of education as one of the "most powerful resources" educators can use in increasing both motivation and learning for students (Banas et al., 2011, p. 116). hooks (2010) claims that many educators are not as familiar with the "healing power of humor" and how humour can be used to make the classroom more open and bring people together (p. 75). In a session where Lakey (2010) polled adult learners on what characteristics demonstrated by another person had helped them address their own racism, participants listed humour as the number one trait. The power of humour seems to lie in "humor's ability to create a way to see differences as generative" (Mayo, 2011, p. 511). Banas et al. (2011) advocate that humour be a topic included in teacher education so that future educators can understand what type of humour is appropriate within the classroom. Finally, the interaction between instructional humour used within the classroom and cultural differences among students is an area that requires further research (Banas et al., 2011; Bell, 2007).

As mentioned earlier, humour is considered a multidimensional phenomena with the potential to bring out both the best and worst in human behaviour. In his examination of humour in American culture, Lewis (2006) argues that the humour typified by political satire and ridicule rampant within the USA today is being used to shape political opinion. Using examples of how the media downplayed the torture of Iraqi prisoners in Abu Ghraib (e.g., some commentators claimed the torture of prisoners was only American soldiers using humour to survive a stressful situation), Lewis (2006) contends that this type of humour has resulted in a denial of problems and promotes a particular political agenda that solidifies stereotypes by reducing empathy for the targets of the humour. On

the other hand, Lewis (2006) casts a critical eye on the 'humour industry' that sells

laughter and humour as the solution to all of life's problems, including serious illness.

Although humour has been demonstrated to increase coping skills, the research on the

healing properties of humour are far less conclusive (Lewis, 2006). Perhaps the best

guide to the use of humour within education settings is to take the advice of Thomas King

(2005) who claims that humour is only truly funny when it's inclusive; otherwise humour

can potentially become a weapon.

Storytelling.

Hearing the stories of residential school survivors in the video, *Sleeping Children

Awake*[87], touched workshop participants at both an intellectual and emotional level. In my

observations of the sharing circle that was held immediately after the video was viewed,

workshop participants consistently commented on how they "could not imagine" what it

would be like to lose your children in that way. Participants would frequently comment at

the beginning of the day how they had cherished the time they had spent with their

children the previous evening, clearly demonstrating empathy for the experiences

residential school survivors had been felt. In her many years of teaching, hooks (2010)

believes that the use of story within education is a powerful way to both educate students

and create community.

Narratives and personal stories are used in many of the educational initiatives that

seek to address social inequality, however, the goals and purposes may differ.

Educational initiatives, rooted in a multicultural perspective, elicit stories from

participants to promote empathy for disadvantaged groups so that individual participants

will be encouraged to make changes in their personal behaviours. Srivastava & Francis

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[87] Refer to footnote 49, page 145, for description of video.

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(2006) identify that the "telling and hearing of stories of 'authentic experience' is a central pedagogical tool" used within training sessions, based on the belief that prejudice will be reduced "through greater knowledge of the 'other'" (p. 276). However, the systemic and institutional aspects that support racism and oppression within society are often not discussed or mentioned. As a result, conflict can arise when different identity groups reflect back to each other dissimilar histories. Without the capacity or will by the trainers to explore the discordant stories, which requires challenging the dominant historical perspective, many participants from the oppressed groups can be left feeling unsafe and frustrated. Bell (2003) identifies how stories of race within the US reflect the history and culture of society. She found that "Whites…frequently tell stories that convey a sense of history as progressive", while "People of Color more often understand their experience through an awareness of past and continuing discrimination that affects every aspect of their lives in this society" (p. 4). The story by one the workshop participants that appeared to support the residential school system as necessary for Aboriginal people to survive in a White man's world, is an example of a discordant story. Unfortunately, this story did not result in a learning opportunity for other workshop participants as the faciltator(s) did not take the opportunity to challenge this participant's perceptions.

In contrast, workshops that are rooted in critical theory and anti-racist perspectives elicit stories as part of a consciousness-raising process (Razack, 1993; Srivastava & Francis, 2006). The use of personal storytelling is rooted in feminist perspective as Razack (1998) explains that "storytelling has been at the heart of our pedagogy" (p. 55). The use of personal stories goes beyond developing empathy, as stories are used to persuade participants that the situations being described are wrong and need to be changed (Razack, 1998). Srivastava (1996) raises concerns about the use of

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storytelling within anti-racist educational initiatives, based on her research that found stories place a heavy toll on the "other" to educate the dominant group. Razack (1998) also cautions that although feminist pedagogies "depend on story-telling either to reach each other across differences or to resist patriarchal and racist constructs", all participants must acknowledge and address "the difference in position between the teller and the listener, between telling the tale and the hearing it" (p. 56). To address these concerns, Razack (1993) cites the work of Ellsworth (1989) who argues that a number of steps must be put in place to ensure that personal stories do not reproduce oppressive relationships. These recommendations include developing trust between participants, the "need to learn about the realities of others without relying on them to inform us", naming "the inequalities in the classroom" and devising communication ground rules (p. 62).

One of the key goals of the ACAW is to review Aboriginal history *from* an Aboriginal perspective. As mentioned earlier, it was apparent that many of the non-Aboriginal participants were unaware of this version of history due to their own educational experience and a lack of knowledge available within the mainstream discourse. Bell (2003) observed that the stories told by the dominant groups both reinforce and legitimize the dominant viewpoint while the counter narratives told by oppressed groups both "contradict and challenge the public transcripts" (p. 5). In her observations, Bell (2003) noted that both the dominant and oppressed groups are fully aware of the dominant stories, but that the dominant group is less likely to know the counter narratives. Several authors have observed this dynamic in training sessions (Adams et.al., 1997; Derman-Sparks & Phillips, 1997; Zúñiga et al., 2007). This observation was confirmed in the current research project as well.

The use of storytelling within dialogue groups operates from a slightly different viewpoint. In their work with various groups locked in intractable conflicts, Bar-On & Kassem (2004) explain that the premise of dialogue groups is the use of personal stories as a way of "working through their unresolved pain and anger related to the past through intergroup encounters" with the goal of "learning to live with the painful past better than one has up to now" (p. 290). Senehi (2008) explains that storytelling within peacebuilding initiatives has three main goals: (1) humanizing of the 'other'; (2) eliciting empathy for the suffering for the victims; and,(3) promoting understanding across identity groups. In a university class that included both Israeli and Palestinian students, Bar-On & Kassem (2004) found "that the sharing of stories contributed to the students' ability to listen to one another and to construct a more complex image of the 'other' than the one usually conveyed through the media" (p. 297).

The use of storytelling is a powerful educational tool in helping to bridge the gulf between different identity groups. Storytelling as a teaching tool is part of Aboriginal culture (Cajete, 2009; Hamilton & Sinclair, 1991). Storytelling may be the oldest elicitive tool (Lakey, 2010) but stories must go beyond simply creating empathy for socially disadvantaged groups. If action does not result from the encounter, then stories can be easily forgotten.

In conclusion, over its past 20 years in existence, the ACAW currently benefits from enthusiastic and dedicated staff, institutional support, and use of traditional ways of teaching (e.g., sharing circles and humour) that appear to be effective in helping workshop participants to develop greater understanding of Aboriginal people. The challenges that currently exist include: (1) the restrictiveness of the current curriculum; (2) lack of institutional support (as demonstrated by the lack of attendance in the

workshop by senior management and physicians); (3) lack of resources (as demonstrated by the pressure to deliver bi-weekly workshops with limited number of available teams); (4) lack of ongoing critical evaluation; and (5) difficulties in retaining facilitators.

Symbolic Domain

Donnellon & Kolb (1994) argue that current organizational conflict resolution practices, such as restructuring, training, and dispute resolution systems, often leave conflicts based on diversity (race, ethnicity, and gender) unaddressed or unresolved, to the detriment of everyone within the organization. For example, when conflict is determined to be a result of the way the institution is organized, restructuring is imposed with little or no dialogue regarding any underlying diversity conflicts. When organizations adopt training initiatives, the focus is on increasing communication skills so that people can better negotiate their differences. When the focus remains on individuals, without addressing the systemic causes, and when power differentials exist, the conflict cannot be adequately addressed by individual staff members. Currently, many conflict management practices operate from the premise of keeping conflicts under control. Fear remains that if conflicts that are rooted in race or gender issues are allowed to be aired, the results could be "unpredictable, potentially explosive and hard to contain" (Donnellon & Kolb, 1994, p. 144).

Within the WRHA, it appears that development of AHP, under the *Aboriginal Health Strategy*, was completed in consultation with Aboriginal stakeholders and has subsequently resulted in enhanced services for Aboriginal patients, their families, and Aboriginal staff members. Aboriginal patients and their families now have several resources available to them when involved in the health care system. The WRHA is currently actively recruiting and supporting Aboriginal staff members. The training

opportunities for all WRHA staff has resulted in an enhanced ACAW, along with several

other training opportunities. However, the delivery of the ACAW continues to be

hampered by the lack of institutional support, as clearly demonstrated by limited

attendance of individuals with significant power within the health care system, namely

senior WRHA staff members and physicians. As a result, WHRA staff members who are

encouraged to attend the ACAW may be tasked to change the "culture" within the

WRHA, while having limited power to actually affect systemic change.

As described earlier, the symbolic dimension of conflict resolution is considered

"the messy dimension of conflict" that is "often overlooked, neglected, or discarded in the

theoretical trashbin" (Schirch, 2005, p. 38). Within this dimension, individuals are

perceived to view conflict through their own worldviews, which are made up of "five

interacting elements: perception, emotional and sensual cognition, culture, values, and

identity" (Schirch, 2005, p. 39). Perhaps it is time for the WRHA to explore conflict

transformation strategies that incorporate the symbolic domain in addressing the conflict

between Aboriginal people and the health care system that is rooted in differing

worldviews. Suggestions for these possibilities will be explored in the next section.

CHAPTER ELEVEN

VISIONING THE FUTURE:
Recommendations

There are some limitations to the findings within this research project. First, self-reported data is always suspect as it may be subject to distortions and personal bias. This could be particularly accurate in the case of the workshop participants, the majority of whom indicated that they themselves had chosen to attend the ACAW. As a result, the majority of workshop participants may have been predisposed to be accepting of the information presented. Or, in the words of one of the stakeholders, "you're kind of preaching to the converted." (Rachel) Further, the respondents may not be representative of the health care system. Demographic analysis established that participants were overwhelmingly female and worked in the allied health area. Male, senior management, physician, and technical support staff members were not represented.

Despite these limitations, it can be argued that many of the findings in this research project will contribute to the knowledge regarding conditions needed for identity groups to dialogue across difference. Pedersen et al. (2011) identify fourteen best practices for "teaching anti-prejudice" (p. 55). One of the overarching arguments made by these authors is that the contributions from different disciplines should be drawn together to maximize effective strategies to bridge identity differences. This research project drew on the diverse fields of social psychology, social work, education, conflict resolution, and peace studies to examine how these fields have informed the delivery of educational initiatives that seek to address social inequality. Based on this examination, a number of recommendations can be made for both the enhancement of current programs and the focus of future research.

There is ongoing tension between educators that support softer approaches to addressing social inequality, in contrast to advocates for more confrontational methods. This difference in perspective can be roughly characterized as the use of either the "carrot or the stick" to address issues of social inequality. Proponents of softer approaches (usually the diversity, multicultural or cultural competence-focused programs) have been accused of either being manipulative by supporting the status quo, or simply naive in their belief that everyone should just be able to get along as long as everyone gains more education primarily about the "other" (Hazeur & Hayman, 2005; Henry & Tator, 2010; Nybell & Gray, 2004). Critics of these educational initiatives claim that these efforts are superficial strategies that ignore the overarching power structure that only maintains positions of privilege for some (Henry & Tator, 2010). These approaches have been perceived by critics as institutional responses to the "problem" of social diversity, and one that has become a growth industry, especially within the business world, motivated by profit rather than social change.

On the other hand, confrontational approaches have been accused of operating out of a place of anger that can result in making individuals from the dominant group to either feel guilty or shamed (Bonnett & Carrington, 1996; Hamaz, 2008; Lynch, 1997; Overmyer-Day, 1995; Yancey, 2007). In worse case scenarios, these approaches have been demonstrated to have had the exact opposite effect, that is, to solidify preexisting prejudicial attitudes among some participants (Abma, 2011; Devine et al., 2000). Confrontational approaches have been informed by critical theory and anti-racist approaches (Henry & Tator, 2010), and are rooted in justifiable anger over the current social structure that benefits a select few based on specific identity characteristics.

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However, the impact of these approaches may in fact harden the divide between identity groups.

A dilemma remains over how change can be achieved within individuals and systems where racism is perceived to exist. Does change occur incrementally, or does structural change need to be the focus? As our understanding of racism and all its permutations becomes known, I would argue racism is a complex social issue that requires a multi-pronged response. Although anti-racist advocates emphatically argue for wholesale change within society and clearly state that one is either racist or anti-racist (Dei, 1996), the question to be asked is does this dichotomy accurately capture the range of responses of individuals to racism? Is there a chance that both approaches result in individuals who are "on the fence" remaining in this inactive stance? Diversity, multicultural, and cultural competence approaches may not challenge these individuals into action. On the other hand, anti-racist approaches may create guilt and shame that immobilize individuals due to fear. Neither approach in its classic form appears to address this social problem.

With this dichotomy in the field, a number of questions emerge. Is there a way to find a balance between the two? Can lessons be learned from the different approaches? How can individuals successfully dialogue across differences that can result in peace? Tatum (2003) argues that the costs of silence include "the loss of human potential, lowered productivity, and a rising tide of fear and violence in our society" (p. 200). hooks (2010) states that the pressure to maintain "safe" environments can actually silence discussion about hard issues. On the other hand, hooks (2003) also argues that "shame dehumanizes". Perhaps the answer lies in Kiselica's (1999) "carefrontational" approach for facilitators, that is, finding a balance between empathy for the participants while

having the ability to skillfully confront individuals on their prejudicial attitudes. Lakey (2010) also argues against a confrontational approach, advocating for an emphasis on "change rather than blame" (p. 231).

Although there is more research needed to fully answer these questions, this research project was able to provide findings on the helpful and non-helpful aspects of a specific cultural awareness workshop within a large health care organization. To follow are several recommendations for the enhanced delivery of the ACAW drawn from the findings of this study. Finally, potential alternative ways to address the conflict that has arisen between the Aboriginal community and the health care system will be discussed.

First, there is a need to broaden the ACAW curriculum to include such topics as an enhanced understanding of the multidimensional dynamics of race and racism, conflict resolution techniques, and practical solutions to workplace conflict. Satzewich & Liodakis (2010) maintain that racism continues to have high rhetorical value, but misunderstanding of the term and subsequent behaviours that are considered racist vary widely across identity groups. Szafran, Waugh, & Triscott (2011) identify that cross-cultural conflict often occurs in health care settings and there is a need for health care workers to have skills in how to deal with the resulting conflict when these issues arise.

Currently, there exist several models of educational initiatives that incorporate this component of social change. The Tatum (2003) ABC model seeks to affirm identity (A), build community (B), and cultivate leadership (C). Lakey (2010) provides a number of design principles that include practical suggestions on how individuals impact their sphere of influence. Chrobot-Mason et al. (2008) provide an excellent example of a successful workplace educational initiative which was delivered within large organizations. This program required participants employed at all levels within the

organization to develop action plans which were then tracked over time to evaluate the progress. Finally, Zúñiga et al. (2007) designed a comprehensive model for the dialogue groups delivered within a university setting that included the three objectives of consciousness-raising, relationship building, and action planning. Pedersen et al. (2011) caution that, although valuable lessons can be learned from other experiences, it is vital that any initiatives be rooted in the "local context" (p. 61). Any program developed with the WRHA would need the input of key stakeholders.

It is also vitally important in the sharing of information on social inequality that participants are left with a sense of hope for change (Tatum, 2003). Zúñiga et al. (2007) believe that it is unethical to ask individuals to examine social oppression without instilling some hope for change. Based on this conviction, the dialogue groups designed by Zúñiga and her colleagues utilize the Harro (2008a, 2008b) *Cycle of Socialization*[88] and *Cycle of Liberation*[89] as both educational and practical tools for impacting their environment. The dialogue groups recently facilitated in Vancouver, British Columbia, that were described earlier between First Nations, urban Aboriginal, and immigrant communities maintain a focus on solutions to the cultural divide that has characterized the relationship between the different communities and is demonstrated in the plans for developing ongoing practical initiatives (Suleman, 2011). Also, although the conflict between Aboriginal patients and non-Aboriginal staff was acknowledged by many, workshop participants also expressed the need to know how to deal with conflict that is rooted in cultural differences with other identity groups they are increasingly

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[88] Refer to footnote 76, page 204, for full description
[89] Refer to footnote 77, page 204, for full description.

encountering in their workplaces. Clearly this is a continuing training need for WRHA staff members that needs to be addressed.

There is a need to provide both training and support for facilitators of the ACAW. Several of the ACAW facilitators skillfully utilized a "carefrontational" approach, as demonstrated in the use of the circle format and the techniques of self-deprecating and teasing humour. Other facilitation skills that were demonstrated included individuals that: were open, honest, and non-judgmental; were able to create a safe environment; had excellent communication skills; were knowledgeable in the content, and able to co-facilitate. All of these skills require ongoing training and support to ensure that the ACAW is delivered well. To neglect this necessity for training and support is to put facilitators' at risk of burnout. Confrontational approaches that can result from poor facilitation have been shown to harden prejudicial attitudes within workshop participants (Devine et al., 2000). The costs of not providing proper training and support for facilitators is high. The delivery of the ACAW would be strengthened by the formalization of a training and support structure for the facilitators.

Enhancing the curriculum will require any training programs initiated to be longer in length. There is a requirement under the current skills and competencies, identified by the Royal College of Physicians and Surgeons of Canada, for cultural training (MacDonald et al., 2007). These educational requirements for cross-cultural skills have also been identified by other professional organizations. One stakeholder identified the idea of tying the educational programs that seek to address social inequality into accreditation requirements for professionals:

> And for the nursing staff, you know, one of the things that we've talked about that hasn't happened yet, is getting it accredited. Because that might give more merit. Nurses have to have a certain number of hours of education in order to maintain

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their licensing. So if those hours – the two days that they spend here – could contribute to that, the manager knows that they have to support those hours anyways. So that might help us get a little further with that block that exists. (Freda)

MacDonald et al. (2007) have identified that the current time frames allocated within health care settings for educational training on cultural issues do not allow for in-depth analysis of the issues that can arise within practice. Part of the issue seems to lie with the "traditional block model of medical training, a model that supports medical reductionism and a competency approach to learning" (p. 470).

One possible solution may be to develop a training program tied to accreditation for professionals working in the health care field that is delivered over a period of time. Course models similar to Derman-Sparks & Phillips' (1997) approach, or dialogue groups (Beale et al., 2001; Hurtado, 2001; Zúñiga, 2007) would also allow participants time between workshops for personal reflection, a necessary component in examining one's own identity. Drawing on these examples, the health care system will need to design educational programs that seek to address social inequality differently. Tying the training to accreditation requirements may also address the longstanding issue of non-participation by physicians in the ACAW.

In the end, the future enhancement of the ACAW that draws knowledge from the human relations (Justice & Jamieson, 2006), social justice (Zúñiga et al., 2007), and Indigenous perspectives would be the best way forward in these endeavours. As mentioned earlier, Pedersen et al. (2011) reviewed the best practices from educational initiatives that were delivered in Australia to come up with fourteen guiding principles for effective "ingredients for teaching anti-prejudice" (p. 55). Their research uncovered (1) the need for "the provision of information", (2) "involving the audience with respect

from both sides", (3) "choosing emotions to tackle wisely", (4) the need to "emphasise commonality and difference", (5) importance of meeting "local needs", (6) creating cognitive "dissonance", (7) including "evaluation", (8) building "consensus" by "invoking social norms", (9) arranging for "appropriate contact", (10) addressing different "group identities", (11) "finding alternative talk", (12) examining the "source and function of attitudes", (13) increasing the "length of interventions, and (14) utilizing "multiple voices from multiple disciplines" (Pedersen et al., 2011). Although, the ACAW is a good foundation from which to build, there is still much that could be included to enhance the current programming. This research project identified that appropriate contact should include the use of the sharing circle and specific types of humour.

However, training initiatives within the WRHA are not enough. Addressing the conflict that exists between Aboriginal people and the health care system requires exploration of the symbolic dimension. This exploration would require a paradigm shift in the conflict resolution practices being utilized by the WRHA. Perhaps, exploring how Indigenous approaches would inform how to both resolve and transform the current conflict between the Sinclair family and the WRHA is warranted. Currently, the family of Brian Sinclair and the WRHA are mired in adversarial legal wrangling that has only served to extend the conflict over a long period of time, with the predictable hardening of attitudes between the parties.

To begin, if the WRHA was to consider alternative methods to address the conflict between Aboriginal people and the health care system, consultation on how this dispute resolution system needs to include all stakeholders in the system. It would also be critical to include Elders in the consultation process. Further, there are a number of existing frameworks within the health care field that could be used to inform an

alternative dispute resolution system within the WRHA, such as existing codes of ethics for various professions and the *Social Determinant of Health* (SDOH) framework (Mikkonen & Raphael, 2010).

For example, several of the codes of ethics of professionals who work in the area of health care include a responsibility to work towards social justice. Currently, the codes of ethics for nursing and social work articulate a strong commitment to social justice, while other professions, including medicine and psychology, are more circumspect (McGibbon & Etowa, 2009). Despite these differences, there remains an opportunity to combine various professional codes of ethics with the more expansive perspective on health care outlined in the SDOH (Mikkonen & Raphael, 2010). The SDOH identifies fourteen key social determinants of health that have "been shown to have strong effects upon the health of Canadians...[and]...much stronger than the one associated with behaviours such as diet, physical activity, and even tobacco and excessive alcohol use" (p. 9). These social determinants are identified as: (1) income and income distribution, (2) education, (3) unemployment and job security, (4) employment and working conditions, (5) early childhood development, (6) food security, (7) housing, (8) social exclusion, (9) social safety net, (10) health services, (11) Aboriginal status, (12) gender, (13) race, and (14) disability. McGibbon & Etowa (2009) argue that the SDOH can be used to challenge the predominance of the "biomedical thinking" that has hampered "critical social scientific explanations of human suffering" from gaining a voice or examination (p. 102). It is conceivable that many of the social determinants of health may have played a role in the life and health condition of Brian Sinclair.

Using both the codes of ethics and the SDOH framework could provide the guiding principles for an alternative dispute resolution system within the WRHA. Any

dispute resolution design would also need to operate in a timely manner. Responding quickly to traumatic events that have occurred within health care has been determined to both reduce the stress of staff affected (McGibbon, et al., 2010) and meet the needs of victims (Pranis et al., 2003).

Currently, the legal system is being used to settle the conflict between the family of Brian Sinclair and the WRHA. The legal response has been both slow and costly. The emotional costs remain high and will only increase over time. The frustration for the family of Brian Sinclair festers as they continue to wait for answers to the circumstances that led up to his death. Emergency room staff experience emotional stress while having to continue to work with the cloud of potential criminal charges looming over their heads. The financial costs for the WRHA continue to rise as it seeks to defend itself against both the impending inquiry and legal suit from the Sinclair family. The legal costs only drain much needed resources away from the health care system. Based on these realities, exploring alternative ways to proactively address conflicts based on identity issues that arise within the health care system seems prudent.

It is beyond the purview of this study to suggest detailed alternative dispute resolution mechanisms that might work within the WRHA. However, the current response does not appear to either address or ameliorate the existing conflict between Aboriginal people and the health care system. Different approaches need to be found. Currently, the *Truth and Reconciliation Commission of Canada*[90] seeks to make known the truth of the what happened for survivors of the residential schools system in Canada. The Commission is also mandated to work towards reconciliation between the Aboriginal and non-Aboriginal people of Canada. A dispute resolution system within the WRHA,

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[90] Refer to footnote 15, page 17, for further information.

that first seeks to find the truth of an occurrence, allows individuals to express the emotion associated with the trauma, and then seeks ways to reconcile the parties involved, may be one way to redesign a dispute resolution system.

CHAPTER TWELVE

FINAL THOUGHTS

Lederach (1997) identifies that in order to build sustained peace within a society, interventions must be made at multiple levels. In his model of the "actors and approaches to peacebuilding" (p. 39), Lederach (1997) distinguishes between different types of leadership within society (top, middle range, and grassroots levels) that all need to be involved in working toward peace. While at the top level the focus is on high level negotiations, it is at the mid level and grassroots level that much of the work of sustaining peace is completed. For example, in the mid and grassroots level, programs such as problem-solving workshops, conflict resolution, and prejudice reduction training all interlock to build a foundation for peace. However, change requires that there is a commitment to change at all levels. This model can be superimposed on the WRHA organization to examine the current conflict. Too often training programs have been used by senior management within organizations as a way to be seen to be "doing something" in addressing conflicts based in social identity, while at the same time refusing to initiate any real change within the structure. As a result, front line staff are often being made to feel responsible for issues that are beyond their control. In the worse case scenarios, these initiatives can have deleterious effects on the working environment and individual staff members' stress levels. Currently, the WRHA has made some attempts at the middle and grassroots level of the system, but support from the top level is weak or lacking.

Social inequality affects us all. The use of educational initiatives within workplaces and organizations is integral to sustaining peace within our society. Sustaining peace however does not mean supporting the status quo. These educational programs can and should be focused on creating social justice. Education initiatives that

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incorporate meaningful dialogue remain one of the key approaches to bridging the

cultural divide between different identity groups. In the words of the stakeholders:

> The highest form of education takes place when you and I spirit touch. That never leaves you. That education never leaves you. Because you experience something that affects your spirit. (Gayle)

The challenge becomes: What types of education help bridge the difference and what

makes contact between different identity groups meaningful? It is hoped the findings

within this research project will contribute to our understanding of how educational

programs can make participants' spirits touch.

This research project sought to explore the aspects of a cultural awareness

workshop that either helped or hindered participants' learning. Findings include the

importance of learning about Aboriginal history *from* an Aboriginal perspective, the

power of sharing circles to create safety and allow for dialogue, how the appropriate use

of humour can both ease tension, but also used to challenge intolerant ideas, and the

power of storytelling in bridging the divide between different identity groups.

Recommendations that flow from these findings include the need for an enhanced

curriculum that includes practical solutions on how to address social inequality within the

workplace, the need for structural support for these types of educational initiatives, the

need for both a training and support system for facilitators, and the need to further

develop dispute resolution strategies in the symbolic domain.

Enhancing the delivery of these programs requires facilitators to draw upon the

lessons learned in different disciplines. The ACAW was the focus of this current research

project and the program has begun to build a bridge between Aboriginal and non-

Aboriginal people within the health care system in Manitoba. However, using the

metaphor of a bridge, the current reality is similar to an incomplete bridge over a fast

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moving river, with different groups of people on each bank waving at each other to hurry up and complete the work. Clearly, there still is much work to be done if we are to create a society where the tragic death of Aboriginal people like Brian Sinclair will not be attributed to racism. Hopefully, the findings within this research project have contributed a "few more bricks" into the building of that bridge.

APPENDICES

Appendix A

Interview Guide - Key Stakeholders

Thank you for agreeing to participate in this research project on the topic of key stakeholders' and participants' perceptions of the *Aboriginal Cultures Awareness Workshop.* This research project is part of my dissertation where I hope to inform the delivery of workshop training initiatives that seek to address social inequality, such as the *Aboriginal Cultures Awareness Workshop.* The focus of this interview will be your perceptions of what was helpful or not helpful in the workshop. I am completing this research project for my Ph.D. studies at the Arthur V. Mauro Centre for Peace and Justice, St. Paul's College, University of Manitoba.

To ensure your confidentiality, pseudonyms will be assigned to each key informant. Pseudonyms will also be used in written notes and all transcriptions of the data. Should the identity of any individual or organization be mentioned during the course of the interview, these will not be included in any notes or transcriptions. All data, including interview tapes, will be kept in a locked, secure location. Tapes will be destroyed upon completion of the research project.

Opening Questions:
1. What is your current position within the Winnipeg Regional Health Authority?
2. How long have you been in this position?
3. How long have you been in the health care field?

Transition Questions:
1. What is your understanding of the purpose of the *Aboriginal Cultures Awareness Workshop*?
2. What do believe is the perception of health care providers in the Winnipeg Regional Health Authority towards the *Aboriginal Cultures Awareness Workshop?*

Key Questions:
1. What do you think is helpful in the curriculum in developing awareness of Aboriginal issues?
2. What do you find least helpful in the curriculum in the workshop?
3. Are there any other things that could be done in the workshop to make the participants' learning more effective?
4. What do you think are essential qualities of the facilitators in making the experience of participants in the *Aboriginal Cultures Awareness Workshop* positive?
5. Overall, how effective do you think the workshop has been in changing attitudes among staff of the Winnipeg Regional Health Authority?

Ending Question:
1. Is there anything else that you would like to add?

Thank you for your time in answering my questions. As mentioned before, I will be sending you a transcript of this interview. Once you receive this copy please contact me within three (3) weeks if there is anything that you have concerns or questions about.

Appendix B

CONSENT FORM

Research Project Title: Perceptions of Key Stakeholders and Participants in the *Aboriginal Cultures Awareness Workshop*

Researcher: Cathy Rocke, M.S.W., Ph.D. Candidate
Arthur V. Mauro Centre for Peace and Justice

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose of the Research

The purpose of this research project to identify what key stakeholders and workshop participants in the *Aboriginal Cultures Awareness Workshop* offered by the *Aboriginal Health Programs* at the Winnipeg Regional Health Authority found to be the most helpful, and least helpful, aspects of the workshop and curriculum.

Research Procedure

Key stakeholders will be interviewed about their perceptions of what were the most helpful and least helpful aspects of the *Aboriginal Cultures Awareness Workshop.* Each interview is expected to take about one hour. During the interview, the researcher will use an audio tape recorder and take personal notes to record the conversation accurately.

Workshop participants will be observed during the delivery of the *Aboriginal Cultures Awareness Workshop.* After attendance at the workshop, participants will be asked to complete a questionnaire.

Risk Assessment

There are no undue risks for participants in this study.

Confidentiality

Pseudonyms will be assigned to each research participant. Pseudonyms will also be used in written notes and all transcriptions of the data. Should the identity of any individual or organization be mentioned during the course of the interviews, workshop observations or questionnaire responses, these identities will not be included in any notes or transcriptions. All data, including interview tapes, will be kept in a locked, secure location (locked cabinet at researcher's home). Tapes will be destroyed upon completion of the research project (expected date of completion March 2011).

Participation and Compensation

Each person's participation is completely voluntary, and each person is free to withdraw from the study at any time and for any reason with no repercussions. There is no compensation for taking part in the interview or for completing the questionnaire.

Interview Feedback

Each key stakeholder who is interviewed will be sent a transcript of his or her own interview. Each participant will have the opportunity to respond within three (3) weeks of receipt of his or her transcript. Upon completion of my research, a summary report will be provided to the *Aboriginal Health Programs* and will be available for participants in this research to review.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to become involved as a participant. In no way does this waive your legal rights nor release the researcher, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from this study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Cathy Rocke, M.S.W., Ph.D. Candidate
crocke@cc.umanitoba.ca

This research has been approved by the Joint Faculty Research Ethics Board. If you have any concerns or complaints about this project, you may contact the Human Ethics Secretariat at 474-7122. A copy of this consent has been given to you to keep for your records and reference.

Participant Name_____
                               (Please Print)

_____
Participant's Signature   Date

_____
                    Researcher's Signature   Date

Appendix C

Letter of Introduction

March / April X, 2010

Dear *Aboriginal Cultures Awareness Workshop* Participant,

I am contacting you in hopes that you will agree to participate in a research project I am currently completing on individuals who will participate in the *Aboriginal Cultures Awareness Workshop* offered by the Aboriginal Health Programs, Winnipeg Regional Health Authority. I understand that you are registered to attend the March/April , 2010 workshop.

I am currently a Ph.D. candidate at the Arthur V. Mauro Centre for Peace and Justice, St. Paul's College, at the University of Manitoba, and am completing this research project as part of my dissertation research for my Ph.D. studies. I hope that this research project will inform the delivery of workshop training initiatives that seek to address social inequality, such as the *Aboriginal Cultures Awareness Workshop.* For this research project, I am interested in your perceptions of what was helpful, or not helpful, in the *Aboriginal Cultures Awareness Workshop.*

Staff from the Aboriginal Health Programs have kindly agreed to forward this letter to you as a future participant in the *Aboriginal Cultures Awareness Workshop.* During the months of March and April 2010, I hope to observe a number of the *Aboriginal Cultures Awareness Workshops* as a participant/observer. Upon completion of the workshop, I am will be asking that all participants fill out a survey that will be available either in person or online. The survey should take no more than 20 minutes to complete.

Both my observations of the workshop and the subsequent surveys will be strictly confidential. In my observations of the workshop, your confidentiality will be maintained through the use of pseudonyms. The surveys will not contain any indentifying information. During the survey you may refuse to answer any questions at any time without repercussions.

At the beginning of the *Aboriginal Cultures Awareness Workshop*, I will review the research project for all the participants and answer any questions that you might have. At that point, I will be asking that all participants sign a consent form for the research to proceed. I would be pleased to speak to you regarding any questions that you may have and can be contacted at my email address: crocke@cc.umanitoba.ca. Also, if you have any questions about this research project, information can also be obtained from my faculty advisor, Dr. Jessica Senehi, Associate Director, Arthur V. Mauro Centre for Peace and Justice, St. Paul's College, University of Manitoba, at telephone number 474-7978 or email: Jessica_Senehi@umanitoba.ca.

Cathy Rocke, M.S.W., Ph.D. Candidate
Arthur V. Mauro Centre for Peace and Justice
University of Manitoba

Questionnaire*

_____

Thank you for taking the time to complete this questionnaire!

As explained at the beginning of the workshop, I am currently completing my Ph.D. studies at the Arthur V. Mauro Centre for Peace and Justice, St. Paul's College, University of Manitoba. For this research project, I am **interested in your perceptions of what was helpful, or not helpful**, in the _Aboriginal Cultures Awareness Workshop._ Your participation in this questionnaire is voluntary and your responses are anonymous. Neither WRHA staff nor I will be able to identify you by your returned questionnaire.

To begin, I would like to know the type of position you currently hold with the WRHA, the length of time that you have been working at the WRHA, and how you came to be working in the health care field.

1. What is your current position within the WRHA?
   - ☐ Administrative Support/Clerical
   - ☐ Clinical Assistant
   - ☐ Management
   - ☐ Professional/Technical (Allied Health)
   - ☐ Health care Aide/Home Care Support Worker
   - ☐ Physician
   - ☐ Resident/Intern
   - ☐ Social Work
   - ☐ Supervisory/Resource Coordinator
   - ☐ Business-Related (IT, HR, Finance)
   - ☐ Other_____

2. How long have you been in the health care field?
   - ☐ 0-1 years
   - ☐ 1-5 years
   - ☐ 5-10 years
   - ☐ 10-15 years
   - ☐ 15-20 years
   - ☐ 20+ years

3. Please share the story of how you chose a career in the health care field.
   _____
   _____

Next, I would like to understand your perceptions **before** you attended this workshop.

4. What were your reasons for taking this particular training?

   _____

   _____

5. How did you feel coming into this training?

   _____

   _____

6. What has been your experience with Aboriginal People before attending this training?

   _____

   _____

7. How do you think the management at your workplace feel about the *Aboriginal Cultures Awareness Workshop?*

_____

_____

In workshops, participants differ on what **parts** of a workshop they find either helpful or not helpful in understanding new information. I am interested in hearing from you on what you felt were **helpful** or **not helpful parts** of the *Aboriginal Cultures Awareness Workshop.*

8.   a) Based on your experience in the *Aboriginal Cultures Awareness Workshop* what **parts** of the workshop **were helpful** to your learning? and **why**?

   _____

   _____

   b) Based on your experience in the *Aboriginal Cultures Awareness Workshop* what **parts** of the workshop were **not helpful** to your learning? and **why**?

   _____

   _____

In workshops, participants also differ in their **experiences with the facilitators**. I am interested in knowing the things that the facilitators did that were either helpful or not so helpful in learning new information?

9.   a) What kinds of things did the **facilitators** do that were **helpful** to you in learning new information? and **why**?

   _____

   _____

   b) What kinds of things did the **facilitators** do that were **not helpful** to you in learning new information? and **why**?

   _____

   _____

10. How did you feel at the end of the workshop?

_____
_____

11. Do you think this workshop should continue? Why or why not?

_____
_____

People often take new information they have learned in workshops back to their workplace. I am interested in understanding if you think the *Aboriginal Cultures Awareness Workshop* will **affect your understanding of, and relationship both with the Aboriginal patients/residents/clients** and your **Aboriginal colleagues.**

12.   a) How do you think your participation in the *Aboriginal Cultures Awareness Workshop* will affect **your understanding of Aboriginal patients/residents/clients**?

_____
_____

   b) How do you think that your participation in the *Aboriginal Cultures Awareness Workshop* will affect your future interaction with **Aboriginal patients/residents/clients**?

_____
_____

   c) How you think that your participation in the *Aboriginal Cultures Awareness Workshop* will affect **your understanding of your Aboriginal colleagues**?

_____
_____

   d) How do you think that your participation in the *Aboriginal Cultures Awareness Workshop* will affect your future interaction **with your Aboriginal colleagues**?

_____
_____

13. On a scale of 1 to 10 please rate your **satisfaction with the content** taught in the *Aboriginal Cultures Awareness Workshop.*

         1   2   3   4   5   6   7   8   9   10
       not satisfied   very satisfied
         at all

14. On a scale of 1 to 10 please rate your **satisfaction with the facilitators** of the *Aboriginal Cultures Awareness Workshop.*

       1   2   3   4   5   6   7   8   9   10
  not satisfied   very satisfied
    at all

15. What would you change about the workshop?

   _____
   _____

Finally....

Many participants in workplace workshops, such as the *Aboriginal Cultures Awareness Workshop*, have different experiences based on their racial or ethnic background. For this purpose, I am asking that workshop participants identify their racial or ethnic background.

16. How would you identify your racial or ethnic background?

_____
_____

17. Please feel free to add any other comments that you would like to make about your experience participating in the *Aboriginal Cultures Awareness Workshop?*

   _____
   _____

Thank you again for taking the time to answer this questionnaire!

* Questionnaire was reformatted in copies given to respondents to allow for adequate space for handwritten answers.

Appendix E

Smudging

We smudge to clear the air around us.

We smudge to clean our minds so that we'll only have good thoughts of others.

We smudge our eyes to that we'll only see good things in others.

We smudge our ears so that we'll only listen to good things about others.

We smudge our mouths so that we'll only speak good things about others

We smudge our whole being so that we may portray only the good parts of our self through our actions.

Niji Mahkwa School 1994

Gray, K., & Thomas, D. (2010, June 14). *Aboriginal Cultures Awareness Workshop.* Winnipeg, MB: Winnipeg Regional Health Authority, Aboriginal Health Programs - Health Education. Regional Health Authority.

Description of Smudging Ceremony:

Every Aboriginal society has rituals of purification that prepare a person for communing with the Spirit World, from praying to the Creator to taking part in celebrations with the community or participating in ceremony and ritual.

The most common method of cleansing for ceremonial/spiritual purposes is smudging, which involves the burning of sacred plants usually in a large shell such as a abalone and the resulting smoke is used to wash away any negative energy that may be around. The shell brings into representation one of the four elements - water. The match used to light the smudge represents fire, as does the actual burning. The sacred plants and their ashes represent the Earth, and the smoke (an exact analogue to incense in the Judeo-Christian tradition) represents the air. Once lit, a feather is commonly used to fan the embers to assist the actual smouldering of the smudge. The rising smoke symbolizes the prayers of the person smudging or being smudged, being brought to the Creator. It is a traditional practice to offer the smoke to the Four Directions, starting with either north or east, and to say a prayer at each of them.

Smudging is usually done when spirits are low, after being around someone who is sick or depressed, during meditation, in prayer, or at the opening of a ceremony or meeting. Smudging is a sacred act; therefore, the ashes remaining must be treated with reverence. These are returned to the Earth in a respectful manner or placed in a sacred fire. In some Aboriginal cultures these ashes are gathered throughout the year and buried at a special ceremony.

Aboriginal Human Resources (n.d.). *Aboriginal Cultural Awareness Training: Participant's Manual.* Lundar, MB: Interlake Regional Health Authority.

Appendix F

Agenda

Day 1 (9:00am - 4:00 pm) - Canadian History Component

- ➢ Introductions
- ➢ Icebreaker
- ➢ Housekeeping
- ➢ Goal
- ➢ Guidelines
- ➢ History of ACAW/AHP
- ➢ Questions and Comments
- ➢ Dates in History
- ➢ Definition of Terms
- ➢ Energizer
- ➢ Video "Sleeping Children Awake"
- ➢ Exercise "Residential School Survivor Transcripts"
- ➢ Intergenerational Impacts
- ➢ Sharing/Debrief Circle

Day 2 (9:00am - 4:00pm) - Cultural Component

- ➢ Welcome back
- ➢ Sharing Circle
- ➢ Facts and Fallacies
- ➢ Cultural Concepts
- ➢ Medicine wheel
- ➢ Holistic Healing
- ➢ 4 Sacred Medicines
- ➢ Energizer
- ➢ Video "The Seven Laws"
- ➢ Seven Natural Healing ways
- ➢ Smudge Ceremony
- ➢ Expectation Review
- ➢ Evaluations
- ➢ Debrief/Sharing Circle

Gray, K., & Thomas, D. (2010, June 14). *Aboriginal Cultures Awareness Workshop.* Winnipeg,
MB: Winnipeg Regional Health Authority, Aboriginal Health Programs - Health
Education. Regional Health Authority.

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Appendix G

Cultural Concepts

</div>

Background

Cultural concepts form the foundation on which we build our perceptions and ultimately influence our behaviour when working with or around people from cultures other than ours; this will help to develop greater understanding/clarity regarding cultural concepts.

1. **Cultural Awareness** – Developing sensitivity and understanding of another ethnic group. This usually involves internal changes in terms of attitudes and values. Awareness and sensitivity also refer to qualities of openness and flexibility that people develop in relation to others. Cultural awareness must be supplemented with cultural knowledge.

2. **Cultural Knowledge** – Familiarization with selected cultural characteristics, history, values, belief systems, and behaviours of the members of another ethnic group.

3. **Cultural Sensitivity** – Knowing that cultural differences, as well as similarities, exist, without assigning values, i.e., better or worse, right or wrong, to those cultural differences.

4. **Cultural Competency** – A set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals which enable that system, agency or those professionals to work effectively in cross-cultural situations.

5. **Cultural Safety** – Is about power relationships in the health care setting. It is about setting up systems which enable the less powerful to genuinely monitor the attitudes and service of the more powerful; to comment with safety and ultimately create useful and positive change to benefit the health care system and the people we serve. "You will never be completely aware of our culture – so be safe with our culture that we can be safe with you."

6. **Cultural Humility** – A lifelong commitment to self-evaluation and self-critique, to redressing the imbalances in the patient-physician dynamic, and to developing mutually beneficial, and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations. (Tervalon & Murray-Garcia, 1998)

Gray, K., & Thomas, D. (2010, June 14). *Aboriginal Cultures Awareness Workshop.* Winnipeg, MB: Winnipeg Regional Health Authority, Aboriginal Health Programs - Health Education. Regional Health Authority.

Appendix H

Facts and Fallacies

Please discuss in your small groups and circle the answer that you feel fits the corresponding statement. Be prepared to discuss with the large group.

1.	All Aboriginal people can speak their own language and understand each other.	True	False
2.	Aboriginal peoples do not have to pay taxes and all their medications are paid for.	True	False
3.	Aboriginal people were discovered by Europeans.	True	False
4.	Aboriginal women did not have major roles and responsibilities in traditional societies.	True	False
5.	Aboriginal peoples were inaccurately named Indians.	True	False
6.	The term Aboriginal, Native, and Indigenous are used to define one homogenous group of people in Canada.	True	False
7.	Aboriginal peoples receive housing no matter where they live.	True	False
8.	All Aboriginal peoples reside on reserves or Métis communities.	True	False
9.	Aboriginal peoples do not make eye contact.	True	False
10.	Aboriginal peoples know their cultures' history and languages.	True	False

Gray, K., & Thomas, D. (2010, June 14). *Aboriginal Cultures Awareness Workshop.* Winnipeg, MB: Winnipeg Regional Health Authority, Aboriginal Health Programs - Health Education. Regional Health Authority.

Reference List

A letter to the people of Winnipeg. (2008, October 1). *Winnipeg Free Press.* Retrieved from: http://www.winnipegfreepress.com/historic/33090609.html

ABC News (Production Company). (1970). *Eye of the storm.* (DVD). Available from: http://janeelliott.com/Merchant2/merchant.mvc?Screen=PROD&Store_Code=J& Product_Code=JE-26

Abella, R. (1984). *Equality in employment: The report of the commission on equality in employment.* Ottawa, ON: Supply and Services Canada.

Abma, D. (2011, July 8). *Aggressive anti-racism campaigns can backfire: Study.* Retrieved from The Vancouver Sun: http://www.vancouversun.com/life/Aggressive+anti+racism+campaigns+backfire +study/5074370/story.html

Aboriginal Health Programs. (n.d.). *Health within a culture of caring: Aboriginal health programs*.Winnipeg, MB: Winnipeg Regional Health Authority.

Aboriginal Human Resources. (n.d.). *Aboriginal Cultural Awareness Training: Participant'sManual.* Lundar, MB: Interlake Regional Health Authority.

Abu-Nimer, M. (2001). Conflict resolution, culture, and religion: Toward a training model of interreligious peacebuilding. *Journal of Peace Research, 38*(6), 685-704.

Abu-Nimer, M. (2003). *Conflict resolution models across cultures.* Retrieved July 28, 2011,from Beyond Intractability.org: http://www.beyondintractability.org/audio/10016/

Abu-Nimer, M. (2004). Education for coexistence and Arab-Jewish encounters in Israel: Potential and challenges. *Journal of Social Issue, 60*(2), 405-422.

Adams, H. (1989). *Prisons of grass: Canada from a Native point of view.* Calgary, AB: Fifth House Publishers.

Adams, M., Bell, L. A., & Griffin, P. (1997). *Teaching for diversity and social justice: A sourcebook.* New York, NY: Routledge.

Adams, M., Bell, L. A., & Griffin, P. (2007). *Teaching for diversity and social justice* (2nd ed.). New York, NY: Routledge.

Adams, M., Blumenfeld, W.J., Castañeda, R., Hackman, H.W., Peters, M.L., & Zúñiga, X. (2010). (Eds.), *Readings for Diversity and Social Justice* (2nd ed). New York, NY: Routledge.

Adelman, L. (Director). (2003). *Race: The power of an illusion* [DVD]. South Burlington, VT: California Newsreel.

AFN. (n.d.). *Fact sheet: First Nations post-secondary education.* Retrieved from: http://www.afn.ca/uploads/files/pse-fact-sheet.pdf

AFN. (2011, June). *Fact sheet: Quality of life for First Nations.* Retrieved from: http://www.afn.ca/uploads/files/factsheets/quality_of_life_final_fe.pdf

Agnew, V. (Ed.). (2007). *Interrogating race and relations.* Toronto, ON: University of Toronto Press.

AHP. (n.d.). *Health within a culture of caring: Aboriginal health programs.* Winnipeg, MB: Aboriginal Health Programs, Winnipeg Regional Health Authority.

Alcalde, M. C. (2007). Going home: A feminist antrhopologist's reflections on dilemnas of power and positionality in the field. *Meridians: Feminisms, Race, Transnationalism,* 7(2), 143-162.

Alfred, G. (1995). *Heeding the voices of our ancestors: Kahnawake Mohawk politics and the rise of Native nationalism.* Toronto, ON: Oxford University Press.

Alfred, T. (2009). *Peace, power, and rightness: An Indigenous manifesto.* (2nd ed.). Toronto, ON: Oxford University Press.

Allport, G. W. (1979/1954). *The nature of prejudice* (25th Anniversary ed). Cambridge, MA: Perseus Books.

Amnesty International. (2008). *Unequal rights: Ongoing concerns about discrimination against women in Canada.* London, UK: Amnesty. Retrieved from: http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/AI_Canada42.pdf

Amnesty International. (2009). *No more stolen sisters: The need for a comprehensive response to discrimination and violence against Indigenous women in Canada.* London, UK: Amnesty.

Angelou, M. (1994). *The complete collected poems of Maya Angelou.* Toronto, ON: Random House.

Augsburger, D. W. (1992). *Conflict mediation across cultures: Pathways and patterns.* Louisville, KT: Westminister John Knox Press.

Avruch, K. (1998). *Culture & conflict resolution.* Washington, DC: United States Institute of Peace.

Avruch, K. (2003). Culture. In S. Cheldelin, D. Druckman, & L. Fast (Eds.), *Conflict: From analysis to intervention* (pp. 140-153). London, UK: Continuum.

Avruch, K. (2008). Culture theory, culture clash, and the practice of conflict resolution. In *Handbook of conflict analysis and resolution* (pp. 239-253). New York, NY: Routledge.

Avruch, K., & Black, P. W. (1993). Conflict resolution in inter-cultural settings: Problems and prospects. In D. Sandole, & H. van der Merwe (Eds.), *Conflict resolution theory and practice: Integration and applicaton* (pp. 131-145). Manchester, UK: Manchester University Press.

Avruch, K., & Black, P. W. (2001). The culture question and conflict resolution. *Peace & Change, 16*(1), 22-45.

Azar, E. E. (1990). *The management of protracted social conflict.* Aldershot, UK: Dartmouth Publishing.

Back, L. & Solomos, J. (2001). Doing research, writing politics: The dilemmas of political intervention in research in racism. In H. Goulbourne (Ed.), *Race and ethnicity: Critical concepts in sociology (Volume III - Racism: Exclusion and privilege)* (pp. 378-399). London, UK: Routledge.

Baines, D. (2003). Race, class, and gender in the everyday talk of social workers. In W. Shera (Ed.), *Emerging perspectives on anti-oppressive practice* (pp. 43-64). Toronto, ON: Canadian Scholars' Press Inc.

Balcazar, F. E., Suarez-Balcazar, Y., & Taylor-Ritzler, T. (2009). Cultural competence: Development of a conceptual framework. *Disability and Rehabilitation, 31*(14), 1153-1160.

Banas, J. A., Dunbar, N., Rodriguez, D., & Liu, S. (2011). A review of humour in educational settings: Four decades of research. *Communication Education, 60*(1), 115-144.

Banks , J.A. (2002). *An introduction to multicultural education.* (3rd ed.). Boston, MA: Allyn & Bacon.

Banks, J. A. (2006). Improving race relations in schools: From theory and research to practice. *Journal of Social Issues, 62*(3), 607-614.

Banks, J. A., & McGee-Banks, C. A. (2004). *Handbook of research on multicultural education* (2nd ed.). San Francisco, CA: Jossey-Bass.

Barker, R. L. (2003). *The social work dictionary.* Baltimore, MD: NASW Press.

Bar-On, D. (2000). *Bridging the gap: Storytelling as a way to work through political and collective hostilities.* Hamburg, Germany: Korber-Stiftung.

Bar-On, D. & Kassem, F. (2004). Storytelling as a way to work through intractable conflicts: The German-Jewish experience and its relevance to the Palestinian-Israeli context. *Journal of Social Sciences, 60*(2), 289-306.

Battiste, M. (Ed.). (2009). *Reclaiming Indigenous voice and vision.* Vancouver, BC: UBC Press.

Battiste, M., & Henderson, J. Y. (2000). *Protecting Indegenous knowledge and heritage: A global challenge.* Saskatoon, SK: Purich Publishing Inc.

Beach, M. C., Price, E. G., Gary, T. L., Robinson, K. A., Gozu, A., Palacio, A., et al. (2005). Cultural competence: A systematic review of health care provider educational interventions. *Medical Care, 43*(4), 356-373.

Beale, R.L., Thompson, M.C., & Chesler, M. (2001). Training peer facilitators for intergroup dialogue leadership. In D. Schoem & S. Hurtado (Eds.), *Intergroup dialogue: Deliberative democracy in school, college, community, and workplace.* Ann Arbor, MI: The University of Michigan Press.

Bear Nicholas, A. (1996). Citizenship education and Aboriginal people: The humanitarian art of cultural genocide. *Canadian and International Education, 25*(2), 59-107.

Belanger, Y. D. (2010). *Ways of knowing: An introduction to Native studies in Canada.* Toronto, ON: Nelson Education.

Bell, L. (2003). Telling tales: What stories can teach us about racism. *Race, Ethnicity, and Education, 6*(1), 3-28.

Bell, N.D. (2007). How native and non-native English speakers adapt to humor in intercultural interaction. *International Journal of Humor Research, 20*(1), 27-48.

Bennett, M. (2002). *Aboriginal youth and racism: A review of the literature.* Ottawa, ON: Canadian Heritage.

Bennett, T. (2005). Culture. In T. Bennett, L. Grossberg & M. Morris (Eds.), *New keywords: A revised vocabulary of culture and society.* Malden, MA: Blackwell Publishing.

Benton-Banai, E. (1988). *The mishomis book: The voice of the Ojibway.* Minneapolis, MN: University of Minnesota Press.

Bercovitch, J. (2009). Mediation and conflict resolution. In J. Bercovitch, V. Kremenyuk, & I. W. Zartman (Eds.), *The SAGE handbook of conflict resolution* (pp. 340-357). Thousand Oaks, CA: Sage Publications.

Bercovitch, J., Kremenyuk, J., & Zartman, I. W. (2009). Introduction: The nature of conflict and conflict resolution. In *The SAGE handbook of conflict resolution* (pp. 1-11). Thousand Oaks, CA: Sage Publications.

Berg, B. L. (2009). *Qualitative research methods for social sciences* (7th ed.). Boston, MA: Allyn & Bacon.

Bilodeau, R. (2011, March 2). *A Quebec/Europe symposium on interculturalism.* Retrieved from: http://www.symposium-interculturalisme.com/pdf/Press-release.pdf

Black, P. W. (2003). Identities. In S. Cheldelin, D. Druckman, & L. Fast (Eds.), *Conflict: From analysis to intervention* (pp. 120-139). New York, NY: Continuum.

Blades, D. W., & Richardson, G. H. (2006). Introduction: Troubling the canon of citizen education. In D.W. Blades, & G. H. Richardson (Eds.), *Troubling the canon of citizen education* (pp. 1-12). New York, NY: Peter Lang.

Bogdan, B. K., & Biklen, S. K. (2007). *Qualitative rsearch for education: An introduction totheory and methods* (5th ed.). Boston, MA: Allyn & Bacon.

Bonnett, A., & Carrington, B. (1996). Constructions of anti-racist education in Britain and Canada. *Comparative Education, 32*(3), 271-288.

Bopp, J., Bopp, M., Brown, L., & Lane, J. P. (1989). *The sacred tree: Reflections on Native American spirituality.* Twin Lakes, WI: Lotus Light Publications.

Borkowski, N. (2009). *Organizational behavior, theory, and design in health care.* Sudbury, MA: Jones and Bartlett Publishers.

Boulding, E. (2000). *Cultures of peace: The hidden side of history.* Syracuse, NY: Syracuse University Press.

Boulding, K. (1989). *Three faces of power.* Newbury Park, CA: Sage Publications Inc.

Boyes-Watson, C. (2005). Seeds of change: Using peacemakikng circles to build a village for every child. *Child Welfare, 84*(2), 191-208.

Brant Castellano, M. (2004). Ethics of Aborignal research. *Journal of Aboriginal Health, 1*(1), 98-114.

Brant Castellano, M., Archibald, L., & DeGagné, M. (2008). *From truth to reconciliation: Transforming the legacy of residential schools.* Ottawa, ON: Aboriginal Healing Foundation.

Brazzel, M. (2003). Historical and theoretical roots of diversity management. In D. Plummer (Ed.), *Handbook of diversity management: Beyond awareness to competency based learning* (pp. 51-93). Landham, MD: University Press of America.

Brewster, S., Buckley, M., Cox, P., & Griep, L. (2002, April). *Diversity education research project: A literature review.* Retrieved from: http://culture.alberta.ca/humanrights/publications/docs/LiteratureReview.pdf

Brodbeck, T. (2011, June 29). *WRHA fat cat salaries make us sick: Massive salaries fail to improve health care.* Retrieved from: http://www.winnipegsun.com/2011/06/29/wrha-makes-us-sick

Brodbeck, T. (2011, July 3). *WRHA burning piles of cash: Spin doctor fails to put polish to VPs salaries.* Retrieved from: http://www.winnipegsun.com/2011/07/03/wrha-burning-piles- of-cash

Brown, L., & Strega, S. (2005). *Research as resistance: Critical, Indigenous, and anti-oppressive approaches.* Toronto, ON: Canadian Scholars Press/Women's Press.

Bruyere, G. (2007). Making circles: Renewing First Nations ways of helping. In J. Coates, J.R. Graham, B. Swartzentruber & B. Ouellette (Eds.), *Spirituality and social work:Selected Canadian reading* (pp. 259-272). Toronto, ON: Canadian Scholars Press.

Buddle, K. (2009, January 25). *Treacherous political path: Look at 'aboriginal industry' an inept rant.* Retrieved from: http://www.winnipegfreepress.com/arts-and-life/entertainment/books/treacherous_political_path__look_at_aboriginal_industry_an_in ept_rant38290889.html

Burns, P., Williams, K., & Pankratz, D. (2009a). *Youth peacebuilding gathering 2008: Final report.* Winnipeg, MB: The Youth Peacebuilding Project.

Burns, P., Williams, K., & Pankratz, D. (2009b). *Youth peacebuilding project 2008: Appendices.* Winnipeg, MB: The Youth Peacebuilding Project.

Burton, J. (1990). *Conflict: Resolution and provention.* New York, NY: St. Martin's Press.

Burton, J. W. (1997). Conflict resolution: Towards problem solving. *Peace and Conflict Studies,4*(2).

Burton, J. W. (1998). Conflict resolution: The human dimension. *The International Journal of Peace Studies, 3*(1). Retrieved from: http://www.gmu.edu/programs/icar/ijps/vol3_1/burton.htm

Bush, R. A., & Folger, J. P. (2005). *The promise of mediation: The transformative approach to conflict* (Revised ed.). San Francisco, CA: John Wiley & Sons Inc.

Bushie, B. (1999, August 7). *Community holistic circle healing.* Retrieved from: http://www.iirp.edu/article_detail.php?article_id=NDc0

Byrne, S. (2000). Conflict and group identity: Lessons from Northern Ireland. *Conciliation Quarterly, 19*(1), 6-8.

Byrne, S., & Carter, N. (2002). Social cubism: Six social forces of ethnoterritorial politics in Northern Ireland and Quebec. *ILSA Journal of International & Comparative Law, 8*(3), 741-769.

Byrne, S., & Senehi, J. (2008). Conclusions: Revisiting the CAR field. In S. Byrne, J. Senehi, & Sandole-Staroste (Eds.), *Handbook of conflict analysis and resolution* (pp. 523-528). New York, NY: Routledge.

Cabezudo, A., & Haavelsrud, M. (2007). Rethinking peace education. In C. Webel, & J. Galtung (Eds.), *Handbook of peace and conflict studies* (pp. 279-296). New York, NY: Routlege.

Cajete, G. (2009). Indigenous knowledge: The Pueblo metaphor of Indigenous education. In *Reclaiming Indigenous voice and vision* (pp. 181-191). Vancouver, BC: UBC Press.

Caledonia land claim: Timeline. (2006, November 1). *Canadian Broadcasting Corporation.* Retrieved from: http://www.cbc.ca/news/background/caledonia-landclaim/

Canadian Medical Association. (2010a). *Health care transformation in Canada: Change that works. Care that lasts.* Ottawa, ON: CMA. Retrieved from: http://www.cma.ca/multimedia/CMA/Content_Images/Inside_cma/Advocacy/HCT/HCT-2010report_en.pdf

Canadian Medical Association. (2010b, August). *Fact sheet: Health care transformation: Change that works. Care that lasts.* Ottawa, ON: CMA. Retrieved from: http://www.cma.ca/multimedia/CMA/Content_Images/Inside_cma/Advocacy/HCT/FastFacts/HCT-Overview2010_en.pdf

CCIE presents cedar & bamboo; Film screening and panel discussion. (2010, October 14). Retreived from: http://educ.ubc.ca/newsandinfo/ccie-presents-cedar-bamboo-film-screening-and-panel-discussion

Charge hospital in death: police - case against HSC could be legal first - negligence count for ER staffer urged. (2011, September 14). *Winnipeg Free Press.* Retrieved from: http://www.winnipegfreepress.com/local/charge-hospital-in-death-police-129784168.html

Chasin, R., & Herzig, M. (1993). Creating systemic interventions for the sociopolitical arena. In B. Berger Gould, & D. Hilleboe DeMuth (Eds.), *The global family therapist: Integrating the personal, professional, and political* (pp. 149-192). Boston, MA: Allyn and Bacon.

Cheldelin, S. (2003). Mediation and arbitration. In S. Cheldelin, D. Druckman, & L. Fast (Eds.), *Conflict: From analysis to intervention* (pp. 220-240). New York, NY: Continuum.

Chinn, P. L. (2008). *Peace and power: Creative leadership for building community* (7th ed.). Mississauga, ON: Jones and Bartlett Publishers.

Chrobot-Mason, D., Hays-Thomas, R., & Wishik, H. (2008). Understanding and defusing resistance to diversity training and learning. In K. M. Thomas, *Diversity resistance in organizations* (pp. 23-54). New York, NY: Lawrence Erlbaum Associates.

Chupp, M. (n.d.). *Comparative analysis across approaches: Principles of practice for transforming race relations.* Retrieved from: http://www.beyondintractability.org/principles_of_practice/?nid=5105

Clark, P. (2007). Representations of Aboriginal people in English Canadian history textbooks:Toward reconciliation. In E. A. Cole (Ed.), *Teaching the past: History education and reconciliation* (pp. 81-120). Toronto, ON: Rowman & Littlefiled Publishers Inc.

Cohen, R. (2007). Creoliztation. In G. Ritzer (Ed.), *The Blackwell encyclopedia of sociology.* (Volume II, C, pp. 817-818). Malden, MA: Blackwell Publishing.

Coleman, P. T. (2000). Power and conflict. In M. Deutsch, & P. T. Coleman (Eds.), *Handbook of conflict resolution: Theory and practice* (pp. 108-130). San Francisco, CA: Jossey-Bass.

Cook-Huffman, C. (2008). The role of identity in conflict. In D. J. Sandole, S. Byrne, J. Senehi, & I. Sandole-Staroste (Eds.), *Handbook of conflict analysis and resolution* (pp. 17-29). New York, NY: Routledge.

Cooley, C. H. (1902/2010). *Human nature and the social order.* Charleston, NC: Bibliolife.

Coser, L.A. (1967). *Continuities in the study of conflict.* New York, NY: Free Press.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods* (3rd ed.). Thousand Oaks, CA: Sage.

Cross, T., Bazron, B., Dennis, K., & Issacs, M. (1989). *Towards a culturally competent system of care: A monograph on effective services of minority children who are severely emotionally distrubed.* Washington, DC: Georgetown University Child Development Center, National Technical Assistance Centre for Children's Mental Health.

Cross, W. E. (1991). *Shades of Black: Diversity in African-American identity.* Philadelphia, PA: Temple University Press.

Curtis, E. F., Dreachslin, J. L., & Sinioris, M. (2007). Diversity and cultural competence training in health care organizations: Hallmarks of success. *The Health care Manager, 26*(3), 255-262.

Dana, R. H. (2008a). National and international professional resources. In R. H. Dana, & J. Allen (Eds.), *Cultural comeptency training in a global society* (pp. 43-61). New York, NY: Springer.

Dana, R. H. (2008b). A cultural competency training model. In R. H. Dana, & J. Allen (Eds.), *Cultural competency training in a global society* (pp. 179-204). New York, NY: Springer.

Danesh, H. B. (2007). Education for peace: The pedagogy of civilization. In
Z. Bekerman, & C. McGlynn (Eds.), *Addressing ethnic conflict through peace education* (pp. 137-160). New York, NY: Palgrave MacMillan.

Dei, G. (1996). *Anti-racism education.* Halifax, NS: Fernwood Publishing.

Dein, S. (2006). Race, culture and ethnicity in minority research: A critical discussion. *Journal of Cultural Diversity, 13*(2), 68-75.

Derman-Sparks, L., & Phillips, C. B. (1997). *Teaching/learning anti-racism: A developmental approach.* New York, NY: Teachers College Press.

DeRosa, P. (2001). *Social change or status quo? Approaches to diversty training.* Retrieved from: http://www.changeworksconsulting.org/Div.Approaches-11.21.0.pdf

Dessel, A., & Rogge, M. E. (2008). Evaluation of intergroup dialogue: A review of the empirical literature. *Conflict Resolution Quarterly, 26*(2), 199-238.

Dessel, A., Rogge, M. E., & Garlington, S. B. (2006). Using intergroup dialogue to promote social justice and change. *Social Work, 51*(4), 303-315.

d'Estree, T. P. (2009). Problem solving approaches. In J. Bercovitch, V. Kremenyuk, & I.W. Zartman (Eds.), *The SAGE handbook of conflict resolution* (pp. 143-171). Thousand Oaks, CA: Sage.

Deutsch, M. (1985). *Distributive justice: A social-psychological perspective.* Binghamton, NY: Valil-Ballou Press.

Devine, P. G., Plant, E. A., & Buswell, B. N. (2000). Breaking the prejudice habit: Progress and obstacles. In S. Oskamp (Ed.), *Reducing prejudice and discrimination* (pp. 185-208). Mahwah, NJ: Lawrence Erlbaum.

Diamond, L. & McDonald, J. (1996). *Multi-track diplomacy: A systems approach to peace* (3rd ed.). West Hartford, CT: Kumarian Press Inc.

Dickason, O.P. & Newbigging, W. (2010). *A concise history of Canada's First Nations* (2nd ed.). Don Mills, ON: Oxford University Press.

Docherty, J.S. (2001). *Learning lessons from Waco: When the parties bring the Gods to the negotiating table.* Syracuse, NY: Syracuse University Press.

Dovidio. J.F. & Gaertner, S.L. (2004). Aversion racism. In M.P. Zanna (Ed.), *Advances in experimental social psychology* (Vol. 36, pp. 1-51). San Diego, CA: Academic Press.

Dovidio, J.F., Gaertner, S.L. John, M, Halabi, S., Saguy, T., Pearson, A.R. & Riek, B.M. (2008). Majority and minority perspectives in intergroup relations: The role of contact, group representations, threat, and trust in intergroup conflict and reconciliation. In A. Nadler, T.E. Malloy & J.D. Fisher (Eds.), *The social psychology of reconciliation* (pp. 227-253). New York, NY: Oxford University Press.

Drevdahl, D. J., Canales, M. K., & Dorcy, K. S. (2008). Of goldfish tanks and moonlight tricks: Can cultural competency ameliorate health disparities? *Advances in Nursing Science, 31*(1), 13-27.

Druckman, D. (2003). Negotiation. In S. Cheldelin, D. Druckman, & L. Fast (Eds.), *Conflict:From analysis to intervention* (pp. 193-209). New York, NY: Continuum.

Du Bois, W.E.B. (1903/2003). *The souls of Black folk.* Toronto, ON: Random House.

Dumbrill, G.C. (2003). Child welfare: AOP's nemesis? In W. Shera (Ed.), *Emerging perspectives on anti-oppressive practice.* Toronto, ON: Canadian Scholars' Press.

Durrance, B. (1997). Stories at work. *Training & Development*, 25-29.

Dyson, A. H., & Genishi, C. (1994). Introduction: The need for story. In A. H. Dyson, & C. Genishi (Eds.), *The need for story: Cultural diversity in classroom and community* (pp. 10-16). Urbana, IL: National Council of Teachers of English.

Ellsworth, E. (1989). Why doesn't this feel empowering: Working through the repressive myths of critical pedagogy. *Harvard Educational Review, 59*(3), 297-324.

Ellis, R. A., Dulmus, C. N., & Wodarski, J. S. (2003). *Essential of child welfare.* New Jersey, NY: John Wiley & Sons.

ER death probe launched by Winnipeg police. (2010, October 15). *Canadian Broadcasting Corporation.* Retrieved from: http://www.cbc.ca/news/canada/manitoba/story/2010/10/15/mb-sinclair-announcement-police-winnipeg.html

Ewen, A. (Ed.). (1994). *Voice of Indigenous peoples: Native people address the United Nations.* Santa Fe, NM: Clear Light Publishers.

Fanon, F. (1967). *Black skin, white masks.* New York, NY: Grove Press.

Faure, G. O. (2009). Culture and conflict resolution. In *The SAGE handbook of conflict resolution* (pp. 506-524). San Francisco, CA: Sage.

Ferdman, B. M., & Gallegos, P. I. (2001). Racial identity development and Latinos in the United States. In *New perspectives on racial identity development* (pp. 33-66). New York, NY: New York University Press.

First Nations Child & Family Caring Society of Canada. (2011, March 14). *Canadian human rights tribunal dismisses the complaint on legal technicality - Caring society appealing*. Retrieved from: http://www.fncfcs.com/news/canadian-human-rights-tribunal-dismisses-complaint-legal-technicality-caring-society-appealing

First Nations children still taken from parents: Analysis finds more First Nations children in care than at height of residential school system. (2011, August 2). *Canadian Broadcasting Corporation.* Retrieved from: http://www.cbc.ca/news/politics/story/2011/08/02/pol-first-nations-kids.html

Fisher, R. J. (1997a). The potential contribution of training to resolving international conflict. *International Negotiation, 2*, 471-486.

Fisher, R. J. (1997b). Training as interactive conflict resolution: Characteristics and challenges. *International Negotiation, 2*, 331-351.

Fisher, R. J. (2008). Interactive conflict resolution: Dialogue, confict analysis, and problemsolving*. In D. J. Sandole, S. Byrne, J. Senehi, & I. Sandole-Staroste (Eds.), *Handbook of conflict analysis and resolution* (pp. 326-336). New York, NY: Routledge.

Fisher, R., Ury, W., & Patton, B. (1991). *Getting to yes: Negotiating agreement without giving in* (2nd ed.). New York, NY: Penguin.

Fitznor, L. (1998). The circle of life: Affiming Aboriginal philosophies in everyday living. In McCance, D.E. (Ed.), *Life ethics in world religions* (pp.21-40). Atlanta, GA: Scholars Press.

Fowler, J. W. (1995). *Stages of faith: The psychology of human development and the quest for meaning.* New York, NY: Harper Collins Publishers.

Fowler, S. M., & Mumford, M. G. (Eds.). (1995). *Intercultural sourcebook: Cross-cultural training methods (Vol. 1).* Yarmouth, ME: Intercultural Press Inc.

Francis, D. (2010). *From pacification to peacebuilding: A call to global transformation.* New York, NY: PlutoPress.

Francis, A. (2011, May 30). *Indian Affairs failing on-reserve kids: Sheila Fraser*. Retrieved from: http://aptn.ca/pages/news/2011/05/30/indian-affairs-failing-on-reserve-kids-sheila-fraser/

Frankenberg, R. (1993). *White women, race matters: The social construction of Whiteness.* Minneapolis, MN: University of Minnesota Press.

Fredrickson, G. M. (2002). *Racism: A short history.* Princeton, NY: Princeton University Press.

Freire, P. (1970/2005). *Pedagogy of the oppressed* (30 Anniversary ed.). New York, NY: Continuum.

Frideres, J. S. (2011). *First Nations in the twenty-first century.* Don Mills, ON: Oxford University Press.

Frideres, J. S., & Gadacz, R. R. (2007). *Aboriginal peoples in Canada* (8th ed.). Toronto, ON: Pearson.

Fry, D.P. (2006). *The human potential for peace: An anthropological challenge to assumptions about war and violence.* New York, NY: Oxford University Press.

Gallois, C. (2003). Reconciliation through communation in intercultural encounters: Potential or peril? *Journal of Communication*, 5-15.

Galtung, J. (1967). Violence, Peace, and Peace Research. *Journal of Peace Research, 6*(3), 167-191.

Galtung, J. (2008, February 8). *50 years with peace studies.* Retrieved from: http://www.youtube.com/watch?v=siSLNNBCA3E

Gaywish, R., Richard, A., & Rocke, C. (2009). *Nametwaawin - making a presence: Integrating Indigenous knowledge into curriculum and teaching methodologies.* Winnipeg, MB: Aboriginal Focus Programs, University of Manitoba.

Geertz, C. (1973). *The interpretation of cultures.* New York, NY: Perseus Books.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development.* Cambridge, MA: Harvard University Press.

Gordon, J. (1995). What if it isn't just lousy facilitators? *Training, 32*(5), 28-29.

Gould, S.J. (1996). *The Mismeasure of Man.* (Revised & Expanded Ed.). New York, NY: W.W. Norton & Company.

Govier, T. (2002). *A delicate balance: What philosophy can tell us about terrorism.* Boulder, CO: Westview Press.

Gozu, A., Beach, M. C., Price, E. G., Gary, T. L., Robinson, K., Palacio, A., et al. (2007). Self-administered instruments to measure cultural competence of health professionals: A systematic review. *Teaching and Learning in Medicine, 19*(2), 180-190.

Graveline, F.J. (2000). Circle as methodology: Enacting an Aboriginal paradigm. *Qualitative Studies in Education, 13*(4), 361-370.

Gray, K., & Thomas, D. (2010). *Aboriginal cultures awareness workshop.* Winnipeg: Aboriginal Health Programs - Health Education, Winnipeg Regional Health Authority.

Green, P. (2002). Contact: Training a new generation of peacebuilders. *Peace & Change, 27*(1), 97-105.

Hamaz, S. (2008). How do diversity trainers and consultants embody anti-racism? *International Journal of Sociology, 38*(2), 30-42.

Hamilton, A. C., & Sinclair, C. M. (1991). *Report of the Aboriginal justice inquiry of Manitoba: Volume 1: The justice system and Aboriginal people.* Winnipeg, MB: Province of Manitoba.

Hanah, R. K. (Producer). (1993). *Sleeping children awake* [DVD]. Scarborough, ON: Magic Arrow Productions.

Hansen, F. (2003). Diversity's business case doesn't add up. *Workforce, 8*(4), 28-32.

Hare, A. P. (1982). *Creativity in small groups.* Beverly Hills, CA: Sage.

Hardiman, R. (2001). Reflections on White identity development theory. In C. L. Wijeyesinghe, & B. W. Jackson III (Eds.), *New perspectives on racial identity development* (pp. 108-128). New York, NY: New York University Press.

Hardiman, R., & Jackson, B. W. (1997). Jackson and Hardiman model of social identity development. In M. Adams, L. A. Bell, & P. Griffin (Eds.), *Teaching for diversity and social justice: A sourcebook* (pp. 22-39). New York, NY: Routledge.

Harris, I. (2002). Conceptual underpinnings of peace education. In G. Salomon, & B. Nevo (Eds.), *Peace education: The concept, principles, and practices around the world* (pp. 15-26). Mahway, NJ: Lawrence Erlbaum Associates.

Harris, I. M., & Morrison, M. (2003). *Peace education* (2 ed.). Jefferson, NC: McFarland & Co. Inc. Publishers.

Harro, B. (2010a). The cycle of socialization. In M. Adams, W. J. Blumenfeld, C. Castañeda, H. W. Hackman, M. L. Peters, & X. Zuniga (Eds.), *Readings for diversity and social justice* (2nd ed., pp. 45-51). New York, NY: Routledge.

Harro, B. (2010b). The cycle of liberation. In M. Adams, W. J. Blumenfeld, C. Castaneda, H. W. Hackman, M. L. Peters, & X. Zuniga (Eds.), *Readings for diversity and social justice* (2nd ed., pp. 52-58). New York, NY: Routledge.

Hart, M. (1996). Sharing circles: Utilizing traditional practice methods for teaching, helping, and supporting. In S. O'Meara, & D. A. West (Eds.), *From our eyes: Learning from Indigenous people* (pp. 59-72). Toronto, ON: Garamond Press.

Hayden Taylor, D. (2005). Pretty like a white boy: The adventures of a blue-eyed Ojibway. In D.D. Moses & T. Goldie (Eds.), *An anthology of Canadian Native literature in English* (3rd ed., pp. 504-507). Don Mills, ON: Oxford University Press.

Hayden Taylor, D. (Director). (2000). *Redskins, tricksters and puppy stew.*[DVD].

Hayden Taylor, D. (2005). Whacking the Indigenous funny bone: Political correctness vs. Native humour, round one. In D. Hayden Taylor (Ed.), *Me funny* (pp. 67-80). Vancouver, BC: Douglas & McIntyre.

Hazeur, C., & Hayman, D. (2005). Diversity training doesn't get to the heart of the matter. In F. V. Harrison (Ed.), *Resisting racism and xenophobia: Global perspectives on race, gender, and human rights* (pp. 215-228). Walnut Creek, CA: Altamira Press.

Health Canada. (2011). *Canada's Health care System.* Ottawa, ON: Health Canada. Retrieved from: http://www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/2011-hcs-sss/index-eng.php

Hébert, Y., & Sears, A. (2004, January 14). *Citizenship education.* Retrieved from: http://www.cea-ace.ca/publication/citizenship-education

Helms, J. (1990). *Black and White racial identity: Theory, research and practice.* Westport, CT: Greenwood Press.

Helms, J. E. (1995). An update on Helm's White and people of colour racial identity models. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of multicultural counseling* (pp. 181-191). Thousand Oaks, CA: Sage.

Henry, F., & Tator, C. (2010). *The colour of democracy: Racism in Canadian society* (4th ed). Toronto, ON: Thomson Nelson.

Herrnstein, R., & Murray, C. (1994). *The bell curve: Intelligence and class structure in American life.* New York, NY: Free Press.

Hindess, B. (2005). Nation. In T. Bennett, L. Grossberg & M. Morris (Eds.), *New keywords: A revised vocabulary of culture and society.* Malden, MA: Blackwell Publishing.

Hirch, M. (2005). Subversive humour: Canadian Native playwrights' winning weapon of resistance. In D. Hayden Taylor (Ed.), *Me funny* (pp. 99-119). Vancouver, BC: Douglas & McIntyre Ltd.

Hirschman, C. (2004). The origins and demise of the concepts of race. *Population and Development Review, 30*(3), 385-415.

Hofstede, G. J., Pedersen, P. B., & Hofstede, G. H. (2002). *Exploring culture: Exercises, stories, and synthetic cultures.* Yarmouth, ME: Intercultural Press.

Holladay, C. L., & Quiñones, M.A. (2005). Reactions to diversity training: An international comparison. *Human Resource Development Quarterly, 16*(4), 529-545.

Holladay, C. L., & Quiñones, M. A. (2008). The influence of training focus and trainer characteristics on diversity training effectiveness. *Academy of Management Learning & Education, 7*(3), 343-354.

hooks, b. (1990). *Yearning: Race, gender, and cultural politics.* Boston, MA: South End Press.

hooks, b. (2010). *Teaching critical thinking: Practical wisdom.* New York, NY: Routledge.

Horse, P. G. (2001). Reflections on American Indian identity. In C. L. Wijeyesinge, & B. W. Jackson III (Eds.), *New perspectives on racial identity development* (pp. 91-107). New York, NY: New York University Press.

HSC. (1992, June 15). *Report of the Aboriginal services review committee.* Winnipeg, MB: Health Sciences Centre.

HSC. (2011). *Our history.* Retrieved from: http://www.hsc.mb.ca/corporate/history.htm.

Hughes, M., & Farrow, T. (2006). Preparing for cultural safety assessment. *Kai Tiaki Nursing New Zealand, 12*(1), 12-14.

Hurley, M. C., & Wherret, J. (2000, August 2). *The report on the Royal commission of Aboriginal peoples.* Retrieved from: http://www.parl.gc.ca/Content/LOP/ResearchPublications/prb9924-e.htm

Hurtado, S. (2001). Research and evaluation in intergroup dialogue. In D. Schoem, & S. Hurtado (Eds.), *Intergroup dialogue: Deliberative democracy in school, college, community, and workplace* (pp. 22-36). Ann Arbour, MI: The University of Michigan Press.

Hurtado, S., Milem, J., Clayton-Pederson, A., & Allen, W. (1999). Enacting diverse learning environments: Improving the climate for racial/ethnic diversity in higher education. *ASHE-ERIC Higher Education Report, 26*(8), 1-120.

INAC (2004). *Measuring First Nations well-being*. Retrieved from: http://dsp-psd.pwgsc.gc.ca/Collection/R2-348-2004E.pdf

INAC. (2011, May 25). *Aboriginal success stories from across Canada*. Retrieved from: http://www.ainc-inac.gc.ca/ap/ss/index-eng.asp

Interactive: 10 key dates in history. (2011, June). *Canadian Broadcasting Corporation.* Retrieved from: http://www.cbc.ca/news/canada/features/first-nations/mapping-the-future/pack-10-key-dates/index-10keydates.html

IPAC & RCPSC. (2009). *Promoting improved mental health for Canada's Indigenous peoples: A curriculum for psychiatry residents and psychiatrists.* Winnipeg, MB: IPAC-RCPSC Psychiatry Curriculum Development Working Group.

Jackson, R. L. (1998). Tracing the evolution of "race", "ethnicity", and "culture" in communication studies. *Howard Journal of Communications, 9*(1), 42-55.

Jacobs, B., & Williams, A. J. (2008). Legacy of residential schools: Missing and murdered Aboriginal women. In M. B. Castallano, L. Archibald, & M. DeGagné (Eds.), *From truth to reconciliation: Transforming the legacy of residential schools* (pp. 119-140). Ottawa, ON: Aboriginal Healing Foundation.

Johnson, L. M., Antle, B. F., & Barbee, A. P. (2008). Addressing disproportionality and disparity in child welfare: Evaluation of an anti-racism training for community service workers. *Children and Youth Services Review, 31*, 688-696.

Johnston, L. M. (2005). Narrative analysis. In D. Druckman, *Doing research: Methods of inquiry for conflict analysis* (pp. 277-291). Thousand Oaks, CA: Sage.

Johnstone, M. J., & Kanitsaki, O. (2008). The politics of resistance to workplace cultural diversity education for health service providers: An Australian study. *Race, Ethnicity,and Education, 11*(2), 133-154.

Jones, A., & Jenkins, K. Cross-cultural engagement in higher education classrooms: A critical view of dialogue. In D. Palfreyman, & D. L. McBride (Eds.), *Learning and teaching across cultures in higher education* (pp. 133-152). New York, NY: Palgrave MacMillan.

Joshee, R. (2004). Citizenship and multicultural education in Canada: From assimilation to social cohesion. In J. A. Banks (Ed.), *Diversity and citizenship education: Global perspectives* (pp. 127-156). San Francisco, CA: Jossey-Bass.

Joshi, A. & Jackson, D.M. (2003). Managing workplace diversity to enhance cooperation in organizations. In R.W. Griffin & A.M. O'Leary-Kelly (Eds.), *The dark side of organizational behavior* (pp. 277-296). San Francisco, CA: Jossey-Bass.

Justice, T., & Jamieson, D. W. (2006). *The facilitator's fieldbook* (2nd ed.). New York, NY: HRD Press Inc.

Kailin, J. (2002). *Anti-racist education: From theory to practice.* Lanham, MD: Rowman & Littlefield Publishers, Inc.

Kalev, A., & Dobbin, F. (2006). Best practices or best guesses? Assessing the efficacy of corporate affirmative action and diversity policies. *American Sociological Review, 71*, 589-617.

Kallen, E. (2003). *Ethnicity and human rights in Canada* (3rd ed.). Toronto, ON: Oxford University Press.

Kalman, M. (2008, October 19). Few results seen from mideast teen peace camps. *San Francisco Chronicle.* Retrieved from: http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2008/10/19/MNTK133IHH.DTL

Karp, H. B., & Sutton, N. (1993). Where diversity training goes wrong. *Training, 30*(7), 30-34.

Katz, J. (2003). *White awareness: A handbook for anti-racism training* (2nd ed.)*.* Norman, OK: University of Oklahoma Press.

Kawakami, K., Dunn, E., Karmali, F., & Dovidio, J. F. (2009). Mispredicting affective and behavioral responses to racism. *Science, 323*(5911), 276-278.

Keashly, L., & Warters, W. C. (2000). Working it out: Conflict in interpersonal conflicts. In L. J. Fisk, & J. L. Schellenberg (Eds.), *Patterns of conflict: Paths to peace* (pp. 35-65). Peterborough, ON: Broadview Press Ltd.

Kelley, S. (2008, March 26). *Nearly-Violent Aboriginal Day of Action.* Retrieved from: http://www.cbc.ca/thecurrent/2008/200803/20080326.html

Kelman, H. C. (1972). The problem-solving workshop in conflict resolution. In R. L. Merritt (Ed.), *Communication in international politics* (pp. 168-200). Urbana, IL: University of Illinois Press.

Kim, J. (2001). Asian American identity development theory. In C. L. Wijeyesinghe, & B. W. Jackson III (Eds.), *New perspectives on racial identity development* (pp. 67-90). New York, NY: New York University Press.

Kimmel, P. R. (2000). Culture and conflict. In M. Deutsch, & P. Coleman (Eds.), *The handbook of conflict resolution: Theory and practice* (pp. 453-475). San Francisco, CA, Jossey-Bass.

Kimmelman, E. C. (1985). *No quiet place: Report of the review committee on Indian and Métis adoptions and placements.* Winnipeg, MB: Department of Community Services, Province of Manitoba.

Kirmayer, L. J., Brass, G. M., Holton, T., Paul, K., Simpson, C., & Tait, C. (2007). *Suicide among Aboriginal people in Canada.* Ottawa, ON: Aboriginal Healing Foundation.

Kiselica, M. S. (1999). Reducing prejudice; The role of the empathic-confrontive instructor. In M. S. Kiselica (Ed.), *Confronting prejudice and racism during multicultural training* (pp. 135-154). Alexandria, VA: American Counseling Association.

Kohlberg, L. (1969). *Stages in the development of moral thought and action.* New York, NY: Holt, Rinehart and Winston.

Kondro, W. (2010). "Fuzzy" elements of CMA transformation blueprint may yet undermine medicare, critics say. *CMAJ, 182*(13), E651-E652.

Kressell, K. (2006). Mediation revisited. In M. Deutsch, P. T. Coleman, & E. C. Marcus (Eds.), *The handbook of conflict resolution: Theory and practice* (pp. 726-756). San Francisco, CA: John Wiley & Sons Inc.

Kriesberg, L. (2003a). *Constructive conflicts: From escalation to resolution.* Lanham, MD: Rowman & Littlefield Publishers.

Kriesberg, L. (2003b, July). *Identity issues.* Retrieved from:
    http://www.beyondintractability.org/essay/identity_issues/

Kriesberg, L. (2009). The evolution of conflict resolution. In J. Bercovitch,
    V. Kremenyuk, & W. Zartman (Eds.), *The SAGE Handbook of Conflict
    Resolution* (pp. 15-32). Thousand Oaks, CA: Sage.

Kumas-Tan, Z., Beagan, B., Loppie, C., MacLeod, A., & Frank, B. (2007). Measures of
    cultural competence: Examining hidden assumptions. *Academic Medicine, 82*(6),
    548-557.

Ladson-Billings, G. (1998). Just what is critical race theory and what's it doing in a nice
    field like education? *Qualitative Studies in Education, 11*(1), 7-24.

Ladson-Billings, G. (2004). New directions in multicultural education: Complexities,
    boundaries, and critical race theory. In J. A. Banks, & C. A. McGee-Banks (Eds.),
    Handbook on research on multicultural education (2nd ed., pp. 50-65). San
    Francisco, CA: Jossey-Bass.

Lakey, G. (2010). *Facilitating group learning: Strategies for success with diverse adult
    learners.* San Francisco, CA: John Wiley & Sons, Inc.

Lam, V. (2011). *Extraordinary Canadian: Tommy Douglas*. Toronto, ON: Penguins
    Group (Canada).

Langton, N., Robbins, S.P., & Judge, T.A. (2010). *Organization behavior: Concepts,
    controversies, applications* (5th Canadian ed.). Toronto, ON: Pearson Canada.

Lau, J. (Producer) Todd, K. & Leung, D. (Directors). (2010). *Cedar and Bamboo.*
    [Motion Picture]. Vancouver, BC: Mike McKinlay Productions.

Lawrence, B. (2004). *"Real" Indian and others: Mixed-blood urban Native people and
    Indigenous nationhood.* Vancouver, BC: UBC Press.

Lavoie, S., Talbot, L.R., & Mathieu, L. (2011). Post-traumatic stress disorder among
    emergency nurses: Their perspective and a 'tailor-made' solution. *Journal of
    Advanced Nursing, 67*(7), 1514-1521.

Lazarus, N. (2006, May 22). *The political economy of seeds of peace: Critical evaluation
    of a conflict intervention NGO.* Retrieved from:
    http://citation.allacademic.com/meta/p_mla_apa_research_citation/0/9/9/5/4/page
    s99549/p99549-1.php

LeBaron, M., & Pillay, V. (2006). *Conflict across cultures: A unique experience of
    bridging differences.* Boston, MA: Intercultural Press.

Lederach, J. P. (1995). *Preparing for peace: Conflict transformation across cultures.*
    Syracuse, NY: Syracuse University Press.

Lederach, J. P. (1997). *Building peace: Sustainable reconciliation in divided societies.* Washington, DC: United States Institute of Peace.

Lederach, J. P. (2005). *The moral imagination: The art and soul of building peace.* New York, NY: Oxford University Press.

Lederach, J. P. (2008, October). *Conflict transformation.* Retrieved from: http://www.beyondintractability.org/essay/transformation/?nid=1223

Leskiw & Associates. (1998). *Aboriginal cultural awareness training program: Evaluation report.* Winnipeg, MB: Health Sciences Centre.

Levy, J. (1995). Intercultural training design. In S. M. Fowler, & M. G. Mumford (Eds.), *Intercultural sourcebook: Cross-cultural training methods* (pp. 1-15). Yarmouth, ME: Intercultural Press Inc.

Levy, J. S. (2001). Theories of interstate and intrastate war: A levels-of-analysis approach. In C.A. Crocker, F.O. Hampson, & P. Aall (Eds.), *Turbulent peace: The challenges of managing international conflict* (pp. 3-27). Washington, DC: United States Institute of Peace.

Lewin, K. (1948/1997). *Resolving social conflicts & field theory in social science.* Washington, DC: American Psychological Assocation.

Lewis, P. (2006). *Cracking up: American humour in the time of conflict.* Chicago, IL: The University of Chicago Press.

Lewis, S. (1992). *Stephen Lewis report to the premier on racism in Ontario.* Toronto, ON: Government of Ontario.

L'Heureux, R. & Bell, K. (2006). Negotiating racial identity in social interactions. In D.L. Brunsma (Ed.), *Mixed messages: Multiracial identities in the "colour-blind" era* (pp. 249-265).

Lindner, E. G. (2006). Emotion and conflict: Why it is important to understand how emotions affect conflict and how conflict affects emotions. In M. Deutsch, P. T. Coleman, & E. C. Marcus (Eds.), *The handbook of conflict resolution* (2nd ed., pp. 268-293). San Francisco, CA: Jossey-Bass.

Little Bear, L. (2009). Jagged worldviews colliding. In M. Battiste (Ed.), *Reclaiming Indigenous voice and vision* (pp. 77-85). Vancouver, BC: UBC Press.

Lockhart, L. M. (2002, August). *A qualitative assessment of the organizational impact of diversity training.* (Unpublished doctoral dissertation), The Pennsylvania State University, University Park, PA.

Lopez, G. E., & Zúñiga, X. (2010). Intergroup dialogue and democratic practice in higher education. *New Directions in Higher Education, 152*, 35-42.

Lum, D. (2000). *Social work practice and people of color: A process stage approach* (4th ed.). Belmont, CA: Pacific Grove.

Lund, D. E. (2006). Waking up the neighbors: Surveying multicultural and anti-racist education in Canada, the United Kingdom, and the United States. *Multicultural Perspectives, 8*(1), 35-43.

Lynch, F. R. (1997). *The diversity machine: The drive to change the "white male workplace".* New Brunswick, NJ: Transaction Publishers.

MacDonald, J. (Producer), & Dickie, B. (Director). (2000). *Hollow Water* [Motion Picture]. Montreal, PQ: National Film Board of Canada.

MacDonald, M. E., Carnevale, F. A., & Razack, S. (2007). Understanding what residents want and what residents need: The challenge of cultural training in pediatrics. *Medical Teacher, 29*, 464-471.

Maddalena, V. (2009). Cultural competence and holistic practice: Implications for nursing education, practice, and research. *Holistic Nursing Practice, 23*(3), 153-157.

Maiese, M. (2003, October). *Negotiation.* Retrieved from: http://www.beyondintractability.org/essay/negotiation/?nid=1273

Majumdar, B., Browne, G., Roberts, J., & Carpio, B. (2004). Effects of cultural sensitivity training on health care provider attitudes and patient outcomes. *Journal of Nursing Scholarship, 36*(2), 161-166.

Makin, K. (2011, December 12). *Final showdown looms in Manitoba Métis land claim.* Retrieved from: http://www.theglobeandmail.com/news/national/final-showdown-looms-in-manitoba-mtis-land-claim/article2268687/

Malhotra, D., & Liyanage, S. (2005). Long-term effects of peace workshops in protracted conflicts. *Journal of Conflict Resolution, 49*(6), 908-924.

Malouf, M.G. (2007). When were we creole? *Postmodern Culture, 18*(1), 8.

Manitoba Health. (1997). *A planning framework to promote, preserve and protect the health of Manitobans.* Retrieved from: http://www.gov.mb.ca/health/rha/docs/planning.pdf.

Manji, I. (2011). *Allah, liberty and love: The courage to reconcile faith and freedom.* Toronto, ON: Random House Canada.

Martin, M. (2011, October 20). *Man's charter rights dies with him: WRHA.* Retrieved from: http://www.winnipegfreepress.com/local/mans-charter-rights-died-with-him-wrha-132223648.html

Martin, R. A. (2007). *The psychology of humour: An integrative approach.* Burlington, MA: Elsevier Academic Press.

Mayo, C. (2010). Incongruity and provisional safety: Thinking through humour. *Studies in Philosophy and Education, 29*(6), 509-521.

McCool, J. M., Du Toit, F., Petty, C. R., & McCauley, C. (2006). The impact of a program of prejudice-reduction seminars in South Africa. *Journal of Applied Social Psychology, 36*(3), 586-613.

McCorkel, J., & Myers, K. (2003). What difference does difference make? Position privilege in the field. *Qualitative Sociology, 26*(2), 199-231.

McDonald, R. J., & Ladd, P. (2000). *First Nations child and family services joint national policy review: Final report.* Ottawa, ON: Assembly of First Nations and Indian and Northern Affairs Canada.

McGibbon, E. A., & Etowa, J. B. (2009). *Anti-racist health care practice.* Toronto, ON, Canadian Scholars' Press Inc.

McGibbon, E.A., Peter, E., & Gallop, R. (2010). An institutional ethnography of nurses' stress. *Qualitative Health Research, 20*(10), 1353-1378.

McGillivrary, A., & Comaskey, B. (1999). *Black eyes all the time: Intimate violence, Aboriginal women, and the justice system.* Toronto, ON: University of Toronto Press.

McIntosh, P. (1990). White privilege: Unpacking the invisible knapsack. *Independent School, 49*(2), 31-36.

MDs frustrated with NDP's record, says forum founder. (2011, September 27). *Canadian Broadcasting Corporation.* Retrieved from: http://www.cbc.ca/news/canada/manitoba/story/2011/09/27/mb-doctors-displeased.html

Memmi, A. (1965/1991). *The colonizer and the colonized* (Expanded ed.). Boston, MA: Beacon Press.

Meyer, J. (2002). "It's a gift from the Creator to keep us in harmony": Original (vs. alternative) dispute resolution on the Navajo nation. *International Journal of Public Administration, 25*(11), 1379-1401.

Miall, H. (2004, August). *Conflict transformation: A multi-dimensional task.* Retrieved from: http://www.berghof-handbook.net/documents/publications/miall_handbook.pdf

Mikkonen, J. & Raphael, D. (2010). *Social determinants of health: The Canadian facts.* Toronto, ON: York University School of Health Policy and Management.

Mills, A.J., Simmons, T. & Mills. J.H. (2005). *Reading organizational theory: A critical approach to the study of organizational behavior and structure,* (3rd ed.). Aurora, ON: Garamond Press.

Miller, J., & Donner, S. (2000). More than just talk: The use of racial dialogues to combat racism. *Social Work with Groups, 23*(1), 31-53.

Milloy, J. S. (1999). *A national crime: The Canadian government and the residential school system - 1879 to 1986.* Winnipeg, MB: The University of Manitoba Press.

Mitchell, C. (2003). Problem-solving. In S. Cheldelin, D. Druckman, & L. Fast (Eds.), *Conflict:From analysis to intervention* (pp. 241-253). New York, NY: Continuum.

Mitchell, C., & Banks, M. (1996). *Handbook of conflict resolution: The analytical problem-solving approach.* New York, NY: Pinter.

Miville, M. L., Constantine, M. G., Baysden, M. F., & So-Lloyd, G. (2005). Chameleon changes: An exploration of racial identity themes of multiracial people. *Journal of Counseling Psychology,52*(4), 507-516.

Mock, K. R., & Laufer, A. S. (2001). *Race relations training in Canada: Towards the development of professional standards.* Toronto, ON: Canadian Race Relations Foundation.

Montagu, A. (1945). *Man's most dangerous myth: The fallacy of race.* New York, NY: Columbia University Press.

NAHO. (2006, January 31). *Fact sheet: Cultural safety.* Retrieved from: http://www.naho.ca/english/documents/Culturalsafetyfactsheet.pdf

Native Women's Association of Canada. (2009). *Voices of Our Sisters In Spirit: A Report to Families and Communities, 2nd edition* Retrieved from: http://www.nwac.ca/sites/default/files/reports/NWAC_Voices%20of%20Our%20Sisters%20In%20Spirit_2nd%20Edition_March%202009.pdf

Neu, D., & Therrien, R. (2003). *Accounting for genocide: Canada's bureaucratic assault on Aboriginal people.* Winnipeg, MB: Fernwood Publishing.

Newhouse, D.R., Voyageur, C.J., & Beavon, D. (Eds.). (2005). *Hidden in plain sight: Contributions of Aboriginal people to Canadian identity and culture.* Toronto, ON: University of Toronto Press.

Neville, H., Spanierman, L., & Doan, B.-T. (2006). Exploring the association between color-blind racial ideology and multicultural counseling competencies. *Cultural Diversity and Ethnic Minority Psychology,12*(2), 275-290.

Nguyen, H. T. (2008). Patient centred care: Cultural safety in Indigenous health. *Australian Family Physician, 37*(12), 990-994.

Nkomo, S.M. (1992). The emperor has no clothes: Rewriting "race in organizations". *Academy of Management Review, 17*(3), 487-513.

Nybell, L. M., & Gray, S. S. (2004). Race, place, space: Meanings of cultural competence in three child welfare agencies. *Social Work, 49*(1), 17-26.

Obear, K. (2007). Diversity practitioner tools: Navigating triggering events: Critical skills for facilitating difficult dialogues. *Generational Diversity, 15*(3), 23-29.

Office of the Children's Advocate of Manitoba. (2009). *Annual Report of the Office of the Children's Advocate of Manitoba.* Retrieved from: http://www.childrensadvocate.mb.ca/English/Assets/2007-08%20Annual%20Report%20Media%20Release.pdf

Overmyer Day, L. E. (1995). The pitfalls of diversity training: How can you traverse the rocky landscape of workforce-diversity training? *Training & Development*, 25-29.

Owen, B. (2010, September 18). *Family seeking $1.6M for death in ER.* Retrieved from: http://www.winnipegfreepress.com/local/family-seeking-16m-for-death-in-er-103195449.html

Owens, R.G. (1998). *Organizational behavior in education.* Needham Heights, MA: Allyn and Bacon.

Paluck, E. L., & Green, D. (2009). Prejudice reduction: What works? A review and assessment of research and practice. *Annual Review of Psychology, 60*, 339-367.

Park, E. R., Betancourt, J. R., Miller, E., Nathan, M., MacDonald, E., Ananeh-Firermpong II, O., et al. (2006). Internal medicine residents' perceptions of cross-cultural training: Barriers, needs, and educational recommendations. *Journal of General Internal Medicine, 21*, 476-480.

Park, Y. (2005). Culture as deficit: A critical discourse analysis of the concept of culture in contemporary social work discourse. *Journal of Sociology and Social Welfare, 32*(3), 11-33.

Pedersen, A., Walker, I., Paradies, Y., & Guerin, B. (2010). How to cook rice: A review of ingredients for teaching anti-prejudice. *Australian Psychologist, 40*(1), 55-63.

Pennell, J., & Burford, G. (2000). Family group decision making: Protecting children and women. *Child Welfare, 79*(2), 131-158.

Peritz, I. (2011, June 17). Dismantled sweat lodge exposes rift in Christian, traditional teaching. *The Globe and Mail.* Retrieved from: http://www.theglobeandmail.com/search/?q=dismantled+sweat+lodge&searchFiel d=key words&searchQuery=*%3A*

Pettigrew, T. F., & Tropp, L. R. (2000). Does intergroup contact reduce prejudice? Recent meta-analytic findings. In S. Oskamp (Ed.), *Reducing prejudice and discrimination* (pp. 93-114). Mahwah, NJ: Lawrence Erlbaum.

Pettigrew, T. F., & Tropp, L. R. (2005). Allport's intergroup contact hypothesis: Its history and influence. In J. F. Dovidio, P. Glick, & L. A. Rudman (Eds.), *On the nature of prejudice: Fifty years after Allport* (pp. 262-277). Malden, MA: Blackwell.

Pindera, L. (2010, July 8). *A sister's grief bridges a cultural divide.* Retrieved from: http://www.cbc.ca/news/canada/story/2010/07/07/f-francine-lemay-oka-reconciliation.html

Pintarics, J., & Sveinunggaard, K. (2005). Meenoostahtan minisiwin: First Nations family justice "pathways to peace". *The First Peoples Child & Family Review, 20*(1), 67-88.

Plummer, D. L. (2003). Overview of the field of diversity management. In D. L. Plummer (Ed.), *Handbook of diversity management: Beyond awareness to competency based learning* (pp. 1-49). Lanham, MD: University Press of America.

Poston, C. S. (1990). The biracial identity development model: A needed addition. *Journal of Counseling & Development, 29*, 152-155.

Pranis, K., Stuart, B., & Wedge, M. (2003). *Peacemaking circles: From crime to community.* St. Paul, MN: Living Justice Press.

Province boosts Sinclair family inquest funding .(2010, March 22). *Canadian Broadcasting Corporation.* Retrieved from: http://www.cbc.ca/news/canada/manitoba/story/2010/03/22/man-funding-boosted-sinclair.html

Raheim, S. (2002). Cultural competence. In M. O'Melia, & K. Krogsrund Miley (Eds.), *Pathways to power: Readings in contextual social work practice* (pp. 95-107). Boston, MA: Allyn & Bacon.

Ramsden, I. M. (2002). *Cultural safety and nursing education in Aotearoa and Te Waipounamu.* Retrieved from: http://culturalsafety.massey.ac.nz/thesis.htm

Ramsbothan, O., Woodhouse, T. & Miall, H. (2009). *Contemporary conflict resolution: The prevention, management and transformation of deadly conflicts* (2nd ed.). Malden, MA: Polity Press.

Rattansi, A. (2007). *Racism: A very short introduction.* Oxford, UK: Oxford University Press.

Ray, A. J. (1996). *I have lived here since the world began: An illustrated history of Canada's Native people.* Toronto, ON: Lester Publishing.

Razack, S. (1993). Story-telling for social change. *Gender & Education, 5*(1), 55-70.

RCAP. (1996a). *Report of the Royal commission on Aboriginal peoples: A word from the commissioners.* Ottawa, ON: Minster of Supply and Services.

RCAP. (1996b). *Report of the Royal commission on Aboriginal peoples: Looking forward, looking back.* Ottawa, ON: Minister of Supply and Services.

RCAP. (1996c). *Report of the Royal commission on Aboriginal peoples: Perspectives and realities.* Ottawa, ON: Minister of Supply and Services.

Referral rules change in Winnipeg after man dies waiting 34 hours in ER. (2008, September 24). *Winnipeg Free Press.* Retrieved from: http://www.winnipegfreepress.com/historic/33073274.html

Reicher, S. (2004). The context of social identity: Domination, resistance, and change. *Political Psychology, 25*(6), 921-945.

Replace Indian act: AFN national chief. (2010, July 10). *Canadian Broadcasting Corporation.* Retrieved from: http://www.cbc.ca/news/canada/manitoba/story/2010/07/20/mb-afn-indian-act-manitoba.html

Rex, J. (2001). The theory of identity. In H. Goulbourne (Ed.), *Race and ethnicity: Critical components in sociology (Volume 1 - debates and controversies)* (pp. 232-252). London, UK: Routledge.

Rice, B., & Synder, A. (2008). Reconciliation in the context of a settler society: Healing the legacy of colonialism in Canada. In M. Brant Castellano, L. Archibald, & M. DeGagné (Eds.), *From truth to reconciliation: Transforming the legacy of residential schools* (pp. 45-61). Ottawa, ON: Aboriginal Healing Foundation.

Ring, J. M. (2000). The long and winding road: Personal reflections of an anti-racism trainer. *American Journal of Orthopsychiatry, 70*(1), 73-81.

Rogers, M. R. (2008). Cultural competency training in professional psychology. In R. H. Dana, & J. Allen (Eds.), *Cultural competency training in a global society* (pp. 157-173). New York, NY: Springer.

Rollason, K. & Owens, B. (2011, October 21). *Saskatchewan asked to eye charges in Sinclair death.* Retrieved from: http://www.winnipegfreepress.com/local/saskatchewan-asked-to-   eye-charges-in-sinclair-death-132297398.html

Root, M. (Ed.). (1996). *The multiracial experience: Racial borders as the new frontier*. Thousand Oaks, CA: Sage.

Ropers, N. (2004, August). *From resolution to transformation: The role of dialogue projects.* Retrieved from: http://www.berghof-handbook.net/documents/publications/ropers_handbook.pdf

Ross, R. (1996). *Returning to the teachings: Exploring Aboriginal justice.* Toronto, ON: Penguin Books.

Rothman, J. (1997). *Resolving identity-based conflict in nations, organizations, and communities.* San Franscisco, CA: Jossey-Bass.

Rothman, J. (2003). *Jay Rothman.* Retrieved from: http://www.beyondintractability.org/audio/jay_rothman/?nid=2468

Rothman, J. (2006). Identity and conflict: Collaboratively addressing police-community conflict in Cincinnati, Ohio. *Ohio State Journal of Dispute Resolution, 22*(2), 105-132.

Routhier, G. M. (2002). Family group decision making: Does the model work for families? *Envision: The Manitoba Journal of Child Welfare, 1*(2), 85-93.

Rubin, A., & Babbie, E. (2005). *Research methods for social work* (5th ed.). Belmont, CA: Brooks/Cole.

Rushton, J. P. (1995). *Race, evolution and behaviour: Life history perspectives.* New Brunswick, NJ: Transaction Publishers.

Ryan, S. (2008). Conflict transformation: Reasons to be modest. In D. J. Sandole, S. Byrne, J. Senehi, & I. Sandole-Staroste (Eds.), *Handbook of conflict analysis and resolution* (pp. 301-312). New York, NY: Routledge.

Sandole, D. J. (2006). Traditional "realism" versus the "new" realism: John W. Burton, conflict provention, and the elusive "paradigm shift". *Global Society, 20*(4), 543-532.

Satzewich, V. (Ed.). (1998). *Racism and social inequality in Canada: Concepts, controversies and strategies of resistance.* Toronto, ON: Thompson.

Satzewich, V., & Liodakis, N. (2010). *'Race' and ethnicity in Canada: A critical introduction* (2nd ed.). Don Mills, ON: Oxford University Press.

Saunders, H. H. (1999). *A public peace process: Sustained dialogue to transform racial and ethnic conflicts.* New York, NY: St. Martin's Press.

Saunders, H. H. (2009). Dialogue as a process for transforming relationships. In J. Bercovitch, V. Kremenyuk, & W. Zartman (Eds.), *The SAGE handbook of conflict resolution* (pp. 376-391). Thousand Oaks, CA: Sage.

Savage, J. & Wolf, M. (2011, December 4). *'The role of youth'.* Retrieved from: http://www.nytimes.com/2011/12/05/opinion/the-role-of-youth.html?_r=1&sq=youth occupy wallstreet&st=cse&scp=4&pagewanted=print

Schellenberg, J. A. (1996). *Conflict resolution: Theory, research, and practice.* Albany, NY: State University of New York Press.

Schirch, L. (2005). *Ritual and symbol in peacebuilding.* Bloomfield, CT: Kumarian Press Inc.

Schoem, D., & Hurtado, S. (Eds.). (2001). *Intergroup dialogue: Deliberative democracy in school, college, community, and workplace.* Ann Arbor, MI: The University of Michigan Press.

Sears, A. M., & Hughes, A. S. (1996). Citizenship education and current educational reform. *Canadian Journal of Education, 21*(2), 123-142.

Sears, A. M., & Hyslop-Margison, E. J. (2006). The cult of citizenship education. In D.W. Blades, & G. H. Richardson (Eds.), *Troubling the canon of citizenship education* (pp. 13-24). New York, NY: Peter Lang.

Seeds of Peace. (2008). *Seeds of peace dialogue programs between young Israelis and Palestinians produce clear results.* Retrieved from: http://www.seedsofpeace.org/story/2008/10/sfchronicle_statement

Seeds of Peace. (2011). *Our Mission & Values.* Retrieved from: http://www.seedsofpeace.org/about/mission

Senehi, J. (2008). Building peace: Storytelling to transform conflicts constructively. In D.J. Sandole, S. Byrne, J. Senehi, & I. Sandole-Staroste (Eds.), *Handbook of conflict analysis and resolution* (pp. 199-212). New York, NY: Routledge.

Shapiro, I. (2002). *Training for racial equity and inclusion: A guide to selected programs.* Washington, DC: The Aspen Institute.

Shapiro, J., Hollingshead, J., & Morrison, E. H. (2002). Primary care resident, faculty, and patient views of barriers to cultural competence, and the skills needed to overcome them. *Medical Education, 36*, 749-759.

Sharp, G. (2005). *Waging nonviolent struggle: 20th century practice and 21st century potential.* Boston, MA: Porter Sargent Publishers.

Shera, W. (2003). Anti-oppressive practice: Emerging perspectives and future challenges. In W. Shera (Ed.), *Emerging perspectives on anti-oppressive practice* (pp. xi-xxiii). Toronto, ON: Canadian Scholars' Press Inc.

Silver, J., Mallett, K., Greene, J., & Simard, F. (2002). *Aboriginal education in Winnipeg inner city schools.* Winnipeg, MB: Canadian Centre for Policy Alternatives.

Sinclair, M. (2009, September 21). *Indian residential school truth and reconciliation commission.* Presentation at the Univeristy of Winnipeg, Winnipeg, Manitoba.

Sinclair, M., Bala, N., Lilles, H., & Blackstock, C. (2004). Aboriginal Child Welfare. In N. Bala, M.K. Zapf, J. Williams, R. Vogl, & J.P. Hornick (Eds.), *Canadian Child Welfare Law: Children, families, and the state.* (2nd ed., pp. 199-244). Toronto, ON: Thompson Educational Publishing.

Sinclair, M., Littlechild, W. & Wilson, M. (2012). *Truth and Reconciliation Commission of Canada: Interim report.* Winnipeg, MB: Truth and Reconciliation of Canada. Retrieved from: http://www.attendancemarketing.com/~attmk/TRC_jd/Interim%20report%20Engl ish%20electronic%20copy.pdf

Sinclair, N.J. (2009). Inks of knowledge, permanence, and collectivity: A response to "Disrobing the Aboriginal industry." *Canadian Literature, 203,* 196-200.

Skerritt, J. (2009, February 14). *Chiefs push for representative on health board: Would fight systemic racism.* Retrieved from:http://www.winnipegfreepress.com/local/null- 39607627.html

Sleeter, C. E., & Delgado Bernal, D. (2004). Critical pedagogy: Critical race theory, and anti-racist education. In J. A. Banks, & C. A. McGee-Banks (Eds.), *Handbook on research on multicultural education* (pp. 240-258). San Francisco, CA: Jossey-Bass.

Smith, L. T. (1999). *Decolonizing methodologies: Research and Indigenous peoples.* New York, NY: Zed Books.

Smith, T. B., Constantine, M. G., Dunn, T. W., Dinehart, J. M., & Montoya, J. A. (2006). Multicultural education in the mental health professions: A meta-analytic review. *Journal of Counseling Psychology, 53*(1), 132-145.

Social Impact. (2005). *Seeds of Peace: Evaluation Report.* Reston, VA: Social Impact Inc.

Spielmann, R. (2009). *Anishnaabe world: A survival guide for building bridges between Canada and First Nations.* Sudbury, ON: Your Scrivener Press.

Srivastava, S. (1996). Song and dance? The performance of anti-racist workshops. *The Canadian Review of Sociology and Anthropology, 33*(3), 291-315.

Srivastava, R. H. (2007a). Culture: Perceptives, myths, and misconceptions. In R. H. Srivastava (Ed.), *The health care professional's guide to clinical cultural competence* (pp. 28-52). Toronto, ON: Elsevier Canada.

Srivastava, S. (2007b). Troubles with "anti-racist" multiculturalism: The challenges of anti-racist and feminist activism. In S. P. Hier, & B. Singh Bolaria (Eds.), *Race and racism in 21st century Canada: Continuity, complexity, and change.* Peterborough, ON: Broadview Press.

Srivastava, S., & Francis, M. (2006). The problem of 'authentic experience': Storytelling in anti-racist and anti-homophobic education. *Critical Sociology, 32*(2-3), 275-307.

St. Denis, V. (2007). Aboriginal education and anti-racist education: Building alliances across cultural and racial identity. *Canadian Journal of Education, 30*(4), 1068-1092.

Steward, T.L., LaDuke, J.R., Bracht, C., Sweet, B.A.M. & Gamarel, K.E. (2003). Do the "Eyes" have it? A program evaluation of Jane Elliot's "blue-eyes/brown-eyes" diversity training exercise. *Journal of Applied Social Psychology, 33*(9), 1898-1921.

Stolberg, S. G. (2011, February 16). *Shy U.S. intellectual created playbook used in a revolution.*Retrieved from: http://www.nytimes.com/2011/02/17/world/middleeast/17sharp.html?pagewanted=all

Stonechild, B. (2006). *The new buffalo: The struggle for Aboriginal post-secondary education in Canada.* Winnipeg, MB: University of Manitoba Press.

Suleman, Z. (2011). *Vancouver dialogues: First Nations, urban Aboriginal and immigrant communties.* Vancouver, BC: Social Policy. Retrieved from: http://vancouver.ca/commsvcs/socialplanning/dialoguesproject/initiatives/pdf/book.pdf

Sullivan, S. (2006). *Revealing Whiteness: The unconscious habits of racial privilege.* Bloomington, IN: Indiana University Press.

Sutherland, J. (2005). *Worldview skills: Transforming conflict from the inside out.* Worldview Strategies. www.worldviewstrategies.com.

Szafran, O., Waugh, E. H., & Triscott, J. A. (2011). Culture competence of health professionals. In E.H. Waugh, O. Szafran, & R.A. Crutcher (Eds.), *At the interface of culture and medicine* (pp. 189-202). Edmonton, AB: The University of Alberta Press.

Tajfel, H. (1982). Social psychology of intergroup relations. *Annual Review of Psychology, 33*(1), 1-39.

Tatum, B. D. (2003). *"Why are all the Black kids sitting together in the cafeteria?".* New York, NY: Basic Books.

Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physican training outcomes in multicultural education. *Journal of Health care for the Poor and Underserved, 9*(2), 117-125.

The Ipperwash inquiry. (2007, May 31). *Canadian Broadcasting Corporation.* Retrieved from: http://www.cbc.ca/news/background/ipperwash/

The Kanesatake conundrum: Living side by side. Special Report: Aboriginal Peoples: Mapping the future. (2011, June). *Canadian Broadcasting Corporation.* Retrieved from: http://www.cbc.ca/news/canada/features/first-nations/mapping-the-future/slideshows/index-slideshows.html

The Oka crisis. (2009, July 14). *Canadian Broadcasting Corporation.* Retrieved from: http://archives.cbc.ca/war_conflict/civil_unrest/topics/99/

Ting-Toomey, S., & Oetzel, J. G. (2001). *Managing intercultural conflict effectively.* Thousand Oaks, CA: Sage.

Trepagnier, B. (2006). *Silent racism: How well-meaning White people perpetuate the racial divide.* Boulder, Co: Pardigm Publishers.

Tylor, E.B. (1871/1970). *Primitive Culture.* (Vol. 1). Gloucester, UK: Peter Smith.

United Way Winnipeg. (2010). *Eagle's eye view: An environmental scan of the Aboriginal community in Winnipeg.* Winnipeg, MB: Aboriginal Task Force, United Way of Winnipeg.

Valaskakis, G. G. (2005). *Indian country: Essays on contemporary Native culture.* Waterloo, ON: Wilfrid Laurier University Press.

Vandenberg, H.E.R. (2010). Culture theorizing past and present: Trends and challenges. *Nursing Philosophy, 11,* 238-249.

van de Vijver, F. J., & Breugelmans, S. M. (2008). Research foundations of cultural compentency training. In R. H. Dana, & J. Allen (Eds.), *Cultural competency training in a global society* (pp. 117-133). New York, NY: Springer.

View, J. L. (2010). Critical teaching of history: Toward a human rights agenda for pre- and in-service teacher education. In F. Salili & R. Hoosain (Eds.), *Democracy and multicultural education.* Charlotte, NC: Information Age Publications Inc.

Voyageur, C. J. (2010). *My heros have always been Indians.* Calgary, AB: Detselig Enterprises Ltd.

Walker, P. (2004). Decolonizing conflict resolution: Addressing the ontological violence of westernization. *American Indian Quarterly, 28*(3 & 4), 527-549.

Wallach, J. (2000). *The enemy has a face: The seeds of peace experience.* Washington, DC: United States Institute of Peace Press.

Walsh, K. C. (2007). *Talking about race: Community dialogues and the politics of difference.* Chicago, IL: The University of Chicago Press.

Weaver, H. N. (2008). Striving for cultural competence: Moving beyond potential and transforming the helping professions. In R. H. Dana, & J. Allen (Eds.), *Cultural competency training a global society* (pp. 135-155). New York, NY: Springer.

Webb, E., & Sergison, M. (2003). Evaluation of cultural competence and anti-racism training in child health services. *Archives of Disease in Childhood, 88*, 291-294.

Wicker, H. (1997). From complex culture to cultural complexity. In P. Werbner, & T. Modood (Eds.), *Debating cultural hybridity: Multi-cultural identities and the politics of anti-racism.* London, UK: Zed Books.

Widdowson, F., & Howard, A. (2008). *Disrobing the Aboriginal industry: The deception behind the Indigenous cultural preservation.* Montreal, PQ: McGill-Queen's University Press.

Wijeyesinghe, C. L. (2001). Racial identity in multiracial people: An alternative paradigm. In C. L. Wijeyesinge, & B. W. Jackson III (Eds.), *New perspectives on racial identity development* (pp. 129-152). New York, NY: New York University Press.

Williams, R. (1976). *Keywords: A vocabulary of culture and society.* New York, NY: Oxford University Press.

Willinsky, J. (1999). Curriculum, after culture, race, nation. *Discourse: Studies in the Cultural Politics of Education, 20*(1), 89-112.

Wilmot, W., & Hocker, J. (2011). *Interpersonal Conflict* (8th ed.). New York, NY: McGraw Hill.

Winant, H. (2000). Race and race theory. *Annual Review of Sociology, 26*(1), 169-185.

Wing, L., & Rifkin, J. (2001). Racial identity development and the mediation of conflicts. In C. L. Wijeyesinghe, & B. W. Jackson III (Eds.), *New perspectives on racial identity development* (pp. 182-208). New York, NY: New York University Press.

Winslade, J. & Monk, G. (2008). *Practicing narrative mediation: Loosening the grip of conflict.* San Francisco, CA: Jossey-Bass.

Wise, T. (2010). *Color-blind: The rise of post-racial politics and the retreat from racial equality.* San Francisco, CA: City Lights Books.

WRHA. (n.d.1). *Aboriginal cultural awareness workshop.* Retrieved from: http://www.wrha.mb.ca/aboriginalhealth/cultural_caw.php

WRHA. (n.d.2). *Goals of the Aboriginal cultural awareness workshop.* Winnipeg, MB: Winnipeg Regional Authority.

WRHA. (2005, April 20). *Strategic Plan.* Available on: http://www.wrha.mb.ca/about/files/StrategicPlan_Apr05.pdf

WRHA. (2011a). *About us.* Retrieved from: http://www.wrha.mb.ca/about/aboutus.php

WRHA. (2011b). *Mission, vision & values.* Retrieved from: http://www.wrha.mb.ca/about/mission.php

WRHA. (2011b). *Organizational priorities.* Retrieved from: http://www.wrha.mb.ca/about/priorities.php

Yancey, G. (2007). *Interracial contact and social change.* Boulder, CO: Lynne Reinner.

Yoder, C. (2005). *The little book of trauma healing: When violence strikes and community security is threatened.* Intercourse, PA: Good Books.

York, S. (Director). (2001). *Bringing down a dictator* [Motion Picture]. Washington, DC: York   Zimmerman Inc.

Zárate, M. A. (2009). Racism in the 21st century. In T. D. Nelson (Ed.), *Handbook of prejudice, stereotyping, and discrimination* (pp. 387-406). New York, NY: Psychology Press.

Zartman, I. W. (2009). Conflict resolution and negotiation. In J. Bercovitch, V. Kremenyuk, & I. W. Zartman (Eds.), *The SAGE handbook of conflict resolution* (pp. 322-339). Thousand Oaks, CA: Sage.

Zogby International (2004). *Seed of peace international camp evaluation.* Washington, DC: Zogby International.

Zúñiga, X., Nagda, B. A., Chesler, M., & Cytron-Walker, A. (2007). *Intergroup dialogue in higher education: Meaningful learning about social justice.* San Francisco, CA: Wiley Periodicals, Inc.